

**Musico-relational competencies: Examining the  
convergence of musical and relational competencies in  
improvisational group music therapy for people with  
borderline personality disorder**

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## Abstract

This thesis details an emergent, qualitative study on music therapy process resulting in the new concept of musico-relational competence. The project began with an exploration of music processes in the context of outpatient adult psychiatry. Seven participants, a cofacilitator and a music therapist (also the researcher) took part in an improvisationally based group music therapy program over eight weeks. All sessions were recorded on video and analysed to explore how music process influenced therapeutic process. The emergent design allowed for discovery and adjustments along the way. This led to taking an ethnographic and ethnomusicological approach to the analysis of the video data (including music analysis), focusing on the meaning making process of participants in the study.

There are a few studies suggesting that music therapy is of benefit to people who experience Borderline Personality Disorder (BPD) (Hannibal, 2014; Plitt, 2014; Schmidt, 2002; Strehlow & Lindner, 2015), yet very little written on music process, or music therapy with groups of people who live with BPD. Therefore, this study utilised an emergent methodology with the aim of beginning to understand music therapy processes in this context.

Findings from this study are presented as five perspectives on musical competence orientation. They include Musical Structure, Musical Language Competencies, Musical Interaction Competencies, Knowledge and Experience of Group Improvisation, and Changes in Feeling States that Accompany Improvisation. A new theory on competency orientation was developed to explain the phenomena examined in this study complemented by the existing theories of group process (Tuckman, 1965;

Yalom, 2005), alliance rupture and repair (Safran, Crocker, McMain, & Murray, 1990; Safran & Kraus, 2014) and implicit relational knowing (Bruschweiler-Stern et al., 2010; Trondalen, 2016).

The main finding that emerged from the analysis were the musico-relational competency orientation of participants and the influence of this orientation on relational cycles in group improvisation. The relational cycle in improvisational music therapy is enacted via musical connection, disconnection and reconnection as experienced in musical 'limbo' periods. Over time, via repeated experience and changing competency orientation, negative emotionality experienced by participants decreased, contributing to therapeutic process in sessions. The main therapeutic process enacted was tolerating the dynamics of implicit relational knowing during group improvisation.

The implications of this finding are relevant to music therapists practicing group music therapy in adult psychiatry, and potentially in other contexts. The importance of the musico-relational competency orientation, in addition to working with limbo phases of improvisation can influence program design, evaluation and interpretation of music therapy process. With further investigation of this phenomena, I hope that group methodologies utilising these principles will become more widely practiced in music therapy.

## Declaration

This is to certify that:

- The thesis comprises only my original work towards the PhD,
- Due acknowledgement has been made in the text to all other material used,
- The thesis is fewer than 100 000 words in length, exclusive of tables, maps, bibliographies and appendices.

Signed:  \_\_\_\_\_

Name: **Jason Kenner** \_\_\_\_\_

Date: **19/02/2020** \_\_\_\_\_

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## Chapter 1: Introduction

...if we want to understand how music operates in therapy, how music attracts and shapes peoples and cultures, this local and situational knowledge is crucial. In this sense we need an interpretive turn, which aims at making the art objects speak out and communicate. For the music therapists, contextual understandings of musical meaning are vital for any empirical understanding of how music affects our cognitions and behavior. (Ruud, 2010, p. 82)

In the spirit of Ruud's (2010) call above for 'localised' understandings of how music operates in therapy, this thesis closely examined the music making process of a small group of people who met weekly to make improvised music together, for the expressed therapeutic purpose of exploring and improving relational competencies. I have restricted the study to focus only on the therapy 'situation' as experienced by the nine people involved (including me, the music therapist, and Kay the cofacilitator). Only the experiences of the people involved when they met for three hours per week over eight weeks was captured and examined. I believe the close examination of this single music therapy situation offered fruitful insights that contribute to understanding how other people may work with musical meaning in similar music therapy situations.

This thesis title: "Musico-relational competencies: Examining the convergence of musical and relational competencies in improvisational group music therapy for people with borderline personality disorder", introduces the population, context, modality of therapy and research focus. It is appropriate here to introduce some of these

terms now, though more detailed examination of the key concepts is contained within the main body of the thesis.

- Musical competencies refer to one's abilities to engage with, and to give meaning to the task of music making (Stefani, 1987).
- Relational competencies refer to one's effectiveness in human relations, including initiating and maintain successful relationships (L'Abate, Cusinato, Maino, Colesso, & Scilletta, 2010).
- Musico-relational competencies is a unique term constructed during the analysis of this study. As the title suggests it refers to the converging, common and transitional competencies that lie between musical and relational competencies.
- Borderline Personality Disorder (BPD), a complex personality disorder characterised by emotional and behavioural difficulties within the context of relationships (American Psychiatric Association, 2013). This population was selected for this study due to the correlation of diagnostic features related to the diagnosis, and the relational process of group music making that is the research focus in the study.
- Music therapy is a form of therapy that utilises music and a music therapist (Bruscia, 2014). In the context of psychiatry, the therapeutic relationship is commonly described as the focus of the intervention (Trondalen, 2016).
- Group therapy can be more complex relationally than individual therapy, as group process adds another layer to the intervention.
- Improvisation is a way of making music 'in the moment'. When applied to groups there is a strong communicative aspect to the music making which can be described as relational.

Each term is complex in its own right, and when considered in concert, music therapy becomes exponentially more complex, and multi-faceted. Therefore, this thesis discusses the process of describing and interpreting group improvisation and discussion within a clinical process by drawing on an ethnographic perspective that conceptualises this small group as a ‘micro-culture’, a term used to describe the music ensemble in ethnomusicological terms (Slobin, 1993). The meaning making processes of participants in this micro-culture has been revealed via thick description and interpretation including repeated examination of the data that was collected during the period of the clinical program and also influenced by my own participation in the therapeutic process. This approach suits a study aiming to answer questions raised by Ruud (2010) in the opening paragraph. Specifically, gaining contextual understandings of meaning making. The ethnographic perspective is described in detail in Chapter 4, Methodology: An Ethnographic Perspective on Data Analysis.

## **1.1 Background and Orientation**

In formulating a research question and designing this study, I examined my own beliefs about music and music therapy. These have naturally been influenced by everything I have experienced in life thus far, but to be more specific, my experiences as a musician, my music therapy training, my reading, and my clinical and research experience, and conducting this research project also. I began playing music at five and have played in ensembles and bands from eight. I am still performing forty years later. I was trained in music therapy at the University of Melbourne with an eclectic and integrative, though mostly humanistic orientation. My clinical work has been

predominantly in adult psychiatry in both acute and sub-acute contexts, and also drug and alcohol rehabilitation, and a private practice in Acquired Brain Injury (ABI) rehabilitation. I am now a full-time lecturer in music therapy at The University of Melbourne and have been completing this PHD thesis part-time. Conducting the clinical program and analysing the data have influenced my views and formulation of this thesis.

In my experience of music therapy in mental health, attendance in music therapy sessions is typically driven by the participants' desire to make music, more than do therapy. When offered music therapy, I feel potential participants often give the word 'music' far more significance than the word 'therapy'. In these situations, I use my skills to subtly bring 'therapy' into the 'music' session. Due to the complexity of illness, personality, and clinical context (involuntary admission, brain injury, personality disorder, medication side-effects, intellectual disability etc.), the participants I have worked with were often not interested in or ready to collaborate on therapeutic aims. However, they were often interested in and ready to collaborate on musical aims and methods. For much of my experience in mental health, music was the explicit component of the session and therapy was implicit.

From a pragmatic perspective, I have also been heavily influenced by the patients and clients I have worked with over many years. I value active participation from clients in all aspects of the work including choosing to come to music therapy, collaborating on what is done in sessions, and evaluation. My beliefs about the role of music therapy in psychiatry have been shaped mostly by clinical experience. I believe the potential benefits of music therapy for participants in psychiatric contexts include developing and strengthening resources for coping and insight. I believe these benefits

are activated via musical relationships that are formed and developed in sessions; and for some participants, benefits translate into everyday life.

When I started thinking about doing research, I began reading the literature with an interest in music therapy theory, specifically the use of music in music therapy. My interest, as articulated by Ruud (2010) in the opening quote to this chapter, was to “understand how music operates in therapy”. In pursuit of this understanding, I was drawn to communicative musicality theory of Trevarthen and Malloch (Malloch & Trevarthen, 2009a; Trevarthen & Malloch, 2000), Stern’s ‘forms of vitality’ (Bruschweiler-Stern et al., 2010; 2010a, 2010b), and also to the work of Cross (2001, 2009) and his evolutionary theory on music and social cohesion. These theories appealed to me because they explained how music functions interpersonally and socially. To me, these ideas give clues to the mechanisms in music therapy. The neuroscience debate comparing music as an adaptation with music specific domains in the brain, to music as a technology utilising other cognitive adaptations is also fascinating and relevant when thinking about the use of music in music therapy (Francis, 2013; Lederer, 2002; Levy, 2011; London, 2011; Masataka, 2009; Patel, 2012; Williams, 2012). For me, the idea of shared domains provides some insight into how music experiences can impact non-music related cognition and behaviour. In addition to these protomusicality<sup>1</sup> theories (Brown, 2000; Rebuschat, 2012; Stige, 2002; Stige & Kenny, 2002), I was also attracted to cultural concepts of music in music therapy that include affordance and appropriation (DeNora, 2011b; Pavlicevic & Andsell, 2004;

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<sup>1</sup> Protomusicality is an innate human capacity for non-verbal communication (Stige, 2002).

Rolvjord, 2010), meaning making, and social features of music (Blacking, Byron, & Nettl, 1995; Geertz, 1973; Pavlicevic, 2006; Pavlicevic & Ansdell, 2009; Ruud, 1998; Stige, 2002, 2006; Stige & Kenny, 2002) as they also seemed relevant to small group work in mental health. Particularly in relation to interpersonal process, and group process over several weeks. When conceptualising my study, these theories both appealed to me intellectually, and were supported by my clinical experience working with adults living with mental illness. My feeling is that given the time and space, group music experiences provide opportunities for insight and growth, and that participants are often implicitly drawn to engaging in the process. I therefore wanted to examine how these theories played out in music therapy practice, while remaining open to the possibility that I may need to find other theories.

In addition to building on what I knew, I also wanted to further develop my practice experience and knowledge. Upon reflection, I understood that I was primarily interested in the relational process of music therapy group improvisation. However, in contrast to my experience in acute and sub-acute mental health, where the therapeutic process was predominantly implicit, I was keen to develop a (music therapy) program that explicitly put the therapy first and used collaborative music therapy methods to achieve therapeutic aims that were agreed upon with participants. I was therefore keen to ensure that participants were motivated to come for the therapeutic benefit, and able to participate in discussion about the relational experience and therapeutic process. I also wanted to work with a closed group over a period of weeks to maximise the relational processes afforded via the interpersonal and social features of group improvisation, and thus provide a rich clinical program to examine in my thesis.

## 1.2 Description of The Study

When considering a design for this study, I drew on the literature, plus my clinical and research experience. Therefore, in deciding upon inclusion/exclusion criteria, and data collection, I had anecdotal experiences that also influenced my decision making. In my experience of group work in psychiatry, groups were often heterogeneous in terms of diagnosis, symptoms, medication side effects, and verbal processing capacity. I had worked in groups that included participants with chronic depression, acute drug induced psychotic illness, bipolar disorder (with elevated presentation) and many more complex presentations combined in the same group. It makes for a challenging and diverse mix of presentations. In some situations, a heterogeneous group has advantages; however, for this study, examining relational processes in group music therapy, I felt a homogeneous group experiencing similar relational challenges would best answer the research questions.

From the perspective of data, I had mixed experiences of data collection in mental health. Self-report data in the form of scales allow the possibility of a quantitative approach yet can be problematic in practice. I've experienced participants misunderstanding forms and quickly losing interest in filling them in (impacting usability of scales and reliability of the data) (Balsis, Loehle-Conger, Busch, Ungredda, & Oltmanns, 2018; Clifton, Turkheimer, & Oltmanns, 2005). Further, deciding on the appropriate scales in advance of the study risks not capturing important data (impacting validity) (Payne, 2004). The temptation can be to keep adding more and more scales to the study, which increases the chance of participant frustration, and can water down the significance of results due to increasing the likelihood of a chance result (also known as the Bonferroni correction) (Perrett, 2010). This last point about choosing the right scales

was particularly relevant for me as group music therapy with participants who have BPD lacks previous research that identifies primary benefits of the program and mechanisms of change (Campbell et al., 2000).

Interviews may have allowed more flexibility than scales; however, they can be complicated with memory recall problems and the complexity of the relationship between student researcher/clinician and participant (Pilkonis et al., 1995). Relational complexity is magnified in the context of mental illness and personality disorder. There was also the possibility that participants may be unable to recall and comment on subtle features of the therapy process (Holck, 2007). I wanted to capture the experience and thoughts and opinions of participants, though was not confident that interviews would be sufficient. Instead I video recorded the sessions. The rationale was that if verbal processing of sessions was captured on video, I would have a rich data source to examine the questions being asked in the study. In addition, the possibility for observation of 'in the moment' processes that were relevant could be captured, and an accurate analysis of the improvisations would also be possible. (For more detail on using video as data, refer to Chapter 5, Research Methods and Procedures.)

In my experience, music therapists working in adult psychiatry often find themselves employed in settings where patients are very unwell, and not responding to other treatment modalities. To their credit, music therapists find unique and effective ways to work and be helpful in these environments. However, when designing this study, I felt there is also much to be achieved working with participants with a personality disorder when they are at a more stable phase of their condition. My ideals of explicitly agreeing on therapeutic aims with participants, and working with a closed, homogeneous group with participants at their baseline level of functionality were in my

experience, atypical clinical scenarios in the local, public health system within which I had predominantly worked. To run this study, I needed an appropriate setting, and suitable participants for the type of program I was envisaging. I decided on working in a private, outpatient mental health setting, with people who had either a diagnosis of, or traits of BPD. I chose to work with this diagnostic group in a private outpatient setting as the participants had experience of closed therapy groups (having participated in other groups offered in private health services), were likely to experience relational difficulties (due to the nature of BPD), and were therapeutically motivated (as they actively seek therapy in a private health context). One may argue that this is a 'high functioning' group and not representative of typical music therapy contexts in mental health. Yet, I believe there is much to learn from all contexts of mental health service provision. Further, based on many years of clinical experience, that regular attendance and active participation were more likely in the private health context, and would provide rich data for examination in this study. This turned out to be true. I now hope, that with the support of further research, groups such as the one examined in this study may be made more available in public health contexts.

My desire to explicitly bring therapy to the foreground was challenged to a degree by the clinical program that I completed for this study. While participants engaged in the therapeutic process as I had hoped, including discussion of therapeutic process and translation from the therapy room into everyday life, they were nonetheless oriented towards musical competence throughout the program. This greatly impacted my understanding of process. Reflection and analysis lead to conceptualising musico-relational competencies, the title of this thesis. This is detailed in Chapter 15, Musical, Musico-Relational, and Relational Competency Orientation Stages. Further, via the

analysis, and researching the literature, a deeper understanding of relational cycles embedded in improvisation emerged and greatly influenced my formulation. This is presented in Chapter 19, Conceptual Framework of this thesis.

### **1.3 Thesis Structure**

The emergent design employed in this thesis led me to a pragmatic orientation drawing on ethnographic perspectives in relation to description and interpretation. The ethnographic perspective is described in detail in Chapter 4, Methodology: An Ethnographic Perspective on Data Analysis. This has influenced the writing style and structure of this thesis. I want the writing in my thesis to be accessible to the transdisciplinary team where the research took place and also accessible to people who participate in projects such as this one. I also believe that aiming for clear, accessible writing will not weaken or diminish the ideas expressed in this thesis. Contrary, I feel this aim has strengthened the writing. With respect to collaboration and voice, while I analysed the data and wrote the thesis on my own with guidance and supervision, the therapeutic process and discussions about process in sessions were collaborative. The voices of the participants are included throughout this thesis, as is my own voice checking on my interpretations within sessions. During the clinical program examined in this study I was constantly communicating with the participants. I was not a distant observer. I was also a participant. Could I have included them also in the analysis and writing? The immediate answer is yes, of course. Is it realistic, appropriate, or even ethical? That is much harder to answer. I have been a part-time PHD student working on this project for over six years. Most of the participants are no longer accessing the

clinic. They have moved on. This project was a short 8-week period of their lives.

Should it extend to six years? I'm not sure.

This chapter concludes with the research questions, followed by the literature review chapter. I have included a traditional literature review, yet I also introduce new literature in most chapters. The literature review chapter focuses on research studies relevant to the topic, while theory and methodological literature relevant to the research method, description and interpretation are introduced and discussed in later chapters. The clinical program, methodology and procedures used in this study are described in Chapters 3 – 5. The titles of Chapters 6 - 19 reflect the ethnographic orientation. In place of a results chapter, I have written a descriptive account of the program (Chapters 6 - 13). In place of a discussion, I have written an interpretive framework of group music therapy process (Chapters 14 – 19). The conclusion summarises my findings, identifies my main learning and discusses limitations and future research.

#### **1.4 Research Question and Sub-Questions**

As discussed in the literature review, there is very little research on group music therapy work with people who have BPD. Therefore, my research questions are broad, and qualitative, aimed at understanding process. They were refined over the course of the study.

##### **Primary question.**

- What can be understood of the meaning making processes employed by participants exploring relational competencies in group music therapy?

**Secondary questions.*****How the music operates in this context.***

- How do musical and therapeutic processes interact in group music therapy aimed at relational insights?

***Broader understanding.***

- Can understandings of the musical and therapeutic processes in this group contribute to understanding group improvisational music therapy more generally?

## Chapter 2: Literature Review

At the time of writing this literature review there were some studies suggesting music therapy can be beneficial for people with Borderline Personality Disorder (BPD) (Hannibal, 2014; Hedigan, 2005; Plitt, 2014; Schmidt, 2002; Strehlow & Hannibal, 2019; Strehlow & Lindner, 2015); yet, the explanations of why and how are incomplete (Legge, 2015). Theory utilised to explain mechanisms in music therapy draws on a range of disciplines outside of music therapy (Wheeler, 2014); yet, music therapists have argued for the need to develop theory unique to music therapy (Abrams, 2011; Aigen, 2005; Daveson, O'Callaghan, & Grocke, 2008). While there are some successful efficacy studies for music therapy in psychiatry (Gold, Heldal, Dahle, & Wigram, 2005; Maratos, Gold, Wang, & Crawford, 2008), mechanisms have not been tested.

I was interested in examining a clinical program from the perspective of music therapy theory relevant to relational features of music making in therapy. How music making as an intervention, and the reflections and discussion that follow function to assist participants in their exploration of relational competencies is of key interest. This literature review begins by describing BPD, the challenges experienced by people with the diagnosis, for those close to them, and for health professionals treating them. I draw on the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM 5) (American Psychiatric Association, 2013) and *Borderline Personality Disorder: A Clinical Guide* (Gunderson, 2009a), the primary text informing the DSM 5. This discussion of BPD includes an examination of relational competencies as a key feature of the diagnosis and considers the current state of literature describing treating the

disorder using a relational lens. Following diagnosis and treatment is an examination of theory that explains the utility of music as a therapeutic medium, and theory of how therapists use music and the therapeutic relationship to facilitate changes in participants. Treatment orientations are then discussed, with a focus on psychodynamic and humanistic literature. This section concludes by looking at some specific literature on music therapy that is relevant to working with BPD, noting that there is presently limited research that is specifically focused on this diagnosis.

## **2.1 Borderline Personality Disorder**

BPD is a complex and challenging diagnosis that clinicians have historically found difficult to treat. Those with the disorder experience high levels of suffering related to difficulties with interpersonal relationships and self-image (American Psychiatric Association, 2013). Symptoms result in high rates of suicide and frequent hospital admissions (Gunderson, 2009a). The disorder is relatively poorly understood, and research funding is much lower than what is allocated to diagnoses with comparable health system costs such as schizophrenia and bipolar disorder (Gunderson, 2009a).

This chapter section describes the meaning of the term “borderline”, describes diagnosis and symptoms experienced by those with BPD, and outlines the challenges for those diagnosed; partners, friends and family; and treating teams. Relational features of the diagnosis are highlighted, as they are central to the disorder and the focus of this thesis. What is presently known about the cause of BPD is discussed, including the impact of stigma, and a discussion of current treatment options both within music therapy and more broadly.

**2.1.1 Defining BPD.** The term ‘borderline’ first appeared in the late 1930s at a time when classification systems divided all psychiatric disorders into groupings under two branches, neurosis or psychosis (Gunderson, 2009a). Clinicians identified a group of patients who were difficult to treat, not considered as dysfunctional as patients with psychosis, and atypical of diagnoses that sat neatly into the bifurcated classification system of the time. This group of patients were described as “borderline schizophrenia” and given the shorthand label ‘borderline’ (Stone, 1980). While the label ‘borderline’ still exists today in the form of BPD, the original meaning of the word has been lost and is therefore somewhat confusing. The term can contribute to misunderstanding and even stigma, as someone unfamiliar with the diagnosis may misinterpret borderline to mean something more ominous than the diagnosis actually signifies. This unfortunate label in itself can contribute to the difficulties experienced by someone living with BPD. Even experienced health professionals have been found to discriminate on the basis of the diagnosis (Heightman, 2014; Markham & Trower, 2003), being less empathetic to those with BPD compared to those with other diagnosis such as schizophrenia. In an attempt to provide a diagnostic label that more closely resembles the observations and interpretations of the disorder the European classification system uses the term “emotionally unstable personality disorder” (World Health Organization, 1992). However, they have not completely abandoned BPD as a label, for it is still included as a subcategory of the emotionally unstable personality type.

**2.1.2 Diagnosis and symptoms.** The first formally recognised diagnosis “Borderline Personality Disorder” appeared in the Diagnostic and Statistical Manual, 3rd edition (American Psychiatric Association, 1980). Patients were diagnosed if they presented with a minimum of five out of eight behaviours (see Table 1). The main

features were described as instability of mood and interpersonal relationships. The manual suggests internal features of the disorder such as self-image and impulsivity manifest in disabling emotional responses to relational situations that can lead to self-harm and suicide. Intense behaviours can result in fractious relationships, burnout of family and friends, and lead to isolation and structural disadvantage that add further complications (Jordan, 2004). The following case study from Stanley and Brodsky (2005) provides an example of how the relational and emotional experiences of a person with BPD can lead to risky, self-injurious behaviours.

CB is a 22-year-old single Hispanic woman who engages in non-suicidal self-injury to manage feelings of anger, anxiety, and guilt. When she is angry at her boyfriend or another significant person in her life, she feels guilty for feeling angry and this leads to feelings of deep self-hatred, which she believes she cannot tolerate and she begins to pinch her skin in order to feel physical pain that will distract her from these feelings. Sometimes the pinching leads to intense scratching until she draws blood. This provides a sense of relief from her emotions. The relief is experienced as being back in control. CB describes two low-lethality suicide attempts that she distinguishes from the non-suicidal self-injury. On two separate occasions, both on the anniversary of the death of her father, she became extremely angry with her boyfriend for not acknowledging the difficulty of the day for her. She became hopeless, feeling her boyfriend would never be able to understand her, and that she would always be unbearably sad about losing her father and would be unable to get the help she needed to deal with it. She also felt that there was something wrong with her for feeling this way. These thoughts led to a decision to take an overdose of her medication

in order to kill herself. On both occasions, as soon as she took about 10 pills (not enough to cause lethal harm), she felt a sense of relief that at least she had done something to take control of her situation and she no longer wished to die. She then fell asleep and had no other medical consequences from the overdose, and she woke up feeling much better. (p. 54)

As depicted in the example above, people with BPD often experience intense and complex emotions (Hooley & Germain, 2008). These can at times be paradoxical, such as being angry at someone and feeling guilty for being angry at the same time (Sheffield et al., 1999). Self-harm and suicide attempts are often a way of coping yet can also lead to hospitalisation, disrupting the life of the person with BPD and those who are close to them (Stanley & Brodsky, 2005). As in the example above, there is often a relational trigger associated with self-injurious behaviour (Linehan, Armstrong, Suarez, Allmon, & Heard, 1991).

In the current Diagnostic and Statistical Manual, 5th edition (DSM V), relational features of BPD have been elevated to the most predominant features. Detailed in Table 1, DSM V is compared to the earlier, DSM III when the diagnosis was first formally recognised. The most notable diagnostic change is the reordering of primary features whereby interpersonal relationships and self-image appear first (American Psychiatric Association, 2013). The term ‘mood’ has also been removed from the description and replaced with ‘affect’. This may appear insignificant; however, mood in psychiatry is considered an internal, subjective emotional state. It is typically examined by questioning the patient, asking, “how would you describe your mood?” In contrast,

‘affect’ is assessed by the clinician’s observation (Pollard, 2018). This subtle change in terminology signifies a shift away from including the patient’s own interpretation of their feeling state as part of the diagnosis of BPD, and in place, prioritising the clinician’s observation of the patient.

Table 1. Comparison of diagnostic criteria for BPD in DSMIII and DSMV

BPD Diagnosis in DSMIII	BPD Diagnosis in DSM V
A pervasive pattern of instability of mood, interpersonal relationships, beginning by early childhood and present in a variety of contexts, as indicated by at least five of the following:	A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:
<ol style="list-style-type: none"> <li>1. A pattern of unstable and intense interpersonal relationships characterised by alternating between extremes of over-idealisation and devaluation</li> <li>2. Impulsiveness in at least two areas that are potentially self-damaging, e.g., spending, sex, substance use, shoplifting, reckless driving, binge eating</li> <li>3. Affective instability: marked shifts from baseline mood to depression, or anxiety, usually lasting a few hours and only rarely more than a few days</li> <li>4. Inappropriate, intense anger or lack of control of anger, e.g., frequent displays of temper, constant anger, recurrent physical fights</li> <li>5. Recurrent suicidal threats, gestures, or behaviour, or self-mutilating behaviour</li> <li>6. Marked and persistent identity disturbance manifested by uncertainty about at least two of the following: self-image, sexual orientation, long-term goals of career choice, type of friends desired, preferred values</li> <li>7. Chronic feelings of emptiness or boredom</li> <li>8. Frantic efforts to avoid real or imagined abandonment</li> </ol>	<ol style="list-style-type: none"> <li>1. Frantic efforts to avoid real or imagined abandonment.</li> <li>2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.</li> <li>3. Identity disturbance: markedly and persistently unstable self-image or sense of self.</li> <li>4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating).</li> <li>5. Recurrent suicidal behaviour, gestures, or threats, or self-mutilating behaviour.</li> <li>6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).</li> <li>7. Chronic feelings of emptiness.</li> <li>8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).</li> <li>9. Transient, stress-related paranoid ideation or severe dissociative symptoms.</li> </ol>
(American Psychiatric Association, 1980)	(American Psychiatric Association, 2013)

The new description (at the top of the table) highlights relational features in accordance with contemporary descriptions of the problems experienced by people with

BPD (Clarkin, Yeomans, & Kernberg, 2007; Fonagy, Luyten, & Strathearn, 2011; Lazarus, Cheavens, Festa, & Rosenthal, 2014); however, as noted above, the diagnostic shift away from self-report and toward the expert observations of the clinician could be viewed as somewhat disempowering for the patient. A critique of these developments must include an analysis of the cultural shift in treatment away from psychotherapeutic to behavioural interventions in psychiatry, including ‘evidence-based practice’ evaluation methods that favour brief therapies, and reliance on medication. Wampold and Imel (2015) describe the cultural change in the context of a debate between the opposing proponents of evidence-based practice, and those who argue for common factors<sup>2</sup> in treatment. The evidence-based movement appears to be gaining ground; however, these motives can be criticised as being driven by the methods of administrators who favour quantitative decision-making tools, and reduction of service costs over delivering the best outcomes (Sanders et al., 2016). The ramifications are broad and include a reduced capacity for therapists to employ individually based treatments, undermining the efficacy of the therapist/client relationship. For music therapists, an insufficient evidence-base and treatment models that do not easily fit into evidence-based research methodologies present a challenge in the field of psychiatry, possibly explaining the sporadic employment of music therapy as a psychiatric treatment modality in Australia. Therefore, it is imperative for music therapists with experience working with BPD to examine how their interventions work, demonstrate

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<sup>2</sup> Common factors are those therapeutic factors that are common to various treatment methods, the main being the therapeutic relationship.

those mechanisms in research that is acceptable to decision makers in the sector, and contribute to the literature, which at present is limited to a handful of papers. A discussion of the current state of music therapy literature and BPD is found below in section 2.2.6 Music therapy literature on BPD.

**2.1.3 Research and treatment funding.** There has been limited funding for research into BPD, when compared with other psychiatric disorders (Gunderson, 2009b). Prevalence of BPD in the USA was reported by Gunderson (2009a) at 1.4%-5.9% of the general population. This is higher than schizophrenia (0.4%) and similar or higher than bipolar disorder (1.6%); yet, National Institute of Mental Health research funding in the USA at the time of Gunderson's report was less than 2% of that allocated to schizophrenia, and less than 6% of that allocated to bipolar disorder. This is a significant discrepancy considering the health burden of BPD appears to be high. Due to the lack of research on BPD, recent costs have only been calculated and published in Ireland where treatment and lost productivity was estimated at 10,844 Euro (17,824 AUD) per patient in 2018 (Bourke et al., 2018). If those figures are put into Australian terms, a conservative estimate of the health burden (based on a population estimate of 24.6 million with 2.5% diagnosed with BPD, and a per annum cost burden of \$17,824 per person with the diagnosis) is approximately 11 billion AUD per year. That figure is well above the combined state and federal governments' entire mental health budget of 8.5 billion AUD for 2018-2019 (Cook, 2019). One can only assume those costs are being absorbed elsewhere.

The data on BPD, while limited, is enough to conclude that knowledge of the disorder is low compared to other mental health diagnosis, and the health burden is high. Therefore, there is a need to increase funding into research and treatment of the

disorder, including the development and testing of treatments that engage participants and focus on alleviating relational difficulties. Following is a review of the BPD aetiology and treatment, including descriptions of relational difficulties experienced by those with the disorder and the impact on their friends and family.

**2.1.4 Aetiology.** While health care cultures are increasingly pushing for BPD treatments to be safely ensconced in evidence-based practice, there is still uncertainty about how and why people develop the disorder (Craighead, Miklowitz, & Craighead, 2008; Gunderson, 2009a; 2013). Descriptions of pathogeneses and maintenance of BPD typically include interaction between both biological factors and early life experiences such as trauma. Aetiology of BPD is often not studied separately to personality disorders in general (Bouchard Jr & Loehlin, 2001; Forster, Berthollier, & Rawlinson, 2014; Larsen & Buss, 2008; Luyten & Blatt, 2013; Torgersen, 2009; Widiger, 2011). Therefore, much of this section reviews research on personality disorder broadly. While this is less than ideal, figures comparing the various personality disorders have been shown to be reasonably consistent, as found by Torgersen's (2009) comparison. He found genetic factors contribute 40-50% in the development of personality disorder. While this is a large factor, it still leaves 50-60% to environmental factors. An interesting outcome of his research was that 10% of the general population are diagnosed with personality disorder at a given point in time, yet as high as 30-40% will have a personality disorder at some stage of their life. These statistics suggest symptoms reduce in severity over time. Factors that influence when, and for how long diagnosis is present are theorised by Torgersen as related to situational or environmental factors. However, remission can take many years, and while these statistics could be interpreted as an argument not to treat, and let nature 'run its course', the impacts on the lives of

those with BPD are substantial. The ramifications of living one's young adult life with BPD remain well beyond the period when they required treatment, and the impact on the lives of friends and family is also significant. Therefore, current guidelines suggest treating the disorder using a variety of methods including medication for short term symptoms, one to one counselling for support, and group work for skill building with a relational focus (Binks et al., 2006; National Collaborating Centre for Mental Health, 2009; National Health and Medical Research Council, 2013). While the efficacy of treatment is still considered marginal, there is benefit from treating as this has a positive impact on the lives of those with the diagnosis, those close to them, and ultimately on society at large.

Risk studies on BPD were used in the Australian NHMRC (2013) guideline to collate a list of variables associated with the development of the disorder that include: "socioeconomic deprivation, trauma or stressful life events, poor or inconsistent parenting, and co-occurring psychiatric conditions" (p. 40). A description of the relationship between genes and BPD suggests a "sensitive genotype" contributes to a greater risk of developing BPD. Neurological abnormalities in individuals with BPD have been found (Irle, Lange, & Sachsse, 2005); however, research findings are inconsistent, and identifying structural abnormalities as precursors to, or effects of BPD are not yet known (Lis, Greenfield, Henry, Guilé, & Dougherty, 2007). While mechanisms that lead to the disorder, and conversely mechanisms that contribute to effective treatment are mostly still unknown, there is a need for continued exploration of a variety of methodologies, including music therapy so that efficacious, and lasting treatments can be developed.

**2.1.5 Relational features of BPD.** This thesis focuses specifically on relational competencies. Therefore, I will first examine the relational features of BPD before a discussion of relational factors in music and music therapy helps to contextualise this study. People with BPD are often hospitalised due to self-harm and suicidal ideation, or attempts. Self-harm behaviours are reported in up to 80% of cases, the mean number of suicide attempts over the lifetime is 3.4, and 10% of patients die from suicide (Hooley & Germain, 2008). While these features of the disorder do not immediately appear to be ‘relational’, they are often experienced in the context of relational problems (Gratz, 2001; Sansone, Wiederman, & Sansone, 1998). Once the more severe symptoms of BPD such as self-harm subside, relational problems often endure (Jordan, 2004). Relational problems lead to difficulties forming successful intimate relationships. In addition to not being able to fulfil one’s needs for intimacy, people who experience relational difficulties can end up in harmful relationships leading to problems that extend beyond their own experience, impacting the lives of partners, children and friends (Lenoff, 2014). Research on relational problems for people with BPD is developing; however, researchers have found measurement of interpersonal dysfunction difficult. Methods of assessing relational problems include self-report, observational methods, and testing of related skills such as social cognition, perceptual bias, and social problem solving (Lazarus et al., 2014). Of the few studies that exist, the methods vary significantly leading to difficulties synthesising results in reviews and determining reliable and robust research methodologies.

The interaction between emotions, relational problems, and behaviours experienced by people with BPD have been described as a ‘paradox’ by Sheffield et al. (1999) in their examination of the interpersonal dynamics of people with BPD. They

suggest emotional instability leads to contradictions in inner experiences and behaviour in study participants. Individuals with BPD are described by Sheffield et al. as having polarised interpretations of interpersonal relations, including opposite emotional responses such as fear of closeness and fear of abandonment embedded in the same behaviours. They argue that this paradoxical interaction style leads to an impairment of awareness and understanding of the thoughts and feelings of others.

The Sheffield et al. (1999) study used grounded theory to analyse conversations in therapy. Two overarching paradoxical themes were identified: intimacy dilemmas and self-destructiveness. An example used in the study of an intimacy dilemma is one of a patient who told her therapist “I don’t care if I get better, I just want you to like me”. In contrast she also said that if someone likes her, she “can’t trust them.... because I’m flawed.” In this example, the patient wants to be liked, yet cannot trust someone who likes her.

Examples of self-destructive behaviour in the context of paradox include preventing harm by causing harm and causing pain to feel better. A patient, upon hearing from her daughter that her husband called her a pig, burnt the word ‘pig’ onto her abdomen. She explained that if he said it again she could show him and say, “you don’t know anything I that I don’t know” (Sheffield et al., 1999).

Luyten and Blatt (2013) explain relational problems for people with BPD from a developmental perspective. They describe the interaction of two fundamental processes, ‘relatedness’ and ‘self-image’ over the lifespan. These two processes allow healthy individuals to develop a positive sense of self, and reciprocal, meaningful relationships (Luyten & Blatt, 2013). Luyten and Blatt describe personality disorder within this

paradigm as “expressed in a profound inability to reflect on the self together with severe impairments in self-other boundaries (self-impairments) and in significant impairments in the awareness and understanding of the thoughts, feelings, and motivations of others (interpersonal impairments)” (2013, p. 174). The authors conclude that more research exploring the interaction between relatedness and self-definition is required.

Considering a formulation such as this, group therapies that are experiential seem like a good fit, as they allow for both self-reflection and relationship to be practiced. I chose to research BPD in this study on group music therapy as research into the diagnosis suggested to me that group music therapy would be beneficial, and there are few studies exploring group work in music therapy with this population.

The interpersonal experiences of people with BPD have been described as polarised (Lazarus et al., 2014) and dichotomous (Linehan, 1993) with individuals vacillating between intense attachment and fear of abandonment. Studies suggest social functioning is inhibited by emotional reactions in the context of interpersonal stressors (Linehan, 1993; Luyten & Blatt, 2013; Sheffield et al., 1999). A growing body of research into neurobiological circuitry underlying relatedness (Bartz, Zaki, Bolger, & Ochsner, 2011; Gunnar & Quevedo, 2007) supports the findings of Sheffield, Linehan and Luyten and their descriptions of emotional/neurological/social interplay. These studies identify the role of oxytocin in attachment and link it to the development of the human stress system via the hypothalamic-pituitary-adrenal axis. The neurobiological circuitry involved in relational difficulties is reinforced by repeated patterns of behaviour, and conversely patterns of behaviour are reinforced by neurobiological circuitry. This suggests that skill acquisition and insight require repetition over time. The findings provide a rationale for conducting research into group therapies such as

group music therapy that provide repeated positive relational experiences, utilising neurobiological systems that strengthen the link between healthy endocrine responses and interpersonal experiences (Luyten & Blatt, 2013).

**2.1.6 Relational problems and stigma.** When a person with BPD is in treatment, the same relational problems that impact their private life also impact relations with staff and health systems. Interpersonal issues are often re-enacted in therapeutic relationships, leading to unfavourable attitudes and stigma toward the diagnosis (Hooley & Germain, 2008).

As outlined above, the majority of diagnostic features of BPD are expressed as relational; for example, self-harm behaviours often occur in response to, or anticipation of relational difficulties such as feelings of abandonment. In a clinical environment a patient may self-harm after being told they are responding well to treatment and will soon cease therapy sessions. This type of behaviour can appear to occur when the patient is doing well, leaving the impression that it is intentional and manipulative (Markham & Trower, 2003). Relational difficulties for people with BPD are not only a feature of the diagnosis but are also a factor that directly impacts treatment.

It is, therefore, critical that clinicians have a thorough understanding of BPD behaviours and be aware of how these can lead to unfavourable attitudes and stigma. Clinicians also need to design programs that are sensitive to the relational difficulties experienced by people with BPD such as the clinical program examined in this study. This is supported by recommendations from peak health bodies suggest people with BPD get specific treatment from staff with specialist training in working with the disorder (National Collaborating Centre for Mental Health, 2009; National Health and

Medical Research Council, 2013). The following section discusses the need for specialist training and specific treatment programs for successful treatment of BPD.

**2.1.7 Treatment recommendations.** BPD is not an easy disorder to treat; yet, some treatments have been shown to be effective (Paris, 2005). Treatments that address relational problems associated with personality disorder are having positive effects on the incidence of self-harm and other dangerous behaviours not previously conceptualised as problems with relating to others (Muehlenkamp, 2006). The majority of treatment is psychotherapy; however, pharmacological treatment is also common for acute symptoms. The unique set of symptoms experienced by people with BPD suggests a need for targeted treatments that teach skills and strategies and utilise the therapeutic relationship to help patients challenge perceptions and practice learned strategies (Hooley & Germain, 2008). Programs that have been shown to be effective meet these criteria (Bateman & Fonagy, 1999; Giesen-Bloo et al., 2006; Kernberg, Yeomans, Clarkin, & Levy, 2008; Linehan, 1993). Some of these programs are available to people in Australia; however, they are predominantly accessed via the private health system. Those with BPD seeking treatment through the public health system are less likely to access such programs. There has been little research investigating why this difference occurs, yet surveys suggest contributing factors are access, availability of programs, stigma and acuity of symptoms (Lawn & McMahon, 2015).

Sheffield et al. (1999) suggest treatments should aim to address the need for patients to learn to accept ambiguity and “not knowing” when relating to others. This view is supported by Linehan’s (1993) biosocial model of BPD which identifies emotional regulation and relational skills as major components of a skills training

Dialectic Behavioural Training (DBT) program. Linehan argues that interpersonal problems arise when uncontrollable emotional responses inhibit the application of interpersonal skills.

A most recent review of the research on BPD treatment was conducted by the National Health and Research Council (NHMRC) of Australia (2013). It clearly states that treatment of BPD should be targeted to the diagnostic group and more specifically, have a focus on improving relationships. The NHMRC guideline notes research has not yet shown how best to prevent and treat the disorder. Nonetheless, it makes several recommendations for aims in treatment including: “gaining and retaining hope, understanding of one’s abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self” (p. 35). The NHMRC findings are consistent with two other large-scale reviews by The Cochrane Collaboration (Binks et al., 2006) and The National Collaborating Centre for Mental Health in the UK (2009). These reviews identified Dialectical Behaviour Therapy (DBT) as the most effective treatment. However, it is important to note that on the whole research on BPD treatment is scant, and as DBT treatment methodology has been subject to more RCTs than other methods reviewed, it prevails in the review process. The result of the reviews is therefore indicative of the relative number of DBT trials, rather than the supremacy of the method. These reviews acknowledge there is more research required, yet still suggest treatment can work. Rather than recommend a specific methodology, they recommend that therapists are best to practice within the field they are trained, with a focus on utilising the therapeutic relationship. This are clearly articulated in the most recent of these review by the NHMRC:

From among the effective BPD treatments, therapists should offer the treatment

approach that best matches their training, theoretical framework and preferences. The effectiveness of a psychotherapy may depend on the individual therapist, and not all therapists will achieve the same results with a particular therapy. (p. 58)

Consistent with these recommendations, music therapists working with BPD should be working within music therapy methodologies as they best match their skills and theoretical frameworks. It is also important however, to research music therapy with BPD so that there is some evidence available for inclusion in future reviews from peak health bodies, and budgeting for music therapy programs. Further, some researchers (Luyten & Blatt, 2013) suggest a re-think of research and interventions in personality disorder that embrace multi-disciplinary ventures and person-centred approaches. Group music therapy interventions that encourage self-reflection in response to group interpersonal activities appear to neatly fit within these recommendations.

## **2.2 Music Therapy Literature Informing This Study**

At present there is some literature suggesting music therapy for people with BPD is beneficial (Hannibal, 2014; Hedigan, 2005; Plitt, 2014; Schmidt, 2002; Strehlow & Lindner, 2015); yet, the explanations of why and how are incomplete (Legge, 2015). Theories utilised in music therapy literature including communicative musicality (Trevarthen & Malloch, 2000), floating intentionality (Cross, 2012a), affordance and appropriation (DeNora, 2011a), and resource oriented music therapy

(Rolvjord, 2010) draw on a range of disciplines (Wheeler, 2014); however, there is little testing of these theories in practice contexts. While music therapists have argued for the need to develop theory that is unique to the profession, the discipline has not yet managed to achieve this (Abrams, 2011; Aigen, 2005; Daveson et al., 2008). Therefore, it is still necessary to look outside of music therapy literature to understand how and why music can be effective in therapy.

The remainder of this literature review examines the suitability of music therapy to the treatment of people with BPD, and in doing so, incorporates relevant theory in music therapy, and also music and psychiatry more generally. Practice orientation and context will be discussed, including the relationship between the two on music therapy research and methods. This section will conclude by examining music therapy research with BPD, and also group work as it relates to this study.

**2.2.1 Suitability of BPD diagnostic group to music therapy.** As described in detail in 2.1 above, people with BPD experience a range of problems relating with others. Considering these relational challenges, this diagnostic group appear to be a suitable for group music therapy that specifically targets relational competencies. BPD was chosen for this study due to the close fit between relational processes in music therapy and the needs of this diagnostic group. Considering the success of music therapy in other contexts (Gold, Wigram, & Elephant, 2006), and the inherent relational properties of music making (discussed in more detail below), music therapy seems suitable for people with BPD, particularly when the therapy is oriented towards relational competencies. Yet, this is an under researched population in music therapy, particularly in group contexts.

**2.2.2 Music theory relevant to relational competencies.** Disciplines outside of music therapy that are making a contribution to understanding mechanism's in music therapy include neuroscientists, and evolutionary psychologists. Evolutionary scientists argue that there must have been a precursor to language that had music-like qualities (Bannan, 2012b; Brown, 2000; Brown & Jordania, 2011; Fitch, 2012; Merker, 2000). These researchers suggest the communicative roots of music are relational in purpose. These ideas are not new and were first postulated by Darwin (1871). Evolutionary psychologists also point to the depth of humanity's relationship to music citing evidence of numerous musical artefacts that include a bone flute that is 36,000 years old (Conard, Malina, & Münzel, 2009). Bannan (2012b) argues that these archaeological discoveries demand that music be taken into account when telling the story of our evolutionary past. It is arguable that music's utility in communication, meaning making, and strengthening relationships attributes to its persistence over such vast time periods. The contemporary evolutionary perspective also argues there are non-language related uses of music that include group cohesion, social learning and mother infant bonding (Cross, 2009; Masataka, 2009). For example, Cross (2012b) suggests that music exists for the purpose of "collective engagement in the synchronous production of complex patterns of sounds and movement" (p. 264). He argues that music made in this way is not a form of communication that fits into conventional language or information theory models. Instead, it is a way of being together that strengthens social bonds by creating a sense of shared, meaningful interaction. These adaptive theories of music suggest that there is a functional purpose to music that allows for the communication of meaning and strengthening of relationships. These features are possibly related to music's effectiveness in music therapy when relational competencies are a therapeutic aim.

So far, neuroscientists have not identified any music specific domains in the brain (Clarke, Dibben, & Pitts, 2010; Koelsch, 2011; Patel, 2006, 2010, 2012; Peretz, 2011, 2012; Skoe & Kraus, 2012). Yet, some researchers are suggesting that the organising, or scaffolding properties of music, allow humans to simultaneously activate a range of faculties, allowing for a unique experience that may not be possible without music (Bencivelli, 2011; Dorrell, 2005; Volgsten, 2012). Music theorist Philip Dorrell (2005) has used the term “super stimulus” to describe this feature of music. For music therapists, research on music cognition supports the utilisation of music for purposes that extend beyond the development of musical competencies. The findings of neuroscience suggest activating and coordinating domains that are active during music making, yet which also have non-musical purposes, may assist clients to develop generalisable competencies in an area of need, such as relational competencies. From this perspective, the brain functions utilised in music participation are brain functions also utilised for other purposes; however, coordinated and integrated via music experiences. This makes intuitive sense, as music therapists regularly report clients benefiting from music therapy interventions in domains including communication, emotional regulation, and physical rehabilitation (Hillecke, Nickel, & Bolay, 2005).

**2.2.3 The role of music in music therapy.** There is much agreement in contemporary music therapy theory about how music works in therapy to address relational needs (DeNora, 2011b; Pavlicevic & Ansdell, 2009; Stige, 2002; Trevarthen & Malloch, 2000). Early bonding experiences utilise musical forms of non-verbal communication (Malloch & Trevarthen, 2009a, 2009b; Trevarthen, 2002, 2005).

Trevarthen and Malloch (2009b) describe ‘communicative musicality’ as a temporally based form of communication that encompasses movement, sound, and other forms of

human expression that make narrative possible. When using the term musicality, they are not referring to contemporary, culturally encoded music, but to a universal narrative that is evident in mother infant interactions and the non-verbal elements of communication between adults. This innate non-verbal and gestural communicative narrative is referred to as “communicative musicality”. Other researchers have described this as “motherese” (Papousek, 1996), “protolanguage” (Fitch, 2012), “protomusic” (Stige, 2002), “vitality affects” (Stern, Hofer, Haft, & Dore, 1985), and “dynamic form” (Pavlicevic, 2000). Trevarthen and Malloch (2009b) argue that humans experience the world in time, and that we have an intuitive ‘common musicality’ that makes shared meaning possible. Despite the theory being widely cited in music therapy literature (Bunt & Stige, 2014; DeNora, 2011a; Malloch, 1997; Pavlicevic & Ansdell, 2009; Stige, 2002; Wigram, 2002), it has not yet been subject to rigorous testing in music therapy practice contexts. There has been a single study comparing jazz improvisation with Malloch et al.’s (1997) original communicative musicality research (Schögler, 1998), finding similar qualities of jazz improvisation interactions to those of mother infant interactions when using the same spectrographic analysis methods. There is also an interesting use of communicative musicality theory in the unrelated field of human to artificial intelligence interface design and interactive robots (Cabibihan, Javed, Ang, & Aljunied, 2013; Gill, 2007; Gill, 2012; Kozima, Michalowski, & Nakagawa, 2008; Lorenz, Weiss, & Hirche, 2016). However, this is the only evidence of the theory being used in practice.

The mother-infant bonding features of musicality are described above as relational. This forms the backbone of extended theory in music therapy and provides theoretical support for interventions that actively target relational competencies.

Continuing the theory through development, individuals are theorised to incorporate both innate music communication and cultural aspects of music during identity formation and social skill development (DeNora, 2011b; Stige, 2002). The ability to communicate emotion in music may also be deployed in a reverse way whereby individuals and groups use music to activate emotions, described by DeNora (2011b) as a “prosthetic technology”. These ideas imply that there is an implicit level of communication that occurs through music that can be utilised in therapy (DeNora, 2011b; Hannibal, 2014; Strehlow & Hannibal, 2019). These ideas are central to the rationale informing the clinical program examined in this study utilising group improvisation as a modality for exploring relational competencies.

The dialogical and developmental model of music in music therapy literature is most clearly articulated by Stige (2002). He suggests that culture has such a strong influence on music, and common features across cultures are difficult to identify. He goes further, suggesting the common elements of music are not yet music, preferring to use the term ‘protomusicality’. He describes protomusicality as “the shared human capacity for engaging in communication through sound and movement” (p. 87).

Stige (2014) draws an analogy between music and language, describing the human capacity to speak as innate, while language itself is a cultural artefact. This analogy could be criticised for giving too much weight to the cultural component of music. The symbolic functioning of language requires that it be learned and understood before it can be used. In this way language is heavily reliant on culture. It can be argued that music, and particularly aspects of music referred to above as ‘protomusic’ is mostly not symbolic (Bruschweiler-Stern et al., 2010; Cross, 2012b), and therefore may not be as heavily reliant on culture as language is.

Stige and Kenny (2002) explore the idea that music is always experienced in a relational way (even when experienced alone). They describe music as both a natural human capacity for expression and a learned, culturally coded form of expression. In this way, musical expression is both innate, and culturally informed. The authors are building an argument in the context of culture-centred music therapy (Stige, 2002), where music is considered from a sophisticated standpoint, drawing heavily on cultural idioms, relating to identity formation, and socialisation. However, music therapy that relies on improvisation with individuals not trained in music making does not always correlate neatly with the culture-centred view.

The culture-centred view described by Stige (2002) is compelling and clearly articulated. However, music is such a complex phenomenon that perspectives that are not so reliant on the dialogical and cultural view still warrant consideration, particularly when considering improvisation as a method in music therapy, and the similarities between improvisation and communicative musicality cited above (Schögler, 1998). Multiple perspectives on how clients interact with music may be important for music therapists that are open to the many possibilities of how music is experienced by clients in therapy. There are examples of music therapy literature that do not place the relevance of music solely within the dialogical realm, such as Garred (2002), who describes the potential of music in therapy in two ways: as a means, and as a medium. As a means, music interacts with the individual in physical and biological ways, for example, to stimulate or relax the client. As a medium, music acts as a two-way, reciprocal interaction between client and therapist. There is still much to be learned about both the innate and cultural components of music (Malloch & Trevarthen, 2009a; Rebuschat, 2012).

Pavlicevic and Ansdell (2009) critique communicative musicality (Malloch & Trevarthen, 2009a) and its relationship to culture centred music therapy (Stige, 2002), suggesting there is a need to articulate and theorise on collaboration. They argue that “collaborative musicing is an identifiably different function of the musical/social experience/development interaction” (p. 364). This position suggest that communicative musicality theory does not account for the community building that occurs when people share musical experiences in groups. The reasoning is that communicative musicality theory focuses on the dyad and is rooted in theory that can be criticised for being derived from the individual without considering social and cultural perspectives. These ideas have implications for a relational perspective of music therapy that is conducted in groups, as a dialogical perspective alone may not be sufficient to explain group interactions and experiences of relating in a more complex setting such as outpatient group music therapy with adult clients (the subject of this thesis).

It would appear that culture accounts for the developmental transition from communicative musicality to a broader culture centred theory by describing the process of appropriation. However, Pavlicevic and Ansdell (2009) argue that there is a need to identify collaboration via their theory of “collaborative musicing” to account for group or ensemble music playing. They describe collaborative musicing as “not merely the accumulation of dyadic musical communications, but the facilitation of paradyadic musical experiences” (pp. 364-365). One can assume that ‘paradyadic’ means ‘beyond the dyad’, but this is very ambiguous. How beyond? Pavlicevic and Ansdell’s (2009) paper proposes questions about the limits of communicative musicality but does not clearly articulate possible answers. The authors suggest that their model is speculative. They ask questions that are not yet answered: “What of the ensemble dance? Is this just

a multiplication of the dyadic musical companionship, or something more? Do we move beyond communicative musicality when the ensemble is reached?" (p. 360). It would appear that the authors are arguing there are processes required when collaborating in groups that are different from collaborations in dyads. However, they do not identify what these unique group processes are. They suggest that shared experiences of groups are different to shared experiences of pairs, but again do not articulate what the difference is. At present theory does not account for the space in between communicating in dyads, and the impact of culture. This study aims to explore this intermediate phenomenon in the context of group improvisation with a relational focus.

An alternative model that gives more weight to innate musical communication is provided by Cross (2012a). He suggests three levels of music as a communicative medium. The first shared with other animals, the second common to humans, and the third being culturally specific. At the first level, Cross describes the relationship between acoustic structures and motivational states in the individual. He uses the term 'motivational-structural' drawing on research on animal communication by Owings and Morton (1998), Rendall, Owren and Ryan (2009), Schubert (2004), and Gomez and Danuser (2007). These papers argue that acoustic qualities of sound elicit specific responses, such as alarming sounds, and cooing sounds. The second level is termed 'socio-intentional' incorporating pitch contour and range to infer attitude and emotion. This level has a reciprocal quality to it, moving beyond the first level. The second level is more prevalent in humans than other species. Cross argues the first two levels account for inter-cultural accessibility, stating that we are able to make at least some sense of music from cultures we are not familiar with. The third level is described by Cross as having particular cultural relevance that is learned from experience and exposure such

as ceremonial significance. Cross's model suggests that music can be viewed as cultural and innate, and that the interaction between the multiple levels is always present. This perspective may be useful when considering group improvisation in music therapy, as the interpretation of communicative and relational features of music making in this context may require elements of deep, innate responses as well as cultural references and uses.

Cross (2012b) explains the dialogical quality of music from an adaptive perspective. He suggests music's ambiguity makes it effective for social bonding. According to Cross, group identity can be strengthened while making music by allowing individuals to share a feeling of togetherness while independently interpreting meanings do not undermine the cohesive force of the music engagement. He borrows a concept from Leonard Meyer (1956) of 'connotative complexes' whereby music does not contain metaphors as such but is a "metaphorising medium". This ambiguous quality of music is described by Cross as "floating intentionality" (Cross, 2012a). He uses this term to describe how music allows members of a group to experience a common temporal framework, inducing a sense of connection while allowing individuals to have different experiences of meaning. He suggests that due to the quality of floating intentionality, music is an excellent medium for non-conflictual interaction. This non-conflictual quality of music suggests that improvisation can be of lower risk for exploring relational competencies for people who can find interaction in other social contexts challenging. This is an excellent argument for group music therapy in mental health, as non-conflictual interactions are safe, allowing for repetition and exploration of relational experiences in music.

The concepts of floating intentionality, and metaphorising (Cross, 2012b)

complemented by resource sharing (Patel, 2012), communicative musicality (Trevarthen & Malloch, 2000), and affordance and appropriation (DeNora, 2011b) provide strong theoretical support for music therapy interventions that are focused on relational competencies and conducted in groups. Possibly, due to the reasonably recent development of these complementary theories, there has not been any research to test the reliability of these theories in practice. This study is aimed at exploring these theories in practice.

**2.2.4 Mechanisms of complex interventions.** Attempting to reduce a complex intervention such as music therapy to a single mechanism, or theoretical concept may be impossible. Hillecke, Nickel, and Bolay (2005) suggest that diversity in theory and practice is inevitable due to the nature of music as a “multiplicity of human events”. For this reason, they suggest the quest for a unifying theory of music therapy is a utopian vision that is unattainable. Other factors impeding music therapy theory include the specificity problem. Lambert (1992) concluded extra therapeutic factors account for 40% of outcome while the therapeutic relationship accounts for 30%, placebo effect is 15% and the specific therapy is only 15%. This makes singling out the effect of the intervention itself difficult. Further, the eclectic nature of music therapy practice makes the rigorous and systematic study of a specific intervention difficult.

Even though we are faced with these research challenges, it is still important to discover mechanisms of change in music therapy, particularly with respect to how the use of music in music therapy ‘works’. However, deciding on the best theory is difficult, as music therapy theory is laden with conjecture. While there is some evidence for the efficacy of music therapy in practice, the mechanisms of how the music itself functions relationally in therapy remain uncovered. Many of the concepts such as

communicative musicality (Malloch & Trevarthen, 2009a), affective attunement (Stern et al., 1985), forms of vitality (Bruschweiler-Stern et al., 2010), protomusicality (Cross, 2012a), resource sharing (Rolvsvjord, 2010) and relational factors (Trondalen, 2016) utilised in music therapy theory do not have an evidence base yet. Conversely, they have not yet been proven false either. Further, there are competing views regarding many of the assumptions drawn together to build music therapy models. Nonetheless, the theories reviewed above are most relevant to the study of relational competencies using group improvisation with people diagnosed with BPD, and therefore are utilised in the formulation of the clinical program in this study.

**2.2.5 Orientation and context in music therapy.** Music therapy orientations are described within a variety of domains that can include behavioural, transpersonal, medical, psychodynamic, humanistic and others (Bunt & Stige, 2014; Wheeler, 2014; Wigram, 2002). Most relevant to a review of music therapy for people with BPD focusing on relational competencies and improvisation is a discussion of the psychodynamic and humanistic orientations. This is because music therapists with a psychodynamic orientation have written the majority of literature for this population, and my own clinical training and practice aligns more closely to the humanistic orientation. However, I feel this study is best described as “integrationist” (Norcross & Goldfried, 2005). Further, while there are significant differences between the psychodynamic and humanistic orientations, there are also significant commonalities. Bruscia (2014) suggests:

To be critically inclusive, one must make clear and meaningful distinctions between the various practices and concepts. For example, our maturity as a discipline depends upon our ability to articulate how behavioural, biomedical,

psychodynamic, humanistic, transpersonal, and culture-centred orientations can influence practice differentially. But equally if not more important to identify the commonalities between them – the points where they coincide in spite of their differences. (p.253)

Adopting Bruscia's inclusive spirit, similarities and differences between orientations are discussed, and contextualised in this section, while the relevance of orientation is examined from the perspective of common factors, and the paucity of research on treatment approaches.

**2.2.5.1 Psychodynamic orientation.** The psychodynamic orientation is a way of thinking about both the client and the therapist from the perspective of the psychic structures of individuals and the interpersonal dynamics that interact with the psyche (Hadley, 2003). The roots of the orientation lay within psychoanalytical traditions; however, the term psychodynamic is used in music therapy literature to describe a broader perspective that focuses on the inner psychic world of clients, in particular the relationship between conscious and unconscious processes (Bunt & Stige, 2014; Isenberg, 2015). Consideration is given to the client, the therapist, and other relevant third parties. Major domains influencing psychodynamic thinking in music therapy include: drive psychology, ego psychology, object relations, self-psychology, and Jungian psychology (Bruscia, 1998; Bunt & Stige, 2014). More recently, theorists with a stronger relational focus such as Winnicott, Stern, Bion, and Kohut are influencing contemporary psychodynamic music therapy practice (Hadley, 2003; Isenberg, 2015).

Psychodynamically oriented music therapists predominantly use the music made in sessions as a way of understanding the inner worlds of their clients. Bruscia (1998)

suggests the music created in therapy can act as a projective device allowing for a psychodynamic perspective of understanding the music maker. The therapist aims to understand the client by using the music as a window into the inner world, including the subconscious. The process of being with, understanding, reliving and re-contextualising relational behaviours is undertaken via improvisations, and may or may not include discussion (De Backer, Sutton, & Williams, 2014; Isenberg, 2015).

Common understandings of psychodynamic music therapy include:

- Psycho-dynamically oriented music therapists almost exclusively work within cultures that have a tradition of psychodynamic treatment in mental health, and in facilities that have a psycho-dynamic orientation.
- Improvisation in the context of individual therapist is typical.
- Intra-psychic processes are understood to determine relational behaviour.
- Early life experiences are believed to be the primary source of relational problems.
- Patterns of relating in the present are repetitions of previous life experiences for both client and therapist, and the re-experiencing of these patterns is the focus of therapy (transference, countertransference, and defences).
- The role of the therapist is to understand unconscious representations that influence behaviour.
- The role of heritability, drug use, and later life experiences are largely excluded in interpreting relational problems. Likewise, the role of medication is rarely included in descriptions of treatment.
- Psychodynamic music therapist's typically work with clients for periods of several months, sometimes years.

- The client's unwillingness to engage in therapy is explained as resistance to treatment.

Points of difference that exist in psychodynamic music therapy practice include:

- Some therapists suggest problematic relational behaviours (transference and countertransference) can be interpreted from music played between client and therapist, while others note that the music is free of interpretation.
- Some therapists rely almost exclusively on their own feelings and associations to interpret the client's problems, whereas others attempt to avoid their own responses, and instead focus on the client.
- The use of verbal reflection varies amongst practitioners.

Due to the idiosyncratic practice of music therapists, comparisons aimed at identifying best practice in psychodynamically oriented music therapy is a challenge that is yet to be successfully taken up by researchers interested in this orientation. Music therapists reading the literature are left to pick and choose based on what appeals to their own training, experience, and context (Wigram, Saperston, & West, 2013). While this may appear daunting, and not 'evidence based' it does align with two of the largest reviews of treatment for BPD undertaken in the UK and Australia, that recommend therapists work with their strengths and training, while focusing treatment on the relationship with the client (National Collaborating Centre for Mental Health, 2009; National Health and Medical Research Council, 2013).

When considering the psychodynamic orientation, the question of the validity, and usefulness of always referring to early life experience has not been examined in the

literature. Yet, much theory referred to in the literature describing the psychodynamic orientation in music therapy is more than fifty years old (Isenberg, 2015). The following section explores some contemporary issues for consideration when reviewing the psychodynamic literature in music therapy.

**2.2.5.2 Reconciling aetiology and neuroscience studies with traditional psychodynamic music therapy.** Psychodynamic traditions rely on a formulation that places early life experiences and childhood trauma at the root of all psychiatric problems (Compton Dickinson, 2006; De Backer et al., 2014; Hadley, 2003; Isenberg, 2015). However, there is growing evidence that genetic factors contribute to at least 50% to many psychiatric conditions (Insel, 2010; Morgan & Fisher, 2007; National Health and Medical Research Council, 2013). Further, influences of life events beyond early childhood have been shown to contribute to mental illness (Morgan & Gayer-Anderson, 2016; van Os, Kenis, & Rutten, 2010). Life events that have been identified as impacting mental health include developmental trauma, minority group position, living in urban environments, cannabis use, and prenatal environmental exposure. These influences support a stress-vulnerability model where the stress can occur within the first 20 years of life, and the vulnerability is heritable. Contemporary perspectives on aetiology suggest interpretation of present behaviour as a re-enactment of a primary event from early childhood may not be accurate.

One neuroscience study on transference (Gabbard, 2006) found that transference processes are likely to rely on the building of models based on many memories, and that these models are constantly being updated, much in the same way as models utilised in perception. Research on aetiology challenge formulations that rely on the significance of a primary experience. However, neuroscience also provides good support for models

of therapy that provide corrective experiences with the view of modifying psychic structures, since models are considered to be continually updated.

There is also a growing body of research that suggests mood components of mental illness may be adaptive, rather than pathological in response to social situations such as defeat and entrapment (Taylor, Gooding, Wood, & Tarrier, 2011). The concept of defeat is linked to social defeat research in animals including hens, rodents, and non-human primates. Changes in behaviour attributed to social defeat have depression-like features. The evidence demonstrates changes in neurotransmitters and hormones that influence depression like behaviours directly associated with social defeat experiences. These behaviours are considered adaptive as the individual can avoid further injury from another who is more dominant. Defeat and entrapment are more complex in humans and encompass self-perceptions that extend beyond the social defeat situation to include failure to achieve goals or aspirations. Clinically, the implications of these studies suggest there may be benefit from therapists focusing on addressing the client's perception of current events and coping skills, rather than identifying significant early experiences.

There is still much scepticism about adaptive theories in psychology, yet these same deductive methods of analysis are well accepted in disciplines such as anatomy and physiology (Confer et al., 2010). It may not be wise to accept them wholeheartedly; yet, maintaining allegiance to decades old psychoanalytical theories without considering recent advances runs the risk of losing relevance. Awareness and consideration of the implication of epidemiological research, neuroscience, genetics, and adaptive theories may be beneficial to music therapists working with personality disorder. With respect to competing views on orientation in therapy, an integrationist attitude may be more

suitable than an ‘either or’ one (Confer et al., 2010; Wampold & Imel, 2015).

An example of an integrative approach to psychotherapy is provided by the Boston Change Process Study Group (Bruschweiler-Stern et al., 2010) and influences the treatment methodology employed in this study. The authors describe a process of “fitting together” to describe an organisational goal of early development whereby the infant creates an ecological view incorporating the environmental, biological and psychological experiences. Beyond infancy these processes are described as being continually updated. The authors use the terms “recontextualisation and reorganisation” to describe how existing models are accessed and subtly reorganised in the new context. The suggestion is that these processes happen in therapy and then influence behaviour outside of therapy. This model supports a ‘here and now’ focus that can be employed in music therapy group improvisation contexts.

The authors advocate for working with “implicit relational knowing”. They argue that a model of how the brain forms representations is unresolved, yet evidence from infant behaviour suggests that representations do not rely on symbolic or language forms. These non-verbal forms of knowing are described as affect and action representations. Further the authors suggest that while these representations are non-conscious, they are not repressed, and therefore can be accessed, brought into consciousness and verbalised. The domain of implicit relational knowing is described as richer, and larger than explicit knowledge. It has many parallels to communicative musicality (Malloch & Trevarthen, 2009a) described above as a mechanism in music therapy.

Intention is posited as an important component of implicit relational knowing. The process involves observing another’s behaviour and implying their intention based

on the observation. They suggest that affectively relevant and relationally imbedded meanings derived by imbuing intention are central to psychotherapeutic processes. Music therapy's use of music creation that is inherently emotive and relational is well suited to working at the implicit level of meaning making described by the Boston Change Process Study Group (Bruschweiler-Stern et al., 2010).

Therapeutic work that focuses on implicit relational process is postulated by the Boston Change Process Study Group (Bruschweiler-Stern et al., 2010) as an effective strategy, allowing for recontextualisation and reorganisation processes to be utilised. The authors suggest a collaborative approach focusing on the relationship between therapist and client. They argue that self-development occurs through interpersonal exchanges. This idea aligns with existential philosophy about knowing the self (May, 2007), and socially constructed theory on meaning (Vygotsky, 1980). Because the work of the therapy is implicit, the authors suggest that verbalisation is not a necessary component, aligning neatly with the use of non-verbal elements in therapy such as music.

The process of recontextualisation and reorganisation is elaborated in the concept of "rupture and repair". This idea describes problems that arise in therapy, and the process of acknowledging and addressing them. A therapeutic aim suggested by the group is to develop communication of affectively expressive associations and reflections with lessening emotional conflict. The dyadic approach to therapy described by the authors includes an affective element described as vitality. The authors argue that vitality acts as a directional element of therapy that strengthens the relationship and experiences that function therapeutically. From a music therapy perspective, this idea supports the use of music as the medium that can add vitality to sessions.

The traditional psychodynamic orientation could be criticised for being deficit focused and placing too much emphasis on the experience and expertise of the therapist. Further, drawing on the relationship of the past to the present and interpreting behaviour from this framework relies on the use of collateral information, which may be inaccurate and/or incomplete, and the skill of the therapist to be able to accurately identify transference, countertransference, and maladaptive defence mechanisms. The traditional practice of psychoanalysis outside of music therapy is not as popular as it was half a century ago in the 1950s and 1960s, yet in music therapy psychodynamic literature, references to concepts from this period are still common (Isenberg, 2015). In addition, considerations of organic factors and medications that may be influencing the illness presentation and treatment trajectory are rarely acknowledged in psychodynamic music therapy literature.

Contemporary approaches to psychiatry that de-emphasise the expert role of the therapist such as resource-oriented music therapy (Rolvjord, 2010), and the recovery model (Anthony, 1993) treat mental illness as a feature of a person's life that is managed rather than cured. Newer treatment strategies such as dialectical behavioural therapy (DBT) (Linehan et al., 1991), schema therapy (Giesen-Bloo et al., 2006), and mentalization therapies (Fonagy et al., 2011) align closely to models that emphasise recontextualisation and reorganisation, whereas traditional psychodynamic orientations do not. Music therapy interventions designed to create positive social experiences may bolster and reinforce work done in skills-based therapies by utilising the combined affective and social experiences of music making with relational skills, cognitive restructuring and mentalization skills gained through other treatment approaches. In this way music therapy may have a niche in treatment as a graduate, experiential program.

This conception of therapy informs the clinical design in this study.

**2.2.5.3 Humanistic orientation.** The humanistic orientation is discussed here because it closely aligns with my training and clinical practice. It has not been as well researched or documented as the psychodynamic orientation, yet it informed the clinical program design utilised in this study, and therefore warrants discussion.

In the humanistic orientation the therapist aims to support the patient as they move toward healthier ways of relating and being with others (Abrams, 2015). The therapist provides a safe space for exploring and experiencing alternative relational styles/competencies. The role of the therapist is to be supportive and non-judgmental. In the context of a BPD group, I believe the lack of judgment and rules experienced in group improvisation creates a new group experience where one is encouraged to explore ways of being with others. In contrast to the psychodynamic orientation, the humanistically oriented therapist may question why it is necessary to understand the patient's unconscious drives; instead, being interested in the 'here and now' way of relating, and using their therapeutic skills to allow the patient opportunities to gain insight and explore alternative ways of experiencing others and themselves. In this way the therapist considers the patient to be the expert on themselves, and the therapist to be the expert on facilitating opportunities for change.

The humanistic orientation in music therapy is described by Bunt and Stige (2014) as having "an emphasis on helping people realise their full potential and on 'growth' rather than 'treatment'". Founders in humanistic psychology include Carl Rogers (1951) and Abraham Maslow (1943), leading to the existential psychology of Victor Frankl (1985), Rollo May (2007), and Irvin Yalom (1980). Historically, the humanistic perspective came into being after psychoanalysis and behaviourism,

criticising the positivist view of human nature, and questioning the emphasis on childhood trauma and conditioned responses. In place the search for meaning, the importance of the ‘here and now’ and the therapeutic relationship rose to prominence (Wigram, 2002). Conversely, the same features that define humanistic approaches are also applicable to a critique of the orientation. Humanism could be described as lacking objectivity and ignoring normative and moral assumptions that are critical to mental illness diagnosis. Further, philosophical assumptions of movement towards self-actualisation in the absence of inhibiting factors is culturally rooted in the renaissance of western Europe and not shared by all cultures, or supported by evidence (Kensit, 2000).

The humanistic orientation in music therapy is predominantly a relational therapy, relying on therapeutic experiences as relational encounters that lead to exploration and growth (Abrams, 2015). For people diagnosed with BPD, a predominantly relational disorder, there is a strong theoretical alliance between the humanistic orientation and the therapeutic needs of the diagnosis. Trondalen’s (Trondalen, 2016) relational music therapy is not described as humanistic, yet closely aligns with this orientation. Relational music therapy incorporates theory from Husserl, Merleau-Ponty, and Stern. Trondalen consolidates these perspectives within the concept of intersubjectivity, explained as joint attention and affective exchange. In the last 15 years, ‘resource-oriented music therapy’ (ROMT) has gained much attention within humanistic music therapy literature. The concept of ‘resourcing’ aligns with the humanistic notion of growth and reaching potential. This study is informed by these principles. It is reviewed below.

**2.2.5.4 Resource oriented music therapy (ROMT).** Several authors have written about resource-oriented practice in music therapy (Gold, Rolvsjord, et al., 2005;

McCaffrey, Edwards, & Fannon, 2011; Rolvsjord, 2010; Rolvsjord, Gold, & Stige, 2005; Schwabe, 2005; Solli, 2008; Solli, Rolvsjord, & Borg, 2013). The 'resource-orientation' concept has been applied to a variety of treatment modalities and did not originate in music therapy (Priebe, Omer, Giacco, & Slade, 2014). However, it has been described as implicit in a psychotherapeutic approach to music therapy and has grown since its early adoption in the 1990s (Schwabe, 2005). ROMT can be explained as a way of thinking about theory and practice while integrating different schools of music therapy. The focus of the music therapist is to mobilise the healing forces in the client by building on existing abilities, and also to activate or re-activate blocked abilities. Schwabe (2005) suggests music itself becomes more than a medium that the therapist and client work with. He posits that music can be considered an object in itself that the client interacts with, thereby allowing for a direct engagement with the surroundings. The boundaries between internal and external worlds can be experienced and reinforced as the client differentiates between the experience of the object itself and their own awareness of how they are relating to the experience. In this way, he contends music has physical and psychological effects.

A case study exemplifying ROMT, set in an acute psychiatry ward in Norway, describes a period of engagement based on improvisation with a music therapist over seven months (Solli, 2008). Solli worked with a young man with schizophrenia improvising over popular music forms that the patient identified with. The interaction was very much about making music, as the patient was not forthcoming in verbal interactions. Solli wrote about the importance of identifying with the client's cultural context through improvisation as a way of strengthening identity and awareness. He defined his work within a ROMT model, emphasising nurturing resources and

potentials within the client, using a collaborative approach that considered the cultural context and musical identity of the client.

Randi Rolvsjord has written extensively on the subject of ROMT (Gold, Rolvsjord, et al., 2005; Rolvsjord, 1998, 2001, 2004, 2010, 2014; Rolvsjord et al., 2005). Her book “Resource-Oriented Music Therapy in Mental Health Care” (Rolvsjord, 2010) is a comprehensive text. In it she described ROMT as a both a paradigm and an approach, encompassing a shift away from a medical model, to a contextual model. She suggested that music therapy is bound within the cultural, social and political contexts in which it is practiced, researched and discussed. She drew on musicology literature and music analysis recognising subjective and contextual factors as a starting point for understanding the role of music, the client, and the therapist in music therapy. Rolvsjord (2010) states she intentionally avoided a clear definition of resource-oriented music therapy so that it more closely resembles real practice. However, there are four premises that she used to state her idea of the concept:

- (1) resource-oriented music therapy involves the nurturing of strengths, resources, and potentials;
- (2) resource-oriented music therapy involves collaboration rather than intervention;
- (3) resource-oriented music therapy views the individual within their context; and
- (4) in resource-oriented music therapy, music is seen as a resource. (p. 74)

Subjective and contextual factors are critical to the conceptualisation of this study as there are no published studies of group improvisational music therapy in adult

mental health outpatient settings from Australia. As mentioned earlier in this chapter, the predominance of psychodynamic literature for this population is culturally and contextually situated. My personal experience of practice has suggested to me that humanistic, relational and resource-oriented perspectives align more closely with the treatment expectations of adult clients in mental health contexts in Australia. Therefore, this study examines this way of working with the aim of understanding both musical and therapeutic processes that unfold in this context.

**2.2.5.5 *Affordance and appropriation.*** Affordance and appropriation are widely referenced concepts in music therapy (Bonde, 2011; DeNora, 2011b; Rolvsjord, 2010), as they bridge theories of communicative musicality (Trevarthen & Malloch, 2000) and community music therapy (Stige, 2002).

The concepts of affordance and appropriation suggest that varied experiences and multiple meanings are the consequence of a contextual approach to music where meaning is dependent on how the client accesses and uses music. Central to a resource-oriented approach, music as a resource is dependent on how it is afforded (accessed) and appropriated (used). Musical appropriations are related to the musical skills of the individual. These range from formal skills of a trained musician to everyday musical experience skills. Assisting clients in therapy to develop their competencies with music becomes an active component of therapy that strengthens the client's capacity to be actively engaged in the relational process of therapy (Bonde, 2011; Rolvsjord, 2010).

The clinical work that is the focus of this study, while having a relational aim, includes developing the music competencies of participants as a way of engaging them in the exploration of relational competencies. The concepts of affordance and appropriation are closely tied to exploring the relationship between musical and

therapeutic process in music therapy.

**2.2.5.6 Choosing protocols before identifying mechanisms of change.** Pedersen (2013) raised an important question of methods or protocols in music therapy research and practice. If a protocol is shown to be effective, does that mean the methodology should be used exclusively to treat the diagnosis? The author did not provide an answer. However, if the research does not identify a mechanism for change, it is likely too early to exclusively work with the ‘evidence-based’ methodology. Adherence to protocols without understanding the mechanisms involved in change, may not be the most efficient way of developing more effective forms of music therapy.

Pedersen argues: “We need to inform and convince both purchasers and providers that music therapy is needed and that it is effective” (p. 17). At present the relational features of music therapy appear to be linked to the mechanisms, but this link is not clear. There is also a drive from service providers to develop specialised approaches for specific diagnosis (National Collaborating Centre for Mental Health, 2009; National Health and Medical Research Council, 2013). Researchers are also driven to write protocols to ensure treatment fidelity meets the demands of rigorous research practice. Who pays, perceived value for money, and therapy versus activity issues influence the need for articulating diagnosis specific treatments aims and methods.

This study has intentionally taken a broad approach to data collection, using a clinical methodology that places musical and relational competencies at the core without creating strict protocols around process. The emergent approach allows for the exploration and interpretation of a variety of elements including the routine, common, and incremental features of therapy, as well as the unusual, infrequent, and salient

features. Details of the method are included in Chapters 4 and 5.

**2.2.5.7 Context.** Music therapy is bound within the cultural, social and political contexts in which it is practiced, researched and discussed (Andsell, 2002; DeNora, 2011c; Pavlicevic & Andsell, 2004; Rolvsjord, 2010; Stige, 2002). In music therapy practice, how individuals interact with each other as well as with the music, suggesting the interaction is always culturally situated, and that music therapy is a culturally situated practice. Treatment strategies that strengthen the individual's coping capabilities while considering contextual aspects align with contemporary notions of community music therapy and culturally sensitive practice. This suggests that therapy be structured in a way that allows for the experience of relational competencies in contexts that are familiar. Contextual factors that influence the way music therapists work include the orientation of treatment facilities, culture, and training programs undertaken (De Backer et al., 2014). As mentioned above, much of the literature describing music therapy for people with BPD was located in contexts that supported a psychodynamic orientation, and 1:1 work. The context of this study supports an integrative, though predominantly humanistic orientation, and the use of group therapy. This context is described next.

**2.2.5.8 Australian music therapy practice in psychiatry.** At the time of writing this thesis there was only one full-time music therapy position and less than ten part-time positions in psychiatry in Australia, a nation with a population of over 24 million. Research conducted in recent years described short term projects that were put in place for the purpose of the research only (Grocke, Bloch, & Castle, 2008, 2009). There has only been one music therapy study of ongoing clinical work in Australia (Milford, 2007). Of the part-time music therapy positions in psychiatry in Australia, the majority

are in public hospital inpatient units where admissions average 12 days. In these settings the predominant modality of treatment is pharmacology. Psychodynamically oriented therapy (not music therapy) is not available as part of standard treatment in the public health system. Music therapy in these settings is typically brief and conducted in groups. According to Strehlow and Lindner (2015), music therapy is standard treatment for BPD in acute psychiatric settings in Germany. This is not the case in Australia, where the individual psychotherapeutic work of music therapists and clients with BPD described by Strehlow and Lindner is undocumented and appears not to occur at all.

In Australia, there is also limited opportunity to run group programs that target specific diagnostic groups or specific symptoms as music therapy groups in psychiatry typically include a range of diagnosis and have broad treatment goals (Carr, Odell-Miller, & Priebe, 2013). Running music therapy groups with broad inclusion criteria in psychiatry fails to meet the specific needs of people with BPD. It is my view, based on years of work in a variety of mental health settings in the Australian context, that group music therapy work with a relational focus is more appropriate than individual work in outpatient settings for people with BPD. The suitability is due to the nature of community, outpatient treatment in Australia, which is relying more and more on group programs within other modalities such as skills based, talking therapies, and art therapy (National Health and Medical Research Council, 2013), and the reality of treatment funding. Therefore, considering both theoretical and practical perspectives, research on music therapy with people who have BPD in Australia should also study groups.

**2.2.6 Music therapy literature on BPD.** There is a notable absence of music therapy research literature describing group interventions for people with BPD. At the time of writing this thesis there appeared to be only four research studies specifically on

music therapy with people who have BPD (Foubert, Collins, & de Baker, 2017; Plitt, 2014; Schmidt, 2002; Strehlow & Lindner, 2015), and two articles describing music therapy methods with this specific client group (Hannibal, 2014; Strehlow & Hannibal, 2019). Of these, Strehlow and Lindner; Foubert, Collins and De Backer; Hannibal; and Strehlow and Hannibal are in English; while Plitt and Schmidt are in German. Language barriers prevented a review of the two German articles. However, Strehlow and Lindner briefly described the two German music therapy research papers by Schmidt (2002) and Plitt (2014) in their recent publication (Strehlow & Lindner, 2015). They did not describe these studies in detail; yet did suggest both authors found music therapy to be beneficial to BPD patients. Plitt's clinical process is described as incorporating affective exchanges arising out of common intersubjective musical experiences. They elaborated further on the Plitt article describing a recommendation for conversational interactions to augment musical interactions. This describes a similar music therapy methodological aim as that employed by myself in this thesis, which is described in more detail in Chapters 4 and 5.

The articles by Foubert, Collins and de Baker (2017); Strehlow and Lindner (2015); and Strehlow and Hannibal (2019); and book chapter by Hannibal (2014) describe individual work with BPD patients, not group work. They are reviewed below. Therefore, it appears there are no studies published in English describing music therapy group work specifically with BPD participants. When compared to over 60 studies on music therapy and schizophrenia, of which 5 are specifically about group work, it is clear that BPD is an under researched diagnostic group in music therapy.

Research by Foubert, Collins & de Baker (2017) has suggested a link between musical process related to interpersonal synchronisation in improvisation to attachment

processes for a small group of inpatients with BPD. The study examined piano improvisations between therapist and client in an inpatient setting, with particular attention paid to the rhythmic synchronisation between the two players. When compared to controls, the patients with BPD demonstrated higher timing deviations during joint improvisations. The authors argue that music improvisation may be used as a diagnostic tool for BPD, as timing deviations in joint improvisations appear to activate impulsivity due to the powerful relational processes inherent in joint improvisation.

Strehlow and Hannibal (2019) and Hannibal (2014) described music therapy with BPD clients informed by mentalization theory of Bateman and Fonagy (2012) and a theory of change processes by the Boston Change Process Study Group (Bruschweiler-Stern et al., 2010). The central tenant to the theory is based on the difference between implicit and explicit levels of mental activity and interaction. The authors describe using music improvisation as an opportunity to practice mentalizing, specifically including switching between implicit and explicit mentalizing.

From a pathological perspective, Strehlow and Hannibal (2019) adopts a perspective of BPD that theorises high arousal in response to attachment systems. While aroused, the individual's ability to mentalize on all levels is effectively diminished. This is not dissimilar to Linehan's framework for Dialectical Behavioural Therapy (DBT) (Linehan, 1993; Linehan et al., 1991), a highly regarded contemporary treatment of BPD. Helping the client to experience attachment more implicitly seems to be the intention of the model. The authors suggest that improvisation has the potential to work on the implicit level, without being complicated by explicit levels. They argue that transference can be reduced or avoided in improvisation. With colleagues at the Aalborg Psychiatric Hospital, a protocol called Process-Oriented Music Therapy (PROMT) has

been developed on these principles (Hannibal, 2014).

In addition to mentalization theory, Hannibal (2014) also draws on Stern's vitality forms (Stern, 2010a, 2010b), and Wigram's improvisational techniques (Wigram, 2003) in his description of Process-Oriented Music Therapy (PROMT). His approach is encapsulated as follows: "musical improvisation enhances implicit relational knowing and by doing so provides a setting for investigating and developing the mentalization of implicit relational patterns" (p. 222).

Consistent with the psychodynamic orientation in music therapy, Hannibal (2014) appears to rely on conceptualising problems as related to early life experiences such as attachment. While there is some evidence to support early life as relevant to the BPD diagnosis, studies described above (Insel, 2010; Morgan & Fisher, 2007; National Health and Medical Research Council, 2013; van Os et al., 2010) suggest it is accountable for only a portion, not all the problems experienced by the diagnosis. However, there is still a strong emphasis in Hannibal's approach on reconstructing behavioural models, and this process appears to take precedence over a more traditional psychodynamic approach of reliving and correcting early life experiences.

Using a similar framework to Hannibal (2014) and Strehlow and Hannibal (2019), Strehlow and Lindner (2015) conducted a qualitative research project with the aim of identifying music interaction patterns between patients with BPD and music therapists. The setting is an acute inpatient hospital ward. They studied the 20 female patients using documentation from therapist notes, medical files and supervision notes. The method of data analysis used is called "forming types of understanding" from qualitative social science research. The music therapists in the study work from a psychoanalytical framework informed by mentalization treatment, with many

similarities to Strehlow and Hannibal's (2019), work with BPD described above.

Strehlow and Lindner describe their orientation as such:

In psychodynamic music therapy, patients reproduce their (relationship) experiences in sounds, musical structure and the way they treat the music and the instruments... The task of the music therapist is to allow herself to become entangled in interaction structures underlying the tonal production, and to try to understand the unconscious meaning of the therapeutic relationship as it is experienced. (p. 4)

The researchers described their motivation as wanting to understand the countertransference feelings that can at times cause problems in therapy. For this reason, they were particularly interested in the therapist's perspective on the musical relationship. This is in contrast to Hannibal's (2014) approach described above, as he suggests the music helps clients and therapists avoid transference and countertransference.

Strehlow and Lindner (2015) describe patterns of engagement that they perceived as present prior to commencing the study. They are categorised as "patients refuse to play, the music is extreme, and the therapist cannot reach the patient" (p.17). The analysis resulted in 10 categories of typical interaction patterns. They include a range of interaction possibilities. While they also include some description of how these patterns of engagement may be useful experiences for the patients, how they are used and if they were effective is not described, as this was beyond the scope of their study. The authors suggested that music acts as a third element in the interaction that can help patients to regulate the relationship with the therapist. This feature of music as

regulating emotion and contributing to the psychic reconstruction process also mirrors Schwabe's (2005) resource oriented description (see this chapter section 2.2.5.4) and provides a strong argument for music as a mechanism for change processes in music therapy, warranting further investigation and research to describe this process in more detail.

The relational difficulties experienced in therapy and discussed by Strehlow and Lindner (2015) highlight the complexity of working in a one to one therapeutic relationship when a significant feature of the disorder is relational difficulties. Therapists from the broader psychotherapy literature have also grappled with the difficulties that emerge in the therapeutic relationship with BPD clients (Gunderson, 2009a; Hooley & Germain, 2008; Lazarus et al., 2014; Sheffield et al., 1999). One way of addressing this difficulty has been to utilise group work, which changes the role of the therapist (Linehan, 1993; Linehan et al., 1991). Instead of the therapist-patient relationship being primary in therapy, the therapist becomes facilitator, and relationships between participants are utilised therapeutically. Group methodologies in psychology have been shown to be more effective and efficacious in comparison to individual therapy (Morton, Snowdon, Gopold, & Guymer, 2012; Wood, Trainor, Rothwell, Moore, & Harrington, 2001) with BPD patients. Some of the features of groups that were considered to contribute to its efficacy include addressing exclusivity via sharing stories, peer learning, group activities in sessions and affiliation with group members.

### **2.2.7 Music therapy literature related to group work.**

The overwhelming majority of music therapy literature that is applicable to working with relational competencies describes working in one to one settings (Bruscia,

1998; De Backer et al., 2014; Hadley, 2003). Much of this literature is from Europe, in countries that have a tradition of 1:1 psychotherapeutic treatment, and where music therapy training and workplace structures focus on working with individuals. In traditional verbal psychotherapy, the literature is much broader, and group work with people diagnosed with BPD is common (Linehan, 1993; Linehan et al., 1991; National Collaborating Centre for Mental Health, 2009; National Health and Medical Research Council, 2013; Yalom, 2005). Factors in support of group work include the creation of a social microcosm, group affiliation, and peer support. In music therapy literature, one must search more broadly for descriptions of group work, and even then only a handful of books have been published over the last twenty years, and peer reviewed papers are limited in comparison to descriptions of one to one work (Pavlicevic, 2015). While not focused on BPD specifically, the literature is still relevant to this study, and is reviewed in the remainder of this chapter section.

Approaches and contexts of group work in music therapy are diverse, and while many therapists appear to use group work in their practice, it is an under researched and described approach in the music therapy literature (Körlin, Nybäck, & Goldberg, 2000; Pavlicevic, 2015; Skewes, 2002). There are no studies comparing group work with individual work in music therapy. There are a few studies examining the efficacy of group work in mental health, demonstrating effects on depression and anxiety, though sample sizes are very small and not all use control groups (Albornoz, 2011; Carr et al., 2012; Choi, Lee, & Lim, 2008; Martin et al., 2012; Teague, Hahna, & McKinney, 2006). Making comparisons or generalisations between these studies is difficult due to the diversity in client groups and methods of music therapy employed. Method were often only partially described and, in some cases, varied considerably within the studies.

Group improvisation on percussion instruments, group singing, Guide Imagery and Music (GIM), listening to recorded music, drawing, painting, and clay work were included as methodologies. All studies also made use of discussion. Qualitative results were also reported in some of these studies, identifying feelings of safety and trust, expression of emotion, self-confidence and feelings of worth noted as important to participants (Carr et al., 2012; Teague et al., 2006).

Music psychology research has identified features of group music making such as embodied experience and embodied learning that provide good arguments for group music therapy (Overly, 2012). Attachment theory has also been utilised as a framework to describe the effectiveness of group improvisation in music therapy (Ahonen-Eerikäinen, 2007; Davies, Richards, & Barwick, 2014). Benefits of working with improvisation in groups include challenges related to negative emotionality in relational contexts for people with mental illness. Processes of attunement in music are proffered as potential therapeutic mechanisms linking music making to generalized relational contexts (Ahonen-Eerikäinen, 2007; Davies et al., 2014).

Descriptions of methods using group improvisation in music therapy vary, though common features include groups seated in a circle playing combinations of tuned and untuned percussion instruments followed by discussion. Variations include recording the improvisation and listening back, sometimes making artwork while listening. The improvisation themselves include a range of structured and unstructured approaches, and themes are also sometimes utilised (Ahonen-Eerikäinen, 2007; Davies et al., 2014; Hedigan, 2005; Pavlicevic, 1995; Stewart, 1997). The methods used in this study are consistent with the common features described above. There are detailed in Chapter 3.

### **2.3 Chapter Conclusion**

In this chapter I have explained the relational challenges experienced by people living with BPD and linked the features of this diagnosis with features of improvisational group music therapy. In order to do so, I have relied on theory. I have also acknowledged the lack of evidence in the current music therapy literature demonstrating that music therapy can indeed be helpful to people with BPD. This gap between the theoretical argument for music therapy as a treatment for BPD and evidence to support this argument suggests that studies such as this one are required. At present, the mechanisms that explain how music therapy can help people with BPD are not understood; therefore, I argue a descriptive approach to research utilising emergent methods is best suited to this particular study.

I have also presented literature that contextualises existing methods and orientations to working with people who have BPD in music therapy, arguing that the Australian context has some structural and cultural differences to the contexts from which the limited existing literature derive. I argue that the context in which this study took place is best suited to humanistic, relational and resource-oriented approaches, utilising groups rather than one to one programming.

## Chapter 3. Clinical Program

The clinical program for this study included a design phase, recruitment phase, information session, and 8-week program. The program design was informed by communicative musicality (Malloch & Trevarthen, 2009a) research, existential (Yalom, 1980) and group psychotherapy (Yalom, 2005) models, the biopsychosocial model of BPD (Linehan, 1993), humanistic (Abrams, 2015) and resource-oriented music therapy principles (Rolvsvjord, 2010), and the Music Drawing Narrative (MDN) for groups method (Grocke et al., 2006).

### 3.1 Program Design

Due to the billing requirements of the setting<sup>3</sup>, a 3-hour program was required. The program described in my original research proposal was only 90-minutes long; therefore, an extra 90-minutes was required. To extend the program, a psychoeducational element was designed around the concept of music as a health resource (Saarikallio, Gold, & McFerran, 2015). While the psycho-educational component was not examined in this thesis, the participants did refer to it in the transcripts, and the analysis suggests it had some influence on the musical and

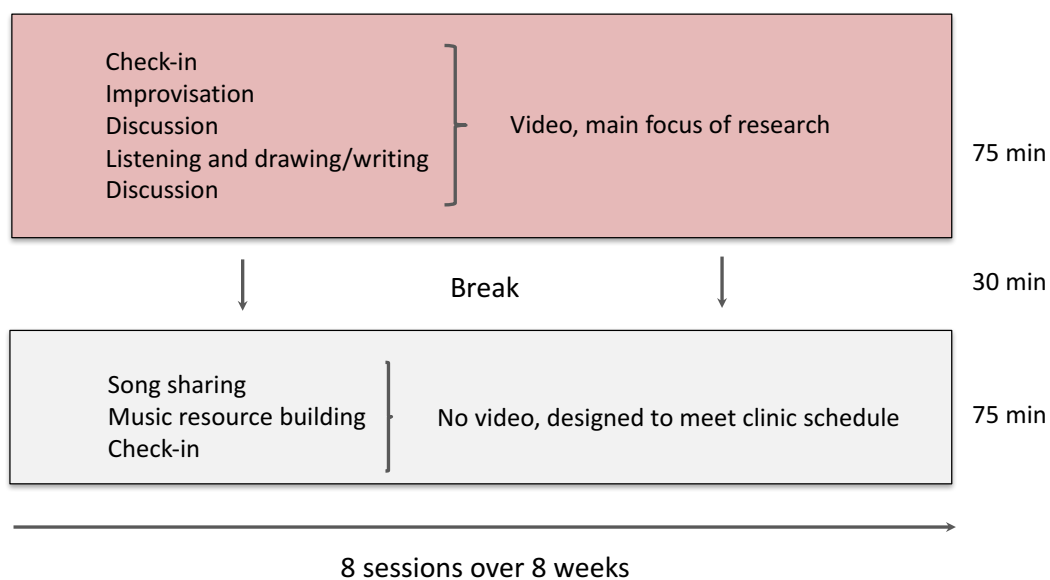
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<sup>3</sup> The private outpatient setting required programing to be either a full day or a half day to meet billing structures. For my program to qualify as a half day, it needed to be three hours in duration.

therapeutic process of the improvisational program examined. Therefore, I am including a description of it in this chapter.

The 3-hour program was designed and delivered in two parts. Part one was the group improvisation program. All sessions were video recorded, providing the primary data for this thesis. It included a check-in, improvisation, discussion, listening and drawing, and second discussion (approx. 75 minutes), followed by a break (30 minutes). Part two included song sharing, a psycho-education session on healthy and unhealthy uses of music and concluded with a check-in (approx. 75 minutes). It was not video recorded or directly analysed in this thesis, yet content from this program became a resource that participants drew upon in the improvisation group. Figure 1 below depicts the two-part session structure. Each element of the program is described in detail below under the heading 'Eight-week program components'.

## Music Therapy Program



*Figure 1.* Music therapy session structure.

### 3.2 Recruitment

Recruitment was undertaken by the facility after consultation with me. The project aimed to recruit four to eight adults (aged between 18-65) with either a diagnosis or traits of Borderline Personality Disorder (BPD). This number of participants was ideal for the group to function well as a therapy group. The day program manager of the facility identified potential recruits that had a borderline personality diagnosis or traits and had training in emotional regulation to invite to the

music therapy group. Most participants were graduates of a Dialectical Behaviour Therapy (DBT) group which included emotional regulation skill training.

Once potential recruits were identified, they were given a flyer describing the program (see Appendix 1) and invited to an information session run by me. The session provided potential recruits with information that described the intervention, research project, risks and benefits. A plain language statement and consent forms were distributed (see Appendices 2 and 3).

Some participants did not attend the information session. They decided on participating based on written information and a meeting with the day program manager of the facility. Recruits were given a plain language statement (see Appendix 2) to read and a consent form (see Appendix 3) to take and return if they wanted to participate. Seven women whose ages were evenly spread between mid-twenties and mid-sixties chose to participate in the program. One participant attended all eight sessions, five attended seven sessions, and one attended six sessions.

### **3.3 Program Components**

For eight weeks program followed the same structure. Following is a detailed description of each component of the sessions.

**3.3.1 Check-in.** A check-in is a common feature of groups in a variety of disciplines (Duffy, 1994). At the start of every session, a check-in took place which allowed participants the opportunity to identify any thoughts or concerns that may interfere with one's ability to participate in the session. This process allowed for concerns to be acknowledged, then put aside for the duration of the session, allowing

for everyone to concentrate as fully as possible on the here and now of the session. This period of the session was also an opportunity to share any thoughts or feelings about the previous week/s and discussion of group process.

**3.3.2 Improvisation.** This period of the session was sometimes preceded by a warm-up. Warm-ups would consist of playing a simple rhythm in time and working with dynamics such a crescendo – decrescendo. The improvisation itself used limited instruction. Non-referential improvisations were used to encourage participants to focus on the relational processes in the music (Bruscia, 1998). Participants were encouraged to listen to others and communicate with the music. This was done by including a gentle reminder that if one found themselves absorbed in their own playing, and not listening to others, to take a moment to open up to the group sound and continue. This was an important reminder to take advantage of the group music process, as I have found people new to group improvisation can easily focus in on their own playing only without maintaining awareness of others.

Participants could choose any instrument they wanted from those available (see 3.5 Setting and Equipment below) and were allowed to change during the improvisation if they desired to. Silence was used at the start. The instruction was that we listen to the ambient sound of the space to create an atmosphere, then we can all chose whether to start, or wait until we hear from someone else, and respond to that. I only started if the silence became very long and it seemed no one was willing to be the first. This happened only in the first session. The improvisation would continue until it naturally came to a close. These beginnings and endings were also a valuable element of the discussion (Ahonen-Eerikäinen, 2007; Bruscia, 1987). The improvisation audio was recorded to facilitate the listening and artwork creation later (see 3.3.4 below).

**3.3.3 Discussion.** Once the improvisation ended, the group would sit with 20-30 seconds of silence, and then discuss the experience. Typically, I would simply ask: “Who would like to go first?” The purpose of the discussion was to allow participants to share thoughts about their immediate impression or experience of the improvisation. In addition, during the discussion group members have opportunities to learn about and from each other (Yalom, 2005).

**3.3.4 Listening and artwork creation.** The room was reorganised with a table and art materials for this section of the program. The audio was played back while participants listened and drew using the materials provided. The facilitator and cofacilitator would also draw. The instruction was to draw something that represents one’s response to the music, and that one was willing to share. Participants were asked to remember the experience of playing and also consider the experience of hearing it back to encourage reflection during this process (Grocke et al., 2006). When the recording finished, the group would continue working on their artwork until most had finished. The discussion would begin while some participants continued to draw.

**3.3.5 Second discussion.** The second discussion centred around the artworks. Each participant in turn would describe their artwork and further reflections on the music to the rest of the group.

**3.3.6 Break.** After the second discussion, the group would take a 30-minute break for morning tea provided by the facility.

**3.3.7 Song sharing.** Song sharing was an opportunity for each participant to bring in a recording of a song to share with the rest of the group. Only one participant per week would bring in a song. In week one, I brought in a song, and then participants

self-nominated for the following weeks of the program. The instruction was to bring in a song that had some meaning or purpose that one was willing to share with the group. The only restriction was to consider the length of the song for practical purposes. If the song was more than 8 minutes, only a portion may be played. In practice, all songs were well within the time constraint. The facilitator offered to source songs for participants in case they were not able to supply the recording.

The participant who's turn it was would introduce the song and say why they chose to bring it in, and then play it. After hearing the song, the group would offer thoughts and reflections on the music. Song sharing has multiple purposes including sharing one's identify, history, and group bonding (McFerran, 2010). In this program it also included opportunity to reflect on the intentional use of music as emphasised in the music resource component of the program.

**3.3.8 Music resource building.** This psycho-educational component of the session explored elements of music and included listening examples. Using music listening worksheets designed for the program (see Appendix 4), participants would listen to music examples and document their responses. A discussion of the music and the music element being explored followed. The topics explored in the sessions included: tempo, dynamics, timbre (quality of sounds), tone (pitch, duration, loudness, timbre), rhythm, texture (variety and density of sound), tonality, and consonance/dissonance. The purpose of this section of the program was to develop some insights into ones physical and emotional responses to music listening, and to encourage participants to choose music in everyday life with this consideration in mind.

**3.3.9 Check-in.** The final check-in was the closing part of the session that offered a moment when participants could express thoughts or closing reflections on the session. In addition, a reminder of who was doing the song sharing the following week was included. All participants were thanked for their attendance and participation.

### **3.4 Wrap-Up**

After the final session in week eight, an extra wrap-up discussion took place. The wrap-up was a free group discussion about the program, allowing participants to reflect on the eight weeks and ask questions. It facilitated group closure, contributing to the therapeutic process. A large portion of the wrap-up discussion has been transcribed to Chapter 6 *An Account of Group Music Therapy*.

### **3.5 Setting and Equipment**

The program was delivered in the outpatient unit of a private psychiatric hospital in a suburb of Melbourne, Australia. The therapy room was a simple space (see Figures 2 and 3), approximately 6 x 9 metres. The entrance was from the hallway from which there were several other therapy rooms. The room had a large window opposite the entrance taking up one entire wall and looking out into a courtyard. There were no pictures on the other walls; however, there was a whiteboard, a TV and a clock. In addition, four video cameras; three mounted on the walls, and one on a tripod were configured to capture data (see Figures 2 and 3). The camera placement ensured that all participants could be viewed from several angles at all times. The video cameras used were Sony Action Cams. The improvisation audio was recorded using a Zoom H2

recorder for playback during the art making part of the session. Art materials included A3 paper and oil pastels. The improvisation was played back on a Bose Soundlink blue tooth speaker directly from the Zoom recorder.

Before the session began, nine chairs (for seven participants, the co-facilitator and myself) were placed in a circle, the traditional shape used in group music therapy (Ahonen-Eerikäinen, 2007), with an array of instruments in the middle of the room (see Figure 2). To facilitate the listening and artwork creation, the instruments were moved to the side of the room, and two trestle tables laid out with the chairs arranged around them (see Figure 3 to facilitate making artwork).

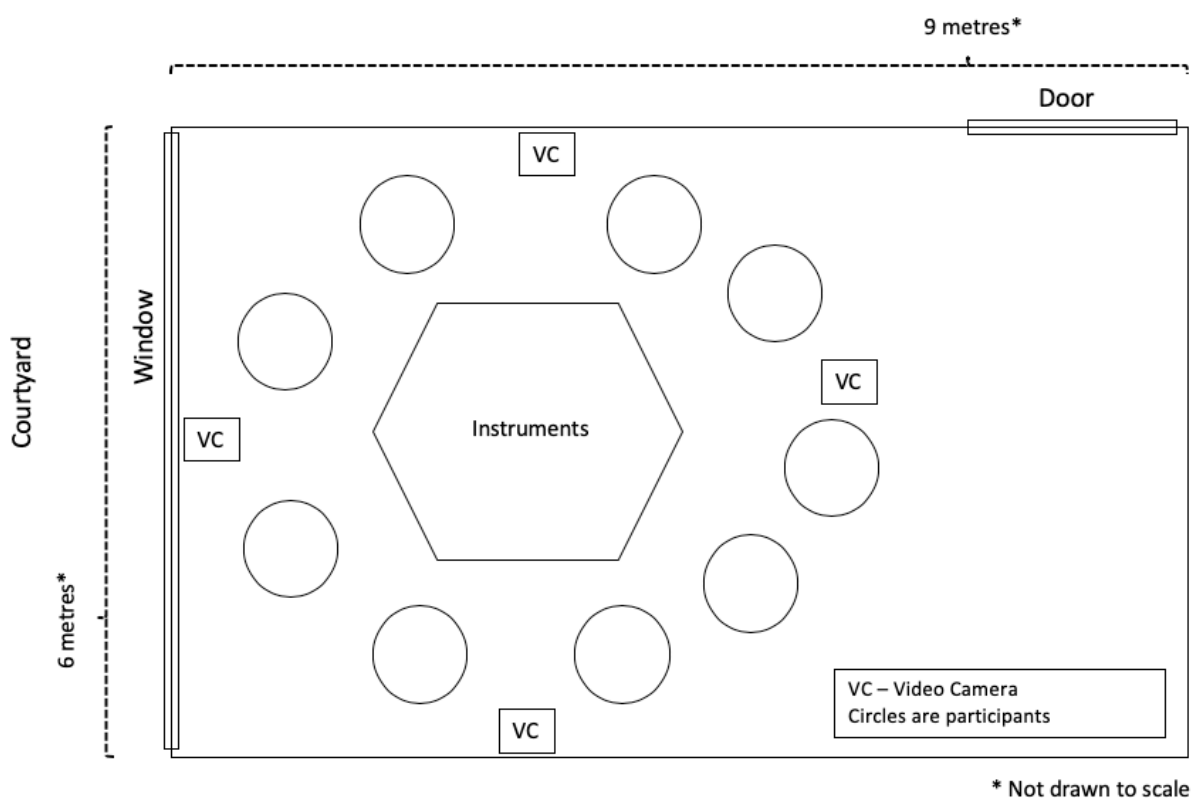
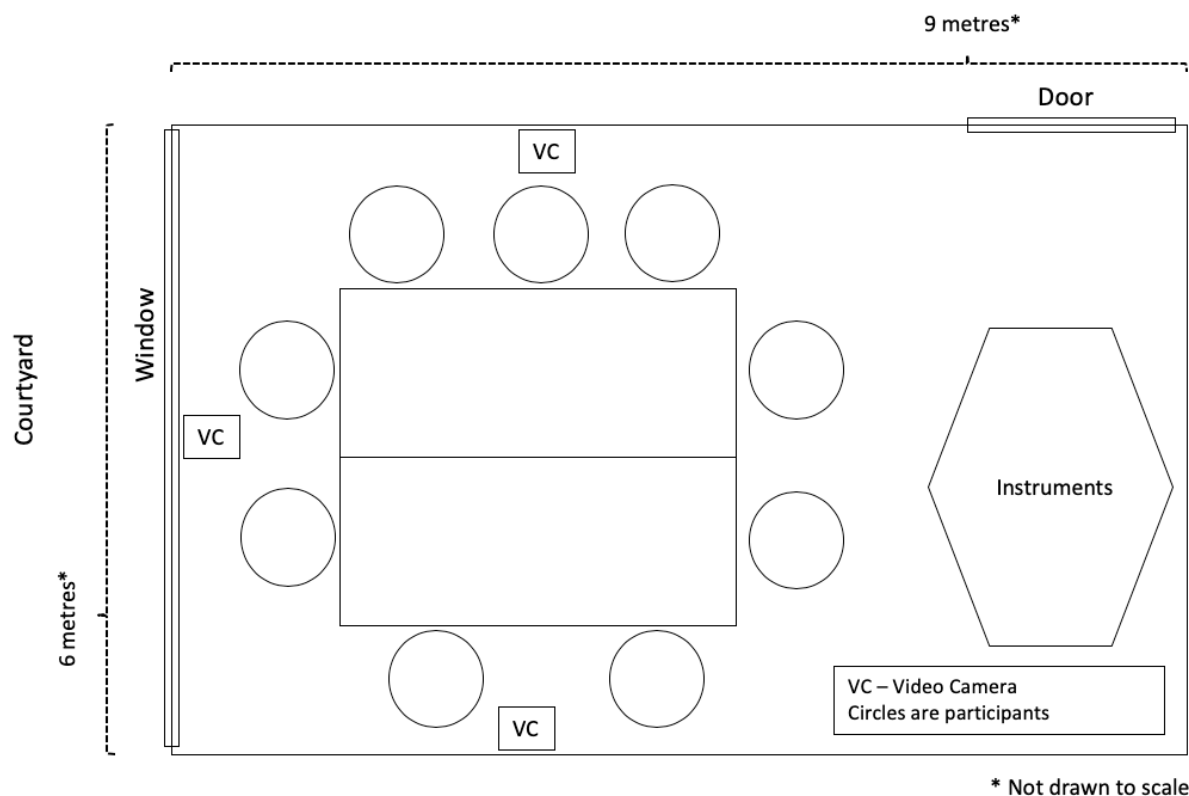


Figure 2. Schematic of the therapy room during part 1 of the program.



*Figure 3.* Schematic of the therapy room during part 2 of the program.

The same instruments were available every week, including tuned and untuned percussion instruments in the selection. The selection was chosen to allow for a variety of textures. The tuned instruments were selected to allow participants with little musical experience to explore the tones within a predominantly consonant soundscape. The set of instruments is listed in Table 2, and Figure 4 below.

*Table 2.* The instruments used in the study.

Surdo (Brazilian bass drum)	Djembe (West African hand drum)	Darbuka (Turkish hand drum)
Frame drum x 3	Ocean drum	Wood block x 2
Small cabasa	Large cabasa	Claves x 3
Guiro	Tambourine	Hand cymbals
Finger cymbals	Chimes	Log drum
Bass metallophone	Glockenspiel	Maracas
Assorted sticks and mallets		



*Figure 4.* The instruments used in the study.

## Chapter 4. Methodology: An Ethnographic Perspective on Data Analysis

I approached this study with the belief that what people say about what they do provides only partial insight; and was therefore, not attracted to interviewing participants after the clinical program has concluded. I was interested in examining the processes that occurred in situ, including music making, behaviour and discussion. I chose to use video as a data source for this reason. Once I had completed the clinical program outlined in Chapter 3, I knew there was a rich and complex story to be told. My motivation was to find a method of data analysis that would allow me to examine the videos with as much freedom as possible. I felt that what was important would emerge as I immersed myself in the analysis. Prior to finding a method, or methods, I needed to settle on a methodological approach to analysis.

Finding an appropriate methodology to examine the complexity of music therapy practice is challenging. Music therapy researchers have employed a range of methodologies incorporating the full spectrum of quantitative, qualitative and mixed methodologies (Wheeler, 2005). The difficulty of finding appropriate methods was articulated by Pavlicevic (1997) who suggested challenges arise when researchers attempt to understand music therapy as either an art or a science. She expressed dissatisfaction with thinking that aligns qualitative research with a conceptualisation of music therapy as an art, and quantitative research with music therapy as a science. She suggests the way forward is not to take sides:

For too long, access to the professional literature has been complicated (and somewhat undermined) by, at one end of the spectrum, highly personal and

unsystematic accounts of music therapy that do little to enhance the profession's status; and, at the other extreme, glamorous number crunching and attempts at standardised and 'objective' truth that seems to have little bearing on the dynamic, live and idiographic experience in the music therapy room. (p. 52)

Ruud (2010) elaborated on the complexity inherent in music therapy research using the concept of a "fundamental attribution error" (p. 80). He suggested problems arise when one seeks to explain behaviour in isolation without considering the situation and relationships between factors. By attempting to narrow the focus of study and attributing the efficacy of therapy to independent features of the intervention, researchers risk missing the interaction of a variety of interdependent factors, which Ruud suggests are at the heart of music therapy practice (Ruud, 2010).

Ruud's perspective resonated with me; particularly the notion of exploring complexity. I found myself gravitating towards ethnography and ethnomusicology literature in search of paradigms to support my analysis. The emergent and pragmatic orientation I had taken into this thesis was common to these disciplines. Also, these fields of study are interested in understanding the meaning making process of people who participate in music and cultural practice. Ethnomusicology in particular has also tackled questions related to how music analysis can assist understanding meaning making process for those who participate in music making. Early writers in the field of ethnomusicology grappled with similar dilemmas as those articulated by Pavlicevic and Ruud above. Merriam (1964) identified that music analysis aimed at understanding culture was challenged by attempting to adhere to scientific methods while studying

humanistic, cultural practices. Fifty years of exploring these dilemmas has provided a rich resource that has not been fully exploited by music therapy researchers. Stige (2002) made this point, arguing there is a *need* for ethnographic methods in music therapy as the approach has the potential to provide detailed accounts of therapeutic process and meaning-making for patients/clients, and therapists, as all participants are “agents” in the process:

Generally, though, I do not think ethnographic perspectives are integrated in music therapy clinical research. I think they should be, not as the only approach to clinical research, but as an important one sensitizing the researcher to the meaning construction of the agents involved in the therapeutic process. (p. 258).

Following is a rationale for considering group music therapy process with a relational focus as a ‘micro-culture’. I argue that ethnographic/ethnomusicological methods of analysis and interpretation are suitable to the study the micro-culture that developed during the clinical program under investigation in this thesis. My reading of the literature has been directed by my music therapy orientation, and I have focused on methods that resonate with my research.

#### **4.1 Considering Culture in Music Therapy Research**

Viewing group music therapy as a culture is closely aligned with Stige’s (2002) argument for ethnographically informed research in music therapy. He described music therapy practice as cultural practice. He did so by suggesting the music therapy setting is essentially a social one, and therefore music therapy practice is a social practice.

Further, he argued that any social practice is also a cultural practice. In Culture Centred Music Therapy, Stige (2002) offered his definition of culture: “Culture is the accumulation of customs and technologies enabling and regulating human co-existence” (p. 38). Stige was careful to point out that this process is active:

...culture is what happens when people spend time together; they act and they interact, they produce artefacts and they use artefacts, and they do this as they make rules and break rules, if only to make new rules. Culture is then shaping people and shaped by people, in conscious and non-conscious ways... (p. 38)

The terms culture and cultivation are closely related (“culture, n.”). These terms helped me to conceptualise culture in the context of group music therapy. Group music therapy culture is created through the interactions of group members over the time of the therapy program. It is cultivated to define what it is that the group does, how it functions, and how the participants are able to create personal and shared meaning in therapy. This notion of culture is active, and draws on Geertz’s (1973) simple definition of culture: “what people do”. This perspective, applied to music therapy, challenged me to consider the practice of music therapy as cultural, particularly as I am interested in analysing ‘what people do’ in music therapy.

The relationship between the study of culture in ethnography and music therapy research and practice suggests there is room for ethnographic understandings within a research methodology in music therapy. Stige’s cultural perspective on music making in music therapy echoes Blacking’s (1974) earlier writings. Blacking described music as a social and cultural act, and therefore, any analysis of music requires the inclusion of

culture. He argued it is the assembly of musical and extra-musical information that makes it possible to interpret music. Blacking also emphasised that perceptual and creative features of an individual's music skill contribute to musicality and must be considered in the context of culturally specific musical systems. More recently, scholars have shifted the focus from studying traditional music cultures from the 'outside', to examining cultures intersubjectively (Rice, 2017a, 2017b; Treloyn, 2016), considering multidisciplinary environments (Reyes, 2009), health contexts (Koen, 2012; Swijghuisen Reigersberg, 2010), and music therapy (Procter, 2013; Stige, Ansdell, Elefant, & Pavlicevic, 2010).

Stige's (2002) argument for ethnographic perspectives in music therapy emphasises meaning construction. This emphasis on meaning, when considered from the personal perspective is highly relevant when studying participants with a diagnosis of BPD. The relational problems experienced by people with BPD are closely associated with intrapersonal meaning construction such as understanding feelings, and negative self-talk (Brooke & Horn, 2010); and also, to interpersonal meaning construction such as perceptual bias and relatedness (Luyten & Blatt, 2013). There is some evidence of benefit from music therapy for people with BPD (Hannibal, 2014; Plitt, 2014; Schmidt, 2002; Strehlow & Hannibal, 2019; Strehlow & Lindner, 2015); yet, the explanations of why music therapy is helpful and how it works for problems that on the surface do not appear to be 'musical' are incomplete (Nolan, 2003). By extrapolating Geertz's (1973) definition of culture from "what people do" to 'what people do in music therapy', I feel an ethnographic perspective when researching music therapy may shed some light on how a therapeutic culture is cultivated in practice, and provided perspectives for interpretation as to why the process can be beneficial.

Bloor's (2001) review of ethnographically informed research in health and medical contexts described medical ethnography as immersion into the lives of others, with a strong focus on socially constructed health interactions. Treatment was described as interactions between individuals and groups. Bloor's criticism of ethnographies in health contexts was the tendency to favour the social over central, cognitive aspects of medical work. He argued medical treatment processes were taken for granted and not included in the analysis. Bloor was suggesting researchers missed the opportunity to reflect on the high status given to medical practice and medical decision-making when the focus was primarily on social factors. He also cautioned against the search for a "final, authentic reality" as unattainable, and a form of essentialism. The relevance of Bloor's criticism of medical ethnography to music therapy research raises an important distinction between technical and social aspects of treatment that may in practice not be easily separated. An examination of music therapy, while culture oriented, would benefit from also examining how technical features of practice such as clinical aims, and methodologies are relevant to group process and experiences. Therefore, the technical features of the clinical work were not ignored in this study. This included the analysis of the music made in sessions. For this perspective I included understandings from ethnomusicology, described in more detail below under heading 4.9 Music Analysis.

## **4.2 Staying Close to The Real World**

I was attracted to the practice orientation of some ethnographic writing as I felt the opportunity of video analysis of my sessions allowed the opportunity to explore how

participants approached the act of music making, and the subsequent conversations. Jackson's (1996) detailed analysis of ethnography from a phenomenological perspective, drawing on a range of philosophical theories including existentialism, radical empiricism, and empirical naturalism addressed concerns relating to the application of theory to research. I was particularly influenced by Jackson's (1996) position that phenomenologically informed ethnography studies experience in practice *before* applying a theoretical lens. Extending his line of philosophical enquiry, he incorporated the work of William James and the notion of radical empiricism, calling for a field of study in which all facts are considered. The consideration of all facts in the context of music therapy requires considering social *and* technical features of the sessions, supporting Bloor's (2001) criticism of medical ethnography above. Consideration of the plurality of experiences includes an attempt to remove any theoretical presupposition, aligning with the phenomenological approach. Jackson argued:

All modes of inquiry and systems of knowledge have their social and personal uses. The issue is not to decide which one accurately mirrors reality; rather, it is to refuse them all foundational status in order to critically evaluate the various realities they engender (p. 7).

Drawing on John Dewey's empirical naturalism and the notion of the 'primary experience' Jackson (1996) argued for maintaining a close proximity to the "lifeworld" and preventing intellectual activity from developing without direct reference to primary data:

Our aim is to do justice to the lived complexity of experience by avoiding those selective redescrptions, reductions, and generalisations which claim to capture the essence of the lived-in underlying rules or overwhelming schemata, yet in effect, downplay and deaden it (p. 8).

Jackson (1996) suggested the study of what people *do* illuminates a field of enquiry. "Use, not logic, conditions belief" (p.12). This statement implies that practical utility is primary. As a music therapy researcher, I was encouraged by Jackson's suggestion to examine the practical utility of the therapeutic encounter.

Arguing for an emphasis on real world experiences, Jackson's (1996) suggestion of suspending rather than rejecting theorising is encompassed in this quote:

It is not that reflection, explanation, and analysis are to be extirpated from phenomenological accounts of human life; rather that these modes of experience are to be denied epistemological privileges and prevented from occluding or downplaying those non-reflective, atheoretical, and practical domains of experience which are not necessarily encompassed by fixed or definitive ideas (p. 42).

From Jackson's (1996) perspective, while philosophies may provide a theoretical framework for researchers, the primary discipline, in his case anthropology, should continue to be the central concern. Extrapolating from this assertion, a music therapy study informed by ethnographic principles must aim to maintain a central focus on music therapy, and avoid getting side-tracked by theoretical abstraction, and a desire

for coherent theoretical modelling. Therefore, the value of the philosophies utilised in a study are demonstrated only in their real-world application and relationship to the context being examined. Jackson argued that the phenomenological perspective of “being in the world” stands against what he termed the “fetishization” of intellectual reflection. Jackson asserts ethnographies are providing academia a “timely and ironic reminder... [that]...the domain of knowledge is inseparable from the world in which people actually live and act” (p. 4).

Jackson’s perspective informed the methods of this study on relational competencies and group music therapy because the aim was to examine practice and experience and discover rather than test which theories are demonstrated in the phenomena of the group. The priority of experience over theory is supported by Jackson’s (1996) position on ethnographic research:

In prioritising the knowledge with which people live rather than the knowledge with which Western intellectuals make sense of life, ethnography helps us place practical and social imperatives on a par with scholastic rules and abstract reasoning (p. 4).

Here Jackson is not rejecting academia, he is attempting to address what he perceives as an imbalance in the relationship between intellectual and real-life experiences:

Fieldwork brings home to us the ontological priority of social existence, and fieldwork-based writing affirms that truth must not be seen as an unmasking

which eclipses the appearance of the thing unmasked, but a form of disclosure which does it justice (p. 4).

The priority of experience over theory was also argued by Geertz (1973) who called for a direct relationship between interpretation and experience. He also suggested that staying close to primary experience might deny researchers from building seamless and coherent models. Coherence for Geertz was not a primary objective in understanding culture. He went so far as to suggest that coherent stories were unlikely to be representative of reality: “there is nothing so coherent as a paranoid’s delusion or a swindler’s story” (p. 18). Therefore, he argued that interpretations must remain close to the events themselves. For Geertz, ethnographies are ongoing discussions, as he argued any analysis of culture is “intrinsically incomplete” (p. 29).

Like Geertz (1973) above, Jackson (1996) suggested there is no finite examination of the real world, and that a sense of meaning is only possible in relation to the practical and social lives that we study. In describing the difficulty of studying experiences, Jackson considered the “indeterminate and ambiguous character” (p. 14) of experience, and also argued that there are non-empirical qualities of experience such as ideas, and dreams that are equally the part of experience as are empirical features such as conversation and behaviour. Therefore, what is available to the researcher for study is only a portion of the experience, and any conclusions are limited by the absence of non-empirical features from the analysis.

Jackson (1996) argued for continuing to tell stories as a way of staying close to the real world experience:

Even in cultures where the idea of biography has little meaning, or in times – like ours – when the idea of the individual subject is intellectually unfashionable, life stories can be told, and must be told, if only to remind us that meaning takes shape in the transitory, multiplex, and phenomenal forms of particular lives (p. 23).

Also, that the story is largely how one is or is not convinced of the content: “As readers we decide whether or not to accept an account rendered, not merely on the basis of evidence and arguments, but on the strength of how agreeable the story is to us” (p. 40).

The practice perspective articulated by Jackson (1996) above has been echoed more recently in the ethnomusicological writings of Rice (2017b) who, in the tradition of phenomenology, argues that understanding precedes explanation. In the context of music making, nonverbal understandings exist before verbal explanations. These ideas mirror the process that is so often used in group music therapy (including this thesis), whereby music is made (experienced) and then the group talk about the experience. Rice contests the research aim is not to understand the inner experience of the ‘other’ as that is arguably impossible. Instead the aim is to understand the world suggested by the actions of others. From this perspective it is the researchers experience of interacting with the world that informs the work. It is informed by the phenomenological perspective of “being in the world”. I feel this is a good argument for looking closely at the music making process in music therapy, as the music making represents the actions of the participants (including therapist and cofacilitator) in sessions.

The priority of the real-world experience argued above suggests that an ethnographic perspective of a music therapy group suspends theory building and remains anchored to events and experiences of the therapy sessions. The perspectives on musical competence in Chapters 7-13 of this thesis were an attempt at examining the clinical data while suspending theory building.

Only after a thorough examination of the experience, the researcher may begin the process of interpretation, drawing on theory only as it relates to the primary experience. The researcher must avoid pruning or re-imagining experience for the intellectual purpose of building coherent models. The framework developed in Chapters 14 - 19 was an attempt at drawing on theory only as it related to the primary experience, as detailed in Chapters 7 - 13.

The literature suggests context is vital and must be included in description and analysis. The notion of “thick description” described by Geertz (1973) is discussed below in relation to context and interpretation.

### **4.3 Thick Description and Interpretation**

Interpretation is considered the heart of ethnographic writing (Atkinson et al., 2001; Bloor, 2001; Madison, 2012; Murchison, 2009; Nettl, 2005; Van Maanen, 2011). The role of the writer is not only to document, but also to interpret along the way. Stige (2002) described the ethnographic account of music therapy as both interpretive and descriptive, suggesting interpretation is the search for meaning, while description is necessary to provide evidence. He argued that description of participant meaning-

making processes and interpretation by the researcher are necessary in music therapy practice and research on music therapy practice.

A key ethnography text 'The interpretation of cultures' by Geertz (1973) introduced the notion of "thick description" to draw attention to context and the need to make a detailed analysis of events as part of the interpretation process. Geertz argued that the study of culture requires the thoughtful and detailed explanation of how people make meaning out of experience. He cautioned against privileging theory over practice, defining ethnography as the study of what people do. From his perspective, the study of what people do requires intellectual effort aimed at "thick description" rather than strictly following methods.

Returning to Ruud's (2010) "fundamental attribution error" described in the introduction to this chapter section, and his concern with missing the interaction of interdependent factors in research, Geertz's (1973) notion of "thick description" suggests an ethnographically informed approach to researching music therapy may shed light on the complexity inherent in music therapy practice. Geertz suggested thick description was more than detailed description, highlighting the role of interpretation. He argued the notion of interpretation imbued every aspect of the ethnographic process. Even the process of describing observation is interpretive, or in Geertz's words "explicating". Analysis in ethnography is "sorting out structures of significance" and deciding on "what their import is". Geertz suggested the ethnographer begins with her/his own interpretations, and then begins to 'systematise' those interpretations. His notion of structures hints at the complex and interactive nature of the subject of study.

Geertz (1973) also cautioned against generalisations: “where an interpretation comes from does not determine where it can be impelled to go” (p. 23). He suggested there was a tension that develops between the events themselves and the interpretation. According to Geertz, the further the theory developed, the deeper the tension, as theory stated independently loses context and depth, risking appearing commonplace or vacant.

The dialogic perspective introduced by Bakhtin (Allan, 1994; Bakhtin, 1981; Morris, 1994) is also relevant when considering description and interpretation. The dialogical perspective suggests that discourse is inseparable from context. What is said is a reflection of what was happening in that moment. More than the words, there are also a host of relational negotiations taking place with the discourse. Allan’s (1994) description of Bakhtin’s chronotopicity emphasises the problems with taking words away from the field in which they were articulated. He describes how the meaning of words is the “product of a reciprocal relationship between the addresser and addressee” (p.6). He also explains that definitions of words are in constant flux including both time and space – hence the chronotopic reference. For me, this means that a researcher who aims to extract meaning from a transcription must be cautious.

I think dialogism and chronotopicity can be extended to video analysis as the way I interacted with the context in real time was different from how I interacted with the video during the analysis. Once I started to develop an interpretation, my response to the videos shifted. It is therefore likely that another person would have been oriented to alternative thought processes when reviewing the same data. However, I feel this is not a problem limited to video alone, it is a problem with all data sources. I don’t think it is possible to avoid this. It can only be acknowledged. For me, this means some humility must be maintained in the interpretation.

#### 4.4 Intention and Embodiment

From the perspective of data collection, an ethnographic perspective can be considered multi-modal by including observation, interview and artefacts as data (Murchison, 2009; Stige, 2002; Van Maanen, 2011). Jackson (1996) suggested that intention is an important consideration, and that interview alone was not likely to uncover the complexity of the phenomenon. Intention is a quality of existence that Jackson argues must be considered when studying culture and attempting to understand meaning making. He also argues that intention and meaning cannot be understood from what people say alone. Using the concept of embodiment, Jackson argues that it is in what people do that meaning can be revealed. “Meaning should not be reduced to what can be thought or said, since meaning may exist simply in the doing and in what is manifestly accomplished by an action” (p. 32).

Considering embodiment from this perspective, music therapy researchers interested in meaning making may need to go beyond interviews and also consider what people do in the moment by including observational data and looking at the artefacts of practice such as the music and drawing. Implicit communicative features of music suggest that there is a great deal to be uncovered by examining actions (DeNora, 2011b; Hannibal, 2014; Stern, 2010a, 2010b; Strehlow & Hannibal, 2019; Trondalen, 2016), particularly as they relate to music making. DeNora describes musical and associated non-verbal communication that happens during music making in social environments as actions. In this way she seems to be supporting the idea that there is an implicit level of communication that occurs through music making. Processes employed align with those described in community music therapy literature (Andsell, 2002; Pavlicevic & Andsell, 2004; Stige et al., 2010), and resource oriented literature (Rolvsjord, 2010; Schwabe,

2005), supported by a foundation that aligns with the communicative musicality theory (Malloch & Trevarthen, 2009a). DeNora's description of music as communication of emotion includes deploying the effect in a reverse way whereby individuals and groups use music to activate emotions. She suggests music is used as a "prosthetic technology" to stimulate and sustain activity. I felt implicit communication processes within the music making were an important part of the therapeutic process in the clinical program examined in this thesis. Concepts of embodiment and non-verbal communication provide support for using the actions of participants, including their music making as data to inform the analysis.

In this study, video of sessions captured behaviours and music making, while images of artwork were also included in the analysis. This multimodal approach to data allowed for the examination of what was said, and also an analysis of the improvisations. Discussion in the sessions included participants sharing their own interpretations and experiences of music making and artwork creation. Therefore, the analysis included description of what was said and done, plus both participant's and my own interpretations of what occurred in sessions.

#### **4.5 Objectivity, Subjectivity, Intersubjectivity and Video as Data**

At the beginning of this chapter, I identified with concerns raised by Pavlicevic (1997) regarding the quantitative/qualitative spectrum of music therapy research, which she aligned to considerations of the profession as art or science. Ethnographic literature again echoes some of these concerns. Similarly, Jackson (1996) argued that objectivism and subjectivism are equally unsustainable if one is privileged as a "way to truth" (p. 2).

From a research perspective, objectivism and subjectivism have parallels with quantitative/qualitative and art/science dichotomies concerning Pavlicevic. I will present some discussion from both ethnography and ethnomusicology to provide some guidance for analysing the video data in this thesis.

On the debate of objectivity and subjectivity, Jackson (1996) pointed out the impossibility of pure objectivity. All persons cannot entirely escape their own biases. Therefore, notions of objectivity and generalisability must be kept in perspective, though need not be abandoned. Nonetheless, he extended his discussion by moving away from subjectivity and objectivity, to examine inter-subjectivity and existentialism, referring to Alfred Schutz (1973) and his work on existentialism and the relationship between people and objects. Jackson also considered the work of Bourdieu (1990a, 1990b; 1977) who focused on the domain of practical activity, termed 'habitus' to avoid getting bogged down by the antithesis of subjective and objective perspectives. From Jackson's perspective, vacillation between the subjective and objective was a way of addressing the antinomy. Taking concepts of intersubjectivity and vacillation, and returning to radical empiricism and subjectivity, Jackson argued that the multifaceted experience of self allows for a constantly modulated and adjusted experience of both self and self in relation to others. From this perspective, intersubjectivity includes self, others and objects.

In the context of ethnomusicology, Rice (1994) suggests that every experience adds new layers to the overall experience, and therefore, objectivity is limited due to constant re-interpretation. The same thing cannot be experienced twice. This idea is relevant to this study making use of video as data. Each repetition of watching the videos elicited new ideas/impressions. While the data remained the same, re-

experiencing the data added a new layer with every viewing. These multiple viewings were experienced by myself as vacillation between objectivity and subjectivity, described by Jackson (1996) above. Pink's (2007) thorough examination of using video in ethnographic research is becoming more relevant with the increased use of this technology in music therapy research. Video is accessible and easy to use. Pink suggests the academic tradition places the written word as the superior medium of representation. However, as technology has changed this notion must be challenged. The author argues it is important however, to note that methods are used to serve the aims of the research, not for the research to serve the aims of the method. In my study, video made sense because the field of study contained the data, and the technology allowed me to easily capture the data with video.

Historically, video has been challenged as being too subjective (Pink, 2007). The choice of when to turn on the camera, and where to frame the shot are central to this critique. I have addressed these issues by videoing the whole session and keeping the entire therapy room in the frame by using four cameras. This is a unique solution not available to ethnographers who typically would not study a field as small as a single room. Another critique of using imagery as data is that it overemphasises what is visible as meaningful (Pink, 2007). What people think and feel is not included in the video data. This is a reasonable critique, yet, when conversation about thoughts and feelings are also included during the event, as is the case in this thesis, I feel this is less of a concern.

Lassiter (2005) explored feminist and post-modern anthropological influences on collaborative ethnography. The very point of these critical perspectives is that generalisations, objectivity, and description are problematic, and fraught with the

challenge of misrepresentation. It is, therefore, difficult to summarise these critiques, for to do so would ignore the point of this contribution. Nonetheless, the goal of intersubjectivity and reflexivity is relevant. From my perspective, these issues have been explored in detail from many authors, and I feel like I understand, to a degree, the need for open, honest, reflexive approaches. I am interested in the music process, and in exploring it I want to ensure I don't commit a 20<sup>th</sup> century crime of misrepresentation in the process. My concern is that the demands of post-modern and critical perspectives can subsume my initial research aims and questions.

I feel a realistic/pragmatic perspective is that video provides an extra source of data, as opposed to replacing the presence of the researcher as participant/observer. When efforts have been made to capture the full field, and conversations are later transcribed for analysis, as I have done for this thesis, there are obvious advantages to utilising this technology. Pure data is unattainable, instead we must deal with notions of constructedness. While acknowledging that the ethnographic perspective is one of interpreting culture, one can still aim to be as loyal as possible to the context. I argue using video as data can assist in this pursuit.

I feel movement between subjective, objective and intersubjective perspectives facilitated the examination of complex group processes in music therapy. In this thesis, I have examined music created in sessions as an object in itself, yet also focused on the subjective experience of participants and myself, and at times also attempted to understand intersubjective features of the interactions as they occurred verbally and musically in the sessions. The same content was viewed multiple times with differing intensions. Moments were examined, as was process over time. While the focus may appear broad, it was also constrained by the boundaries of the therapy sessions. Data

from the sessions themselves was only taken into consideration in this study. The following discussion of ‘unit of analysis’ explores the constraints imposed by the data.

#### **4.6 Unit of Analysis: Limits of Data Collection**

Traditional descriptions of ethnography in anthropology, sociology and musicology relocate the researcher in an unfamiliar culture (Nettl, 2005; Van Maanen, 2011). In these traditional disciplinary contexts, the aim of the researcher was to spend a reasonable length of time in the unfamiliar culture to accrue field notes and/or musical expertise rich enough for the ethnography to be written. The researcher in this traditional setting was required to experience a representational portion of a culture in order to make reasonable contribution to the discourse. More contemporary approaches to ethnography and ethnomusicology include notions of cocreation (Reyes, 2009), cultural boundaries (DeWitt, 2008), and participation (Rice, 1994, 2017b) in knowledge production. Considering issues of representation in relational to culture, researchers are faced with decisions about appropriate units of study, including timeframes and historical perspectives related to the context of the fieldwork (Reyes, 2009; Rice, 1994, 2017a; Slobin, 1993).

Slobin (1993) argued that there is something very human about identifying with music cultures as a way of belonging and setting apart from others not in the group, suggesting affiliation with music cultures was related to affiliation with social cultures: “Ethnomusicology has long noticed the ensemble as a microcosm of expressive culture, or even as a metaphor for the social contract as a whole” (p. 106). The notion of subcultures and micromusics suggests that small groups live within big systems.

However, defining units of study becomes difficult when considering subcultures and micromusics because boundaries between subcultures dissolve on close inspection. From Slobin's perspective, there is a permeability that exists when considering subcultures and larger cultures. Therefore, when making decisions about the unit of study, a process of inclusion and exclusion is required, inevitably privileging some parameters over others.

Rice (1994, 2017a, 2017b) was more cautious than Slobin (1993) when considering the relationship between music and social cultures. He has argued that culture does not dictate how individuals create music or give meaning to music. Rice suggests that the modern world is diverse, mixed and complex. Specific cultures in specific locations are now rare. Ethnomusicology is becoming a study of music cultures that are increasingly hard to locate and define. He suggests that examining the paths of individuals can help one understand the complexity of music cultures as the reality of music cultures is far more complex than previously understood. Rice suggests moving away from the study of culture and towards the study of music practice and experience. I feel the focus of studying practice and experience is also helpful for this thesis.

Rice suggest the primary questions for ethnomusicologists are concerned with "the relationship of music to other domains of culture and its role (as mirror or agent) in the maintenance or change of social systems" (p. 2). This is very close to my initial aim of understanding how music functions in music therapy.

Similarities exist between the study of music subcultures and music therapy groups within broader music and treatment cultures. It has been suggested that researchers considering ethnographic perspectives must consider the unit of study in

relation to broader contextual factors while not becoming engulfed in the enormity of data that accumulates when considering the interactions between various units of study. A study examining the musical processes that contribute to group music therapy and relational competencies, while considering the relevance of contextual factors beyond the therapy space, can arguably benefit from enforcing a limit to the field of study. Reasons for creating boundaries around the therapy room include the practicalities of data collection, and reducing scope; however, from a practice research perspective, limiting the study to only what happens in the designated therapy space serves another purpose. My study was primarily an examination of clinical practice. Therefore, limiting the field of examination in research to only that which a therapist has access to in practice replicates the limitations of data available for examination by the therapist in a real clinical situation.

Limits to the field of study have been addressed in focused ethnography formats that are typically studying situations rather than cultures (Knoblauch, 2005). Music therapists have dealt with these constraints when taking ethnographic perspectives into health contexts (Ledger, 2010; Swijghuisen Reigersberg, 2010). Familiarity with the field of study has been argued as allowing for shorter time periods, while also making use of technology to gather large amounts of data within the given time frame. However, notions of familiarity can also raise problems which are addressed in the following sections discussing insider/outsider issues.

#### 4.7 Insider/Outsider

Adopting an ethnographic perspective when examining music therapy practice created a tension for me working as a therapist/researcher that is not dissimilar to that described by ethnomusicologists who immerse themselves into a musical cultures that they have some familiarity with. The traditional anthropological role is that of an outsider looking into a culture. When the ethnomusicologist is familiar with the culture, their familiarity adds another dimension to the experience of the culture. They are less of an outsider, gaining some insider experience, yet may not have been born and raised within the culture being examined. Rice (1994) examined the use of his own experience of learning the tradition of Bulgarian folk music as an ethnomusicologist. In his words:

...the notion of “experiencing the tradition” had two focuses: my own experience and that of the actors I chose to include in my story. The notion of reporting on one’s own experience is sometimes criticized as irrelevant to an understanding of another tradition. However, I would argue that personal experience is neither free nor individual; it is constrained by interaction with the tradition (p. 308).

Rice’s (1994) process of gaining meaning from experiencing culture is similar to Geertz (1973) who discussed the uniqueness of cultural representations when building meanings. For both, gaining insight into the other is not just experiencing the same as the other, but learning how the other assigns meaning to experiences. Rice asserted that part of the researcher’s process of learning was to expand his or her own representations to gain some access to the other. For Rice, his challenge was to dialectically draw social

life and inner experience of Bulgarian music together. Becoming a student was his way of deepening his access to local representations.

I have also dealt with opposing perspectives. I was influenced by my own personal experience of running the group, while also attempting to provide some level of objectivity which also included contextualising through description and commenting on therapeutic process. In the same way that Rice's (1994) role of the student was not the same as being a 'native' folk musician in Bulgaria, my role as the music therapist running the group was not the same experience as a participant with BPD and little or no experience of playing musical instruments. Reflecting on the outsider perspective of fieldwork, Biddle's (2002) impression was one of "encounter with difference". It is possible to conceptualise the case of a music therapy intervention where the participant is unfamiliar, and the therapist is familiar. In this case the situation is in some ways reversed from a traditional ethnographic setting. However, an insider/outsider position in clinical practice is not as simple to delineate as that. This mixed status of the researcher has been acknowledged by ethnomusicologists studying cultures that they have varying levels of 'insider' knowledge and experience (DeWitt, 2008). Other writers have argued that the notion of insider or outsider is obsolete in a postcolonial world involving the cocreation of culture where traditional boundaries no longer exist (Reyes, 2009; Rice, 2017a, 2017b; Treloyn, 2016). Most people with enduring mental illness are familiar with therapy in a variety of settings, while few therapists would argue that there is not an element of the unfamiliar in every new therapy encounter. Even though the therapist may be familiar with people who are diagnosed with BPD, if the therapist does not have the diagnosis, they are arguably the 'outsider'. Therefore, there are many factors complicating the notion of familiar, unfamiliar, insider and

outsider, which can be explored by drawing on ethnomusicology research to gain insight into the ‘therapist as participant’ experience.

In the context of group music therapy, possibly the therapist’s familiarity with facilitating group processes allows for a more acute awareness of the process being examined. The difference of each group, the individuals and their own unique experience, including what they bring to therapy is difficult to be aware of and notice without being experienced at facilitating sessions. From this perspective, the distinction between insider and outsider loses clarity. They become notions that may in practice complement each other.

#### **4.8 Music Analysis**

In this section I will discuss the intersections of approaches to music analysis in musicology, ethnomusicology and music therapy. Contemporary attitudes to music analysis emphasise the importance of contextual factors (Barwick, 1989, 1990; Cook, 1994; Ferrara, 1991; Marett, 2005; Treloyn, 2016). However, first I would like to acknowledge Blacking’s (Blacking, 1974) seminal conceptualisation that music analysis may provide some insights into human behaviour. Blacking explained his rationale for musical analysis.

...because music is humanly organised sound, there ought to be a relationship between patterns of human organisation and the patterns of sound produced as a result of human interaction. I am chiefly interested in the analysis of musical structures because this is the first step toward understanding musical processes and, hence assessing musicality. (p. 26)

Blacking's statement above suggests there is value in analysing the music used in music therapy and that the aim of analysis could be to identify structures of music that appear to have some importance to the meaning making of participants. There are several examples of music therapists doing just this (Bruscia, 1987; Lee, 2000; Skewes, 2001; Wosch & Wigram, 2007). Traditions of music analysis have developed over time from focusing on music structures, and the "music itself" to including contextual and cultural elements (Bent & Drabkin, 1987; Stein, 2005; Zatkalik, Medić, & Collins, 2013). Some ethnomusicologists have examined the role of comparative approaches to music analysis that also acknowledge contextual factors (Barwick, 1989, 1990; Marett, 2005; Tenzer, 2006; Treloyn, 2016). Perspectives from these authors that have influenced this thesis include examining the relationship between musical structures and performance, considering both regular and irregular features of music, and how best to utilise music conventions within analysis.

Barwick (1989) cautioned that not using analytical descriptions of music risks devaluing the music itself and that identifying the irregularities are as informative as finding the regularities. This is interesting as a common feature of music analyses in music therapy literature is to identify the salient, peak, or pertinent moments that occurred in the session and focus the analysis on these rather than common features (Bruscia, 1987; Lee, 2000; Skewes, 2002). I found that looking closely at all the details and finding both the regular and the irregular was an informative perspective.

Barwick (1990) has also suggested analysis is "a method of understanding, rather than a methodology for producing the truth" (p. 60). She argued that different analysts would produce different results much in the same way as different performers play the same music in different ways. Using this comparison, she suggests that analysis

is performative, and her own experience and knowledge of the music influences how she frames her questions about music. Barwick maintained the analysis is not intended to speak for the performer; rather, it is intended to be a description of the researcher's understanding.

Treloyn (2016) explored intercultural knowledge production in the context of musicology within postcolonial Australia, and contended that in such applied ethnomusicological contexts, there is still much to learn from studying music systems and music cultures. The relevance to music therapy and to this thesis in particular is in the application of music analysis as a means of understanding therapeutic process in music therapy, particularly when complex issues of health care service delivery, research and music culture intersect. These complexities are not easily overcome; yet, emphasising reflexivity when conducting research can help to raise awareness of these intersections. Treloyn discusses the use of comparative music analysis, which the author contends is somewhat out of favour in contemporary ethnomusicology; yet, can still be an effective tool for understanding music and cultural processes. In music therapy, the cultural intersections are less obvious than in many ethnomusicological settings. Issues of language, musical enculturation, and familiarity with structural cultural systems are often shared between therapists and participants. However, some understandings of music and how it is utilised in the therapy setting may not be shared between therapist and participant. Taking the view that participants create meaning through the utilisation and development of musical systems in therapy, researchers may benefit from considering these subtle cultural intersections that exist between the trained music therapist and the participant in music therapy.

Music analysis in music therapy will differ in interpretation from musicology and ethnomusicology, as the analysis is generally concerned with understanding the clients' process towards meeting therapeutic aims (Bonde, 2016). For many music therapists analysis is predominantly a listening process (Arnason, 2003; Skewes, 2002), yet there are also several examples of methodological approaches (Bonde, 2016; Bonde, 2005; Bruscia, 1987; Lee, 2000). By far the most well documented method of music analysis in music therapy literature is Bruscia's Improvisation Assessment Profiles (IAPs) (Bruscia, 1987). Bruscia's IAPs interprets elements of music drawing from psychoanalytical and existential perspectives. From a psychoanalytical perspective, Bruscia suggests that the music created in sessions allows the therapist to gain insights into the inner world of the client, including the subconscious (Bruscia, 1998). While the analysis in this thesis is informed by Bruscia's IAPs, I was also interested in drawing on comparative methods (Barwick, 1989, 1990; Bent & Drabkin, 1987; Marett, 2005; Treloyn, 2016) as during the project it became apparent that incremental changes to regular features of music making was also informative. Elements of music making that appear to be usual and regular, may be missed when focusing on peak moments and salient features alone.

#### **4.9 Emergent Methodology**

Consistent among writers on ethnography in practice is a lack of distinctive methodological features (Blacking et al., 1995; Bloor, 2001; Procter, 2013; Van Maanen, 2011). Ethnographic methods have been described as unstructured, open, pragmatic, and emergent. Van Maanen (2011) suggests that it is not until the fieldwork

is complete that the writing begins, and the researcher decides what stands out and becomes the focus of the study. The method used in writing the ethnographic text described by Murchison (2009) involves multiple iterative processes, including layers of description, interpretation, identification of themes, finding threads, linking back to theory, and decisions related to structure. The methods and procedures for this thesis, described in Chapter 5 draw on Murchison's (2009) approach, while being informed by Van Maanen (2011), Bloor (2001), Pink (2007) and Stige (2005).

Stige (2002) describes the method of ethnography as being context dependent, with well-defined, prescriptive techniques of data collection and analysis. Analysis and interpretation are described as "context sensitive". In studying how people make meaning out of therapy, Stige suggests ethnographers look at what people do, say and make. By studying the three elements of doing (behaviours), saying (insider accounts), and making (artefacts) Stige suggests that the researcher can triangulate meaning making to create a more complete picture of therapy, or alternatively, illuminate different aspects of the process. This study used video data in a similar way to that described by Stige. The video captured behaviours (doing), discussion of the therapeutic experience including the musical experience and process (insider accounts), plus allowed for the analysis of the musical improvisations (artefacts). In addition, artwork supplemented the analysis.

Other aspects of an ethnographic perspective described by Stige (2002) that align with the description of ethnography above include:

- emergent design
- researcher subjectivity

- researcher as ‘participant-observer’
- “thick description”
- understanding music therapy clinical practice as culture.

Clinical practice of music therapy in mental health is often an emergent process in the same way as ethnographic methodologies are emergent. When conceptualising this study, I was interested in utilising a methodology that allowed for discovery along the way. Similar to Pink (2007), who stated “It is impossible to predict, and mistaken to prescribe, precise methods for ethnographic research” (p. 5), I felt that a rigid and predetermined method would restrict the project. This project began as an exploration of the interaction between musical process within therapeutic process. The clinical work was formulated from the conceptual framework described in Chapter 3; however, an open stance during data collection and analysis that allowed features of therapy to emerge and be included was suitable due to the limited amount of research available that would otherwise direct me to focus on specific features of the intervention.

#### **4.10 Summary of Methodology**

The exploration of relational competencies using group improvisation is highly complex. I have argued adopting an ethnographic perspective to analyse the video data captured in this study including a flexible (emergent) methodological approach allowed for the regularities and nuances of the therapy program to be examined. I feel this approach made some attempt at illuminating the complex interactions that occur in music therapy as described above by Ruud (2010) at the beginning of this chapter.

I was interested in interpreting the complexity of musical and therapeutic processes by drawing on Geertz's notion of "thick description", Jackson's "lifeworld" and Stige's consideration of music therapy as culture. The social and cultural aspects of group therapy are theorised to be of benefit therapeutically (Yalom, 2005). Yet, Bloor's (2001) criticism of medical ethnography is relevant to this study, as the 'cultural', including social and relational features of the program, is embedded within a conceptual framework that includes technical/methodical aspects of treatment such as the use of improvisation. Including both technical and cultural elements attempts to address Pavlicevic's (1997) concern above with treating music therapy as art or science. Therefore, the ethnographic perspective allows for the inclusion of multiple factors, including how they interact within musical and therapeutic processes.

My journey into ethnographic and ethnomusicological literature lead me to perspectives on participation (Rice, 1994, 2017b; Turino, 2008) and valuing comparative music analysis for this thesis (Barwick, 1989, 1990; Marett, 2005; Treloyn, 2016). These ideas have informed my approach to description, analysis and interpretation described in Chapter 5. Music therapy researchers have employed ethnographic methods to provide detailed descriptive accounts of music therapy in practice (Holck, 2007; Ledger, 2010; Procter, 2013; Stige, 2005). Studies range in how closely they align with traditional ethnography. For example, Procter (2013) describes his study as an ethnography (p. 1), while Holck (2007) describes her study as an "ethnographic descriptive approach" (p. 29). I have had difficulty defining what type of study this thesis is. I am attracted to Reyes' (2009) writing about defining ethnomusicology. Reyes argued for a pluralistic study that is not concerned with identifying what type of study/method is employed. The author argued that traditional

boundaries are breaking down. Trying to specify what a field of study is proves impossible when considering complexity, plurality, and changing social environments. To call my study ethnography, or ethnomusicology is flawed. Any assumption of “isness” is an expediency. Nonetheless, I have titled this chapter using the phrase ‘an ethnographic perspective’, which I have borrowed from Stige (2002). Researchers who study complex disciplines draw on methods used by other disciplines as a way of learning more about their own field. I am doing music therapy research. The methodological approaches I have utilised come from a range of disciplines. I have looked more closely at ethnography, ethnomusicology, and music therapy. In the following chapter, I describe the procedures I have undertaken to analyse and interpret the findings for this thesis.

## Chapter 5. Research Method and Procedures

Jackson's (1996) phenomenologically informed approach prioritises real world experience over theory, arguing for studying an experience in practice before applying a theoretical lens. By adopting this position, I began by suspending theory building and remaining anchored to the events and experiences of the therapy sessions. Only after a thorough examination of the experience, I began the process of building an interpretive framework, drawing on theory only as it related to the primary experience.

The emergent approach to this thesis allowed for an iterative approach to analyse and the formulation of research questions. I will restate the research questions from Chapter 1:

### **Primary question.**

- What can be understood of the meaning making processes employed by participants exploring relational competencies in group music therapy?

### **Secondary questions.**

#### ***How the music operates in this context.***

- How do musical and therapeutic processes interact in group music therapy aimed at relational insights?

#### ***Broader understanding.***

- Can understandings of the music therapeutic process in this group contribute to understanding group improvisational music therapy more generally?

The clinical program was described in Chapter 3, and the methodology in Chapter 4. This chapter will begin by discussing the data, primarily video from which I generated text via a process of annotation. The text was then subjected to further analysis. A comparative analysis of the music created in sessions was also examined. The procedures followed to firstly examine the data, and then to build an interpretive framework are also explained.

## **5.1 Data**

Video (with audio) was chosen as the primary data source rather than interviewing participants because the implicit knowledge employed in interaction is difficult for participants to describe verbally and retrospectively (Holck, 2007). Secondary data included images taken of the artwork created in the sessions. Text data was created by reviewing and annotating the video files using ELAN linguistic annotator software (Max Planck Institute for Psycholinguistics, 2018). Both the music created in sessions, and the discussions that took place were included in the analysis. These data sources will be described in more detail below, preceded by a rationale for using video.

**5.1.1 Video as a primary data source.** Video has been used extensively in education and anthropology as a primary tool for capturing human interaction (Goldman, Pea, Barron, & Derry, 2007). Similarly, for this music therapy study, video was selected as the primary data source to capture the complexity of interaction as it occurred in clinical work. The group work included verbal processing in addition to creating music and artwork. Video became a permanent record of the primary events for

later review and comparison. The study of musical and therapeutic process in the context of exploring relational competencies involves examining interactions on many levels. Video review allowed for a detailed analysis including pauses, eye contact, and the reactions of participants to salient moments (Pink, 2007).

Repeatedly watching, describing and interpreting the video (from here on described as ‘passes’) allowed me to create multiple layers of data. The iterative process allowed me to use repetitions of description/interpretation to refine questions and methods. For example, an initial pass with a focus of transcription and description allowed me to relive the experience at a slower rate of time, and to reflect on moments from early sessions with the knowledge and experience of being a participant in all sessions. Successive passes were then made, allowing for annotations of therapeutic process with reference to the conceptual framework and themes that emerged. Multiple passes from multiple perspectives, deepened the descriptive process and allowed for interpretation to develop.

During the sessions investigated in this study, the discussions that took place in situ included both in-the-moment discussion of music made in the session, and paramusical, reflective discussion of therapeutic process in the session. Discussion of therapeutic process also included perceptions on the efficacy of the program and its relevance to everyday life. I was interested in using this data in place of an alternative data source such as interviews. Discussion in this study functioned in a similar way to interviews by including questions from the therapist (myself), answers from participants, and group discussion related to the content of the session and its relevance to relational competencies inside and outside of sessions. An advantage of video in comparison to interview included avoiding the problems of reconstructing events. Video

provided a closer record of what actually happened during music making and discussion rather than relying on participants and myself to remember, reconstruct and describe what happened several weeks after the event (Holck, 2007). I also found that reviewing video of all sessions revealed changing perspectives over the course of the program, providing some insights into the meaning making process of participants as they became accustomed to music making and using music relationally.

**5.1.2 Annotations.** Video files were annotated using ELAN linguistic annotator software (Max Planck Institute for Psycholinguistics, 2018). The software allowed multiple layers of text annotation on the video content attached to specific time periods of the video file. Layers of annotation include session structure, transcription, descriptions, and interpretation. The text created by the annotation process became an important data source allowing for organisation of the data, categorisation into themes, and the later creation of perspectives (see Chapters 7 – 13). The transcription of all verbal content in the sessions was utilised in this thesis as evidence to support my interpretations. The annotation process generated over 75,000 words of text data from the original raw video and audio files. The annotation process is described in detail below under section 5.2.2.

**5.1.3 Narrative.** The text generated from the annotation process was organised by writing narrative data into spreadsheets that focused on process description and interpretation of the annotation text. A comparative music analysis was also conducted and contributed to the narrative spreadsheets. The narrative generated an interpretive layer of data that informed the final write-up of the thesis. The narrative spreadsheets generated another 47,000 words of text data for consideration in the write-up. Combined with the first round of video annotation, the analysis generated over 120,000

words of descriptive and interpretive writing to inform the thesis write-up. This part of the analysis is described in detail below under section 5.2.5.

## **5.2 Analysis**

The aim of the analysis was to understand the meaning making process of the participants in the program, particularly in relation to musical and therapeutic process. This required a process of examining video data, generating text, and then organising and synthesising the text in a way that helped me to understand how participants made use of the music experiences to achieve their therapeutic aims. Consistent with the aim of studying an experience in practice before applying a theoretical lens, I initially focused on my account of what occurred. The outcome of the analysis was organised and presented as five perspectives on musical competence in Chapters 8 - 12. The process of generating the five perspectives helped me to conceptualise a theoretical framework that I feel assists the interpretation of the experience. The framework is presented in Chapters 14 - 19.

The following sections are a procedural description of the analysis. Steps included raw data preparation and organisation, annotation of text to video data, text data synthesis and organisation, data review and analysis design, the analysis, identification of perspectives on the data, development of an interpretive framework and thesis structure design. There was a sequence to the analysis, yet it was also an iterative process. Steps were revisited as the process emerged and insights and discoveries made.

**5.2.1 Raw data preparation and organisation.** All eight sessions were captured on four high definition digital video cameras (one mounted on each of the four

walls of the room) and one digital audio recorder. These video and audio files had to be prepared to allow for simultaneous examination of all camera angles and audio. The process involved editing the media into a single video file that contained the four camera angles in a four-way split. All videos were synchronised so that the combined camera views showed the same sequence of events in time together. The audio file was synchronised and edited into the same final video file in sync with the video. This was done using Adobe Premiere Pro CS6. All eight sessions, plus a final discussion in session eight were prepared in the same manner, creating a total of nine edited video files for analysis. Figure 5 provides an example of the final video file format. To protect the anonymity of the research participants, I am the only person included in the screen shot example.



*Figure 5.* A screen shot of the edited video used in this study.

Artwork images were organised so that they could be easily retrieved. All artwork was copied into a single word document and labelled with the session number and pseudonym of the participant that created the artwork. A brief summary of how the participant described the artwork was included using the words of the participant as much as possible. The video of each participant discussing their artwork for each session was reviewed for that purpose. Figure 6 is an example of an artwork entry.



(Carolyn) played the surdo bass drum in the sixth improvisation. She drew the ocean. She felt we were all part of a group, drawing groups of birds, groups of fish, and groups of crabs. They were awakened by the music and moved toward the sound. She drew the fisherman, as she felt someone was there to catch something, but in a good way.

*Figure 6.* An example of an artwork entry used in this thesis.

**5.2.2 Annotation of text to video.** The annotation process generated text data from the video data. Annotating the video was a process of expansion and

embellishment. This process included transcribing the verbal content of the sessions and creating multiple layers of description and interpretation of what I observed in the videos. The annotation process allowed for a reflexive review the videos, taking note of both regular and unique occurrences and identifying themes. Data analysis in ethnography has been described as “rigorously descriptive work”, in some cases going so far as rejecting theoretical frameworks in favour of analysing social circumstances in natural settings (Crabtree, 2003). In keeping with the aim of this step, annotating directly to the video using the ELAN software described below maintained a direct link between the annotations and the images and sound that appeared in the videos.

Murchison (2009) suggested that one writes *from* the data rather than *with* the data. The former means that the writer describes what happened, while the later means the writer describes their own ideas about what happened, only looking to the data for support. The former aligns with the inductive approach adopted during this phase of the analysis. This annotation process aligns with the notion of “thick description” (Geertz, 1973) described earlier in this chapter. The process of annotation was necessarily iterative including multiple passes of the videos. The descriptive process itself both generated data and deepened my own understanding of the data, thus contributing to the emergent process in explicit and implicit ways.

Software allowed for a structured approach to annotation of the video data. The linguistic software ELAN was selected for this purpose. ELAN is a tool for adding multi-layered annotations to video. The video file is embedded into the ELAN interface allowing for the annotation of text against discrete time periods of the video. Multiple layers of annotations (referred to in the software as “tiers”) were made. In ELAN a tier is a set of annotations that share the same characteristics (Hellwig et al., 2014). They are

described in more detail below. The software allowed for detailed annotations to be made using as many layers as I felt were relevant, while referring to very brief periods of a few seconds, or larger periods of many minutes. Annotations were then exported as a text file. A text file can be generated including extra information in relation to each annotation such as the tier name, the text contained in each annotation entry and the discrete time period that the annotation applied to. Each annotation entry appeared in the text file in the order of the start time every entry aligned to.

The 'tiers' created in ELAN for this analysis were labelled structure, dialogue, description, therapist intentions, comments and interpretation. Each tier will now be defined:

1. Structure – A high-level tier that identifies each section of the session. This tier included a drop-down menu of specific entries. These included:
  - Session set-up – The period of the video from the start to when the session began.
  - Check-in – The check-in part of the session as described below under the heading 3.3.4 program components.
  - Overview – The part of the session when the facilitator described the session plan to participants – session outline.
  - Warm-up – Warm up playing before the main improvisation.
  - Improvisation set-up – After the warm-up, when participants changed or added instruments, and readied themselves for the start the main improvisation.
  - Improvisation – The improvisational music making as described above below under the heading 3.3.4 program components.

- Discussion of improvisation – Immediate discussion of the music making as described below under the heading 3.3.4 program components.
  - Artwork set-up – Re-organising the room for listening and making artwork.
  - Artwork – Listening back to the improvisation recording and making artwork as described above below under the heading 3.3.4 program components.
  - Discussion of artwork – Discussion of the artwork and listening experience as described below under the heading 3.3.4 program components.
  - Close – final check-in and close of the first part of the session.
  - Pack-up – time between ‘close’ and turning off all cameras.
2. Dialogue – Transcription of all dialogue, written using pseudonyms for participants. Real names were used for myself (Jason) and the cofacilitator (Kay). All verbal comments for all sessions were transcribed.
  3. Description – Descriptive and observational text written by myself while reviewing the video.
  4. Therapists Intentions – Where relevant, I described my recollection of clinical rationale/decision making during sessions.
  5. Comments – General comments, questions and notes that came up while reviewing the video.
  6. Interpretation – Interpretations of therapeutic process that I arrived at while reviewing the video.

Figure 7 shows a screenshot from ELAN with a red box highlighting a section of the annotations. (Faces of participants have been blurred in these examples to protect the anonymity of participants. In the working files, the video was high definition.) The six coloured tier labels can be seen to the lower left. The annotations for each tier run along the bottom of the screen contained within the start and end of the time period they correspond to. As the video is played, annotations move across the screen from right to left. The red boxed section is also included in Figure 7 as the exported text file situated below the ELAN window in this example. The annotation tier name is displayed followed by the content of the annotation. Immediately below the annotation is the beginning and end period of the video file time clock that corresponds to the annotation. This allowed me to easily return to the video file to check the raw data source when reviewing the annotations.

The screenshot shows the ELAN 4.9.3 software interface. The top menu bar includes File, Edit, Annotation, Tier, Type, Search, View, Options, Window, and Help. The main window is divided into a video player (top left) and an annotation window (right and bottom). The annotation window has several tabs: Dialogue, Text, Subtitles, Lexicon, Comments, and Recognizers. The Dialogue tab is active, showing a list of annotations with their start and end times. A red box highlights a specific annotation in the Dialogue tab, which is then shown in a text file format below.

Dialogue                    Carolyn: I was trying to keep a rhythm with everybody else. I thought I was out of place.  
00:30:28.128 - 00:30:36.200

Interpretation            Carolyn is being very self-critical and Janine is offering great feedback about experiencing Carolyn's playing in a more positive way than her own self-evaluation would suggest.  
00:30:28.500 - 00:30:49.500

Description                Carolyn describes feeling out of time and Janine provides some feedback about having the opposite experience of Carolyn's playing.  
00:30:30.200 - 00:31:00.400

Dialogue                    Janine: Where as I felt the opposite. I thought the two of you (gesturing to Carolyn and Christine) were actually leading most of the time.  
00:30:36.841 - 00:30:43.473

Comment                    Christine has her notebook open but is not drawing in it.  
00:30:45.600 - 00:31:02.300

Dialogue                    Carolyn: Oh, thank you. I just felt that I wasn't doing the...  
00:30:45.687 - 00:30:47.305

*Figure 7.* A screenshot from ELAN with a section of the annotation window highlighted, followed by how the highlighted section appears when exported as a text file.

**5.2.3 Text data synthesis and organisation.** Once the videos had been reviewed and annotations made of all session, the text was exported and used as the data source for the next part of the analysis. A review of the text annotations identified

specific moments which I have described below as discrete section of text and labelled as 'events'. Event labels were then used to categorise and synthesise the data into a systematic and accessible structure.

This step identified themes related to musical and relational competencies. While I was generating themes, I considered both vertical and horizontal relationships between meaning making and music making in therapy. The vertical relationships were immediate impressions of the music as described by participants, while horizontal relationships were impressions of process described by participants. Content from early sessions contained predominantly vertical relationships, while later sessions drew on earlier sessions and became more process oriented over the eight weeks.

The video annotation process described above exposed me to the content of musical and verbal expression on a deep level. This deep exposure was attained via the original experience of participating in these sessions, and then reviewing the video in detail. I uncovered multiple layers of meaning making during the process. Participants clearly articulated meaning making in discussion, explicitly connecting musical meaning making with relational meaning making. In addition, musical, visual and behavioural elements suggested an implicit meaning making process that at times contributed to explicit process, yet often remained unsaid. I believe it was impossible to describe the implicit process in words without layering my own interpretation on the data. My attempt at transparency in this process was to maintain a strong connection between the text of the thesis and the events of the sessions via detailed description.

As a student researcher/clinician, my own clinical perspective influenced my descriptive and interpretive process. From an epistemological perspective, close

observation of participant behaviour and words was an attempt at identifying how meaning making from music making contributed to the therapeutic process for the participants. The videos were subsequently analysed from both the therapist's professional perspective, and using the participants' own words, as transcribed from the video files. This method created an opportunity for comparing and contrasting my meaning making process with that of the participants. Further, and on a more complex therapeutic level, this process identified how the interaction of multiple individual meaning making processes influenced the meaning making of all group members. This was evident in the viewing of the videos and influenced the emergent method. There were many occurrences of repeated ideas and themes from one participant to another. These 'repeatings' of ideas happened in the improvisations and in the discussion. They happened on a small, immediate scale and on a larger temporally distant scale, sometimes weeks apart. This feature was critical to the concept of group process (Tuckman, 1965; Yalom, 2005) which I have drawn on in the conceptual framework. My interpretation of these events was also influenced by the ethnographic and ethnomusicological literature as the emergence of group culture for this unique set of people in a similar way to the micro-culture of the music ensemble (Slobin, 1993).

**5.2.3.1 Events.** I will now go into more detail about the process of labelling discrete sections of text. I felt the best term I could use to describe these labels was 'events'. Each discrete section of text was identified as containing one topic, idea, or behavioural expression. In some cases, multiple concepts were contained within the same discrete section of text. In these instances, the text section was copied and pasted, and each copy appropriately labelled for each identified concept. The content of each discrete section of text was then synthesised and reduced into a single statement in an

attempt to describe the concept contained within the text in a few words. For the purpose of this analysis, each of these labels was called an ‘event’. The words as expressed by participants were maintained where possible in the event; however, some events were interpretive and used my words. The point of this exercise was to reduce the text of each session into discrete events that allowed for a more organised review of the data. Some events contained a single annotation entry, while others contained several entries. In some cases, an event was part of a conversation, in others something musical, or behavioural.

Two pieces of meta-data were also included with every event. The first, labelled ‘G’ (generated) included the name/s of the person/s who *generated* the content of the event. The second, labelled ‘R’ (referred) included who (the name/s of the person/s) or what (the music, the music therapy program, instruments, etc) the event *referenced*. I will provide two examples. The following transcription of dialogue between Jenny and myself:

*Dialogue*      Jenny: I was trying to be more sort of, background.

*Dialogue*      Jason: Right. Adding a bit of colour.

I gave this discrete section of text the label: ‘6.054 – Playing in the background. (G – Jenny. R – Jenny)’. The number indicates this is the 54<sup>th</sup> event from session 6. I labelled the event ‘playing in the background’ based on Jenny’s words. The metadata indicates that Jenny made this comment (G - generated) about herself (R – referenced).

The next example is my interpretation of competency building. The annotations are mostly dialogue and include an entry from the ‘interpretation’ tier:

*Dialogue* Jason: Yeah, I felt there was at one point... I think it was just... I'm trying to remember where it was. I think it might have been just after the crescendo I found myself really drawn to what you were doing. It was really nice those patterns.

*Dialogue* Gayle: (Laughs) yeah. I kept flattening the notes somehow. Like sometimes I noticed that... is it called a beater? Yeah,.. it was touching and it would stop that ooooo that sort of, long note.

*Interpretation* Gayle is describing a musical competency here

*Dialogue* Jason: So, you were getting used to how to use it?

*Dialogue* Gayle: Yeah.

*Dialogue* Jason: It's a lot of fun that one.

*Dialogue* Gayle: Yeah.

*Dialogue* Jason: You can get lost in it because there's so many options.

I gave this discrete section of text the label '6.059 – Developing technical skills to experiment. (G – Jason. R – Gayle)'. The number indicates this is the 59<sup>th</sup> event from session 6. I labelled the event 'developing technical skills to experiment' based on my interpretation of Gayle's comments. I felt she was gaining competencies related to music making. The metadata indicates that this event was generated by my

interpretation (G - generated) about Gayle's comment (R – referenced). Figure 8 is an example of a series of events with the original text removed. A step by step description of this process with examples is found in appendix 5.

- 6.052 – Feeling satisfied with how one played. (G – Jenny. R – Jenny)**
- 6.053 – Fitting into the sound. (G – Jason, Jenny. R – Jenny)**
- 6.054 – Playing in the background. (G – Jenny. R – Jenny)**
- 6.055 – Misty. (G – Jenny. R – music)**
- 6.056 – Changing instrument. (G – Jenny. R – Jenny)**
- 6.057 – Soft, swirly, tinkering. (G – Jason. R – music)**
- 6.058a – In my own world. (G – Gayle. R – Gayle)**
- 6.058b – Matching the surdo. (G – Gayle. R – Gayle)**
- 6.059 – Developing technical skills to experiment. (G – Jason. R – Gayle)**
- 6.060 – Liking the black keys most. (G – Gayle. R – music)**
- 6.061 – Trying to match other players. (G – Carolyn, R – Carolyn)**
- 6.062 – Discussing the technical possibilities of an instrument. (G – Janine. R – music)**
- 6.063 – It seemed more rhythmic. (G – Christine. R – music)**
- 6.064 – Commenting on how other players harmonised. Note, I believe she is referring to rhythm when using the word 'harmonise'. (G – Christine. R – music)**
- 6.065 – Trying to steer the conversation into relational competencies. (G – Jason. R – Jason)**
- 6.066 – The ocean drum sounded like rain. (G – Christine. R – music)**
- 6.067 – Identifying matching between other players. (G – Ruth. R – Jason and Kay)**
- 6.068a – Intellectualising. (G – Jason. R – Ruth)**
- 6.068b – Keeping rhythm. (G – Ruth. R – Ruth)**
- 6.069 – Trying not to be loud. (G – Carolyn. R – Carolyn)**

*Figure 8.* Example 'events' from Session 6 with text removed.

This process of synthesising annotations into events, helped me to understand what was most relevant to the participants when deciding on over-arching themes relevant to meaning making and therapeutic process. A detailed description of the process for the data synthesis and organisation follows.

**5.2.4 Data review and analysis design.** The purpose of this step was to review the events generated from the previous step and design a structured method of process analysis with the aim of answering the research questions. I was interested in synthesising the many layers of data generated from the various tiers of annotations, and hundreds of specific events created in the previous step into a narrative structure. The narrative approach aimed to answer the research questions while remaining close to the ‘real world’ as it occurred in the sessions. This process allowed me to identify various foci and attend to process in the analysis, including a more detailed analysis of music process as revealed in the improvisations. The outcome was a spreadsheet for each session with specific fields that captured the data that seemed most relevant to my research questions. I will now describe how I arrived at the spreadsheet structure.

Consistent with an emergent design, this was a highly iterative process taking many revisions before arriving at a final spreadsheet structure. It was in the doing of the analysis that the relevant information became apparent. I built a template spreadsheet with a variety of fields that seemed relevant before beginning a review of the events and then systematically cross checked the fields against every event generated in the previous step to ensure the process analysis captured the full range of content in the new descriptive format. When I was able to review the entire data set without needing to modify the template, I felt ready to begin the analysis.

The final structure allowed me to create narratives of how all participants, including myself presented at the five stages of each session (during check-in, improvisation, discussion one, listening and artwork creation, and final discussion), including main themes of discussion and technical aspects of music making. The narratives were organised for each participant at the five stages within each session and

included a group description level. In addition, a music analysis generated data such as tempos, dynamics and structural units. The music analysis included a description of each player's music making during each structural unit of the improvisation plus a group description level. The fields descriptions are summarised in Figure 9.

<b>Created in response to the session annotations</b>		
<b>Field #</b>	<b>Field label</b>	
101a	Presentation summary A	Summarise comments, behaviours and general presentation of each participant and the group as a whole leading up to the improvisation
101b	Presentation summary B	Summarise comments, behaviours and general presentation of each participant and the group as a whole during the improvisation
101c	Presentation summary C	Summarise comments, behaviours and general presentation of each participant and the group as a whole during the first discussion
101d	Presentation summary D	Summarise comments, behaviours and general presentation of each participant and the group as a whole during listening and artwork creation - will mostly be very brief
101e	Presentation summary E	Summarise comments, behaviours and general presentation of each participant and the group as a whole during the final discussion - including what each participant drew.
102	Techniques	Identify attunement with pulse, and phrasing for each participant and the group as a whole, consider the techniques such as mirroring, matching etc.
<b>Created separate to the annotations, for the purpose of comparison</b>		
<b>Improvisation level</b>		
<b>Field #</b>	<b>Field label</b>	
201	Label	Label the improvisation, eg., Improvisation 1.
202	Start time	The improvisation start time taken from the video file time clock. The start time is the time from the final verbal utterance and includes the silence before the first instrumental sound made as the silence is part of the improvisation.
203	End time	The end time taken from the video file time clock. The end is when the resonance of the last sound has decayed to the point of being inaudible.
204	Total time	The total time period of the improvisation. This is end time less start time.
205	Structural units	List of structural units. Use letters; A, B, C, etc.
206	First sound by	The participant who makes the first sound.
207	Last sound by	The participant who makes the last sound.
208	First to offer a reflection	The participant who is first to offer a reflection on the improvisation after it is finished. In most cases prompted by Jason asking "who would like to start?"
<b>Presentation level</b>		
<b>Field #</b>	<b>Field label</b>	
301	Participant	The pseudonym used for each person who participated in the improvisation being analysed.
302	Instruments	List of instruments played per participant . This is collected as in some cases participants explore several instruments while in other cases they swap between instruments already selected.
303	Artwork	Copy the image of the drawing into the spreadsheet.
<b>Structural Units</b>		
<b>Field #</b>	<b>Field label</b>	
401	Unit ID	A letter value (A, B, C, etc.) to identify and order the structural units.
402	Unit start time	The start time taken from the video file clock of each unit.
403	Unit end time	The end time taken from the video file clock of each unit.
404	Unit time period	The total time for the unit annotated in minutes and seconds.
405	Unit dynamic	Using tradition western music conventions to describe the dynamics of the unit.
406	Unit tempo	The beats per minute of the unit and changes described using western music conventions.
407	Unit pulse grouping	Identifies if there is a pulse to the unit, and if so, described using traditional western time signature conventions.

Figure 9. Screenshot of field descriptions from the analysis template design.

**5.2.5 Process analysis.** This phase of the analysis involved completing a process analysis spreadsheet for each of the eight sessions. As described in 5.2.4, the aim of this phase was to synthesise event data into narrative description and interpretation. Detailed step-by-step instruction on how the process analysis was completed is in Appendix 5.

For each session, two narratives were created, plus a high-level description of the improvisation for comparison across sessions. Examples are included below in Figures 10 and 11. The first narrative focused on descriptive writing of what each participant said, and behaviours, including a group summary. This was labelled ‘presentation’ narratives. The second narrative focused on the musical analysis and was labelled ‘Unit’ (structural unit) narratives. As the unit narrative was a musical analysis, the presentation narrative focused on non-musical and extra-musical content. Some western music conventions were used in the unit narrative as they were useful for comparison of music across sessions. When using descriptions such as dynamic, tempo, and rhythmic transcription, these devices were intended to be indicative descriptions of what occurred, rather than provide detailed scores for performance of the music (Marett, 2005). This method was an attempt to create an analysis of the music using traditional methods of looking at instrumentation, tempo, phrasing, rhythmic structures etcetera, while including social/performative aspects such as what the participants said about the music making and how they spoke and behaved interpersonally during sessions. Figure 10 below is a screen shot of a portion of the unit narrative for session six.

The presentation narratives were created by reviewing the annotations and events (see 5.2.2 and 5.2.3 above) of the sessions and synthesising them into narratives of each individual and for the group. A matrix of seven rows by ten columns was completed. The seven rows included five sessions sections: during check-in,

improvisation, discussion one, listening and artwork creation, and final discussion. Two more rows included a list of instruments used by each participant and a thumbnail image of their artwork. The ten columns included a column for all participants (including cofacilitator and facilitator – myself) and one for the group as a whole. Therefore, a total of seventy fields were included to write up the presentation narratives. I only wrote into a specific field when I felt there was information relevant to answering the research questions. Therefore, not all fields were completed every time; however, most fields were completed.

In addition to reviewing annotations and event data created, I also watched that relevant sections of the video again to supplement the analysis. The time period markings on the annotations facilitated a return to the video. Figure 10 is an example of a portion of one spreadsheet describing participants discussing their artwork in session six.




Participant	Janine	Jenny	Miranda	Ruth
Presentation summary E	Janine identified the interlocking rhythms in the music in her drawing. She drew on the didactic part of the session and talked about time signatures, and interlocking numbers of beats - one person played 4 beats and another 8 etc.	Described the music as very pleasant and calming, using the image of bright starts at night and the feeling of gentle rain. She noted that it was like feeling sad and having the music soothe you. Jenny discussed getting accustomed to the feeling of not having to be deemed 'musical' enough. She could just "have a go", and while it was initially intimidating, for her she has learning to push past that. Jenny reflected on the imagery that participants make; notably the lack of darkness. She noticed that there was colour and stories. When asked her theory on that, she commented it's because we all enjoy the music making and that "overrides whatever is going on".	absent	In response to Janine's drawing, Ruth mentioned that participants were taking more risks when they played, and thus there was more complexity. Ruth noted how she had noticed the universality of experience in the group: "I think it's just interesting. I think it's interesting that we all tend to think the same way. Even though we're not all painting, the sea, um, [Gale's] um clouds, or air flowing is very much like... tells us something." Ruth noticed that the instrumentation that is provided allowed for the group to avoid too many clashes.
Instruments	log drum	chimes, two-tone wood block, cabassa, back to chimes	absent	bass metalophone
Artwork				

Figure 10. Screenshot of presentations entries for three participants from session 6.

The (structural) unit narrative was a musical analysis focused on the improvisation only. This analysis was informed by Bruscia's IAP, particular his use of structural units. I am familiar with the systematic approach to analysis afforded by the IAPs yet felt that they were flexible enough to be adapted to this thesis. They also have the added advantage of using language that is common to music therapy research (McFerran & Wigram, 2005). Structural units are identified using Bruscia's concept of "thematic sections" (1987), defined as "structural changes that are pervasive in their effect on the overall character of the music" (p. 419). I completed two passes at identifying structural units several weeks apart from each other. Consistent with an ethnographically informed, emergent method, I felt that as my understanding of the 'field' deepened, my sensitivity to the musical material was also more nuanced. Of the

eight improvisations, the number of structural units I identified on the final listen was within an error margin of plus or minus one for six of the eight improvisations. For the two that were different (one more and one less), I edited the spreadsheet to reflect the final listening.

At this stage of the analysis I was aware that participants were oriented towards their musical process, particularly competencies related to improvisation. I therefore described technical aspects of music making so that I could make comparisons over the eight sessions. Rather than identify peak moments or salient features, I tried to document technical features of how every individual played, plus description of the group sound. The matrix for the unit narratives included 17 rows. Rows were allocated to structural unit ID, unit start time, unit end time, unit time period, unit dynamic, unit tempo, unit pulse grouping, and description of each participants playing (nine participants including cofacilitator and myself) and the group sound. One column was allocated to each structural unit of the improvisation. The number of columns varied as the number of structural units identified in the analysis ranged from three to eight over the eight sessions. Therefore, a total of 51 – 136 fields of data was generated in the unit narrative for each session. Figure 11 is an example of two structural units for the improvisation from session six.

Unit ID	D	E
Unit start time	0:07:43	0:09:12
Unit end time	0:09:12	0:10:37
Unit time period	0:01:29	0:01:25
Unit dynamic	mf-f-mp	mf
Unit tempo	96	94, yet players slipped in and out of synch with each other.
Unit pulse grouping		4, though not strongly aligned
Tech Group	Possibly in response to the wood block, the whole group seemed to fall into alignment in this unit, playing in a grouping of 4 beats at a consistent dynamic for about one minute. There was a mixture of mirroring and matching, polyrhythms emerged and the glock sat on the top playing exploratory phrases. As players varied their patterns, the overall effect was a weaving of beats and notes. The dynamic rose and fell as the pulse strengthened and weakened. Players seemed to play more confidently when they were all in time together.	While many players were playing time, and tempos were very close, the alignment broke down and felt a little disconnected in this unit. Some players stopped and started. It felt like there was some difficulty connecting in the music, yet everyone continued to play.
Tech Carolyn	Carolyn began a consistent 4 beat pattern of 1&2&(3)(4) at the start of this unit, and other players quickly aligned with her pulse. The dynamic increased slightly in response to the rhythmic alignment. The pattern changed to 1&2(3)(4) and continues for another 30 seconds. When the dynamic dropped a little, Carolyn played only beat one. In the final few seconds of this unit, Carolyn played some altered rhythms which seemed to impact the overall feel. The group slowed and little and the dynamic dropped further.	Carolyn played a short series of beats with space between them. There were several tempos played in the early part of this unit, and Carolyn was not clearly aligning with anyone in particular initially. She then played straight crotchet beat for a short period and the group seemed closely connected to the same pulse. The rhythm felt a little unsettled as Carolyn began playign 12(3)(4) repeatedly, closely aligned with the cymbals, djembe, and log drum.
Tech Christine	Christine returned to a regular pattern as the group pulse settled back into 4. She was playing 1&2&3&4. Watching her hands, she altered which hands played the beats, yet maintained the pattern. Her dynamic was a little under the overall sound. After 30-40 seconds, she moved from the edge of the drum to the centre. Her dynamic increased slightly, and her playing seemed to consolidate to a stronger sense of tempo. It looked and sounds a little more confident. She then varied the pattern a little from bar to bar while maintaining the feel. At this stage she is more prominent in the group dynamic. As the tempo slowed, she followed.	The group pulse lost it's strength at the start of this unit, yet Christine continued to play in the same way. As various members were not quite in synch, Christine also moved in and out of time with other instruments such as the surdo, glock, log drum, and cymbals. She continued to play throughout this unit in this manner.
Tech Gayle	Gayle appeared to be playing confidently in time with the group, and exploring the sound of her instrument. She was playing varied rhythmic and melodic phrases, often repeating a phrase twice before trying something new. At times she mirrored the surdo.	Gayles played in the same manner as the previous unit. She did not appear to be effected by the lose tempo in this unit, continuing to explore with short phrases. When she played, she was most closely aligned to the log drum and surdo beats.

Figure 11. Screenshot of structural unit entries for three participants and the group from session 6.

The third element of the process analysis involved summarising data from the unit analysis for the purpose of comparison across sections. Figure 12 is an example of the improvisation summary data from session six.

Improvisation	
Label	6
Start time	0:05:55
End time	0:12:43
Total time	0:06:48
First sound by	Jenny
Last sound by	Tom
First to offer a reflection	Jenny
Seconds of silence at start	11
No of structural units	8
Tempo max	106
Tempo min	72
Tempo range	34
Dynamic max*	5
Dynamic min*	1
Dynamic range	4
Pulse groupings	unclear, 4 and 5
*Dynamic range	
pp	1
p	2
mp	3
mf	4
f	5
ff	6

Figure 12. Screenshot of improvisation summary data from session 6.

**5.2.6 Write-up.** Murchison (2009) described the write-up process as ‘identifying stories’, suggesting that once the key themes and questions are established, the stories that describe the themes are fleshed out by identifying key moments or experiences that can clearly and effectively contextualise the themes. This process also doubles as an opportunity to re-evaluate the data. Murchison suggested this part of the process is largely inductive, yet broader analysis may draw on existing theory, and therefore have deductive moments. Consideration of the larger questions that emerge from the data in relation to the conceptual framework and research questions will lead to the evaluation of models and theory that are relevant to the research. The following chapters begin with descriptive writing where I have organised the themes as

‘perspectives’ on musical competencies. These are my descriptive interpretations of the data. I have intentionally used the term ‘perspectives’ as each theme presents the same phenomena with various foci, adding dimensionality to the data by examining changes in the music making and meaning making processes of group members in different ways. I then present a conceptual framework which includes the development of a model that I feel explains changes in music making that lead to relational insights, while drawing on existing theories to support the model.

## Chapter 6. An Account of Group Music Therapy

### 6.1 Wrap-Up Session

I decided to include this chapter of this thesis consisting predominantly of a lengthy transcription of the ‘wrap-up’ discussion from the final, eighth group music therapy session prior to embarking on my descriptive and interpretive writing. I felt this lengthy transcription made a valuable contribution to this thesis by presenting program reflections from the multiple perspectives of the various voices that made up the group. The sentiments of the participants predominantly aligned, yet also provided diversity, particularly when compared to my own clinical perspective. These participants did not view therapy through a theoretical lens as I did. I felt it was important to acknowledge the language they used to describe the group, and the elements that stood out to them at the end of the program. I felt their voices should be heard before I detailed my analysis. I chose to begin, with this discussion of the end of the clinical program for two reasons. Firstly, it is a testament to the perceived efficacy of the program, which is validating for me as the therapist; yet, also demonstrates to the reader that the following chapters have some validity in unpacking therapeutic process, since the participants clearly feel the program was beneficial. The second reason for including this wrap-up discussion is to set-up the remainder of the thesis which focuses on the role of competencies; beginning with musical competencies and following the movement to relational competencies. Even at the end of the program it is evident that musical competencies remained in the foreground of the participants’ perception of therapy in this context.

The repetition of themes from various perspectives adds layers and depth to the concepts presented allowing the reader to get closer to the experiences discussed in this study. It is a very rich discussion that unpacks many of the benefits the participants experienced by attending the group. I have included my interpretation after the transcription to allow the reader to first review the dialogue with limited influence from my own interpretation. My interpretations are explained in more detail in the following chapters, where I draw on the content of all eight sessions. I acknowledge that simply choosing to include this lengthy discussion is in itself a form of interpretation, yet I hope the reader feels they have some space in the following pages to form their own impression/interpretation before being exposed to mine.

I have removed trivial and unrelated dialogue from this transcript. Substantial edits are indicated by a line of centred asterisks (\*\*\*\*\*). I have also removed false starts and verbal missteps such as “Um”, “kind of”, “you know” etc., unless they are essential to the meaning of the passage (DeWitt, 2008). I believe the transcript retains the feeling and flow of the final discussion in the format presented. I have kept some of the jovial content, as it was highly relevant when examining relational competencies for participants with BPD in group therapy; particularly for the members of this group, as they identified with and experienced social anxiety symptoms. I feel the significance of the warmth and humour was self-evident as the participants reflected on their relationships with each other. Some themes were revisited in the dialogue by different group members. Some had more to say than others. I included some explanation of Australian colloquialisms in brackets, and also some descriptions of behaviour, mostly gesture and laughing. Occasionally, I was unable to decipher what was said from the video. When this occurred, I inserted a bracketed question mark: (?). I have also

inserted a word or words to clarify what was said, or to replace a name with a pseudonym. When this was done, I put the inserted word/s in square brackets: [insert].

The anonymity of participants in this study was specified in the ethics approval process and assured to participants in the plain language statement (see Appendix 2) and consent form (see Appendix 3). The pseudonyms for all seven participants are Miranda, Janine, Carolyn, Gayle, Ruth, Christine and Jenny. The cofacilitator and facilitator (myself) are referred to by our given names, Kay and Jason respectively. The remainder of this chapter includes the wrap-up dialogue, followed by a brief reflection on this wrap-up from my own perspective of this study.

#### **6.1.1 Session eight wrap-up extract.**

Jason: Alright, well first I'd just like to start by saying thank you everybody because you've given a lot of your time to be here. And, I think you all probably took a bit of a risk doing something that you had really not a very clear idea of what it involved. So, I really appreciate the commitment everybody made to coming and being a part of this. So, thank you very much.

(Some nods)

Jason: And I'd just like to know what your thoughts are on the whole process. What we've been doing.

(Pause)

Jason: Anyone want to go first?

(Pause)

Jenny: I'll go. I know when I got the form, last year, last year?

Jason: Yes, it was.

Jenny: ... So, I signed up pretty much straight away. I read it and, yeah, this sounds like a challenge. But in a way, I sort of thought it was going to be a more enjoyable challenge for me. It was completely left of centre, and I had no idea, but I knew it involved music. That just, I love music so, yep, signed the dotted line and was happy to do it. So, when I came, I was very, very nervous. I had no idea what to do. Cause I forgot the information day. I wasn't here for the information section because I completely forgot about it. I signed the paper quite a while ago, and for some reason I had the feeling it was going to be in January, and I wasn't here, so I missed it. So that made me more nervous, I think. I hadn't met you and I hadn't had the information (?). But I think it's made an impact on me more than I realised, and, um, what music is, the types of music, and creating something out of nothing. And I guess with borderline, you know personality, having that, just being happy with that. You see it's not about 'right or wrong', it's not about glass half full, glass half empty, but happy with the sounds that I made. Or participating. And I think that's something in a long time that I can say that I'm happy with what I've done. There's no buts, or ifs or... black and white. It's just that. That's what it is, and that's what it is. So, I think it's made an impact on me and I think it will probably resonate for quite a while.

Jason: Hmm. Great. Lovely. That's great. I like that um, when you say the "black and white", is that sort of typical of the way you might normally interpret something as either, "it was good", or "it was bad", and not be able to just go "well I don't have to go there, I can just let it be that middle space"?

Christine: Yeah, that's how a borderline sees things.

Jenny: It can be um, yeah black and white, it's half full half empty. And I think with music, I think if I was a composer it would be a bit more 'black and white'. But I think listening to music, and being part of making music... it's almost like... Well I know that today I was hitting the... even though there was a bit of a pattern, I know that my brain was not going "you're doing it wrong; you're doing it right; you should be doing this..." I know that in week 2 when I had the drum, I was doing that.

Jason: Right.

Jenny: But today it was like "nah". You know it was quite relaxing to go "nah, I don't need to think about this".

(Gayle and Ruth are nodding in agreement with Jenny.)

Jason: Hmm, yeah.

Jenny: And that is quite a nice feeling, [rather] than constantly (gestures spinning fingers near her temples).

Jason: That's great. I remember some of your initial reflections early on... you were quite critical of yourself. About what you did or didn't do. But that hasn't happened in a...

Jenny: No. It hasn't happened. Music, even in my household with my girls, I use it as a release almost. I do muck around with my girls and sing badly, with some of the songs on purpose. Because that's my fun time. And I think music give me

that break of “I don’t have to do this right or wrong”, I’m not a famous singer.

It’s just, as it is.

Jason: Hmm, great.

Jenny: Yeah, so the first few weeks was like “oh my God, what am I doing with the drum? I have to keep beat!”. So, there was a lot of “it’s over before I start”.

Jason: Hmm. (Directed to Christine) And that resonated with you, that comment about the black and white [Christine].

Christine: Yeah.

Jason: How’s that relate to your own personal experience of being here in this group?

Christine: Um... looking at my artwork from the beginning when we started the music was quite simplistic. The drawings reflect that as well. As we got further down, the music became more complex and the artwork became more complex as well. Because of that it seems we were growing as a group. Learning more each week. That we got to know each other. We were less anxious about having a go on the different instruments.

Jason: Hmm. Yeah. I think my impression as well of watching the group, including yourself, I think you appear more relaxed to be here, than in the early sessions.

Christine: Yeah. I think everyone was a bit afraid. We’ve all had the same experience where you don’t sing well, don’t do this well, and I think it was a

chance for us to get over that sort of thing. Being the perfectionist that we are all the time.

Jason: Yep. What do you think it is about the way that we've done this that helps facilitate that transition?

Christine: I think, sharing the different kinds of music that have an impact on us. It's made us bare our soul quite a bit. Once you do that you become quite connected, much more connected in that way. And being in the same room with each other, it makes you know the people and that you're safe to try those things and to experiment. Not be afraid. Know that somebodies not going to say, "can you just stop that because it sounds ridiculous".

Ruth: Yeah. There was no judgement.

Jason: Yeah. So, it's both witnessing other people bring their music in, or, say how they're feeling. Then it helps you to do the same. And that facilitates that.

Christine: Yeah, and I think the sharing of the music was... often baring your soul to the world.

Jason: Yeah.

Christine: And it might be your own music that you haven't shared with anyone before. And you sort of know that person's... their deeper, inner self a bit more.

Jason: Yeah.

Christine: It would be interesting to see if this went for six months the complexity of the music that would come out of it in the end.

(Jenny laughs.)

Jason: Yeah, when we improvise together?

Christine: Well it sounded quite professional today. It sounded like something that you could actually buy...

Jenny: True.

Christine: ...whereas, at first it was clunky, it was clunky, whereas it sounded like you just picked a track off something for us to listen to.

Jason: OK. Well that's nice. Hmm, yeah.

Jenny: Also, relational... wise<sup>4</sup>

Jason: Yeah?

Jenny: for me it was... like at the start I was very closed down, and today at the end I was banging on [Gayle's] drum with my beater. Banging on a drum. It was like "oh wow! I'm doing it out of fun and jest". Sometimes, I think relational-wise I don't do that because I'm worried what people will think, or in my simple way, I slow down a bit.

Ruth: But you knew you were safe in here.

Jenny: I knew I was safe. I mean if I hit her in the head with it, you would have seen her knock me down!

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<sup>4</sup> Jenny uses this term in reference to the program aim – exploring relational competencies.

(Laughing.)

Jenny: But it was almost like...

Gayle: The sound would have been better!

(More laughing.)

Jenny: It was nice to relate in a way that you knew you were not going to have any condemnation thrown at you. You knew you weren't going to be judged. You weren't going to be... "you did that wrong". It helped to just open up me relating better. And communicating better. So, in a way I'm sad that that's going.

Jason: Yeah.

Jenny: Um, yeah.

Jason: Hmm. Yeah. Fair enough.

Kay: It reminds me [Gayle], of what you said a couple of weeks ago. About how being here sort of stretched your threshold a little bit. Your resilience. So, coming to an end, that you know you can do, that there's that experience, possible there's that opportunity there.

Gayle: Yeah. Gaining in confidence and... yeah, I think, and drawing the music rather than talking about the music was really good. Because then there weren't the judgements about the music. But you got to hear it back and draw it. I really liked that part because it's good to hear it back as to what it means to you rather than, like this went loud then, or that went this, or, so it was good in that way. And it sort of flowed then. Like it still kept the flow going of the music.

(Christine nods and agrees with Gayle about the drawing.)

Jenny: And “I Am Woman” was a highlight. I will never hear that song ever again the same. I’ll think of you always.

Gayle: Well you missed ‘Harper Valley PTA’.

(Laughing.)

Gayle: Yes, that was last week.

Jenny: I don’t think I was born!

Ruth: I love that one.

Gayle: I love it. And you know what? I bought it in JB Hi Fi (music store), so to this day, it’s still a classic.

Jason: Yeah.

Ruth: She was fantastic.

Gayle: Yeah, she recorded that in 1967.

Jenny: I wasn’t around.

Gayle: It’s just such a good song. Stick it to the people.

(Laughing.)

Gayle: But that’s it. You know it’s like, confident enough to share. You know like ‘I Am Woman’, that was... such a...

Ruth: It was an anthem of the time.

Gayle: Yeah. And at that time for me it was such an important time. Really, really trying to... I was trying to step out from under the thumb and...

Jenny: Stick it to him.

(Gayle laughs.)

Gayle: So, um, but that's what the, I mean, I've enjoyed learning more about music theory as well. Because it... gave me more appreciation of, when I'm listening to music, a little bit more background and depth to it. And it's also, because I don't like much of the music I hear on the radio, music has been a little bit lost to me. Whereas it reminded me of how I actually like music, and I like singing, I just don't like what's on the radio.

Ruth: You just need to find a different channel. There's some good stations.

Gayle: Yeah, well I have recently found a channel that plays 40s or 50s or whatever and I love it. And it also reminded me... Like I went out and bought a couple of CDs of artists that I had on cassette tapes. (laughs)

Jason: Yeah.

Gayle: For those who remember those. Yeah, so it's been nice, because it's brought music back to me a bit. And every week when I leave, I feel lighter than when I came. Which is nice, cause that doesn't always happen here. (Laughs.) You know, like when you're doing work...

Ruth: It's often exhausting.

Gayle: ...psychological work it can be quite taxing. Whereas this has been uplifting as well. But also, confidence building for me.

Jason: Yeah? Great.

Gayle: And even my preppy (referring to the preparatory year before year one at school) drawing, I wasn't embarrassed about. You know it's like "so what", I mean I did art classes in a community house for three years and I'm drawing stick people! (laughs)

(More laughter.)

Gayle: Who cares! Like, no one says "oh look at your stick people!". You know? So, it's been very positive in that way. And also, the respect that you've showed us in checking along with whether we agree, or how we feel about something. That sort of thing. I've also appreciated that.

Jason: Oh, thanks.

Gayle: Not being sort of um...

Ruth: Treated like Guinea pigs.

Gayle: Yeah, or talked to, or talked at. Yeah. So that's been good.

Christine: I think it's good that you drew at the same time as everybody else too.

Jason: Ah yes. Also participating.

Christine: Yeah. It was also interesting how many times people had similar artwork.

Jason: Yeah, yeah, yeah. It is such an interesting way of working...

(Everyone is nodding in agreement with the comments about using artwork for reflection.)

Gayle: Yeah, because I think you can express it. For those of us who have difficulty with words, you can express the music in the drawing. It might have been harder to reflect back in words rather than in the picture.

Jason: Yep. Can I just ask: you're saying it's nice to feel light, and it's been confidence building which is really great feedback. Does it still feel like we're working on stuff here? Do you feel like you're getting something at another level? Like, especially as the idea was to work on relational competencies, to use that term, what do you think? Do you think that there's been work going on?

Ruth: Absolutely.

Gayle: Yeah.

Ruth: Yeah, we've worked as a group. We've become more and more cohesive over time as a group. And that wouldn't have happened if we hadn't of been working towards it.

Christine: And that's reflected in the music too.

Jason: Yeah?

Ruth: I think we all put in as much as we could.

Janine: Yeah, and I think probably the acceptance of others, of the way we play, the way we draw, the way we speak, the music we choose has also helped to increase our own self-confidence. Just by being... to the greater degree accepted. But yeah, nobody's... I suppose been made to stand out for one reason or another, either positively or negatively. We're all equals with our own skills and abilities, dreams and hopes and preferred instruments, and whatever else.

And it's not as if, you know someone once said "oh, you're playing the drums again". You know, it's like well if that's what you wanted to do then that's fine.

Gayle: And there's not um, isolation. I think that's part of what we've been doing as well. It's like sometimes, myself, I know I can feel quite different to the world at large. And I think while we've been in here doing this... I didn't feel that, like I do when I'm at, some other...

Jenny: I think as well that in a group people with the same illness, at times we can not get on. We can be intense because we're inside our heads or sometimes other... be intense. We can be intense. And I don't think really... It's like the first group where I haven't had that. Where it hasn't been in play. In an intense group... it's like I used to be 'that way', or 'that way'. So, I'm either good, or I'm in a foul mood. So, there's been none of that and I think that's been good for me. Because I realise, I can be stable. I can be in the middle. I can calm myself down.

Jason: In the safety zone.

Ruth: It's been a very safe environment. And that's what's made that possible. For us to get together as a group. To get together and explore our feelings and be able to share without any threat.

(Nods from Janine and Gayle in response to Ruth.)

Christine: And I think listening to everybody, everyone's had that experience where you don't sing well. Like the music teacher put her hand over my mouth and told me not to sing. And, you know, I went to a top music school and I

wasn't allowed in the choir, that sort of thing. So, I think we've all found that we've got to get over that criticism. It's OK to make music any way you like.

Jason: Yeah.

Janine: I've really appreciated, I suppose the fact that there's been a lot of structure from one Friday to the next. But then within that structure there's been a lot of opportunity for individuality. So, for instance doing the artwork. So that's all about an individual's own perception of the music that's been made... But sort of knowing, OK, well this is what's coming next, but knowing that we're not going to be fixed into a 15-minute timeframe. An "oh well, don't speak too much Freddie because you won't give me a chance to speak". Or, "we won't be able to do this" or "there'll be shorter time on that". It's been really well balanced, I think. And I certainly haven't had the feeling where we've been pushed into finishing one aspect in order to get to the next.

Jason: OK.

Janine: Things have sort of gone along at their own pace.

(A few mms.)

Janine: Yeah, but there's been the same structure each week which has really helped me.

Jason: Hmm, yeah. So, you know what's coming in a way.

Janine: Yeah, yeah. But knowing that there's not going to be that feeling of constraint. 15 minutes, and 15 minutes and 15 minutes.

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Jason: If someone was looking at what we're doing and was gonna go "yeah but"; I think there could be a "yeah but, you know after 8 weeks of people just being in the same space. They're just going to get to know each other anyway...

(Ruth and Janine start shaking their heads.)

Jason: ...and what's happened is just gonna happen regardless."

Ruth: Not this group.

(When Ruth readily says "no", there is universal agreement with her.)

Janine: No.

Jason: No?

Jenny: She's right.

Jason: Well. So, what is it about playing the music, and I guess also more so, is it something that's gonna make it different therapeutically for you as a person, in terms of your own... journey, through dealing with your challenges that you have? And why you want to do therapy anyway? How's this program impacting your therapeutic journey? Outside of just what's happened in the room?

Jenny: I think it's for me, it's added to when those days, when I'm having a really bad day, and I'm distressed, and the illness is just suffocating me, I do have in the back of my mind now, it's probably added to my list of things to do, getting out of stress is: put this music on, or try and find some music that I can listen to, have the earphones on. Because I realise now that music for me is very... different types of music work in different ways now. I get that more. So, it's sort of been added to my list of, you know, if I'm having a panic attack,

breath, but then maybe put some calming music on. That sort of stuff. Or if I'm distressed, and I'm tense, go for a walk and put some music on you know. So, I think it's... pushed its way into my life, to help me look after myself more. I think I'll be better for it. I don't think after 8 weeks, I think if we were a really different group, I don't think I'd be as open as what I am now. It's just, it doesn't, it doesn't. Because it's like for me with borderline is like I only go so far and then I push back. Go so far and push back people. I can be, I'm not the most, bubbly sort of person. Cause to say something... This is like, it's just enriched my life.

Gayle: Yeah, it's not even been one module long in terms of the number of normal weeks. And we would never be at, teasing one another, sort of, quite as comfortable at this stage in any other group. There's still eyeing people off, there's still who's going to be like, being wary of...

Ruth: Who's going to be critical.

Gayle: Yeah, who's going to say something, or who's, you know.

Jason: Does that translate to a benefit outside of just the benefit of being here with each other?

Janine: Yeah because I think on the outside it assumed that everyone is looking at us. "What does that mean? Da da da da da." Whereas, we might actually approach things differently. Rather than straight away get our back up, just sort of sit there and OK, allow our self to just feel what's going on rather than have automatic thoughts about what's going on, for the other person. Like mind reading.

Jason: Right. Ah OK.

Janine: Cause I think probably at the start for this group, I know for a while we would have been doing quite a bit of mind reading.

Ruth: Oh, for sure.

Jason: Yeah, OK.

Ruth: What's everybody else thinking? Why are we in this group? Why did they choose us?

Janine: Yeah.

Jason: Right. OK.

Gayle: And also, to translate out of here it's like, now, at home, I've decided that if they don't like the music that I'm playing, then, bad luck.

(Laughing.)

Gayle: It's like "I like it, it's making me happy, so" (nods her head). I could say it how I would say it.

(Laughing.)

Kay: (Raises her fist.) I am woman!

Gayle: That's it!

Kay: Hear me roar!

(More laughing.)

Christine: I think, you know, a lot of the groups, it's very dry, it's very intense, and it's very tiring. Whereas in this, there's been the freedom. The freedom of the music, the freedom of the art, and fun aspect of that.

Jason: Hmm.

Christine: Which has broken down a lot of barriers much more quickly.

Jason: But does that make it an effective therapy, or does that just make it a fun thing to do?

Christine: No, I mean, if you listened to [Gayle] saying how much she's changed through this you can see that it's had an impact.

Jason: Yeah? What about for you?

Christine: For me? Well, I'm a perfectionist that sits back and watches everybody else to make sure I know exactly what's going on. How you hit that, how you play that. Whereas, I don't have that anymore.

Jason: It's allowed you to let that go a little bit?

Christine: Yeah.

Ruth: Yeah you seemed to be really enjoying yourself today. I saw you with that drum having a really good time.

Christine: Yeah, I was having a good time.

Ruth: Yeah, it was really good.

Christine: And I think that's huge. And that's in 8 weeks that's happened.

Jason: Hmm. OK.

Gayle: And to break down that anxiety that you carry around with you. Even if it's taken down a little notch...

Ruth: Mm.

Gayle: ...it still adds to... feeling a little 'weller'.

Jason: Yeah.

Gayle: Yeah, just that little bit of freedom, and that, I think there will be an amount of that that will help stay. Just not as much anxiety going to a new place, or going somewhere unfamiliar, or, um, you know like...

Ruth: A little bit of self-confidence.

Gayle: Yeah, yeah and just not that sort of anxiety fear.

Jenny: Yeah, and I can feel proud. Proud that I've done the program. I feel like you know, if I remember anything, next week it may go anyway, but this moment in front of me I feel like I can do it, I feel proud that I can relate to everyone else.

Christine: That is a big thing. Just to do this. To be able to sit after 8 weeks and reflect. With the group, with each other.

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Christine: I think you; you hear the discussion also from the first week, we spoke in monosyllables and small sentences whereas now we can...

Jenny: Yeah, and my head was down (looks down and laughs)

Jason: Yeah, you're all talking amongst yourselves really freely now. Whereas before I'd ask a question, get an answer, ask a question... There's much more of that (gestures a back and forth motion) kind of. Yeah, it's great.

Christine: I mean, even you can see the difference. So, you can see that what you've done has made a difference.

Jason: Yeah. But I also know that I've got a tendency to believe that it's doing a really good job.

(Laughing.)

Jason: I need to know from you guys, what you think!

(More laughing.)

Jason: Cause if you ask me. I'll always say that it's great.

Jenny: That's a healthy yes!

Christine: So, you have the same inhibitions as we do.

Ruth: Have you heard what we've been saying?

(More laughing.)

\*\*\*\*\*

Christine: In the first week when you said, "choose an instrument", and everyone went "er" (makes a recoiling gesture).

(Laughing.)

Christine: And everyone's chairs moving back and everyone's looking and then one person would go, and everyone's watching that person.

(Laughing.)

Christine: Whereas this week, it was like...

Jenny: Gimme it.

Christine: Choose an instrument and everyone's gone (gestures reaching forward) like this.

Jason: Yeah.

Christine: You know. And to see, at the end of the first week when we finished the music and everyone's looking at each other...

Jenny: What the hell was that!

Christine: Whereas this week it finished, and everyone's got a smile on their face. You know? We looked at each other for a connection, that we made through the music.

Jason: Hmm.

\*\*\*\*\*

Jason: The standout one for me was that time when um...

Janine: The crescendo.

Jason: Yeah when we...

Gayle: And we kept going.

Jason: sort of softened and we all got back in.

Janine: Yep.

Jason: That was such a landmark for me. It was so exciting you know, to actually be there, and to experience that and to see the drawings. You know when you (directed to Jenny) drew the tree full of monkeys and the streamers, and...

(Laughing.)

Jason: (directed to Miranda) you remember that one?

Miranda nods

Jason: It was really...

Christine: That was, it had a big impact. And I think it was the same day as we did the crescendos.

Jason: I think so.

Kay: It was.

Christine: That crescendo had a huge...

Jason: It opened something up.

Janine: It did.

Christine: It did.

Jason: Yeah. But I felt it was also the timing of it.

Janine: Yeah.

Jason: In terms of the trajectory of the group, we kind of got to a point where it felt like we were a little bit...

Christine: Stuck.

Jason: Yeah, we were a little bit stuck. What was going to happen next? And it just seemed to, you know what's the?

Jenny: Release it

Jason: It just opened up that crack and then...

Ruth: Gave us direction.

Jason: Yeah. So that was just really, great.

Christine: And that's where it's like that light globe moment. Where the light bulb comes out. And I think you got it, but we got it as well.

Jason: Yeah, it felt like everyone got it. Did everyone get it?

(Everyone except for Miranda nods.)

Gayle: It's like being allowed something.

Ruth: Permission.

Gayle: You know, yeah, it was sort of like um...

Christine: And we're all available to come, you know when you do your lectures and play. You know that, don't you?

Jason: Oh, and we can do a live performance?

(Laughing.)

Christine: And we can draw.

Kay: And we can charge won't we [Gayle]?

Jenny: That's right. Premium charge.

(More laughing.)

Gayle: That's it. And the group would like to give you a card...

Jason: Oh beautiful, thank you.

Gayle: You coming, and setting up, and being open to hear our request for the little play at the beginning and the respecting, checking everything with us as you go along. That's really important for us as well, being control freaks.

(Laughing.)

Gayle: But, it just sort of just. Yeah, it's respectful and we appreciate it.

Jason: Thank you very much.

(Clapping.)

Gayle: There's no money in there!

(Laughing.)

Jenny: [Gayle's] opened it already!

(General chat as we pack up.)

**6.1.2 Reflections on the wrap-up discussion.** As the music therapist facilitating the clinical work for this study, I was very happy with the feedback from participants in the wrap-up discussion. Based on what was said above, this was a beneficial group.

Participants freely discussed borderline traits such as:

*Dichotomous self-evaluation*

Jenny: “You see it’s not about ‘right or wrong’, it’s not about glass half full, glass half empty”

*Negative thoughts*

Jenny: “I know that my brain was not going “you’re doing it wrong; you’re doing it right; you should be doing this...””

*Perfectionism*

Christine: “I think it was a chance for us to get over that sort of thing. Being the perfectionist that we are all the time.”

*Mood regulation*

Jenny: “I used to be ‘that way’, or ‘that way’. So, I’m either good, or I’m in a foul mood. So, there’s been none of that and I think that’s been good for me. Because I realise, I can be stable. I can be in the middle. I can calm myself down.”

*Social anxiety*

Christine: “it makes you know the people and that you’re safe to try those things and to experiment. Not be afraid.”

*Isolation*

Gayle: “And there’s not um, isolation. I think that’s part of what we’ve been doing as well. It’s like sometimes, myself, I know I can feel quite different to the world at large. And I think while we’ve been in here doing this... I didn’t feel that, like I do when I’m at, some other... “

The group participants identified with how group music making challenged those traits; and, in some ways made inroads to addressing them. They also identified benefiting from learning to make music and understanding more about how music can help in everyday life:

Gayle: “I’ve enjoyed learning more about music theory as well. Because it... gave me more appreciation of, when I’m listening to music, a little bit more background and depth to it. And it’s also, because I don’t like much of the music I hear on the radio, music has been a little bit lost to me. Whereas it reminded me of how I actually like music, and I like singing, I just don’t like what’s on the radio.”

Several members expressed pride in relation to becoming competent at music making and competent at relating with others:

Jenny: “Yeah, and I can feel proud. Proud that I’ve done the program. I feel like you know, if I remember anything - next week it may go anyway - but this moment in front of me I feel like I can do it, I feel proud that I can relate to everyone else.”

Christine: “That is a big thing. Just to do this. To be able to sit after 8 weeks and reflect. With the group, with each other.”

From a resource perspective, participants also recounted stories of using music to manage wellbeing effectively at home:

Jenny: “I think it’s for me, it’s added to when those days, when I’m having a really bad day, and I’m distressed, and the illness is just suffocating me, I do have in the back of my mind now, it’s probably added to my list of things to do, getting out of stress is: put this music on, or try and find some music that I can listen to, have the earphones on. Because I realise now that music for me is very... different types of music work in different ways now. I get that more.”

Gayle: Yeah, well I have recently found a channel that plays 40s or 50s or whatever and I love it. And it also reminded me... Like I went out and bought a couple of CDs of artists that I had on cassette tapes. (laughs)

The wrap-up discussion demonstrates how participants were able to articulate various therapeutic outcomes experienced from participating in this group. However, this is not an efficacy study. This is a study of experience, examining how music experiences become meaningful therapeutic experiences. I was particularly interested in understanding more about how music process interacts with therapeutic process. In the wrap-up discussion, process was also discussed. Participants largely agreed that competencies gained in music making developed via group improvisation:

Ruth: “Yeah, we’ve worked as a group. We’ve become more and more cohesive over time as a group. And that wouldn’t have happened if we hadn’t of been working towards it.”

As this occurred, they were able to translate these experiences into personal insight and even experience some change in relational competencies:

Jenny: “It was nice to relate in a way that you knew you were not going to have any condemnation thrown at you. You knew you weren’t going to be judged. You weren’t going to be... “you did that wrong”. It helped to just open up me relating better. And communicating better.”

Powerful relational experiences were also attributed to bonding that occurred in the group:

Christine: “Whereas this week it finished, and everyone’s got a smile on their face. You know? We looked at each other for a connection, that we made through the music.”

As a therapist, I think of the relational process as group process (Tuckman, 1965; Tuckman & Jensen, 1977; Yalom, 2005). Group process theory is integrated into the conceptual framework in Chapter 16 and discussed in detail there. Participants generally agreed that the music making facilitated and accelerated how group process evolved and contributed to therapeutic process:

Christine: “As we got further down, the music became more complex and the artwork became more complex as well. Because of that it seems we were growing as a group. Learning more each week. That we got to know each other. We were less anxious about having a go on the different instruments.”

Also, participants felt working with music and artwork allowed for deeper reflection, non-verbal processing, and communication; thus, contributing to the therapeutic efficacy of the group:

Janine: “Yeah, and I think probably the acceptance of others of the way we play, the way we draw, the way we speak, the music we choose has also helped to increase our own self-confidence. Just by being... to the greater degree accepted. But yeah, nobody’s... I suppose been made to stand out for one reason or another, either positively or negatively. We’re all equals with our own skills and abilities, dreams and hopes and preferred instruments, and whatever else.”

The wrap-up discussion above is not the only source that I have drawn on to examine the clinical experience for this study. I closely examined all eight sessions before settling on describing the process of this group using five perspectives on competency orientation. The five perspectives are:

1. Musical structure
2. Musical language competencies
3. Musical interaction competencies
4. Knowledge and experience of group improvisation
5. Changes in feeling states that accompany group improvisation

From these perspectives, I have developed a conceptual framework to describe change process in terms of competency orientation. Chapter 7 is dedicated to introducing the five perspectives on competency orientation. Chapters 8, 9, 10, 11 and 12 are dedicated to each of the five perspectives, Chapter 13 includes a reflection and discussion of the five perspectives and Chapters 14 - 19 outline the theoretical framework I propose to describe process in terms of competencies. While several of the themes examined in the five perspectives are identified by the participants in the wrap-up discussion above, not all are, and not to the same depth that was evident when looking at process as it evolved over the course of the program. For example, the first perspective, 'musical structure' is a comparative music analysis of the group improvisations over the eight-week program, highlighting changes in music making as evidenced in the musical material captured in the videos. In contrast, the fifth

perspective, 'changes in feeling states that accompany group improvisation' is largely informed by the transcripts of what participants said about music making in the discussions that took place in sessions.

## Chapter 7. Five Perspectives on Competency Orientation

### 7.1 Chapter Introduction

The five perspectives on competency orientation were first introduced in Chapter 6. In this chapter, I will define the term ‘competency orientation’ and describe how I arrived at five perspectives. In Chapter 5 I explained why I have chosen the term ‘perspectives’ rather than themes, as perspectives present the same data with various foci, adding dimensionality and depth to the phenomena being examined. In addition, they are my perspectives on the data, albeit informed with consideration of what all participants did and said in sessions. The five perspectives presented in this way also support the theoretical framework presented in Chapters 14 - 19.

At this point in the thesis, a brief explanation of the term ‘competency orientation’ is required. (Chapter 15 includes a detailed exploration of competence in relation to therapeutic process.) The competency orientation refers to the participants’ attentional orientation; directing mental attention and behaviour in sessions. While the therapeutic aim of this music therapy group was the exploration of relational competencies through group improvisation, it quickly became apparent to me that primary and parallel processes including the acquisition and refinement of competencies related to group music making were evident. For the participants in this study, the task of music making and developing competencies for doing so, was more than just a requirement, or foundation from which to build the therapeutic process on; it was the primary modality from which all therapeutic process was rooted. Therefore, I feel the

data suggests that participants were oriented firstly to musical competency acquisition, and then also to relational competency acquisition.

## **7.2 Arriving at Five Perspectives on Competency Orientation**

While running the sessions I quickly learned from the participants that understanding and developing competencies for the task of music improvisation was of primary importance. In our first session, while discussing beats and tempo, Janine asked me a question about time signatures. She understood, having learned piano when she was at school, that with a time signature such as 4/4, the first number represented four beats, but wasn't sure about the second number. I explained as best I could, considering that most of the participants had no experience with instrument playing and music notation. In the following week (session two) during check-in, I asked if anyone had reflected on the session from week one, hoping someone had an insightful reflection about the interpersonal experience of improvisation. Gayle asked: "Um, I'm having a bit of trouble counting how many beats. I can't remember if you said it was 4/6, or 4/3, or 4... What's the bottom number again?" I was surprised that Gayle was concerned with counting beats, let alone time signatures. She then went on to explain that she was listening to the sound of a neighbour's loud music late one night and found herself trying to figure out the time signature. She also said that normally she would have found the music annoying while trying to sleep, but in this instance, it aroused her curiosity and she did not get angry about it. I was both a little irritated by what seemed to me to be a distraction from the therapeutic purpose of the sessions, and also fascinated that learning some music theory assisted Gayle in such an unpredictable way. As it turned

out, this was not an unusual question in the early stages of the group, as participants were focused on the task of music making, or musical competencies, more than relational competencies. I learned quickly that therapeutic process for this group involved a musical process that included musical competency development.

Many iterations of video analysis affirmed my impression from conducting the clinical work. The participants' perspective of musical competencies appeared central to the therapeutic process. Analysis of the meaning making process of participants over the eight weeks as described in detail in Chapter 6, suggested to me that the therapeutic task of exploring relational competence centred around the exploration of emotional and interpersonal responses to the musical task of group improvisation. Over time, the growth and acceptance of one's capacity to express themselves musically allowed for more complex, intersubjective features of group improvisation that included group awareness and interaction in music making to enter the discussion.

As demonstrated in the example above, during the first few sessions, participants were concerned with personal music making skills such as how to play the instruments, understanding musical language and concepts, keeping time, playing at an appropriate volume and confronting self-talk about making mistakes. How they felt about themselves in the music making, and the change in this self-concept about competencies continued throughout the eight-week program. Building on personal music competencies, participants described and demonstrated intersubjective features of connection and relationship in group music making such as adjusting dynamics, participating in musical conversations, making decisions about rhythmic synchronisation, hearing oneself in the context of the group sound, and addressing self-criticism about how others may perceive one's musical contributions. These multiple

layers of musical competencies facilitated the exploration of generalised relational competencies such as managing anxiety, forming relationships with others, tolerance, interest in interacting with others, and believing in one's value as a group member.

My understanding of competence builds on established music therapy theory related to improvisation (Bruscia, 1987; Nordoff & Robbins, 1977, 2007; Wigram, 2003) that generally identify competencies such as shared beat making as a contact point, a foundation from which a therapeutic relationship is built. However, upon returning to the literature, I found these descriptions of improvisation, rooted in the early formulation of improvisation by Nordoff-Robbins (1977) did not adequately describe the participant experience in this thesis. The participants in this study maintained an ongoing competency orientation throughout the program. The relevance of self-concepts such as self-efficacy, and self-adequacy in relation to competence was evident from the video analysis, yet absent in the literature. Even at the conclusion of the clinical program, participants described therapeutic process in terms of the self-concept of musical competencies. This was evident in Christine's comment: "Well it sounded quite professional today. It sounded like something that you could actually buy."

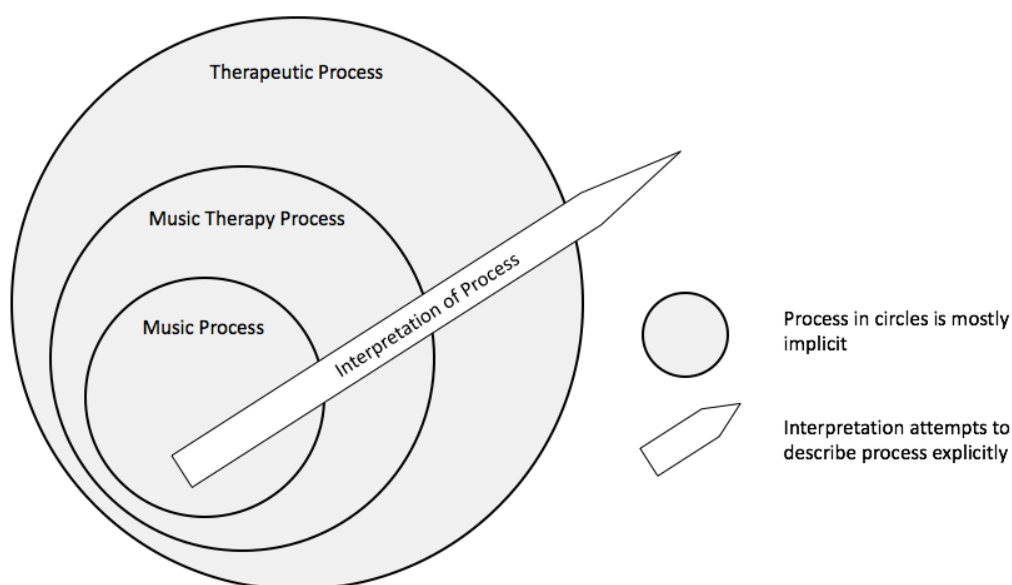
As a therapist working in the field of mental health, I appreciate that one could pathologise the participant's desire for musical competence, linking it to traits often associated with BPD such as perfectionism and dichotomous thinking. However, it also seemed reasonable to me to assume that anyone who is new to the experience of group improvisation would want to feel musically competent if they were tasked with the exploration of intersubjective musical experiences created in group improvisation. Music therapists are expected to have high levels of competence in improvisation

developed through years of training and experience in order to work effectively with participants (Carroll & Lefebvre, 2013; Pavlicevic, 1997; Wigram, 2003); yet, it appears the music therapy literature does not adequately describe the importance of competence for participants when improvising. While music therapists are trained to use activities such as warm-ups to allow participants to become familiar with music making, it is evident that familiarity and confidence (competence) was more than a pre-requisite process of preparation for participants such as those in this study. My findings detailed in Chapters 8 - 13 examine the role of competence as it relates to the therapeutic process in group music therapy.

### **7.3 ‘Competency’**

Before going further, it is important to address the question: Why use the term ‘competency’? I will begin answering by acknowledging that this is not a perfect term, and this phenomenon may be explained just as well, or better by another researcher using another frame. Yet, when taking on the task of describing a non-verbal phenomenon such as music in words, one is inevitably forced to decide on terms; as imperfect as they are. Further, it has been demonstrated that description cannot take place without interpretation, and interpretation requires the inclusion of theory (Geertz, 1973; Jackson, 1996). (A more detailed discussion of description and interpretation is contained in the Chapter 4; therefore, it will not be repeated here.) When deciding on terms, some form of theoretical frame must be decided upon. As depicted in Figure 13, the interpretation of implicit phenomena as it relates to musical and therapeutic contexts requires finding words that best describe the process. In this figure, the process is depicted as a line of interpretation that traverses a range of abstracted conceptual

domains from a therapeutic practice. These abstracted conceptual domains include music process, music therapy process, therapeutic process, and beyond. Finding words and theories to adequately describe this line is inevitably going to be incomplete and problematic. However, recognising the problems should not lead to abandoning the task. It must be attempted. For me, over the period of the study, I have found the self-concept of competence, which I am referring to as the client's competency orientation facilitates the communication of the phenomena examined in this study.



*Figure 13.* Translating implicit process into explicit interpretation.

I was drawn to the term competence from Rolvsjord's (2010) description of therapeutic principles when working from a resource orientation. The principle "Recognising the client's competence related to her or his therapeutic process" asks the music therapist to consider the strengths, potentials and resources available to the client. My interpretation of this principle includes attempting to understand why the client

comes to therapy, and what they think and feel about what is done in music therapy; including, but not limited to, the use of music. From this perspective, recognising the client's competence is not solely reliant on the therapist's observation of the client. Instead it privileges the client's self-concept of their competence. In this thesis, honouring the participant's<sup>5</sup> perspective (process of meaning making) in this way gives the therapy an ethnographic orientation.

In this study, competence means skills and/or capacities to a satisfactory, or adequate degree. Competence does not mean a high degree of skill. It is not limited to the therapist's observation of the participant. It is oriented to the participant's self-concept of their competence related to their therapeutic process.

I feel the term 'competence' works particularly well for the task of describing process as it unfolds through music, therapy, and into everyday life. This is because linguistically, the term 'competence' bridges the musical and relational phenomena being explored by providing a consistent term that functions across a broad semantic frame utilising more specific elements such as 'musical' and 'relational'. By using the term competence, I am able to work through musical and therapeutic processes with similarly meaningful language. Competence is also an accessible term. It allows for the frame to be explained to music therapists, other health professionals, and psychologically minded participants in music therapy groups such as in this study. Further, when describing process using competencies, I am able to scale competencies

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<sup>5</sup> I am using the term participant, rather than Rolvsjord's term client.

into broad categories such as ‘relational competencies’ or break them down into specific elements such as ‘listening’.

A follow-up question which must also be addressed is: Why not use an existing frame from the music therapy literature? There are several useful and relevant frames in music therapy that appear to be suitable to the context of group improvisation and relational competencies. Communicative musicality, affordance and appropriation of music as a resource, or ‘musicking’ could be used to describe and interpret aspects of the therapeutic process; yet, none individually describe the therapeutic process in full. For example, in music therapy theory, communicative musicality (Malloch & Trevarthen, 2009a) is widely referenced. One may question the need to draw on relational competence when communicative musicality has already staked a claim on theory in this context. However, I argue that it is important to consider relational concepts rather than communicative concepts. While communication is relational, relational processes (such as interest in others) are not always communicative. From this perspective, a relational focus has more relevance. Further, communicative musicality, musicking, and affordance and appropriation of music as a resource are music specific concepts. Yet music therapy includes translation of process from musical to non-musical domains. Considering competencies as they range from musical to relational domains facilitates the transfer from music process to general therapeutic process and into everyday life.

## 7.4 Introduction to the Five Perspectives on Competency Orientation

Chapters 8 - 12 draw on the video annotations and process analysis (see Chapter 5) to explicate the meaning making processes of the participants in this study. The descriptions of sessions are organised using five perspectives informed by Vygotsky's (1980) conceptualising of learning that suggests interpsychological learning leads to intrapsychological learning. Table 3 presents the five perspectives. They begin with a broad perspective on the group as a whole by examining the changing structure of improvisations over the eight-week program. Next, descriptions of how participants oriented toward competencies in their individual use of music making as a means of expression. This perspective is described as musical language<sup>6</sup>. The next perspective includes how musical language is used between participants in the group using the heading of musical interaction. These first three perspectives describe interpsychological processes related to how participants interacted with their immediate environment, including the instruments and sounds they created, and the other people who share the environment with them. These processes were social and cultural, and the learning was reciprocal.

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<sup>6</sup> In this thesis, 'musical language' refers to the development of ways of expressing oneself musically, not verbally. The word 'language' in this context is used in the same way as it is used in the term 'body language'.

Table 3. Five perspectives on competency orientation

<b>Five Perspectives on Competency Orientation</b>	
Perspective 1: Musical structure	
	Comparative analysis of improvisation over the 8-week program
Perspective 2: Musical language competencies	
	Individual use of music making as a means of expression
Perspective 3: Musical interaction competencies	
	How musical language is used between participants in the group
Perspective 4: Knowledge and experience of group improvisation	
	How participants develop a conceptual framework of improvisation
Perspective 5: Changes in feeling states that accompany group improvisation	
	Emotional and other changing brain states present during improvisation

The last two perspectives describe intrapsychological process related to competencies that takes place within the individual. The knowledge and experience perspective describes how participants develop a conceptual framework of what improvisation is, including refining perceptual and cognitive domains that contribute to hearing, interpreting and responding to music. The final perspective describes changes in feeling states that accompany improvisation including emotion and other changing brain states present while participation in the program. Various emotions and evaluations accompanied competency development in ways that helped and hindered the process. They were changing and important because one's feeling state at a given point in time attributed to both music and therapeutic process. The relationship between emotion and competence is closely related to the concept of 'flow' (Csikszentmihalyi,

1997) that suggests one must have adequate skills to enjoy the task at hand. For participants in this study, one's self-concept of their skills was also important and related to emotions. Therefore, the balance between observable competencies and the self-concept of competency seemed to be important. What participants said and did in sessions provided some clues to their intrapsychological process.

The results explicate my interpretation of how participants' musical competencies developed over the eight weeks. These competencies include changes in participant capacities and understandings of music making. The five perspectives described below are not definitive or exhaustive; yet, I feel they explain the phenomena in an organised and considered way. These perspectives view the same phenomena with various foci, examining changes in the music making aimed towards understanding the meaning making process of group members in this clinical context. I feel retelling the stories from multiple perspectives has allowed meaningful descriptions to emerge from the rich and complex phenomena (Bakhtin, 1981; Geertz, 1973) captured in the videos of these sessions. These results explicate my impression of how the repeated process of music making and the development of music making competencies led to growth and development of thinking and feeling competencies relevant to musical and relational process.

## Chapter 8. Perspective 1: Musical Structure

This chapter describes and discusses the first perspective, musical structure. This first perspective is different from the other four perspectives that follow. It is a comparative analysis of the musical material made during improvisations across the eight sessions. In contrast to the remaining four perspectives, this chapter does not examine individual group members and does not include what was said about the music. I felt this was an important part of my thesis as my experience of being in the program alerted me to changes in the way music was made by the group. I felt examining what changed musically would help me to understand how changes in music making related to therapeutic process while also providing some materials to refer to when looking more closely at transcriptions of dialogue in the remaining chapters. This comparative musical analysis is directly relevant to my secondary research question: How do musical and therapeutic processes interact in group music therapy aimed at relational insights? I have used the title ‘musical structure’ for this perspective as it examines specific musical elements and how they fit together. The process of musical analysis was described in Chapters 4 and 5, drawing on methodologies from music therapy, musicology and ethnomusicology.

Features of musical structure that provide some insight into the musical process of this group were related to the scope, range and changeability of musical elements within an improvisation. Earlier improvisations appeared to be constructed by elements that were contained within a limited range. In comparison, later improvisations included a broader range of elements and increased variation within a similar overall timeframe. I

will demonstrate this in the remainder of this chapter by graphing each improvisation and also presenting some comparison data for the program. The chapters that follow elaborate on the personal change process that contributed to the changes in music structure.

The musical elements that I analysed included tempo, pulse groupings, dynamics, time periods, and structural units. My interpretation of structural units was based on Bruscia's Improvisation Assessment Profiles (IAPs) (1987) using his concept of "thematic sections", defined as "structural changes that are pervasive in their effect on the overall character of the music" (p. 419). These musical elements were used to analyse the group sound (not individual players) and chosen as they suited comparison of the salient features of the improvisations (Bruscia, 1987). When describing tempo, I included 'atempo' when there was no discernible tempo due to players shaking instruments or playing tremolo sounds, and 'polytempi' when there was more than one tempo played at the same time. When tempo existed, I measured it in beats per minute (bpm). Pulse groupings were based on repeated patterns. At times there was no discernible pulse grouping, and also at times it was mixed or varied. Dynamics were considered as the group volume, and time periods were measured in minutes and seconds.

The session descriptions that follow focus on a graph of the improvisation for each session. The data represented in each graph includes the time to scale of each structural unit (in black), the dynamics of each structural unit (in blue), the tempo of each unit in bpm (in green) and structural unit labels (in orange). Each improvisation began with silence represented by the first discrete period of time in the graph. The silent period is not a structural unit and does not include dynamic or tempo data. During

periods when there was polytempi, or the tempo was indistinct, the green line is replaced by a band to indicate a range of tempi during that time period. By presenting the data for each session in this format, it is evident that improvisation became more dynamic and complex over the program. In the narrative description I also include the changing features of the improvisation that signified the division of the structural units. In the earlier sessions, transition between structural units was related to timbral changes as participants changed instrument, and also to alignment and misalignment in tempo. In later session, other features of transition became evident such as rhythmic synchronisation and stylistic variation which felt more expressive and intentional. Following the session representations, some comparative data will be discussed.

## 8.1 Session Data

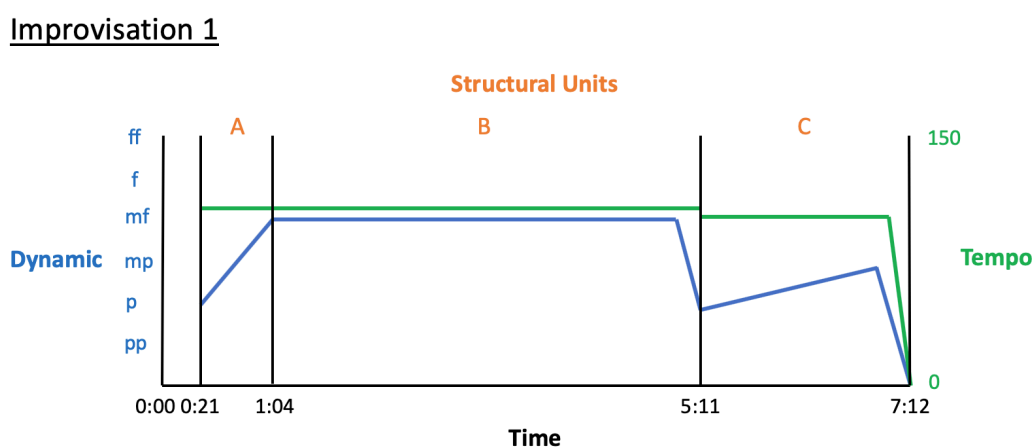


Figure 14. Representation of the improvisation from session 1.

**Session 1** – Figure 14 represents the first improvisation which lasted for 7:12. The tempo was fairly consistent for the entire improvisation ranging from 122-126bpm due in part to my playing a simple, grounding beat to encourage others to participate. The dynamic range during the improvisation was between piano (p) and mezzo forte (mf). The trajectory of the dynamics was  $p - mf - p - mp - \text{silence}$  at the end, and while the form seemed to have three structural units, they were only separated by variation in rhythmic cohesion/stability. The transition from unit A to unit B was marked by reaching a consistent rhythmic and dynamic feel for the group. The transition to the final unit was marked by a dynamic drop and hesitant playing. After a slight increase in dynamic, the ending was a response to some players becoming quieter, then everyone followed suit and the improvisation was over.

### Improvisation 2

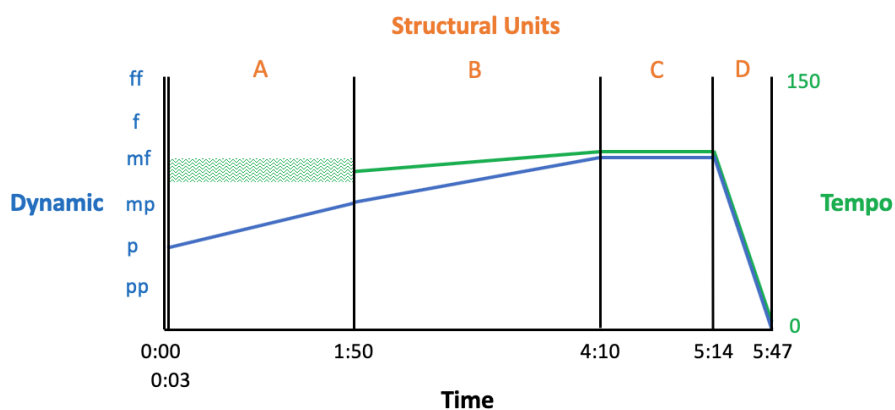


Figure 15. Representation of the improvisation from session 2.

**Session 2** – Figure 15 represents the improvisation from session 2 which went for 5:47. The volume varied by three gradients, following the trajectory of  $p - mp - mf -$

*silence* at the end. The tempo was mostly around 95bpm, though some players played at different tempos at the same time during structural unit A, creating a polytempo feel. Dynamics within phrases were flat and limited over the larger form of the improvisation which is represented by a simple rise and fall dynamic shape of the blue line shape over the whole improvisation in Figure 19. The transition between structural units was marked by instrumental changes. The first was when Jenny swapped to the woodblock and played at a contrasting tempo to the group sound marking the transition from unit A-B. The second when Janine played black notes and Ruth rubbed the hand cymbals together transitioning from unit B-C. Then the sound of Ruth's finger cymbals, plus the equally sudden absence of the sleigh bells marked the transition from unit C-D and the ending itself soon after.

### Improvisation 3

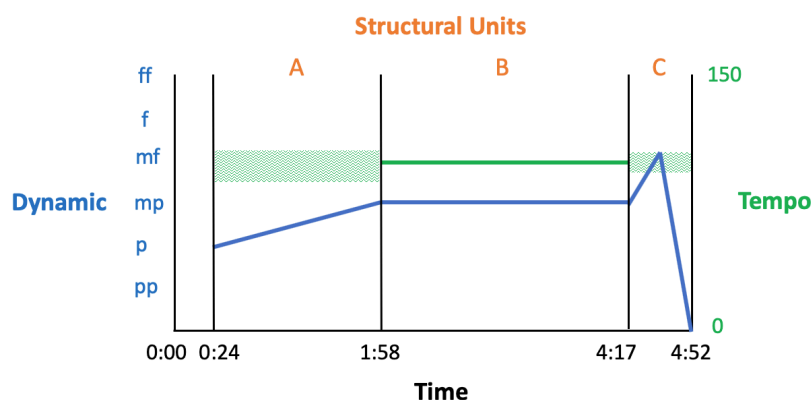


Figure 16. Representation of the improvisation from session 3.

**Session 3** – Figure 16 represents the improvisation from session 3 which went for 4:52. The volume varied by three gradients, as the previous two also did. The shape

of both the tempo and dynamic lines are also very similar over the first three improvisations. The trajectory of the improvisation followed *p – mp – mf – silence* at the end. The tempo varied between 80-110bpm including periods of polytempi at the start and end. There were only three structural units in this improvisation, and it was the shortest in overall time. Both unit transitions seemed to be led by myself. The first, by my attempt to create a unifying pulse, and the second by my playing a tremolo.

I felt that this improvisation signified an awareness of rhythmic synchronisation, and the difficulties the group was experiencing to play in time together. I feel the quick ending after the crescendo is also indicative of feeling unsure and exposed. These feelings about musical competence are explored in more detail in the remaining 4 perspectives, including comments made by participants about their own playing and the group sound.

#### Improvisation 4

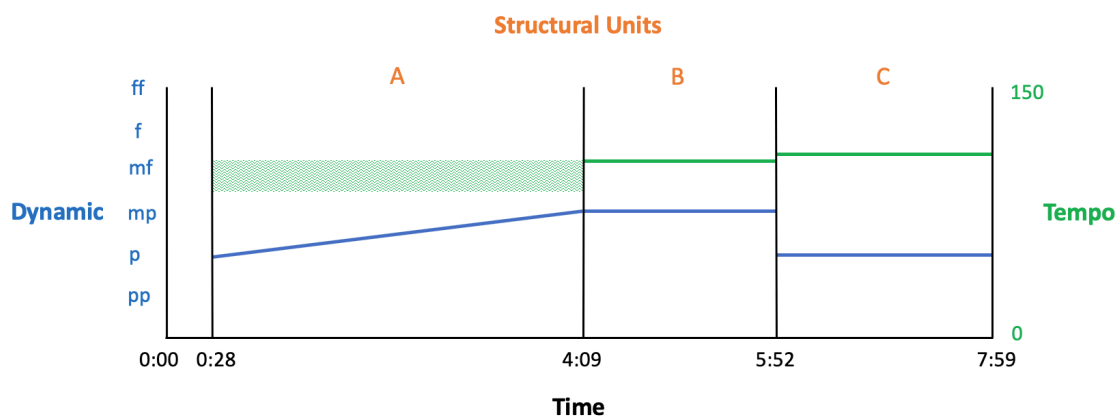


Figure 17. Representation of the improvisation from session 4.

**Session 4** - Figure 17 represents the improvisation from session 4 which went for 7:56. This was the longest improvisation so far a marked increase from the

previous week. The volume varied by only two gradients following a simple trajectory of  $p - mp - p$ . There was polytempi before rhythmic synchronisation, as with all improvisations up to this point, and also for the remainder of the program. The tempo varied between 82-108bpm and there were three structural units. The two unit transitions were related to rhythmic alignment and misalignment. Participants seemed to listen and synchronise well, yet variations in pulse groupings at times disrupted alignment. These rhythmic misalignments were followed by dynamic drops suggesting to me an awareness of the misalignment. However, in this improvisation, participants continued to play through the long quiet period in the final structural unit. In the previous three weeks, a drop in dynamic signified the end shortly afterwards. This week, participants continued playing for two minutes at piano. I feel this signified some comfort within the group.

### Improvisation 5

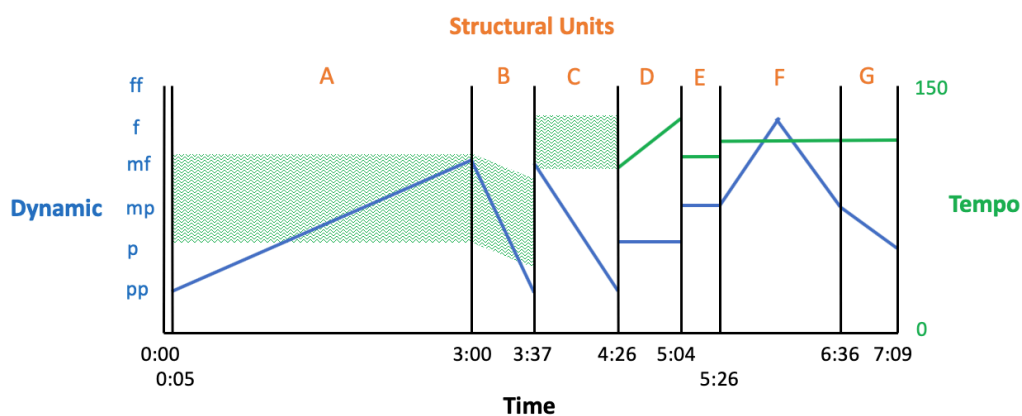


Figure 18. Representation of the improvisation from session 5.

**Session 5** – There was a marked difference in the session 5 improvisation as depicted in Figure 18. While this improvisation went for 7:09, a little shorter than

session 4, there was much more variation in the musical structure as evident both the dynamic and tempo lines. The volume varied by five gradients, an increase in range of two dynamic markings, including forte for the first time in the program. The dynamic trajectory was indicative of contrast and variation following *pp - mf - pp - mf - pp - p - mp - f - mp - p*. There was polytempi before rhythmic synchronisation. The tempo varied between 120-140bpm and there were seven structural units, three more than the maximum so far in the program. The six unit transitions were related to dynamic changes and rhythmic synchronisation. There were several instances of players stopping and starting again which had not occurred in previous improvisations. Building on the playing at piano in the previous week, this improvisation in session 5 was the first instance of the group continuing after dropping to pianissimo and feeling like the improvisation was concluding – the transition from unit C to D. It also included a period when all players were rhythmically synchronised and was the loudest that the group had played before – unit F. I feel all of the ‘firsts’ evident in the musical analysis of this improvisation are relevant to changes in the musical and relational competencies of the participants in the program. That discussion is beyond this chapter yet explored in detail in Chapters 9 - 12.

## Improvisation 6

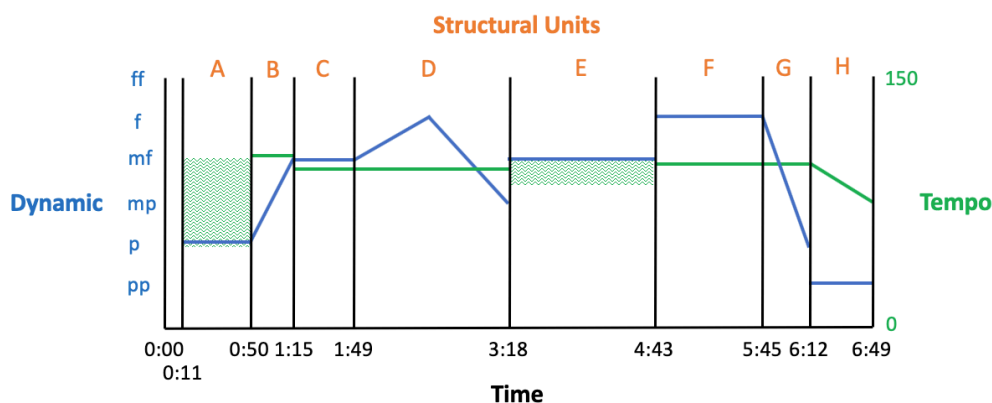


Figure 19. Representation of the improvisation from session 6.

**Session 6** – Figure 19 represents the improvisation from session 6 which went for 6:49. The volume varied by five gradients, following the trajectory *p - mf - f - mp - mf - f - p - pp*. Aside from the periods of polytempo, the group maintained a strong sense of rhythmic alignment. My notes indicated that I felt I was not required to clearly mark time in this improvisation as I often had in previous weeks. The group seemed to have developed the competencies to adjust to each other's pulse. The tempo varied between 72-106bpm and there were eight structural units. The seven unit transitions were related to dynamics, texture and rhythmic synchronisation.

To me, when watching the video, this improvisation appeared to be more expressive than previous improvisations. The mood change within the improvisation, and all participants seemed to have more presence and individuality. Yet, a group sound was also evident. I feel there was a relationship between this more expressive and present style of playing the increased scope of the improvisation.

## Improvisation 7

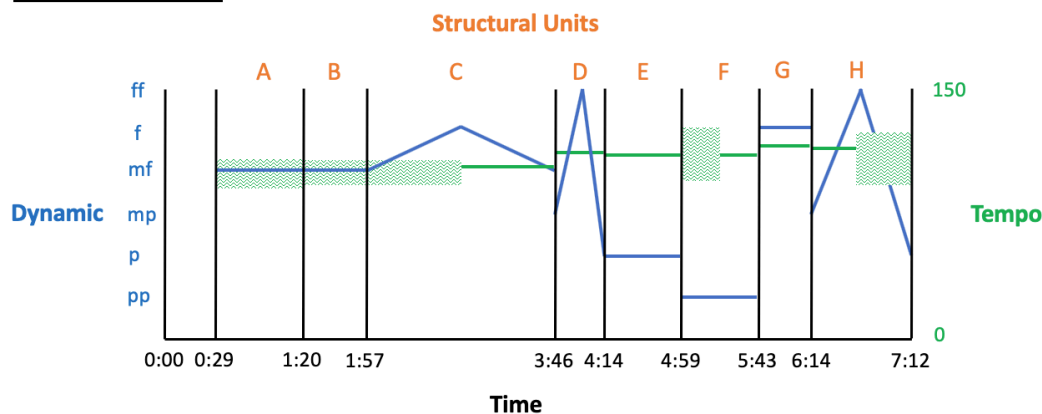


Figure 20. Representation of the improvisation from session 7.

**Session 7** - Figure 20 represents the improvisation from session 7 which went for 7:12. This penultimate improvisation contained the most variation within the musical structure. The volume varied by six gradients following the trajectory  $mf-f-mf-mp-ff-p-pp-f-mp-ff-p$ . The tempo varied between 94-122bpm and there were eight structural units. The seven unit transitions were related to stylistic features, dynamics, texture and rhythmic synchronisation.

The group appeared to be continuing in a similar manner to the previous two sessions, playing with more scope and expression within the improvisation. This appeared to be due to the combination of experience and familiarity with the process, competencies in playing and interacting musically, plus less negative emotionality which I feel allowed participants to listen and attune more easily than in the early sessions. The impact of emotionality explored in Chapters 12 and 19.

## Improvisation 8

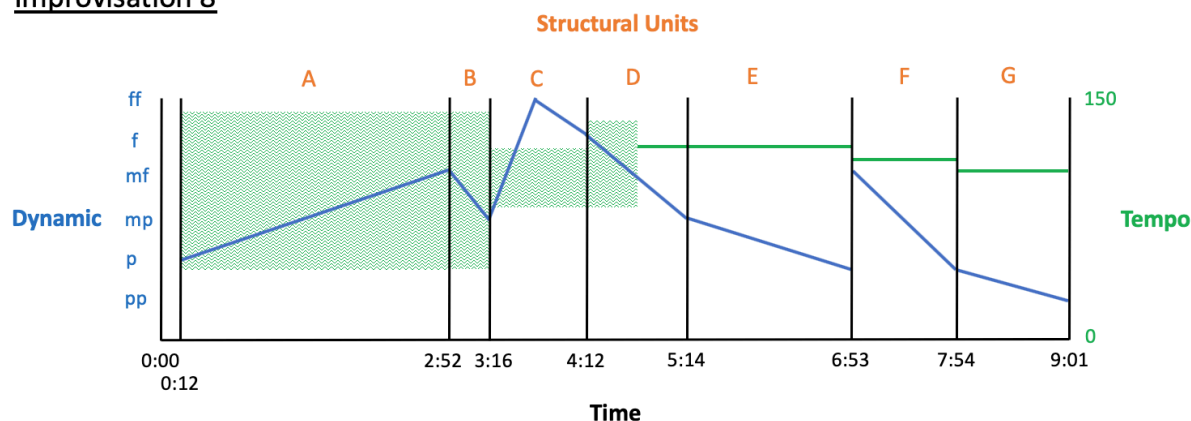


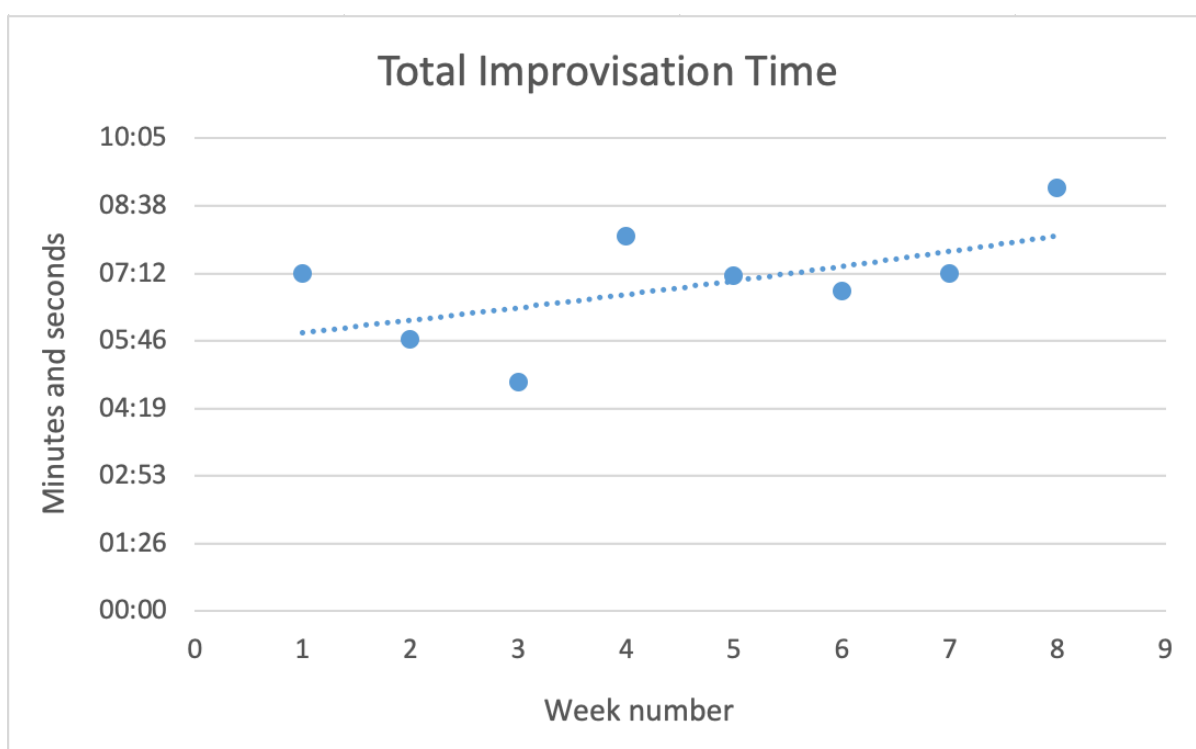
Figure 21. Representation of the improvisation from session 8.

**Session 8** - Figure 21 represents the improvisation from session 8 which went for 8:52. The volume varied by six gradients following the trajectory  $p - mf - mp - ff - f - mp - p - mf - p - pp$ . The polytempi that exists for half of this improvisation did not seem to be creating any tension. Players appeared to be comfortable with the mixture of rhythms and textures. The increase dynamic during this period of polytempi suggests to me that participants had become accustomed to this aspect of the group sound. The tempo varied between 60-142bpm and there were eight structural units. The seven unit transitions were related to stylistic features, tempo changes, dynamics, texture and rhythmic synchronisation.

Gayle described the improvisation as subdued and peaceful. Also, she thought it was less random, less “higgledy-piggledy”. I interpret Gayle’s reflection as an experience of musical cohesion, even though there was complexity in the mix of tempi and textures. This final improvisation demonstrated how competencies developed for this group. There was appropriate emotional expression in the music, rather than

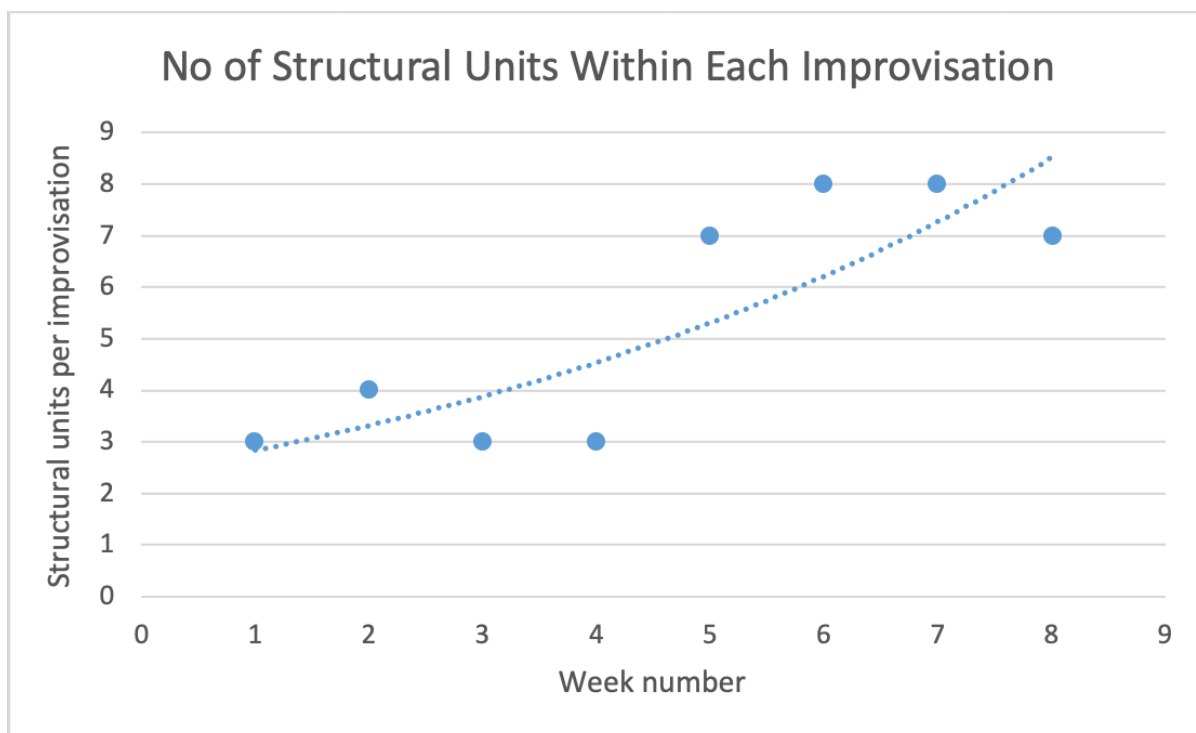
unregulated emotion held and expressed verbally as dichotomous evaluations of oneself and the group. Participants seemed comfortable with periods when the group was not in rhythmic accord and worked toward periods when synchrony was evident. I feel that tolerating the dynamics of connection, disconnection and reconnection were important therapeutically. This process is explored in more detail in Chapters 12, 17 and 19.

## 8.2 Comparison



*Figure 22.* Total time of improvisations over eight weeks.

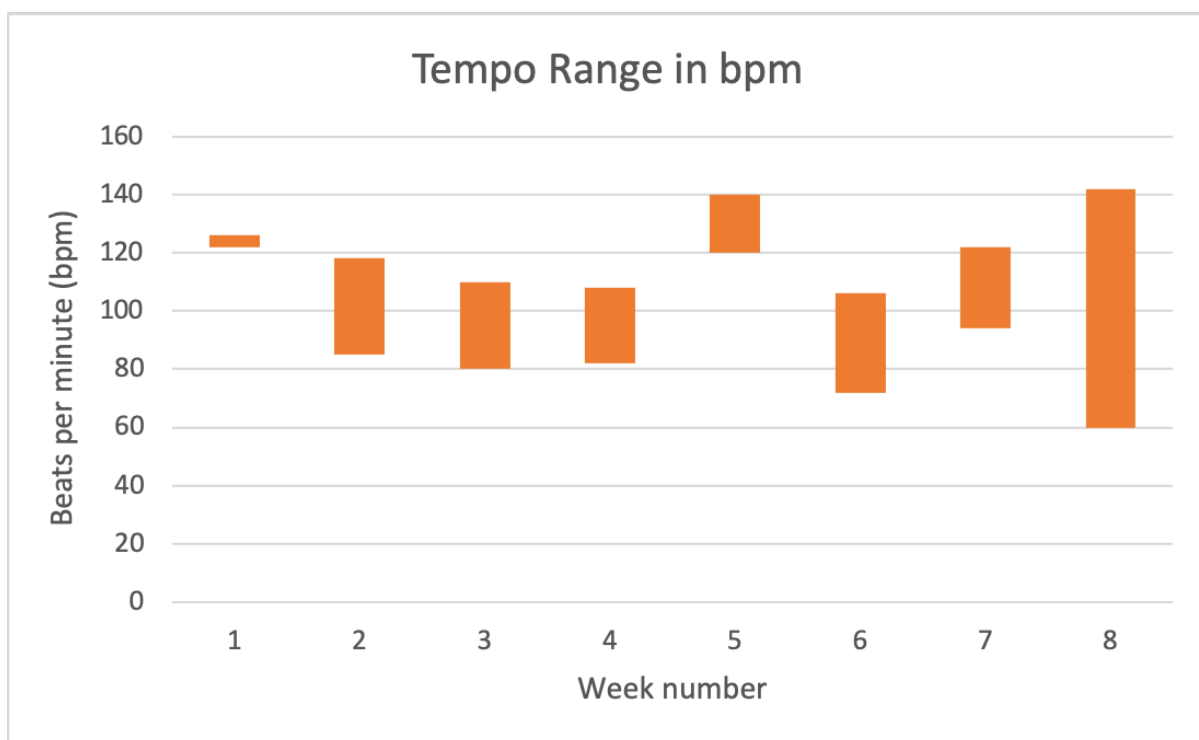
Graphing the structural elements over the program suggested some features were more revealing than others. Figure 22 graphs total improvisation time for all eight improvisations, suggesting that there was a slight increase over the eight sessions, though it was not a strong trend.



*Figure 23.* Number of structural units contained within each improvisation over eight weeks.

What appears to be more revealing than overall improvisation time was the number of structural units within the timeframe. Figure 23 graphs the number of structural units contained within each improvisation over the eight-week program. As depicted in the session graphs in Figures 14-21 above there is a distinction between the first four sessions and the final four sessions. The trend line in Figure 23 plots this change from three to eight units over eight weeks. However, as the plot suggests this change was not smooth, there was a distinct jump from session 4 to session 5. I feel this is not easily understood by examining the statistical data alone. There were musical and relational competency changes for participants in the group that coincided to facilitate a

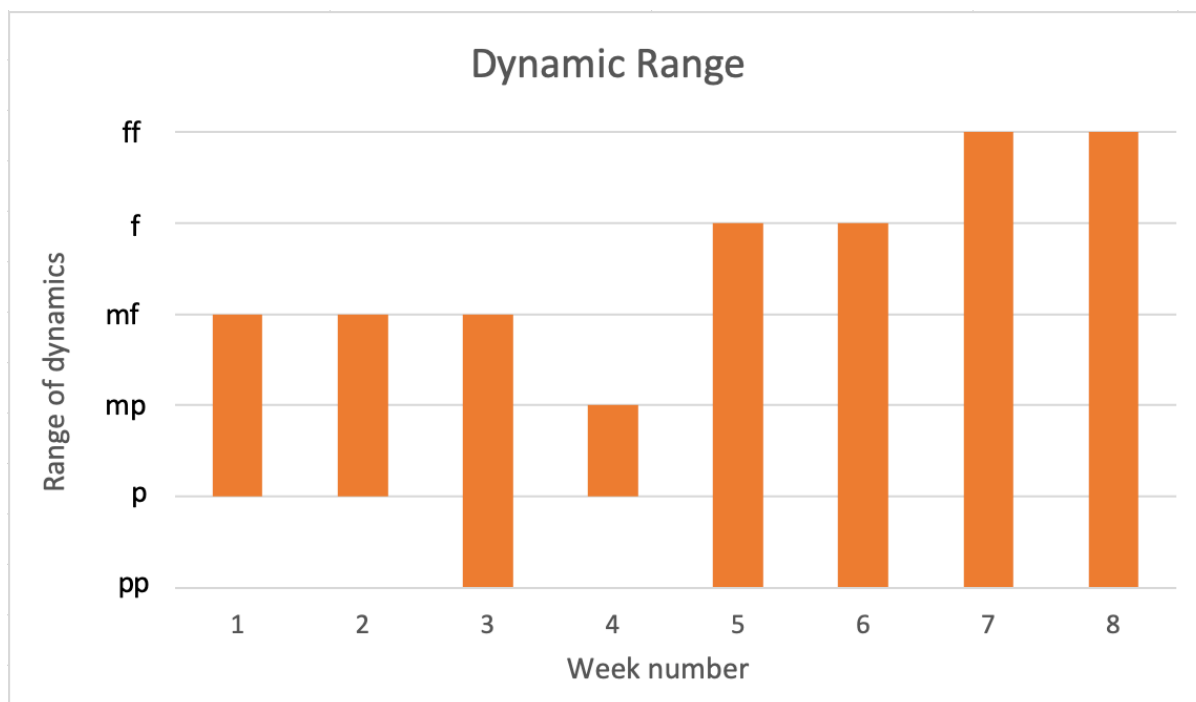
rupture and repair process which I feel explained this change in musical structure. That is captured descriptively in Chapters 9 – 12, and then Chapters 17 and 19 examines this change process from a theoretical standpoint.



*Figure 24.* Tempo range within each improvisation over eight weeks.

Figure 24 graphs the range of tempo measured in bpm over all eight sessions showing some increase over the sessions, though it is not a strong trend. A difficulty I experienced when tracking tempo was measuring periods of double time or half time. When this occurred, I kept the tempo marking the same. While there seems to be some evidence of a trend in the graph, there were limitations to the data collection which I

feel impacted the reliability of the tempo data set. It is also likely that tempo is a relatively benign feature of improvisation when examining change over the program.



*Figure 25.* Dynamic range within each improvisation over eight weeks.

Tracking dynamic range was simpler than tempo it is not complicated by beat subdivisions. There appears to be an increase both in loudness and range over the program. Figure 25 depicts a consistent trend over the eight weeks as dynamic range increased. Session four is an exception with the tightest range of all improvisations. In early sessions, participants had difficulty with both loud and soft sounds. Loud sounds were experienced as intrusive, while soft sounds exposed players leading to the conclusion of the improvisation. These changes are explored as perspective 5 as changes in feeling states that accompany improvisation found in Chapter 12.

The figures above suggest that music making changed over the program and that there was some directionality, or trend to the changes. Particularly structural units (Figure 23) and dynamic range (Figure 25). The changes do not appear to be random, and therefore, suggests competencies in relation to music making changed. I feel the structural changes evident in the analysis arose as a result of changing participant musical competencies as described in Chapters 9 - 12 and summarised in Chapter 13. My role in the group sound is considered in the analysis and changed alongside the participants' roles in the improvisations. Throughout the program I tried to model interactive, communicative playing. At times, the group was reliant on myself for musical grounding, though I did not want participants to think of me as the musical leader. My role in the music making was discussed in sessions, as were the roles of all group members, allowing me the opportunity to suggest a collaborative approach to improvisation, which I feel the participants adopted over time. However, the process was heavily reliant on musical competency development. The role of musical competencies and how they are related to the therapeutic aim of exploring relational competencies are explored further in the remainder of this thesis.

## Chapter 9. Perspective 2: Musical Language Competencies

The musical language perspective refers to a competency orientation that was derived from what participants said about their expressive playing and my observations of participants' individual musical expression. This is a complex phenomenon as it includes changes in observable competencies and how participants think and feel about their competencies. I have treated this phenomenon as one of the five perspectives as I feel each participant had to deal with their personal musical language competencies as a precursor to interacting with others musically. The video analysis suggested that for all of the program, though more so in the earlier sessions, participants were oriented towards their musical language competencies. There is considerable overlap between this perspective and the following perspective, musical interaction competencies (Chapter 10), yet I feel they are worth exploring separately. The distinction is similar to instrumental skills (learning to play an instrument) and ensemble skills (learning to play that instrument in a band). However, it is not as easily delineated as the personal and interpersonal musical competency processes occurred simultaneously within the same context.

My analysis suggests that the musical language orientation changed over the eight sessions examined in this study. These changes are evidenced in the session by session descriptions below in Section 9.1 of this chapter. The main observations include gaining competence at playing with a consistent pulse, becoming more expressive, gaining comfort with positioning one's playing in a distinct way, increasing musical

vocabulary, increasing phrase length, learning how to use the instruments, changes in one's awareness of musical language competencies.

### 9.1 Musical Language Extracts



Figure 26. Transcription of rhythmic pattern from session 1.

**Session 1.** In this first improvisation, participants used a limited range of musical vocabulary. For most this seemed to be due to both inexperience and caution. Repetition was used heavily. Rhythm and phrasing were simple and lacked variation, made up of predominantly simple crotchet patterns as depicted in Figure 26. As identified in Chapter 8 (see Figure 14), dynamic range was limited over the entire improvisation and individually very limited when considering both the larger form and individual phrases. While rhythmic synchronisation was also limited, participants made use of textural playing in a way that matched the group sound. Possibly texture and dynamic were the most accessible musical language elements in this session. Most participants positioned themselves in an indistinct way yet could be heard. The use of pulse varied, though I feel that was due to a lack of rhythmic competency rather than intentionally varying the pulse. Some participants played with a clear pulse, while for others, a pulse was less obvious. This was evidenced by the varied space between repeated cells, an elastic pulse within a phrase, and drift of pulse between participants.



*Figure 27.* Transcription of Janine's phrase from session 2.

**Session 2.** There was more exploration in the second improvisation; yet, there did not seem to be much expression. As in the first session, a mix of one bar and two bar phrases were used in the improvisation. Repetition, dynamics and textural playing were similar to session one. Carolyn played the same rhythm as the previous week (see Figure 26) possibly an indication of limited musical language to draw on. For some, pulse was elastic and drifted, possibly interfering with being able to develop musical interaction competencies (see Chapter 10). For example, Christine (playing the bass metallophone) began in a way that seemed to mirror the glockenspiel, yet quickly drifted away from the pulse. She then played with an elastic tempo. Gayle (playing the log drum) also played with an elastic tempo. It seemed the space between phrases did not adhere to the pulse within the phrase. Instead the pauses varied in length, not linked to another feature of the group sound. The way pulse varied, even when repetition was used, gave me the impression that rhythmic connection between players was often coincidental rather than intentional. As an exception, one player, Janine, appeared to play with a stronger internal pulse and was also synchronising with the group pulse. She had musical training when she was a child, which I assume provided her with an accessible skill set in this context. She seemed to more readily interact with others in the improvisation using sequences in her phrases and matched the rhythm of others easily. For example, Janine played a confident three crotchet note pattern over two bars as

depicted in Figure 27. Miranda quietly positioned herself under the group sound for the whole improvisation, and at times didn't play.

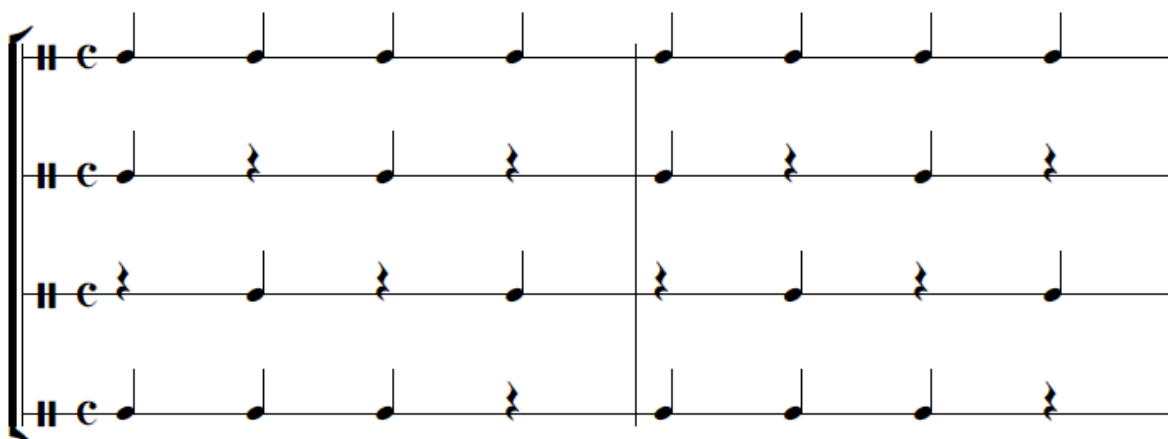
**Session 3.** I could hear some connection between players in the improvisation from session three, evident in the music making and supported by the discussion that followed. Yet, the main inhibitor of interaction was competent use of musical language, particularly related to using consistent tempos and beat groupings. This highlighted the relationship between musical language and musical interaction. The intrapersonal musical process was inhibiting the interpersonal musical process. At times phrasing lacked predictability for many players, particularly the space between phrases. However, once group pulse and beat grouping were clear and predictable, phrases seemed to become more musically accessible. The shared pulse suggested to me that some players were developing internal rhythmic competencies. Carolyn also described thinking about rhythm while listening to music at home during the check-in. Players still appeared to be exploring how to play, swapping instruments, and even learning how to hold them. Jenny and Janine positioned themselves in a more musically distinct way, while other players were very soft and sat beneath the group dynamic.

During the artwork discussion, Gayle described that at times it was a bit difficult to play the way she wanted to. She uses the word "clanger" to describe playing something that did not fit. This suggested to me that she was somewhat limited by her concerns about her competence.

**Session 4.** Participants appeared more comfortable with playing this week. They were experimenting and exploring the instruments with more ease. However, as the focus for some seemed to be on their own playing, at times this appeared to impede

rhythmic synchronisation. Most players used a limited musical vocabulary, tending to play even beats, or simple one bar patterns. At times, two bar patterns emerged. There was also tremolo playing without a pulse. Similar to session three, unusual/unpredictable beat groupings seemed to prevent synchronisation between players. The groupings varied as individual players occasionally added or subtracted a beat from the pattern they played, and/or used atypical groupings such as 5 beats while others were playing 4 beat patterns.

During the post improvisation discussion, Gayle noted having difficulty with rhythm that day. I asked her what was making it difficult and similar to her comment about not wanting to play a “clanger” in week three, she felt it was due to not being “musical”. Carolyn also felt she lacked competencies saying that she didn’t know how to play the djembe with more volume saying: “I didn’t have the ability to make it go louder, so I played it more quietly”. I observed her tapping lightly with the tips of her fingers on the centre of the drumhead as opposed to the way someone with experience uses varied hand shapes and different parts of the drumhead to achieve dynamic and tonal contrast. Jenny described being absorbed by her playing, which confirmed the impression that some players had their attention taken by their own instrument and were not listening as much to others. While participants were describing not feeling competent enough yet, I feel that they were more aware of their competencies which precipitated a noticeable shift in the following week.



*Figure 28.* Transcription of polyrhythm from session 5.

**Session 5.** This session marked a shift in playing that demonstrated the ability to split attention and maintain a connection to the group pulse while playing with expressive elements. It occurred after a period of quiet playing including only myself and two participants. As all the other players joined in again, one by one, there was a level of attuned and expressive playing that had not yet been achieved. There were some polyrhythms emerging as some played all 4 crotchet beats, others played 1 and 3, 2 and 4, plus the pattern from session one was also present (see Figure 28). The interlocking rhythms were individually simple yet created some complexity when combined. Participants seemed to be exploring interlocking rhythmic patterns while being able to maintain group rhythmic synchronisation. This demonstrated how the development of musical language competencies facilitated the development of musical interaction competencies (explored in more detail in Chapter 10). Participation seemed to ebb and flow with more ease this session as players stopped and started within the improvisation rather than play the whole time.



*Figure 29.* Transcription of Christine's repeated phrase from session 5.

Christine's use of longer phrases demonstrated more complex phrasing. She played a six-bar descending sequence on the pentatonically tuned log drum and repeated it perfectly three times (see Figure 23). This level of complexity was not apparent in earlier sessions, demonstrating how her musical language developed over the program.

**Session 6.** The comfort and expression that the group arrived at last week continued to develop in week six. During the improvisation, exploration continued including variation in phrasing and the way instruments were played. Patterns were used effectively as beat groupings within patterns were maintained with consistency and predictability. The repetition created stability, and some were making good use of this device. Ruth naturally seemed to provide a ground, while Carolyn seemed to be playing figures. Janine and Gayle did a little of both. Overall it seemed musical vocabulary had increased for most players.

Gayle described "flattening" the notes on the glockenspiel. She was muting the note with the beater. She enjoyed being able to control the sound in that way. She also enjoyed the black keys. Gayle seemed to be developing some technical skills and confidence. This is a marked contrast to her concerns with playing a "clanger" in session three.

**Session 7.** Miranda appeared to have some musical competencies yet played very quietly or not at all. She didn't say much, so it was difficult to confirm why she played quietly. All the other players appeared to be much more comfortable with playing. There was evidence of musical language developing as phrases varied and there was an increased use of sequence. Control of dynamics and exploration of instrument sounds was seen and heard in this improvisation. Continued playing in quiet sections suggested that comfort was growing. This could be interpreted as a self-concept of competence. Yet still, some players appeared to be inhibited. For example, Carolyn felt she was not keeping rhythm very well, and Janine had difficulty using her left hand compared to her right hand. During the discussion, participants offered feedback that may have ameliorated these concerns. For example, Janine suggested to Carolyn that she interpreted her playing as leading and responded musically to that. Christine responded to Janine's comment about trying to play evenly with both hands, noting she found that hard too. Gayle also felt her instrument was very exposed yet was able to find ways of playing that gave her alternatives, such as lightly tapping the individual metal pieces of the tambourine with her finger in the quiet section.

Participants were discussing musical communication in a relational way, rather than focusing on technical factors and their feelings of not being musical. This included identifying dialogue and offering supportive reflections on each other's contributions such as Janine's reflection to Carolyn above.

**Session 8.** This final improvisation included variation and expression facilitated by a marked increase in musical language. Players stayed with the one instrument and changed how they played it during the improvisation. This included using single note phrases, double note phrases, glissando, scraping the skin of drums, alternating between

using hands and sticks, experimentation such as turning mallets upside down, shaking the ocean drum etc. There was a culture of experimentation and exploration that was intentional and communicative. The use of repeated patterns was less rigid, included variation, sometimes longer phrase length, and swapping between playing with a pulse and without by using tremolo. Participants were also able to play at different tempos within the improvisation. Comfort with the act of playing was evident for most participants.

Christine described experimenting with playing and also with leadership in the music. She also described the groups developing musical vocabulary, saying: "I think the rhythms and the patterns were more complex now. It's not just tapping. People were trying different things."

Jenny made an interesting and competent choice playing in the final session. She described how she started and finished on the high 'a' of the bass metallophone. She made further reflections on how she played which I feel demonstrated how her musical language developed over the weeks. The conversation went:

Kay: I liked at the end the gong (gesturing toward Jenny). You brought in the gong sound. A really measured...

(Jenny nods)

Kay: It was quieter at that stage, and...

Jenny: Yeah, I started on one note. And actually ended on the same note as well. It was that note (pointing to the highest note on the bass metallophone – A). I noticed you (directed to Jason) were following as well. A different pitch. Different scale sort of thing.

Jason: Yeah. It felt like you really had, um, you took that role, “OK I’m going to provide this grounding, and everyone got in synch with that”. We felt that pulse together. And everyone was using that...

Gayle: Yeah, I was using that rather than the drumbeat. I was using that (directed to Jenny).

Jason: Yeah. How did you feel while you were doing that? Could you feel that everyone was synching in with that?

Jenny: Um, I thought I was trying to synch in with everyone else, but I just... I did improvise. Obviously in time, but I knew that me going (gestures playing fast) wasn’t going to work, so I just tried to play with the drums and do a beat. Just fill in, I think. With the pitch of it.

Jason: Hmm.

Jenny: Which worked well with the drums.

Jason: Yeah.

## **9.2 Themes Relevant to Musical Language Competencies**

The session descriptions above suggest the competence at which participants conversed with the instruments – their use of musical language - developed over the eight weeks. This was evidenced both by changes to music making, plus changes to the self-concept of competence expressed in the discussions that followed. Christine summed up her feeling about being able to play with this comment: "My Mum told me

when I was 4 that I didn't have a musical bone in my body. She wouldn't recognise me now."

Themes from the analysis that informed the musical language competencies perspective are listed and defined below. Some remained a consistent feature of musical language, while others changed over the program.

***Pulse*** - Use of pulse including rigidity, flexibility and evenness. In earlier sessions pulse was elastic, drifted, and beat groupings varied in ways that made synchronisation between players difficult. Space between phrases often was inconsistent and did not adhere to the pulse that was established within phrases. However, by session five, most players seemed to have established an internalised sense of pulse.

***Repetition*** - Repetition of the same phrase or musical cell. In earlier sessions repetition seemed to be due to a lack of language. Repeated phrases would continue for long periods. However, as competence developed, repetition was used with intention and included some variation. Sequence also emerged.

***Rhythm*** - Use of rhythm including variation and complexity. The complexity of rhythms played did not seem to develop much over the eight sessions. However, the capacity to play a complementary rhythm, rather than copying a rhythm did develop. Also, players were able to play polyrhythm within a shared pulse in later sessions.

***Dynamics*** - Use of dynamics including variation and range. The use of dynamics within short and longer timeframes developed markedly over the eight sessions.

***Texture/tremolo*** - Use of arrhythmic sounds. Texture and tremolo were consistently used throughout the eight sessions. This style of playing seemed to allow one to participate in a safe and indistinct (see ‘positioning’ below) way.

***Positioning (indistinct - distinct)*** - How one positions their sound within the group sound, including one’s dynamic compared to the group dynamic, and other musical features related to rhythmic, melodic, harmonic and textural synchronisation. For some players, the confidence to be heard in the group developed over the eight weeks.

***Phrasing*** - Use of musical phrasing including length, variation and complexity. For some players, phrasing became more expressive and seemed to be more intentional. Phrase length and the use of sequence within a phrase developed for a few players.

***Expression*** – the degree to which one’s music making depicts brain states. (Brain states is used rather than feeling states to capture a broad array of expression, and to not privilege emotion over other experiences that can be expressed musically.) Expression is a complex combination of musical elements that is felt. When listening to the improvisations, expression seems to be more prominent in later sessions. It is a difficult phenomenon to pin down. Something as simple as four crotchet beats on a drum can feel expressionless and an indicator of limited language, or it can be felt as sensitive, intentional and meaningful. Unpacking what makes music expressive or not is outside of the scope of this study.

### **Chapter 10. Perspective 3: Musical Interaction Competencies**

My analysis suggested the presence of an interpersonal use of music making that expanded on musical language competencies described above. This perspective has been labelled ‘musical interaction competencies’ to describe listening and responding to others musically. This perspective emerged as an important feature of musical and therapeutic process as it represents an overlap and transition from musical to relational competencies. The exploration of this phenomena led to the concept of ‘musico-relational competencies’ which I explore in detail in Chapter 15. The development of musical interaction competencies did not appear to necessitate more complex music making. Rather, it appeared in a more subtle and sophisticated way; sometimes demonstrated by playing simple structures to be more interactive.

This chapter will follow a similar format to Chapter 9, describing relevant content from each of the sessions from the perspective of musical interaction competencies and concluding by listing themes that informed this perspective. Observations from the extracts below that are relevant to change over the program relate to the acquisition of rhythmic and melodic competencies. Throughout the program, responses to texture and dynamic consistently occurred while dialogue using rhythm and melody appeared later sessions. Related to this, expressive playing, while difficult to quantise, appeared in later sessions. Accompanying the change in competencies, attentional factors appeared to also impact interaction. Attending to one’s own playing diminished interaction and acquiring skills over the program facilitated a capacity to attend to others musically. Concurrently, musical interaction facilitated group

experience and afforded opportunities to experience appropriate emotional regulation.

These observations are evidenced in the following extracts.

### **10.1 Musical Interaction Extracts**

**Session 1.** During the first improvisation, communication lacked expression. For example, Jenny showed some good listening and ensemble skills, though played simple, short phrases and changed instrument four times, possibly trying them out. Overall, the group sound was more explorative than expressive. Responses to texture and dynamic seemed to be utilised more than rhythmic, melodic or harmonic responses.

Dynamically, most players matched the group sound. Janine played a little louder and appeared less self-conscious than others. Rhythmically, there was some matching, and conversely, some playing that did not seem to relate to the group sound. Most of the mirroring was by me in response to Janine, though there seemed to be some interaction between us. There appeared to be almost no visual communication other than from Janine and myself, and it was difficult to identify intentional interaction between participants. An exception was one phrase played by Janine which was mirrored by me early in the improvisation, and then played by Carolyn (notated in Chapter 9, Figure 26). While Carolyn varied occasionally, she continued to return to this phrase for the rest of the improvisation.

Christine played a rhythmic phrase that was very similar to that played by Carolyn and Janine yet played it out of time with the rest of the group. As I observed this in the video, I wondered if it was coincidental, intentional, or an introjection of the communicative musical gesture outside of her awareness. Christine seemed to be

exploring without a lot of listening, evidenced by the drift in her pulse from the group. However, later in the improvisation she simplified her playing and seemed to be interacting more at that time. This observation suggests that attending to one's own playing and also to others is a difficult competency to acquire for participants new to improvisation. The ending was the most communicative part of the improvisation as everyone responded to the diminuendo. In the discussion, I inquired about Christine's listening while she played, and her response suggested that she was more focused on her own sound which she described as 'zoning off' while playing.

**Session2.** Polytempi and its influence defined the beginning of this improvisation. There was some rhythmic synchrony at times, but it was limited in scope, being that it was rigid and short lived. These periods of connection didn't appear to be expressive and broke down easily. For example, at the start of this improvisation, Janine played a three-note sequence on the glockenspiel at 96bpm. Carolyn and Jenny joined in yet played alternative tempos to that initiated by Janine. Jenny soon stopped, possibly in response to the lack of rhythmic synchrony while Carolyn established a strong contrasting pulse at 60bpm on the tambourine. Janine, who had musical training when she was a child, responded to the polytempi by adopting a loose pulse. She then took a break for several seconds before continuing on her instrument (the glockenspiel) in agreement with the Carolyn's new pulse on the tambourine, playing single or double note hits on beat one at 60bpm. Jenny returned to the improvisation playing the woodblock at another contrasting tempo of 85bpm. I assumed Jenny did not notice she was not in time with Carolyn and Janine. This time Carolyn stopped playing the tambourine and changed instrument, presumably in response to the rhythmic discord, while Janine paused and then continued at 85bpm in sync with Jenny.

It is difficult to know if Carolyn's response was a conscious acknowledgment of the disconnect in rhythm or if it was subconscious. In what appeared to be an acknowledgment of the disconnect, Kay (the cofacilitator) made a musical and physical gesture towards Carolyn, though Carolyn did not seem to notice it. Kay repeated the gesture, and then shifted her attention as it was not noticed the second time also. Carolyn was visually fixed on the beads of her new instrument, the ocean drum at this time, possibly responding relationally to the situation by withdrawing and not listening to others for the moment. The musical response of stopping occurred again when everyone responded to the chimes played by Ruth at the end. The sound was loud and initiated a very quick ending.

During the discussion, Christine mentioned that she would have liked a more consistent beat in the music so that it would be easier for everyone to work together. There was some disagreement in the group as to the importance of a group pulse, and also who was responsible for maintaining the pulse. It seemed to me that rhythmic synchronisation was a competency that participants were aware of yet having difficulty with. Carolyn noticed that she was having difficulty concentrating on others while learning how to play the instruments. Jenny agreed and suggested the feeling of discomfort was getting in the way of communicating musically. She said, "I'm out of my comfort zone". Other comments included the chimes being "too loud", and that the glockenspiel was a "dominant" voice.

**Session 3.** This improvisation seemed to be a reaction to the discussion from the previous week. Possibly following up on her comment about a lack of rhythm last week, this week Christine appeared determined to maintain a steady beat. However, it was difficult to tell if she was able to listen to others while concentrating so intently on her

own tempo. Some players were attuning to the pulse set by Christine more readily than others. There was also some rhythmic matching, though little mirroring. Textural communication was a strong element. There was very little eye contact, or facial gesture. The music did not feel like expression; rather, more about learning/trying to play. There were only a few smiles at the end. Janine played less than last week, possibly in response to the comment that her playing was dominant last week.

This session included polytempi and drift of pulse again. Also, as with last week, there was a similar response to polytempi. Ruth stopped playing at one point when she was playing at a different tempo to the shared pulse. When she started again, she had adjusted and was synchronised with the shared pulse. My interpretation is that she identified the disconnect and was able to adjust. Adjusting one's pulse to that of others in the group is a good example of musical interaction competency development.

The beat and "fitting in" were discussed again, specifically trying to match the rhythm of other instruments. Participants were clearly oriented towards musical interaction competencies at this stage of the program, evidenced by the way they were playing and what they talked about afterwards. Christine mentioned that her intention of playing consistently was to "integrate people together". She also said that once she got used to the pattern, she could focus her attention on others. Her reflection suggested to me that musical interaction competencies grow in a parallel process with experiencing relational processes. Her statement was about integrating people, not rhythms. This use of language captures the cross-modal nature of music making and how it facilitates therapeutic processes.

**Session 4.** In this fourth session, visually, participants appeared more comfortable with playing. They were experimenting with and exploring the instruments. However, this individual focus on experimentation and familiarisation with the instruments appeared to impede rhythmic synchronisation and the playing did not seem to be very expressive or interactive. Rhythmic synchronisation occurred at times, though there was limited awareness of group pulse. At one point there were four simultaneous tempos: 82, 90, 96 and 104bpm. Apart from limited rhythmic synchronisation, and dynamic matching, there was very little communicative playing in this improvisation.

My role was very prominent. If I led the pulse, the group sound became more cohesive; yet, if I receded the rhythmic synchrony started to break down. For a period, Christine appeared to be working hard to find a pulse yet was not synchronising with Ruth who was also playing a steady pulse. Both appeared to be trying to set a pulse for others to follow yet were not rhythmically synchronising with each other. Evidently, this important competency was not fully developed. The cognition required of staying in time with one's own internal pulse could not yet include listening, attuning to and adjusting to the pulse of another. There seemed to be competing forces between the development of musical language competencies and musical interaction competencies. This appears to be related to the participants' attentional orientation. As participants were oriented toward their intrapersonal musical process they would drift from the pulse of others (interpersonal musical process).

**Session 5.** This week, the improvisation went through a long period of slow quiet playing, again including periods of polytempi. At the very start of the improvisation there was a clear pulse, yet it fragmented within seconds. From the

perspective of musical interaction competencies, it appears this was because participants were having difficulty listening to the group sound while finding their own voice on the instrument they were playing. In this way, it felt like a continuation of the session four improvisation, lacking interaction. After nearly four minutes the improvisation nearly ended, and most players stopped. However, one by one, players re-joined the group. Everyone simplified their playing to simple crotchet beats (see Figure 28 from Chapter 9). As these adjustments were made, a very gentle and sensitive unified pulse emerged. It felt very significant at the time. I had not experienced this group play to such a clear agreed pulse before, or with this feeling of sensitivity. As more players re-joined, the unified feeling remained and the dynamic lifted higher than it had been in all sessions to date to reach forte (see Figure 18, Chapter 8). All seven participants, plus the cofacilitator and myself, nine in total were rhythmically synchronised, playing loudly and it felt like a peak moment in the program.

I argue the phenomenon of rhythmic synchrony relied on group members developing musical language and musical interaction competencies, enabling them to perform this act of group playing. This achievement was reliant on process. Only after five weeks, they were able to experience a transition in the middle of this improvisation that was characterised by orienting to oneself while also orienting to the group. This level of ensemble playing is not easily achieved by trained musicians. These participants had reached a level of competence and comfort that allowed them to settle into a form of personal expression that facilitated interaction while playing. Patterns were being repeated amongst players. Rhythmic and dynamic matching was strong, and there was tolerance of loud, strong sounds. The rhythmic synchrony seemed to contribute to tolerating the louder dynamic. Viewing this improvisation from the

perspective of musical interaction suggests to me that the stopping and starting impacted communicative playing in two ways. Firstly, for participants who stopped and started again, the stopping allowed for listening and hearing the pulse and dynamic of the group. Upon returning they aligned with the group sound. Secondly, for those still playing while others stopped and started, attending to the sound of another player returning possibly helped some to attune and stay connected to the group sound.

It seemed the combination of everyone synchronising to the same pulse, plus the accompanying increase in dynamic was a powerful therapeutic moment for the group. This was the moment referenced in the wrap up discussion in Chapter 6. Christine reflected that prior to this improvisation, the group was stuck. Janine suggested that the connection in this improvisation released something, and Ruth added that it gave the group direction. Christine referred to it as a light bulb moment and Gayle said it was like being “allowed something”. Ruth suggested the “something” Gayle alluded to was permission.

I feel the “something” Gayle identified above was related to intimacy. Intimacy in music making that affords an appropriate experience of the dynamics of personal boundaries experienced as group processes unfold in the music making. For these participants with BPD, these healthy relational experiences, accompanied by appropriate emotional regulation were extremely important. Comments from the wrap-up discussion identified this. For example, Jenny said, “I think that’s been good for me. Because I realise, I can be stable. I can be in the middle. I can calm myself down.” The relational process embedded in the musical process was gentle and subtle, while being powerful and effective. Over the five weeks of the program up to this point, participants warmed to each other while gaining comfort in themselves, allowing them to become

open to the therapeutic process made possible via musical interaction. At the same time some interpersonal tensions had built, musically identified as finding a beat and tolerating loud sounds that had previously been experienced as intrusive. The experience of this particular improvisation seemed to redress the interpretation of a strong dynamic. The group had reached the point in their process (therapeutic and musical) that allowed them to deal with the tension competently. These interpersonal processes are explored in more detail in the Chapter 17.

**Session 6.** My notes indicate that I did not feel I needed to offer as much musical facilitation in this session. I had the impression that participants were listening and responding to each other during the improvisation. Some players appeared more confident, particularly Carolyn, while others readily matched textures, dynamics and rhythms. Carolyn and Janine dialogued on their instruments. At times when the rhythms were disjointed, the way participants played seemed to evidence their awareness of the disconnect. Some worked to re-connect, while others played with less consistency during these periods, as if they were waiting for the music to coalesce. When the group pulse was synchronised, dynamics increased, and phrasing was more consistent. For the melodic instrument players there were times when the notes played harmonised, particularly later in the improvisation. In the later part there was also textural matching between the cymbals, ocean drum, chimes and djembe. The changes in musical features from one structural unit to the next included expression. As a result, the mood changed within the improvisation. This had not occurred in previous sessions.

During the discussion, participants identified competencies related to playing capacities, feeling comfortable, and the ability to respond to what was heard from others. The theme of connectedness in the music came up in response to the rhythm and

dialogue. Gayle described the session as “working together”. Comments about sadness and comfort and being soothed by music related to relational aspects of music making such as allowing oneself to emotionally connect with the group music experience. Themes of interpersonal communication and expression had taken over previously explored themes related to how to play instruments, fitting in or responses to loud “intrusive” sounds. The relational, cross-modal elements seemed more important to group members in this session.

**Session 7.** During this session it was evident that participants were interacting musically. As identified in Chapter 8 (see Figure 20), this improvisation was more varied with respect to structural units and dynamics than any other. Most players were at times synchronising to the group pulse; yet, there were still periods of polytempi, particularly early in the improvisation. The periods of shared pulse suggest listening while playing had improved. This could be heard by the way players responded to others. When everyone in the group played to the same pulse, the dynamic became stronger. Conversely, when there was rhythmic disconnect, the dynamic softened. Similar effects occurred when harmony shifted, as evidenced by the impact of black notes from the glockenspiel on the group sound. Some players were more easily heard and appeared comfortable with that. The ability to tolerate the periods when there was less rhythmic stability suggested a familiarity and comfort with music processes. Players used devices like the crescendo readily and were continuing to play during quiet periods. There was a period when some call and response broke down; the response was to continue playing and reconnected with another crescendo.

**Session 8.** As with all improvisation in the program, participants were matching each other’s pulse, and also using polytempi. The notable difference at the end of the

program was that there seemed to be comfort and familiarity with the polytempi periods. Participants worked through these. As with the previous two weeks, during periods when the group pulse was synchronised the dynamic increased. Earlier in the program, participants voiced their discomfort with volume, yet at the end of the program, when the group pulse felt unified, volume increased, and participants enjoyed the experience. Gayle described it using her artwork in this session. She drew surfers on big waves during a thunderstorm. When talking to her artwork she said: “Yeah, lots of big waves coming and... yep. You can almost feel it. You know, especially when you go out the back waves, the back breakers, just rising up and down. Fantastic feeling.”

Generally, in this final improvisation, it appeared there was more listening. Some players, Janine, Jenny, Christine and Ruth played both figures and grounds, shifting between being in the texture, and creating sounds that stood out and influenced change. There was call and response as well as mirroring and matching. Mood matching and dynamic matching was strong. Participants appeared comfortable with the process. They were very accepting of what was being played by other members. There was a mix of adjusting to others and co-existing in polytempi. The long ending may have had something to do with this being the last session.

This final improvisation preceded the wrap-up discussion presented in Chapter 6. In that discussion participants spoke to their feelings of achievement in relating to each other in music and more generally as a group, captured by Ruth’s comment: “Yeah, we’ve worked as a group. We’ve become more and more cohesive over time as a group. And that wouldn’t have happened if we hadn’t of been working towards it.” From the perspective of musical interaction, players had reached a point where musical competence and relational competence had coalesced. These competencies included

observable skills and abilities to interact musically, facilitated by feelings of self-competence that allowed for authentic and respectful communication. This was captured beautifully by Gayle when she described how she changed from playing the surdo with the beaters to playing with her hands. She felt playing with her hands was softer, and that allowed her to express how she felt interpersonally in the music: "And it was softer then. So, it was 'part-of' rather than being 'apart'."

## **10.2 Themes Relevant to Musical Interaction**

In earlier sessions, participants struggled with many elements of musical interaction, though rhythmic synchronisation seemed most prominent. This was closely aligned to the competence of playing with a consistent internal sense of pulse, yet also included listening and adjusting to others. As the group learned to play with a stronger shared pulse, other elements of musical interaction also developed including dialogue and expression. Responsiveness became stronger in the final few sessions as participants readily and competently interacted musically.

Themes from the analysis that informed the musical interaction perspective included:

***Rhythmic Synchronisation*** – Rhythmic synchronisation was a prominent element in musical interaction. Participants struggled with judgements of their own ability, and with their expectations of the group's playing. As competence in rhythmic synchronisation developed, other more expressive features of interaction developed.

***Mirroring***<sup>7</sup> – Mirroring occurred early in the process and seemed to precede matching and dialogue. It is an accessible form of interaction yet is intimate in its close resemblance. While not directly discussed by participants, it seemed to be an important process in musical relationship building.

***Matching***<sup>8</sup> – Matching became a prominent form of music making that led to cohesive group playing as the program progressed. Matching often took the form of simple polyrhythms expressed as crotchet patterns in simple meter.

***Dialogue*** – In the early sessions musical dialogue was rare. However, it appeared after a few sessions and was noticed by participants. In later sessions it became a feature of improvisation indicating that participants were listening and adjusting to each other's expression.

***Responsiveness*** – Responsiveness related to one's ability to adjust to the changing sound of others. This was more of a dynamic responsiveness than synchronisation and included a responsive use of sensitivity and expression. The final three sessions contained more responsive playing from most participants, and I feel contributed to a sense of satisfaction and pride in the music making.

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<sup>7</sup> Mirroring has been described by Bruscia (1987) as copying in the moment in reverse, as in a mirror. This definition requires face to face interaction between participants and implies a dyad. This form of interaction was not possible in a group format. Wigram (2003) defines mirroring as copying in the moment and does not include the reverse physical movements as per Bruscia. Wigram's definition suits the group context of this study and is the definition I have used.

<sup>8</sup> Bruscia (1987) described matching as a technique of empathy that draws on several modes of music making and body language, all aimed at an intimate musical connection to the expression of another. Wigram (2003) defines matching as fitting in musically with the playing style of another. Wigram's definition applies more readily to this group context, particularly because it is describing the playing of all participants, not only the therapist.

## **Chapter 11. Perspective 4: Knowledge and Experience of Group**

### **Improvisation**

This perspective focused on changes in knowledge and thinking about group improvisation over the program. As participants experienced improvisation over a period of weeks, their descriptions of music making became more articulate and nuanced. I feel this suggested refined perceptual and cognitive domains were contributing to hearing, interpreting and responding intentionally to the music. Over the program it was apparent that participants were developing and refining their personal conceptual framework of what music was within the context of the clinical program. I included this as a perspective to emphasise how the participants' intrapsychological processes appeared to be equally important to their playing capacity.

This perspective included knowing how to make use of physical and conceptual resources such as instruments and information in sessions, including the cocreation of a shared vocabulary (verbal) and culture for experiencing and discussing music. I observed how competencies relating to knowledge and experience allowed participants to expand their understanding of the scope and possibilities of music making afforded in the program, and beyond into daily life. The main observations below that are relevant to changes in knowledge and experience of group improvisation include familiarity with instrument selection and learning how to play them. Testing and experimentation in earlier sessions which led to intentional choice making and playing approaches in later sessions. Discussions initially about the mechanics of playing evolved to include paramusical relational elements in the music. It took time for participants to reflect on and

discuss music made in session. Artwork facilitated verbal reflection. Curiosity about technical and theoretical elements of instruments and music making later developed into an awareness of one's responses to music. Changes to listening practices outside of sessions included active listening and music selection.

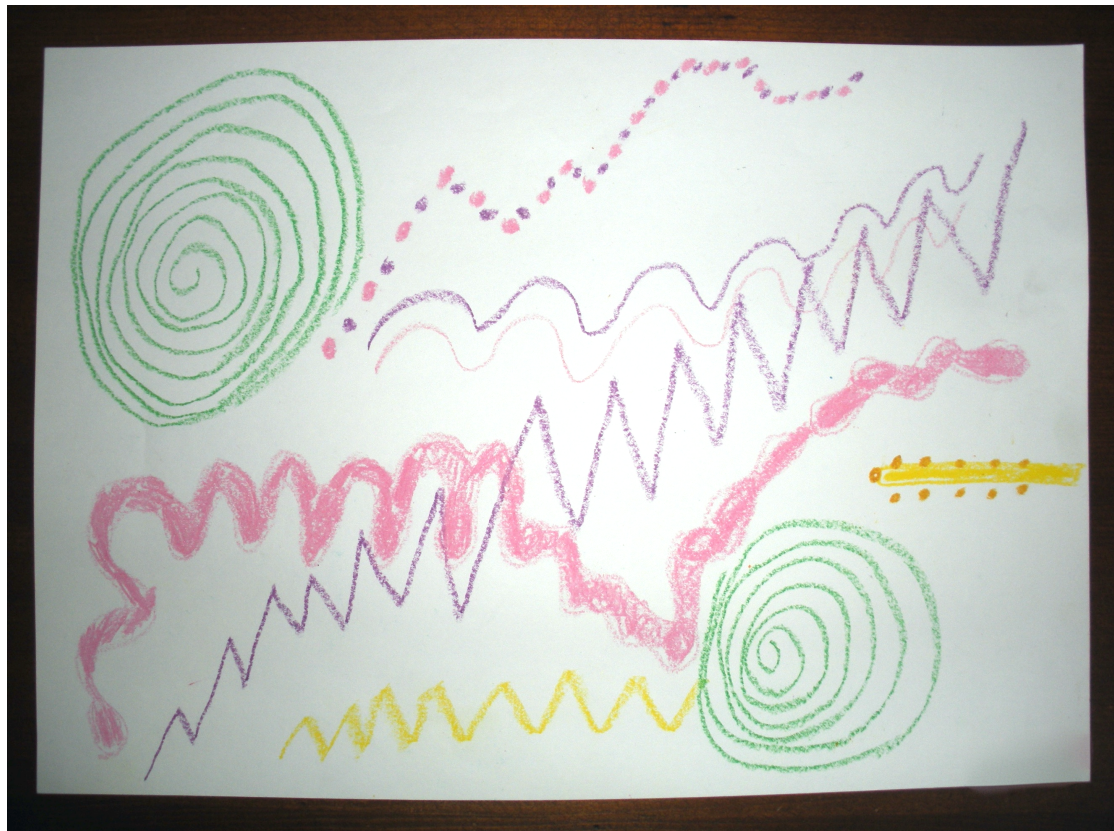
### **11.1 Knowledge and Experience Extracts**

**Session 1.** There was a general feeling of uncertainty and caution in the group, particularly in the discussion before the first improvisation. Janine expressed some anxiety about the “array” of instruments. This suggests to me that she would have been more comfortable if she was more familiar with the instruments, and presumably would have benefited from some knowledge and familiarity with how to play them. This was somewhat confirmed during the demonstration when Janine asked some technical questions.

Everyone took time selecting an instrument for this first improvisation. During the improvisation, participants appeared to be exploring how to play, including changing instruments. Gayle was hitting the drum on different parts of the skin, presumably to get to know the range of sounds available to her on the instrument. Elements related to musical form and structure were narrow (see Chapter 8). For example, the range of tempo and dynamic, plus the lack of contrast within the improvisation suggest to me these participants were not familiar with the scope/possibilities of improvisation.

During the discussion, little was said about the music itself. Carolyn used the word ‘harmony’ to describe following the beat of another instrument. She then said she

was not sure if she is using the correct word. Christine and Miranda repeated what I had said earlier in the session (during the demonstration) rather than describe the music in their own words. I think that this was due to not being practiced at discerning musical features of group improvisation, and also not having the vocabulary for such a task.



*Figure 30.* Carolyn's artwork from Session 1.

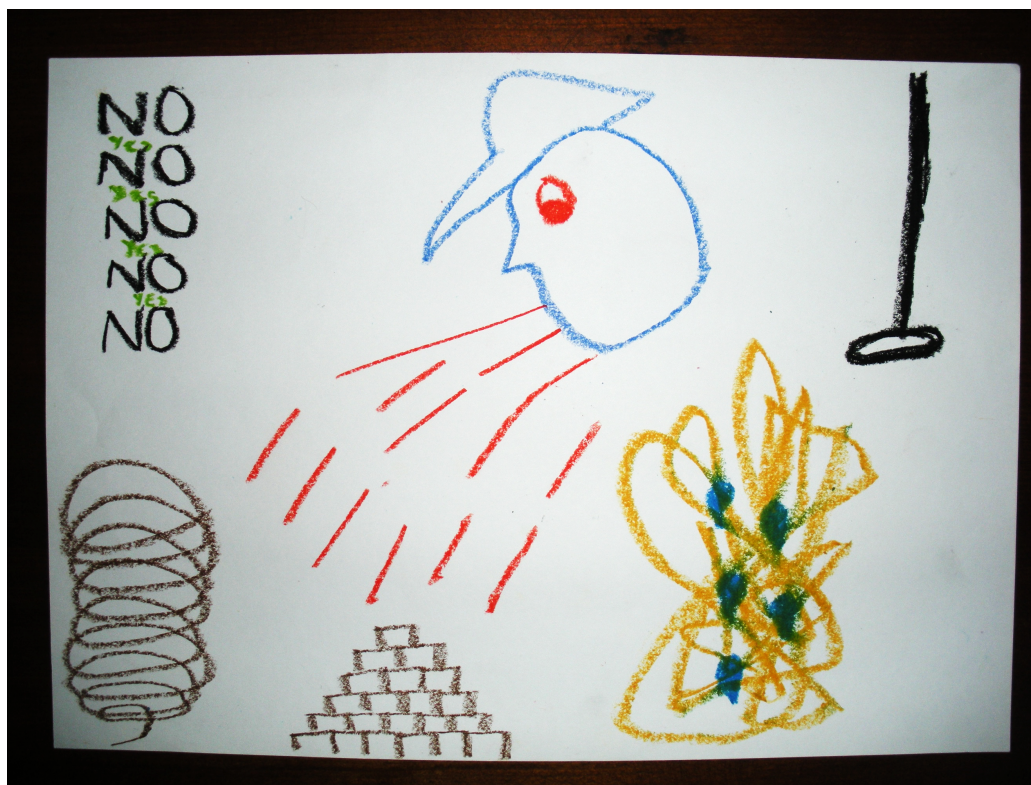
In contrast to the verbal discussion, participants were able to reflect on the music through drawing. The drawings included graphic representations of the music. Colours and shapes were used to map out and depict the sound of the improvisation as demonstrated in Carolyn's artwork from session 1 (see Figure 30).

**Session 2.** Both Carolyn and Gayle began the session with questions about technical aspects of music, particularly time signatures, and beat groupings. Their questions were related to the music resource psycho-educational session from the previous week. They were interested in understanding this concept. At the time, I was surprised that this was important to them. I thought the improvisation itself and the metacommunication that accompanied it would be of interest to the participants. Instead it was apparent that these participants wanted to understand more about the task of music making. They were focused on (orientation) gaining knowledge and experience of group improvisation.

Janine's need for knowledge and experience was described as looking forward to trying out more instruments. She asked about the range of instruments being used, particularly how they "fit" together. She wondered if more melodic instruments would result in more clashing sounds. As I explained my rationale behind the instrument selection, all participants appeared to be interested, particularly in my description of how the melodic instruments 'fitted' together harmonically; that the silver bars of the metallophones matched, the log drum was tuned to a pentatonic scale that sat within the silver keys of the metallophones, and the black notes of the glockenspiel were "outside" or more complex tonal colours. My description of how the instruments worked together was reflected back in the discussion of the improvisation below.

Similar to week one, everyone was hesitant when asked to choose an instrument and needed prompting. During the improvisation, participants seemed to be experimenting with sounds. Several changed instruments. Some players were visually very fixed on their instruments. Participants appeared to be focusing on how to play the instruments.

During the discussion, Gayle commented that knowing that the instrument's notes (she played the log drum) would always match (I explained this earlier in the session and mentioned the pentatonic tuning) she felt good about playing, saying "because I knew I couldn't make a clanger I was really relaxed". Christine talked about noticing how different beaters gave different sounds, noting some produced an "earthy" sound. The discussion was mostly about fitting in and being able to play, particularly with rhythm. Other factors such as intensity, or expression were not discussed. It seemed the notion of rhythmic alignment was of primary concern and discussed as fitting in or not fitting in. I felt the dichotomous way of thinking of participation hindered the development of a more nuanced perception of the music in these early sessions.



*Figure 31.* Janine's artwork from Session 2.

Several participants made use of the artwork to describe the music, using shapes and colours, and also imagery such as rain, waves, and sunshine. Janine's drawing was a little confronting. She described some struggles between instruments during the improvisation. Some were heard, while others were drowned out. She depicted this with a pyramid trying to be built while someone is vomiting all over it (see Figure 31). She also included little 'yes' words squeezed between large loud 'NO' words. She explained how the upside-down tears (covered in yellow) depicted a message of don't bother, which was where she felt she may be in the picture. She made an interesting distinction between listening and playing. She said the drawing described her thoughts while listening, as opposed to the playing experience, which was "quite enjoyable". This

reflection lead to a productive conversation about instrument choice and being heard. The group reflected on how different instrument choices gave varying experiences of playing in the improvisation, including successes and failures in trying to connect with others in the group musically.

Jenny described finding playing more difficult than just listening to music. She said it was hard because she was still not used to doing it. Miranda described playing very quietly because she is not confident. At the end of the discussion Christine mentioned that she used drawing as her way of depicting the music: "I don't read music at all, and that was my way of reading the music". This comment suggested to me that a lack of vocabulary impacted Christine's ability to discuss music making.

**Session 3.** During the check-in, Carolyn mentioned becoming more aware of rhythm and tempo in music due to learning about beats and beat groupings in the previous weeks. She described listening to music "differently". Gayle identified with becoming more aware of how music made her feel. She found a community radio station that she liked. She said, it's run by more "mature people" and played older music that she liked. She also liked that it's a bit "dicky" (I think she was referring to the amateur production of the community station run by volunteers).

It was evident there were still some nerves about playing instruments that were unfamiliar as expressed by Jenny identifying the surdo as "intimidating." She did go on to challenge herself and play it. Some participants were selecting instruments more readily than others and were even trying them out before we began.



Figure 32. Miranda's rhythm with the group pulse from Session 3.

After the improvisation, Jenny identified feeling a little trapped playing the surdo because she noticed how others stopped playing when she stopped. Ruth confirmed this when she mentioned not hearing the quieter instruments and attending more to Jenny and the surdo. Miranda offered that she was starting to feel a little more confident this week. Her playing in demonstrated this when soon after the group pulse was well established, Miranda settled into her own repeated one bar phrase including semiquavers on beat 2 plus a crotchet on beat 3. Miranda's pattern seemed to sit within the space left over from the strong beats on 1 and 4 in the group pulse (see Figure 32).

Jenny reflected on how she pushed herself to play an instrument that was a little intimidating for her, and said she felt better knowing she can keep a beat. Carolyn described finding the log drum difficult to hold. She said she also found it difficult to keep rhythm. Ruth asked about the notes on the bass metallophone and appeared interested in my reply about white notes and black notes. Janine remarked on noticing that the role of the instrument was not necessarily set by the instrument type, more the way it was played. Participants were still oriented towards learning how to do the music making more than considerations about the relational processes taking place.

**Session 4.** During check-in, Gayle mentioned thinking about why some songs are more significant than others. (We used the term 'significant song' when taking turns

choosing a song to share each week.) She concluded that most were from when she was a teenager and they reminded her of when she would listen to her records over and over again. They were important to her at the time and listening in the present brought back memories. Carolyn shared a story of how a song she heard in the car while driving in reminded her of the past. Participants were beginning to use reflections on music as a way of sharing something personal and meaningful.

Most participants readily selected an instrument. During the discussion that followed the improvisation some participants had strong feelings about the need for the beat to be consistent during the improvisation. In addition to talking about the beat, there was talk of high-pitched sound and volume. I felt that the development of competencies related to perception and cognition were contributing to discussions of the music including difference of opinion about playing together. It seemed to me that as participants perceived and considered the music with more complexity, they were becoming aware of and more willing to discuss different impressions and opinions. As these musical competencies developed and were used, the music process contributed to therapeutic process including relational competencies such as negotiation and flexibility.

**Session 5.** Carolyn described a news story she saw about instruments made out of ice. She saw the story during the week and wanted to share it with the group. Ruth described how a cousin of hers who was a composer wrote a symphony for instruments made out of vegetables! The group was reflecting on what constitutes music while enjoying each other's company and getting to know each other more. It was apparent the experience of improvisation was allowing participants to expand their conceptual framework of what music is. At the suggestion of a warmup (consisting of a crescendo

– decrescendo), everyone readily selected instruments and were able to do so while considering my instruction: “Choose something you can do loud and soft on”. Gayle was comfortable enough to ask for advice on how to play the woodblock. Participation in the warmup was good, everyone readily did it, there were some smiles, and a brief discussion about speeding up during the crescendo. Janine was curious about the relationship between speed and volume which we attributed to increased intensity. Likewise, when preparing for the main improvisation, everyone easily selected instruments. I feel knowledge and experience of the instruments was allowing for more informed and intentional decision making.

After the improvisation, Jenny suggested the improvisation was more “vigorous” and used the term “dynamics” to describe how the group sound developed. Her language suggests that the music making was being experienced as relational. Vigour and dynamics suggest gestural communication akin to Stern’s (2010a) forms of vitality. She also noticed the way Janine played the ocean drum and felt it influenced how others including herself played. She mentioned being aware of the call and response happening when Janine played accents and that she was waiting for her to do it, so she could reply. Janine also noticed the question and answer playing in the improvisation.

Carolyn described the group as freely playing before all getting louder together and coming down again. Jenny also noted that it was the first time we got quiet, didn't finish, and got louder again. Gayle described her process of listening and trying to copy what she was hearing. When discussing the section when it got quiet, then continued and got quite loud, Ruth mentioned that it was easier to control your own instrument when you felt less tentative about playing - the self-concept of competence. The

discussion in this session was a marked shift away from the mechanics of playing to para-musical relational processes. Carolyn described the music as “energy, harmony, joy, and celebration, all as one”. She said she felt different about how the group played today. Janine also described the music as “harmonious”.

**Session 6.** Participants readily selected instruments and participated in the crescendo-decrescendo warm-up. The second one was played for a longer time than the first including a rather loud middle section. During the improvisation, players appeared and sounded more confident and looked physically more relaxed. In the discussion, participants identified being comfortable with playing, and that this had developed through experience. The relationship between developing some competencies at playing and the feeling of competence was evidenced in the discussion. Competencies included listening, playing, experimenting, and while not expressed directly, I felt verbal and musical vocabulary was a factor too. Also, understanding how to use specific instruments, and changing the way one played when selecting different instruments, was discussed. Even if the words used weren't technically correct, participants were still describing sound in a more discerning way, including observations of each other's playing. Musically they were using extended techniques, longer phrases, and more variety within the improvisation. Two participants who tended to intellectualise, seemed to be drawn to gaining more technical knowledge of the music making. On one hand, the tendency to focus on technical aspects of the music making could be considered resistance, while it can also be considered as competency building.

Jenny identified that rather than try to play a rhythm, she could "fill the gaps" and be in the background. This indicated to me a more sophisticated approach to improvisation than in earlier sessions. She also changed instruments to be able to play

in another way. During the discussion about comfort, Jenny noted taking her time and warming into it. On feeling more comfortable with playing she said: "I think my self-confidence has gone up with it. I'm more confident with choosing instruments and playing around with instruments. Where I think day-one wouldn't have quite... I would have thought 'what am I doing?' So, I think it's helped me to make choices and not be as shy, and sort of, taking safe options and things like that. So, I think my confidence has increased."

**Session 7.** There were some excellent comments from Carolyn and Gayle about using music as a resource in everyday life more since being in the group. Carolyn described how she had been listening to music generally with more depth and gave an example of not just listening to the singer, but also noticing "all the different bits and pieces that go along with the music". She also told a story about a friend in Japan that she corresponds with. Her friend bought her a Japanese instrument and posted it to her since joining the group. Gayle described how the sessions have brought music back into her life. She described listening a lot more and choosing what she listened to while enjoying how it made her feel and the memories elicited from the music. She felt that she was more aware of music and noticed it more in her everyday life. These newly acquired skills in using music as a health resource were allowing Gayle to reflect on her emotions and regulate them using music listening and reflection.

During the crescendo-decrescendo warm-up, there were smiles from the participants indicating that they were enjoying it, plus the volume was very strong at the peak and held for several seconds. It appeared that the participants were really comfortable working with volume now. The set-up for the improvisation was easy and familiar. Some stayed with the instrument they already had for the warm-up, while

others readily changed to something else. It appeared that everyone was familiar with the choices and knew what they wanted to play.

Christine described being able to listen to others more when there were fewer players (two absent from the session). When I suggested there were more sections to this improvisation, Christine agreed noting there was more variety, adding that the variety was evident in the dynamics as well. (This comment supports the findings in perspective 1, musical structure in Chapter 8.) Christine was able to identify musical elements in the discussion including rhythm, volume and texture. Gayle also suggested that having fewer people in the group allowed for hearing others more. She described hearing a musical dialogue between Kay and Janine that she wouldn't have noticed in earlier improvisations. She was aware of her own developing competencies.

**Session 8.** In the warm-up, participation was very good. Everyone played enthusiastically from the start. The dynamic became very loud and the texture was thick with everyone playing fast as well as loud. It felt as though participants were very familiar with how to play. Instrument selection was fast and intentional. Playing in the crescendo-decrescendo was enthusiastic and unified.

During the main improvisation, playing in general was less rigid than in early sessions. There was use of sequence, though with flexibility. During the discussion, participants were no longer describing music in dichotomous terms. Instead they described the freedom of knowing there is no right or wrong, a marked contrast to early sessions. This change in perspective seemed to allow for a more expressive way of playing which I feel implies discerning listening, and communication in the music.

Participants had developed musical language evidenced in how they played and what they said when reflecting on the playing. This is detailed in Chapter 9.

Jenny's description of her playing demonstrated how experience allowed her musical competencies to expand and include musical interaction. She identified how the choices she made about playing were influenced by the music made by others, and conversely, she felt her own music making influenced others in the group. There was discussion of how players listened to each other and followed what they heard. Also, participants noticed the musical dialogues. Gayle described how the way she changed her playing style influenced how she felt in relation to other players. She changed from playing the surdo with the beaters to playing with her hands. She felt playing with her hands was softer, and that influenced how she felt interpersonally in the music: "And it was softer then. So, it was 'part of' rather than, being 'apart'." This was a nice example of how a musical competency of adjusting how one played to match the group sound is directly related to the relational competency of affiliation. I feel this example captures the therapeutic process that can be achieved in group music making.

There was a really nice discussion about the musical culture that developed with this group. Comfort developed, there was less anxiety, and expectations about what music "should be" became less influential. These competencies were not evident at the start of the program. They were acquired and refined via experience. The following discussion demonstrates this growth in competence and the accompanying internal self-concept of competence:

Jason: How are the starts and finishes, or starts and ends feeling now compared to early sessions? I remember in the early ones we found that as soon as the

dynamic started to go down everyone would come to an end. Has anyone got any reflections on the way we're starting and finishing now?

Christine: I think the rhythms and the patterns are more complex now. It's not just tapping. People are trying different things.

Jason: Yeah, so before it was like a single texture that we were all being part of, whereas now there are different voices going on? Yeah?

Kay: And it's also an eagerness to start. We're not holding back as much at the start.

Janine: And I think we've learned, probably on other instruments, how to make it go quieter... I guess the sense that you have enough control over the instrument, to actually play quieter is sort of...

Jenny: I know that I was, for the first few weeks, was quite nervous to play instruments. And to play them in a group, that I think, like the first time I was on the drum, I um... I think because everyone's nervous, it's doing the "if the drum finishes, then we all have to finish" were as now I don't think that's the case. There's more of a "keep going, just a different phase". So, it's sort of coming out of that... music mentality almost, it's moving more to that, adlibbing playing, there is more a... quietness doesn't mean we're finished.

Gayle: I don't have the anxiety of looking around, going "is this the end?" "oh no, we're going again" (laughs)

(Janine nods)

Gayle: It's more sort of "oh OK, we're still going, alright" (gestures playing along on the drum). "Oh, it sounds like we're finishing". More relaxed around when it stops.

Janine's comments also suggested a level of comfort, a self-concept of competence to authentically play in the group. For the most part, in this final session, even though the playing was not always synchronised, or matched, there was still a sense of coherence and connection in the music. She said:

Janine: I think also there was more... choice not to respond too. Um, I know it's not choice making but it's a great opportunity for people to choose not to fall into line so to speak.

Jason: Yep.

Janine: Because there wasn't deliberate... like crescendos that people might have felt that they had to fall in line with.

Jason: So, you think there was more of a comfort with going "well I can hear what's going on around me, I don't necessarily have to go, and that's not going to really make a big impact"?

(Gale and Janine are nodding)

Jason: Whereas maybe in the earlier ones there was a feeling that "oh, I better play with everyone else, and do what everyone else is doing".

Janine: And you had to play constantly. Whereas I think now you can come in and out with your instrument and that doesn't break you from the group.

## 11.2 Themes Relevant of Knowledge and Experience of Group Improvisation

The interaction between knowledge competencies and experience competencies was facilitated via repetition over the weeks and evident in the changed music making as described above in the first three perspectives, and also in the nuance, depth and clarity of music discussion in later sessions. It is also evident that there is a link between knowledge and experience and feelings such as anxiety and later acceptance and joy. Feelings that accompany improvisation are discussed in the final, fifth perspective in Chapter 12.

Themes from the analysis that informed the knowledge and experience of improvisation perspective included:

***Instruments*** – Participants acquired knowledge of the names of instruments and how they could be played. They also became familiar and comfortable with selecting instruments to use for improvisation. They were able to try a variety of instruments out, experiment with using them, and experience successes and failures that over time contributed to increased comfort and capacity with playing. Over time experimentation gave way to intentional, expressive playing.

***Improvisation*** – Participants became familiar with the broad concept of improvisation as well as a more contextual understanding and experience of group improvisation in the context of the program. Dichotomous assumptions about what is or is not acceptable were confronted and radically reframed. The scope and possibilities of improvisation developed considerably via repeated experience, reflection and discussion.

***Vocabulary (verbal)*** – Participants acquired new words to describe music and group improvisation allowing for richer, and more nuanced discussion of the experience.

***Theory*** – Via experience, discussion and the music resource psycho-educational part of each session, participants acquired music theory knowledge that contributed to building a conceptual framework of music and improvisation. Theory competencies contributed to music making, verbal communication and the self-concept of competence.

***Discerning listening/interpreting skills*** – Over the course of the program, participants' perceptual and cognitive capacities related to hearing, giving meaning to and discussing specific elements of the music making grew. This was partly facilitated by increased vocabulary and theoretical knowledge, yet I argue also by building and refining new capacities via focused and repeated experiences of improvising. In early sessions, participants did not describe the music with as much nuance, depth and clarity as in later sessions.

***Music as a Health Resource*** – Knowledge of music as a potential health resource and competencies for intentionally using music for wellbeing developed. Participants shared experiences of using music in everyday life as a health resource.

## **Chapter 12. Perspective 5: Changes in Feeling States That Accompany Group Improvisation**

This perspective differs from the previous ‘knowledge and experience of group improvisation’ perspective by considering changes in physiological and emotional responses to music making. In early sessions, emotional responses at times overwhelmed and restricted process. However, discussion of feelings also promoted therapeutic process. Reflection on feeling states led to some of the most productive discussion in the program as they were most closely related to the challenges experienced by people living with BPD (Linehan, 1993; Luyten & Blatt, 2013; Sheffield et al., 1999). As the weeks progressed, physio-emotional responses were re-framed and/or lessened, enabling participants to experience music making with less judgement and an attenuated physio-emotional response. The main observations below that are relevant to changes in feeling states that accompany improvisation include feelings of nervousness and anxiety in relation to instrument choice, loud and high-pitched sounds; perfectionism and dichotomous thinking in relation to how to play, particularly rhythmic features of music making; tolerating limbo periods (transition between musical connection and disconnection); and a general shift toward comfort, acceptance and affiliation in the group.

The previous perspectives presented in Chapters 9 – 11 describe competencies that are more closely related to musical skills and knowledge, while this chapter focuses on physio-emotional responses. This delineation of skills, knowledge and internal responses is an academic split only, and serves the purpose of description and

theorising. The five perspectives emerged from the same phenomena. The changes described in this chapter are arguably most relevant to participants with BPD; yet, I argue in this thesis that they were difficult to attain without the musical competency changes identified in the previous three chapters.

### **12.1 Changes in Feeling States That Accompany Group Improvisation Extracts**

**Session 1.** Before we began there was evidence that most participants had some anxieties about playing together. This was expressed as concern over being able follow instruction, that it would be too loud, plus my observation of the lack of eye contact and other visible signs of anxiety such as wringing hands together when asked to choose an instrument. However, I felt the improvisation was a good start. It was gentle and soft, and everyone participated and had a go. It was interesting to observe the musical competencies, and how they were affected by relational competencies. There appeared to be lots of personality showing in the playing. For example, disconnection, quietness and caution. Some participants were at times assertive and then also anti-confrontational. These dichotomous/paradoxical behaviours are textbook BPD presentations (Hooley & Germain, 2008; Sheffield et al., 1999).

During the discussions, there was very little direct verbal interaction between group members. However, as I questioned individuals about their experience, concern over fitting in with the group music dominated the discussion. Carolyn described trying to follow my beat on the surdo. Both Christine and Miranda described playing as ‘trying to fit in’. Gayle felt it was hard staying in rhythm and “didn’t want to play a clanger”. Janine, prior to the improvisation expressed feeling a little overwhelmed by the “array

of instruments” and was concerned about being able to follow the leader, like in a typical drum circle situation, but found the style of playing in our session agreeable to her. She described it as less pressure, because everyone could do what they wanted. Jenny criticised herself for not looking up at others as she felt this was important due to our focus on relational features of music making. Carolyn revealed that her initial instrument choice of the chime bars was too loud, and she quickly changed due to that.

Later, when we discussed our artwork, Jenny identified being self-critical about her inability to relate to others in the music. I felt that her impression of her participation did not match how she actually played, as she seemed to synchronise to the rhythm and dynamic of the group easily. There was a dichotomous perspective present in several of these drawings identifying the way individuals played as either right or wrong. Miranda drew something that seemed to include a representation of herself as not fitting in, though this was not expanded on in the discussion. I recalled that at the time I was cautious of exploring strong emotional responses so early when the group was still forming. I wanted to allow some space for familiarity first.

**Session 2.** Everyone looked solemn during the check-in. It was Ruth’s first session, and introductions were made. Otherwise, there was no interaction between participants and little eye contact. Some expressed feeling nervous about improvising again. They were concerned about being able to listen and respond to others while still learning and lacking playing experience.

The chiming sound of the finger cymbals played late in the improvisation had an immediate impact on the group sound. One participant stopped playing after the second chime and by the fourth reached out and placed her instrument on the ground. This

gesture seemed to mark the end of the improvisation. Later another participant described how she found the sound of the finger cymbals too loud. For me, this improvisation felt disconnected, and I felt that I needed to gently try to create a supporting musical ground. I was also not wanting to be a dominant leader, so found myself focused on finding the right amount of support and space.

Participants were talking more spontaneously in this session. The discussion was mostly about fitting in and being able to play, particularly with rhythm. It seemed the notion of rhythmic alignment was of primary concern and discussed as something that is done or not done. Also, the loud chime sound came up and indicated that several participants found the combination of high pitch and loud volume disagreeable. Other factors such as intensity, or expression were not discussed. Some participants expressed strong emotional responses, while others were more guarded about their experience.

When discussing drawings, Carolyn said she felt her own playing was too loud, yet my impression was that it was not too loud, or even loud in comparison to other players (who, on the whole were playing fairly quietly). Janine described some struggles between instruments during the improvisation. This seemed like a safe, indirect way of addressing the emotional responses to rhythm and volume expressed earlier. The language used to describe the playing is interesting. Words like 'dominant' and 'leadership' were used, and participants didn't seem to like being described by others in those terms.

**Session 3.** During check-in, some participants were looking a little more comfortable than others. It was evident there were still some nerves about playing

instruments that were unfamiliar as expressed by Jenny who identified the surdo as “intimidating”. She did go on to challenge herself and play it which was great.

Interpersonally, it seemed participants were having difficulty asking and responding to questions from each other about how they were playing. It felt like there was some emotionality attached to learning the task of music making. Words used to describe learning how to play included caution and also feelings of accomplishment. Some participants were defensive while others intellectualised.

During the artwork discussion, it was evident that there were several ways of responding to the improvisations visually. The artwork was providing a way of sharing different perspectives on the musical process. Gayle used the challenge of playing the ocean drum in the group, and its unpredictability as a metaphor for not knowing what was going to happen in other social situations. So, for her, practicing doing something that was not easy to control, but knowing nothing bad was going to happen was good to do. Everyone appeared more relaxed when the group began exploring these ideas of fitting in or not. Several images depicted connection in the artworks this week. One participant who was more outspoken of the need for rhythmic stability rephrased her reflection on the music not always fitting together, likening that to being in groups generally. She said, “sometimes, it's uncomfortable”. This participant was beginning to change her perspective on the purpose of improvisation. It did not have to be aesthetically pleasing. These musical experiences and discussions were helping participants to have a more nuanced way of thinking about music making that included tolerating discord as a natural part of the process. However, it would take a few more sessions before the music making reflected this in practice.

**Session 4.** There was a particularly important process in this session that included conflict between participants. It was important to examine this session closely when considering feeling states in relation to competency development in this study, yet I wanted to respect the confidentiality of these participants when writing about it. I was concerned that using pseudonyms was not enough, so I have explained this without using any names.

Once again, everyone looked solemn at the start. Once the discussions got moving some participants were comfortable and willing to share, yet others resisted questions or answered in a way that felt like distancing. There was also some distancing and rigidity in the improvisation. An interaction between one participant and myself in the final section included a period of intense mirroring and possible misinterpretation. According to my notes: "I could see that [this participant] was visually mirroring my mallets. I was aware that she was mimicking me here, and when I played an extra note, I felt I may have given her the impression I was rejecting her. That wasn't my intention. I was trying to break the pattern a little. Watching the video back, my fear that I had given [this participant] the wrong impression may well have been correct as she very quickly withdrew. She stopped playing and her body language looked like a rejection of myself and [the other participant] who was still playing. I was torn during this section because I wanted to model and encourage being able to play when the improvisation got silent - that we didn't have to stop - yet I was also worried I was favouring [the participant who was still playing] over [the one who stopped due to the misinterpretation]."

In the post improvisation discussion, I felt tension in the room. Particularly between the two participants who continued improvising with myself in the final

section. I was unsure how best to tackle it. Another participant, possibly wanting to address the feeling of tension commented on liking the quiet music. This particular participant had mentioned not liking loud sounds in previous sessions, so in part it was a genuine response to the music, while also being a response to the dynamic.

Once again, there was some critique of playing to a steady beat. As one participant commented on another playing out of time, the response was initially defensive, then included some feedback about feeling judged. Other participants offered feedback about their impressions of the music, which did not include the same feeling of unstable rhythm. The conversation shifted to the dynamic. One participant was curious as to whether we could play louder. When another suggested that loud playing would not be tolerated, that reflection was taken personally by another who left the room (followed by the cofacilitator who sat with her outside the room for 10 minutes). When she returned, the group had a productive discussion about interpreting music making. We didn't directly address the interpersonal conflict, but instead discussed the music making. There were mixed responses to the two main musical elements that contributed to the disagreement; the desire for a steady beat and playing loudly.

When describing some difficulty playing rhythm, there were mixed descriptions. A couple of participants had personal responses to the sensation of being out of sync such as feeling anxious. However, while one accepted it and was willing to work at finding her way back into the pulse, the other felt more strongly about preferring a pattern and the desire for a more "cohesive" group sound. Another two participants expressed concern over putting other players off when they were not keeping time well. Conversely, another participant said she didn't mind when there was not an obvious rhythm in the music; she liked that it felt like "you can't do anything wrong". This

discussion included an excellent reflection comparing the sensation of feeling disconnected to the pulse during music making to the real-world experience of not fitting socially when joining a new group. The analogy was contextualised to early school experiences of a new class: “Yeah, it’s like being the new kid in a class. You know, you go into a room, some people know one another, they’re already friendly, there’s conversation, there’s a different, sort of culture and you’ve got to like, suss out the room and find out... For me, I’d be on guard and like, working out what’s happening. Yeah, that’s how it would make me feel, and I’d feel more isolated.”

As participants explained their own perspectives, it became apparent they were open to exploring playing loudly yet were more concerned about being perceived by others as being too loud if they did. Relational words were used to describe this such as ‘intrusive’ and ‘confronting’. What seemed most helpful was the acknowledgement of alternative impressions of these musical features. There was not an agreed correct way to play, and that seemed to be understood via the discussion, though not explicitly stated.

For the first time in the program, the group discussed the music process and via the music also discussed therapeutic processes. I asked if talking about differences in music interaction was easier than discussing interaction generally. One participant, presumably referring to the conflict earlier in the session, acknowledged that it's hard to find the right words to express yourself clearly and sensitively. We arrived at a consensus that music was a little easier, even though the things we talk about were still personal. The group identified that using music speeds up the therapeutic process. They felt we had come a long way in four weeks. The group also felt the artwork helped the

process, particularly as everyone took a turn to describe their artwork, including those who may be quieter. Evidenced in this transcript:

Gayle: When we share what we've drawn in music... I think in... other circumstances people would be more reserved about sharing what they're drawing. Like... in creative arts therapy or something like that, something may come out on paper and it more personal. So, they're shyer to share that. Whereas [here] everyone's more comfortable to explain their drawing.

Jason: Because your explaining it in the context of playing music together as opposed to than something a bit more personal in your life?

Gayle: Yet the drawing's still personal.

Ruth: Yes.

Even though this was a tense session, it was the first time the group talked about the therapy and the process. The expression of feelings and responses contributed to this being a productive session. At the beginning of the artwork making, the participant who earlier walked out of the room made a joke which was well received by the other participants. There was a willingness to repair the rupture from earlier in the session. This was great in the context of this group. People with BPD can find even slight relational difficulties very difficult to tolerate. This was evident in this group through a variety of behaviours such as disengaging, drawing in a notepad while others talk, fidgeting, using a stress ball, poor eye contact, intellectualising, changing the subject, etc. These various coping strategies can help and hinder relationships. Having a notepad, stress ball, etc. can help the person cope, yet it can also become a barrier to

interpersonal communication such as poor eye contact, and possibly even not listening. For this group to successfully negotiate conflict today was really significant.

**Session 5.** Most participants appeared comfortable right from the start of the session. During the improvising and both discussions (after improvisation and after making artwork) there was warmth. Both the music and artwork discussions felt natural and did not require as much facilitation from myself. There appeared to be more comfort in the room as there was some light chat and testing of instruments as we got organised to play. In response to the discussion the previous week about rhythm and volume, I asked if we should play a warm-up that included being loud. Everyone agreed. Participation in the warmup was good, everyone readily did it and there were some smiles. Carolyn, who usually played softly, and struggled with loud, "intrusive" sounds, looked like she really enjoyed the volume of the crescendo. She nodded and smiled when asked if we should do it a second time. My notes indicated that I felt playing loudly in a structured way allowed her to experience volume more positively. I wondered if this could have provided an opportunity for remodelling her experience of loud sounds from being intrusive, to being stimulating.

There seemed to be a relationship between general warmth and comfort amongst participants, and connection and intimacy in the music. I felt the relationships that had developed allowed participants to be more comfortable and more responsive in music making, allowing them to experience aspects of music making in a more open and receptive way. This included tolerating and even enjoying volume and asynchronous playing. Conversely, it also seemed to facilitate synchronous playing too.

While the lack of rhythmic connection was described in early stages of developing musical interaction competencies in Chapter 10, one may also interpret this as resistance to the intimacy of connecting to others musically. The improvisation this week took a while to settle. For several minutes the music making felt disconnected. My feeling was that the group was addressing the conflict from the previous week in the improvisation. It felt like they needed to connect and trust each other musically before being able to relax and open up to a more intimate musical connection. Then, something new occurred during the improvisation. The music making broke down to only include myself and the same two participants in the final stage of last week's improvisation. However, this week, instead of slowly ending, we continued playing, even though the beat was disconnected. We continued through the polytempi for a minute or so and then came together with a common pulse. When this occurred, other group members, one by one joined back in with the new pulse and we all continued to play for several more minutes. Once the coming together in the music occurred, it was louder and more rhythmically cohesive than any improvisation so far in the program. My notes of the improvisation indicated that at the time it felt significant. Observing this session on video also suggests the musical coming together was a powerful experience. Bodies were moving slightly with the pulse and there were some smiles.

During the following discussion there was agreement amongst participants that it felt nice to join together in the rhythm. The group was able to tolerate the break down, or 'limbo'. Miranda described not ending and getting louder instead as "a nice surprise". Carolyn described feeling liberated and alive when the group got louder. This is in contrast to the previous week when she said being loud would feel intrusive.

Participants described how they were aware of each other during the improvisation. Gayle interpreted Kay's contribution as feeling "the vibe". Both Gayle and Carolyn noticed my foot tapping and felt good knowing I was enjoying the improvisation. In my notes I wondered if seeing me move to the music in that way validated their own sense of musical competence. Gayle used the term "jamming" to describe the pleasure associated with the interplay. Carolyn said, "this is cool". I shared that I noticed how everyone looked comfortable while we were playing. Janine casually assisted Jenny to drag the bass metallophone over while playing, and Jenny mentioned it in the discussion as a positive reflection. Janine described the feeling that accompanied the improvisation as "a sense of sharing the space". Ruth followed up Janine's reflection by saying that she felt everyone was "more aware of each other". Gayle replied that the feeling was "less awkward". My comment to the group at the time was that it felt warm and accepting, and I really enjoyed being part of it. Not all participants verbally reflected on the experience though. In my notes I wondered if the intimacy of the improvisation was felt; yet, verbalising it may have been difficult for some.

Jenny returned to an aspect of playing that she had mentioned before: playing with her head down and not looking at others. However, this time she said that she was still aware of others and listening. She noticed that her hearing was stronger than her vision during the playing. This was a much more positive reflection. Rather than criticising herself, she was acknowledging her competence.

**Session 6.** When Gayle lost her connection to the pulse during the warm-up, she laughed it off and continued to play. Everyone appeared tolerant of the loud dynamic when we warmed up on another crescendo-decrescendo. Participants looked more

comfortable today. All participants were visually attending to each other and when there was silence, it felt less awkward. After the warm-up, everyone looked comfortable and responsive.

Everyone prepared for the improvisation easily; selecting instruments, adjusting chairs etc. It looked and felt comfortable. Even when the music felt a little disconnected, the players seemed to be able to work through that. There was little eye contact while we played, though I felt participants were not concerned so much with that now. The improvisation seemed to be more expressive and changing in this session. A period of strong crotchet pulse playing felt like a unifying force, rather than a lack of musical language. The slow gentle ending had a melancholy feeling to it, and it stretched out for a reasonable length of time as the group seemed comfortable enough to be able to sit with the soft, sparse dynamic.

During the discussion, participants identified feeling confident in knowing that it can take time to reach the point of musical connection and working through to that was important when improvising. Also, tolerating volume and being comfortable with being heard by others was another important point discussed in this session. Carolyn said:

If we'd made that much loud noise initially, I wouldn't have been comfortable with it, but over time... I'm used to it so... just seems easier to feel really comfortable with what we're doing. Like initially I thought, you know, we had an expectation (gestures a benchmark with her hand) of that we had to be able to do, whereas it's just all freely flowing between each other and... it's more comfortable.

A little later she added:

I would agree with what [Jenny] was saying. I'm more confident. I would have held back more at the beginning, but now I just get over it. Like if this (pointing to the surdo bass drum) was placed in front of me day one, I would have... freaked out. I wouldn't have been able to do it.

In response to the question about working through the disconnect, Gayle commented that there was "more calm" in the music and "comfort" with taking time to settle into the music making. She also commented on being heard by others: "Yeah, and not feeling as timid about the sound, or making the wrong sound, or that sort of thing. It was more, freedom to just have a turn." On the subject of gaining familiarity with improvisation she said: "It's been sort of, a good reminder of how... sometimes it's hard to do something you... you might feel uncomfortable about something, or going somewhere, or... but it's good to be reminded that it's just because it's unfamiliar. Yeah, just because it's like something seems... sort of like you're put off by it. That just if you push yourself through that discomfort, that then you can become more comfortable." When I ask her if that's about worrying what others think (social anxiety), she replied: "Um... A little bit. But more just discomfort with unfamiliar things. So, new things. Yeah. Like... I hate that first day at school feeling. You know, or first day at a new school feeling. As in trying something new or doing something different. Because it's um, that feeling sort of puts you off. And it's easy to then just back out and say, 'oh no, I don't feel well', or 'I don't want to do it, cause I've changed my mind'. You know that sort of thing. So, it's a good reminder that if you push yourself, you

know, you'll find a comfortable space." The other participants nodded in agreement with Gayle. This seemed to be about gaining the ability to tolerate discomfort because one has learnt that they will find comfort by persevering. It was an excellent reflection that I felt captured how feeling states change via the relationship between gaining competencies over time and connecting with one's own sense of competence. It includes both emotional regulation and a less intense emotional response to the situation. Gayle was able to believe in the process and her ability to sit with and work through it. I also feel my response highlights a tendency by therapists to over-intellectualise the process. My formulation that this was social anxiety was not quite right. I failed to acknowledge how importance competencies were to the participants.

When I asked about the periods in the music when there was some disconnect. Ruth commented that she was relaxed about it, that it didn't really matter as much now. After Gayle and Jenny offered their thoughts, Ruth said: "I think it was we were all more relaxed with each other. Having done it for so many weeks we don't mind sitting back and getting on with it with one another."

Carolyn's artwork and discussion were of connectedness in the music, using the ocean, fish and birds as the image. In response to Gayle's description of expressing oneself in the music, Carolyn said she thought it was getting easier to express herself. Carolyn identified that knowing you are not judged allowed one to be able to learn to express themselves musically in this context.

Participants identified an important aspect of approaching this process from the perspective of competency and acceptance, and how this differed from a traditional teaching approach to music making that is more about skills and assessment:

Jenny: I know that when I was in school, you got told you're not good at something. It's not your area. I guess its kind of interesting coming into here and told you can have a go. It's like so good. It like being in a lolly shop suddenly. But it's a little bit intimidating because it like, hang on, but I'm not meant to be good at this, or I'm not meant to be musical, or I'm not meant to be... you know. So, for me it was like having to push past the... yeah you can't hit the beater right or something, so.

Jason: Hmm.

Gayle: Yeah, and I think also getting a turn at things that you never got a turn at. You know like in the early years it was like, oh no, you never got picked for that, or you weren't allowed to touch those instruments sort of thing, and sort of getting to choose and having a turn and it doesn't matter how it turns out is quite good as well... It was like redressing something from years gone by when you may have felt not enough...

Ruth: Or not good enough.

Gayle: Yeah.

Carolyn: There's no judgement.

Gayle: Hmm.

Carolyn: Placed on anyone.

**Session 7.** During check-in, the group discussed how the experience had impacted how they framed perfectionism. Gayle, Janine and Carolyn contributed to this discussion:

Jason: What about um, the actual playing part? The improvisation that you do. How's everyone finding... I know that there was a lot of apprehension at the start.

Janine: Yeah. I grew up having formal music lessons as a child. And that's about being very precise, and you have to get everything right, get all the notes right. You're learning scales, and you're learning... I even had to sing which really didn't go down well with me. Um, where as this, there's no right or wrong. And what some people.... The role that you choose to take on, um, is your own choice. Like when you want to be in a sense 'the leader', you want to play loudly, you want to play softly you want to play an instrument that's a little bit out of control, or something more precise, there's no right or wrong about it. You know it's been really helpful to be able to explore... explore that. There isn't a need for perfection. And there's no such thing as mediocre or bad or good, it just is.

Jason: That's great. Does that translate outside of here? Do you think there's something that we're getting therapeutically from this?

Carolyn: ... It's just... just being able to play freely like [Janine] just said, it's just... no expectations on anyone, and, as you say, no right or wrong, it makes you feel good that you can contribute as a group.

Gayle: It's like something... like being able to play and it's not right or wrong. You can translate it out of here. Um, for me it also brings that tendency for perfectionism. And it um... or the hesitancy around having to go somewhere I haven't been before. Or something. It gives you a little bit more confidence. (pause) In a way.

Jason: Yep.

Janine: Or to break the mould when there is none. You just perceive that there is a mould. Not you (pointing to Gayle). I mean, that we just perceive that there is a mould. That needs to be... that you need to shape yourself within. In fact, there doesn't need to be a mould at all.

Jason: Hmm.

Tolerance of quiet sections and periods when the rhythm broke down suggested to me that players were interested in the musical relationships that were developing and wanted to pursue the further development of this. This was similar to the relational competency of motivation to interact with others socially (L'Abate et al., 2010). There was also an acceptance and willingness to work with each other's contributions. Support for Janine's accented playing felt relational, particularly as it turned into call and response. When players didn't quite respond together, that seemed to be tolerated well. Participation in crescendos looked comfortable. I noted a feeling of warmth and good eye contact in this session, during music making and in the discussions.

When discussing feeling exposed on her instrument Carolyn described choosing to stick with it. Gayle suggested that because everyone was more confident, they could

play and stand out: "I think that it was like... now it's alright, but if it was like that at the start, you'd feel more conspicuous... But now that we're more confident... then you're not as scared of standing out sort of thing."



*Figure 33.* Carolyn's artwork from Session 7.

This transcript follows the listening and artwork creation from this session. Earlier during check-in, Janine talked about her changing perspective, moving from evaluating to accepting the improvisations. She said: "we just perceive that there is a mould... that

you need to shape yourself within. In fact, there doesn't need to be a mould at all.”

Later, after the improvisation, Carolyn felt some frustration. She thought she was out of time and played too loudly. In response, Janine said she thought Carolyn was leading the group, and enjoyed it. We then listened quietly to the recording and made artwork (see Carolyn's drawing, Figure 33). This excerpt followed:

Jason: Would anyone like to go first?

Carolyn: I'll will.

Jason: Yep

Carolyn: Today it just felt like... um, I don't really know what this purple is, but it's almost like it's er, like a container. Or a box. And all the... like little bubbles, and like little crackers going off, being open... um, everyone's being freed of being put into the box. It's just an explosion of freedom and um, happiness really.

Jason: Great. How'd you find, I'm curious how'd you find listening to yourself in the recording versus your feelings about playing.

Carolyn: It was better listening...

Jason: Yeah?

Carolyn: ...then actually playing. Cause I felt really, really uncomfortable playing it, but then when I was listening to it, it was what I drew – a box, and then I just let loose and went with the flow and... it was what happened during that, so, it sort of depicts the drawing.

Jason: Right. So, the box is more the playing experience, and the top part is the hearing it back and reflecting on...

Carolyn: Yeah. Not being sure...

Jason: Yep.

Carolyn: ...and then when listening back it's opened the lid of the box, and, you know there's just explosions, fireworks and bubbles, and streamers and things like that. It's all being let loose.

Jason: Hmm. That's great.

Carolyn: (pointing to the lower purple part of the drawing) Cause the box is you know, sort of cracking under the stress of being confined. And then when hearing it back again it's sort of like a release.

Jason: Hmm. That's great, so what you were hearing back I guess is what we were hearing when we were actually playing it...

Carolyn: Yeah.

Jason: ...and we were thinking it was a really beautiful sound, and a nice thing for us to follow.

Carolyn nods.

Jason: That's great.

Carolyn's comments when describing the process of listening and drawing suggested some shift in her self-concept regarding relational competencies. The feeling

of being freed for Carolyn was happiness. I thought Carolyn was talking about process. Possibly her drawing (see Figure 33) could have been about the confines of BPD and feeling restricted generally. This was similar to Janine's discussion of being stuck in a mould early in this session. Her description: "there's just explosions, fireworks and bubbles, and streamers and things like that. It's all being let loose" links the musical experience with a relational experience. This specific experience of how she felt playing versus listening again (her initial impression after playing was that she was out of time, and too loud), and getting feedback from others is similar to what was happening on a larger scale over the whole program. The feedback that Carolyn got in the discussion immediately after the improvisation provided a contrast to her own experience, which, followed by the listening, seemed to allow Carolyn to re-frame the experience. This seems to me to capture the therapeutic process of moving from second guessing and social anxiety to an acceptance of the self. Challenges to one's self-concept via feedback from others, plus opportunities for reflection appear to have contributed to a healthier self-concept for Carolyn.

It raises an important question: Would Carolyn have experienced listening back in the same way had there been no discussion earlier? I feel Janine's feedback in the first discussion contributed to Carolyn's listening and drawing experience and allowed her to re-experience her own music making in a more positive frame. In Carolyn's case her anxieties about how she interacted in the music, being too loud, or out of time mirror relational challenges generally for someone with BPD. She described "not being sure" and then "letting loose". The opportunity to experience feeling more comfortable with simply being with others, and not being constrained by anxieties was therapeutic. Carolyn's description of her process in this session captures the potential of music

therapy to create a space for adjusting one's self-concept regarding musical and relational competence, and positions musical competence centrally within the therapeutic process.

**Session 8.** There was a general feeling of comfort and acceptance in the improvisation during this final session. The theme of the artwork discussion was that there was blending, and also individual playing. Also, a feeling of being able to be more authentic in the music. Ruth's conversation with me captured the theme:

Ruth: Yeah that was good, yeah. Yeah, it was more complete than some of our other music. People didn't hesitate to make a noise if they wanted to make a noise. But at the same time, we all blended together.

Jason: Yeah, it reminds me, what was the language we used the other week? Ah, "there's no right or wrong" people were saying. That seems to be that feeling of "that's OK" to have built the confidence to play. To be heard, or not be heard.

Ruth: Quite different from other times, I think. I think we've all been much more cautious, and, in a way considerate, but it's not really being considerate because you're stifling your own um, production if you like.

Jason: Right.

Ruth: Attuned to what you're playing rather than what's going on.

Jason: Yeah OK. So, what you're saying is that by being prepared to be more representative of what you're feeling in the music is actually more considerate because you're giving more of yourself to the...

Ruth: To the group. Yes. I think so.



*Figure 34.* Gayle's artwork from Session 8.

Gayle's artwork (see Figure 34) depicting her reflection on being in the elements. Surfing provided a metaphor for experiencing strong and sometimes overwhelming forces of life in a coherent way, and to enjoy the overall experience. She felt the improvisation was like going out past the breakers with the "fantastic feeling of rising up and down in the swell", yet "a wave can also land on you and push you into the sand and rocks under water". In her drawing there was thunder and lightning and really big waves crashing over rocks. The surfers were able to ride these waves, and fall off, but still they liked to be "out there amongst it".

I feel that being able to experience music making and then talk about it with words, and also draw about it with images suggests that the musical process engages implicit processes that extend beyond the music making itself. This aligns with Sterns

(2010a, 2010b) concept of cross-modal gestural communication, and applies to features of improvisation. (This concept is discussed in detail in Chapter 18.) Gayle's drawing clearly demonstrates that her processing of the feelings that accompany making music in groups included considerations of herself in relation to generalised social and environmental contexts. The dynamic nature of music making mimicked the dynamic nature of life generally for her. This drawing is a fantastic representation of one's acceptance of the unpredictability of life, and confidence in one's competence at riding the ups and downs along the way.

## **12.2 Themes Relevant to Changes in Feeling States that Accompany Group**

### **Improvisation**

The perspective on changes in feeling states that accompany improvisation highlights how important one's feelings about their abilities to engage in the task of music making are in group music therapy with people who live with BPD. It also demonstrates the inseparable link between competence and process in this context. The feelings of uncertainty and anxiety experienced by these group members were in many ways addressed by the development of musical competencies. Yet, the focus of the program was to allow competencies to develop in a non-judgmental way, and without overt instruction on how to play in the group. I will explore the notion of competence in Chapter 13, which summarises the five perspectives and explores the self-concept of competence. I will also introduce the remainder of the thesis which focuses on developing a theoretical framework to support the link between musical competence

and relational competence by introducing the concept of musico-relational competence and linking this concept to existing theories relevant to group work in music therapy.

Themes from the analysis that informed the changes in feeling states that accompany group improvisation perspective included:

***Response to musical stimuli*** - One's response to the sounds created during music making. In particular loud and high-pitched sounds were initially perceived as intrusive and dominant. Over time, with familiarity and active engagement, participants were able to experience more intense music positively.

***Lessening dichotomous evaluation*** – Fixed ideas about how to play, and evaluations of music making as right or wrong gave way to accepting the process of improvisation without judgement. This included challenging tendencies of perfectionism, and scrutinising self and others. Participants learned that their playing would not be judged by others and found they could feel more connected to others with this re-framing of the process.

***Experience of 'flow'*** – As negative emotionality and judgement subsided, participants felt in the moment and connection with the process. Their descriptions of the experience align with the concept of 'flow' (Csikszentmihalyi, 1997).

***Appropriate and reactive affect, gesture and facial expression*** – non-verbal communication including eye contact, the use of the body, and facial expression during sessions shifted from flat and restricted to open and reactive over the program.

***Reduced anxiety/nerves before and during playing*** - Worry or nervousness before and during playing. Particularly related to volume, one's own skills - notably

keeping the beat and doing it 'right or wrong', and concern about how others will interpret/respond to one's music making.

***Affiliation*** – Relationship with others, including motivation to form and build relationships. Participants felt relationships developed quickly in this program, and attributed this to music making, and sharing music and artwork.

***Relational behaviour*** – Including movement away from traits related to BPD such as being overfamiliar, histrionic, avoidant, resistant, and intellectualising. More appropriate relational behaviours included motivation to interact, tolerance, acceptance, flexibility, listening and empathy.

## Chapter 13. Competence and Process

### 13.1 Summary of The Five Perspectives

Chapters 8 - 12 explored five perspectives on the participant orientation towards musical competencies beginning with an analysis of the musical structure of improvisations followed by descriptive changes in individual musical expression and then musical interaction. The last two perspectives focused on intrapsychological features of improvisation including knowledge and experience of improvisation, and changes in feeling states of participants during group improvisation. Over the eight-week program, participants became more comfortable with group improvisation evidenced by movement away from dichotomous evaluation and towards acceptance of multiple ways of approaching music making. Alongside changes in physio-emotional responses, participants also gained knowledge and experience of improvisation that included familiarity with the improvisation process and increasingly nuanced decision-making during improvisation. Competencies related to musical expression were demonstrated via music production on a range of instruments including a growing musical vocabulary which developed alongside competencies in musical interaction such as dialogue and attunement. These competency changes over the program are arguably demonstrated by the increase in range and scope of musical features evidenced in the music analysis depicted in the session diagrams in Chapter 8. The analysis convinced me that as participants experienced themselves as more musically knowledgeable and competent, they were able to draw on their musical competencies to reflect upon themselves and the group as relationally competent; as demonstrated by

Gayle when she described choosing to play in a way that was “part-of” rather than being “apart”. This description included her musical expression (music language), her ability to contribute to the group sound (musical interaction), her feeling of affiliation with the group (feeling states) and eloquence in reflection and description of the experience (knowledge and experience).

### **13.2 Music and Process in Music Therapy**

During the clinical program I recognised that I had a blind spot in my conceptualisation of process in music therapy. Initially, I was a little frustrated that participants were more interested in musical competencies than relational competencies. Yet, once I accepted the participant’s competency orientation, I returned to the literature to understand why I was previously not aware of this. I have been influenced by concepts in music therapy theory such as the musical child (Nordoff & Robbins, 1977, 2007) and communicative musicality (Malloch & Trevarthen, 2009a) that argue participants are born equipped with the capacity for musical interaction. I was also influenced by descriptions of clinical work in mental health contexts using free musical improvisation which suggested participants can work with music without spending time working on musical competencies (Ahonen-Eerikäinen, 2007; Alvin, 1975; Pavlicevic, 2000). This perspective was clearly articulated by Pavlicevic (2000) who suggested that

in music therapy, the client's cultural and social experience of music is somehow circumvented, and innate pre-musical communication (dynamic form<sup>9</sup>) prevails:

It is perhaps *these* pre or quasi musical/emotional ingredients – the mechanisms of nonverbal communication, the one branch of “bifurcation” – that [music therapy] improvisation taps, rather than the cultural-musical “branch” of socially coded music-making. [Music therapy] improvisation draws from our pre/quasi musical/emotional ingredients – those features in children's spontaneous vocalizations – which continue to be part of our communicative acts. Our retention and use of these communicative mechanisms, that is, the pre-musical elements of communication in our daily verbal and nonverbal acts of communication as adults, explains our capacity to be music therapy clients. We do not “learn” to be music therapy clients, nor do we need to be musical (in the conventional/cultural sense) to generate and experience Dynamic Form in [music therapy] improvisation (Pavlicevic, 2000, p. 280).

I argue that in practice innate musicality cannot be separated from cultural and social factors. Using the term “bifurcation” above mistakenly suggests that a theoretical division between innate and learned musicality exists in practice. Such firm reliance on the theory suggests that one can somehow set aside all learned social, cultural and musical experience acquired in the many years that have passed since infancy when in music therapy, and only draw on innate communicative musicality. My analysis of data during this study convinced me that participants do indeed need to, using Pavlicevic's

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<sup>9</sup> Dynamic form is a form of musical communication coined by Pavlicevic (1997) to describe Sterns (2010a) forms of vitality in the context of music making in music therapy.

phrase, “learn to be music therapy clients” (2000, p. 280). Reflecting on my years of work in adult psychiatry, I feel this is often the case. Yes, the participants in this study were equipped with innate musicality; however, this was accessed via learned musicality (including assumptions about what music is, and how well one is able to make music) and the accompanying social and cultural expectations accompanying music making. They were not able to independently access their innate musicality without simultaneously drawing on “the cultural-musical ‘branch’ of socially coded music-making” (Pavlicevic, 2000, p. 280). For participants with BPD, who experience many challenges related to their thought processes and feelings in groups, acknowledging and working with socially coded, cultural music making was important. Therefore, I feel a wholistic musical process that acknowledges the participants’ competence orientation was an integral part of the therapeutic process in this study. I believe I have demonstrated this using the five perspectives in Chapters 8 – 12.

When searching for technical descriptions of music making in improvisational music therapy, the primary sources were Nordoff and Robbins (2007), Wigram (2003), and Bruscia (1987). These authors describe improvisation techniques such as sharing the beat, mirroring, matching etc. from the perspective of the therapist’s own music making, or their observations of the client. In Wigram’s improvisation text (2003), there is mention of the need for participants to be familiar and confident with improvisation in order to engage in the therapeutic process. Yet, there is nothing written about utilising the process of gaining familiarity and confidence as part of the therapeutic process. Instead, warm-ups are described as a “precursor” to the therapeutic process. Carroll and Lefebvre (2013) also write about improvisation in music therapy, including

guidance on how the therapist can learn to improvise, but say little about how the client should acquire competencies, or the importance of this concept.

Descriptions of music therapy in mental health draw on relational concepts such as attachment (Hadley, 2003), transference (Bruscia, 1998), and implicit gestural communication (Malloch & Trevarthen, 2009a). The literature draws on verbal psychotherapeutic theory (Ahonen-Eerikäinen, 2007; Alvin, 1975, 1991; Bonde, 2007; Bonny, 1978; Davies et al., 2014; De Backer et al., 2014; Eschen, 2002; Richards, 2014) with music typically appended as a metaphor, or modality for relationship building rather than an active part of the therapeutic process. From these orientations, music making is not clearly described, particularly from the perspective of the client's orientation towards competence. Based on the experience of participants in this study, I suggest that considering the client's competency orientation allows for a perspective on process that includes music process as therapeutic process. In this study, informed by methodological considerations from ethnography and ethnomusicology, I looked closely at the meaning making processes of the participants. This encouraged me to consider the self-concept of competence as primary to therapeutic process. The competency orientation frame provides a way to both describe and interpret the change in the participant's musicality (how one plays) and self-concepts about musicality (how one thinks and feels about how one plays) while linking musical process to therapeutic process.

The role of the participant's self-concept of competence has been addressed in part in the resource-orientation literature, most clearly articulated by Rolvsjord (2014) who identified the importance of competencies broadly (including music). Clients who had the opportunity to share their competencies were arguably more engaged in the

therapeutic process, particularly when collaboration was valued. The benefit of feeling competent in this context was clearly articulated by participants interviewed in Rolvsjord's study (2014). Yet, while the resource-oriented literature acknowledges that competencies are relevant, there is no discussion of how to work with those clients who do not feel they possess competencies. Carolyn's comment about playing the djembe in session 4 (see Chapter 9) highlights how being aware of one's lack of competence can diminish participation. She said, "I didn't have the ability to make it go louder, so I played it more quietly".

There are a few studies of participant perspectives that have identified the clients' orientation towards musical competencies when describing personal therapeutic process (Aigen, 2005; Ansdell, 2010-86; McCaffrey, 2018; Rolvsjord, 2014; Solli, 2008; Solli & Rolvsjord, 2015). Aigen (2005) suggested some participants were therapeutically motivated, and some were musically motivated. He argued that for many participants, music was central in the music therapy process. Resource-oriented perspectives also provide a framework that embeds music as a health resource for participants in music therapy. These orientations highlight the activation of the participant's musical competence in the therapeutic process (Aigen, 2005; Ansdell, 2010; Rolvsjord, 2010; Schwabe, 2005). Music-centred and resource-oriented perspectives acknowledge the motivational and therapeutic potential of music and argue that the activation of musical competencies can facilitate therapeutic outcomes. This study expands on the concept of music as a resource by identifying that musical competencies change over time, and that the change in music competencies is closely linked to therapeutic process. Jenny's comment in session 6 (see Chapter 11) emphasised that as her musical competencies developed during the program, her way of

engaging changed too. She said: "I think my self-confidence has gone up with it. I'm more confident with choosing instruments and playing around with instruments. Where I think day-one wouldn't have quite... I would have thought 'what am I doing?' So, I think it's helped me to make choices and not be as shy, and sort of, taking safe options and things like that. So, I think my confidence has increased."

Two recent studies identified both positive and negative experiences of musical competence in music therapy as salient to participants (McCaffrey, 2018; Solli & Rolvsjord, 2015). Solli and Rolvsjord (2015) present the case of a participant who experienced a sense of mastery when a fellow patient complimented him on his skills at playing the tam-tam drums. Yet another patient, upon hearing a recording of himself playing saxophone was very disappointed, as what he heard did not meet his expectations, alluding to a time when he had taken lessons in the past. Similarly, McCaffery's (2018) study of patient experiences identified a lack of music instruction as a point of frustration, clearly articulated by one of her participants: "you have to be shown, you have to be taught, you know" (pg.37). McCaffery suggested an inclusive ethos held by many music therapists including a belief that "there is no right or wrong way to play an instrument" as a possible explanation for not working with competency development in music therapy. These recent studies identified an important gap in the music therapy literature – the client's orientation to musical competence during the therapeutic process. These studies are more closely aligned with the outcomes of my analysis, and McCaffery's finding more specifically go some way to explain why consideration of the participant's orientation to competence may be a blind spot worth exploring. The suggestion that music therapists believe 'there is no right or wrong way to play an instrument' is possibly the result of elevating innate musicality over learned

musicality in music therapy, and also relying heavily on verbal psychotherapy theory which does not include music making in the formulations. I feel this was the case for me when I embarked on this thesis.

The observation that musical language developed for individuals over the course of the program suggests existing notions of music therapy circumventing cultural and social musical experience (Ahonen-Eerikäinen, 2007; Alvin, 1975; Pavlicevic, 2000) may be missing important features of process in music therapy. While in some contexts, competencies related to musical making may be less important, for participants in this group, these competencies were primary. Participants evidently needed to experience themselves as musically competent within the therapeutic process of exploring relational competencies.

### **13.3 Competence and The Self-Concept**

Competence in this context is closely related to the concept of self-acceptance, the lack of which is linked to emotional difficulties (Corsini, 2001). Upon examination of the experiences of the participants in this study, the self-concept of competence in group music making emerged as central to understanding how group improvisation in music therapy can benefit participants with BPD. Yet, this perspective of competence also includes observable features (my own observations, and participant observations of each other) of music making such as entraining to a pulse. Therefore, musical competence can mean both a personal sense of having an adequate degree of competence and an adequate degree of observable music making and listening competence.

The self-concept is critical because if one is observably competent (appears to possess adequate skills/capacities), but does not believe they are competent, problems may arise from a self-evaluative perspective which can impact emotional regulation and participation during group music making. For examples, Carolyn felt some frustration in session 7 (see Chapter 12). She thought she was out of time and played too loudly. Janine provided some feedback which may have helped Carolyn to experience herself as more competent than she realised by saying she thought Carolyn was leading the group and enjoyed it. Conversely, if one believes they are competent yet are not able to meet some benchmark skills such as entraining to a pulse, or regulating playing volume, problems effecting communication may arise, impacting the group's musical process, and subsequently, relational process. In session 4 (see Chapter 11), both Christine and Ruth were confidently playing a strong rhythm, yet playing at different tempos, seemingly unaware. In later sessions, players began to adjust to the pulse of others more readily, which coincided with changes in scope and variation identified in Chapter 8. Group experiences appear to provide a field that can facilitate the alignment of both observable and self-concepts of competence. Incorporating the outside perspective into the self-concept via feedback and repeated group experiences appears to have had therapeutic benefits for the participants in this study.

Using competence as a frame provided a way for me to both describe and interpret the change in the participant's musicality (how one plays) and self-concepts about musicality (how one thinks and feels about how one plays) while linking musical process to therapeutic process (how one thinks and feels about relating to others). I have grown to appreciate that honouring the participant's perspective (process of meaning

making) in this way extends the ethnographic perspective from a research perspective to a therapeutic practice perspective.

The remainder of this thesis is devoted to formulating a theoretical framework that includes existing theory such as group process theory, plus a framework on musical and relational competencies that I have developed in response to the analysis of the video data in this study. Chapter 14 introduces the framework. Chapters 15-18 discuss relevant theories, and Chapter 19 is a metatheory, or conceptual framework that draws the theories together in the context of group improvisational music therapy.

## **Chapter 14. A Framework for Group Music Therapy Process**

“The mechanisms that bring about change in psychotherapy are incompletely understood, at best” (Bruschweiler-Stern et al., 2010, p. 38).

### **14.1 Chapter Introduction**

Maxwell (2005) describes a conceptual framework as a “system of concepts, assumptions, expectations, beliefs, and theories that supports and informs your research” (p. 39). As described in Chapter 5, I closely examined all eight sessions before settling on a set of theories that provided a framework for describing and interpreting the eight-week process. I settled on four primary theoretical perspectives that support and inform this thesis and have attempted to tie them together as a conceptual framework. The first theory is original to this thesis, while the other three are pre-existing theories. I will briefly introduce the theories in this chapter. This introduction is dense yet exists to sign-post and orient the reader. The theories are explained in detail in Chapters 15 – 19, drawing on the data extracted from the videos of the sessions examined in this study and explicated in Chapters 8 – 12. Chapter 20 draws on the theories presented in Chapters 15 – 19 presenting a conceptual framework to describe process based on the analysis of this study.

## 14.2 Arriving at a Framework

As I was reviewing the videos, I gained an awareness of changes in the competence orientation for participants. It was apparent they moved through stages of competence that began with personal music making competencies (musical competency orientation), followed by interpersonal musical competencies (musico-relational competency orientation), and finally generalised interpersonal competencies (relational competency orientation). This appeared to be a task oriented, and personal process for each participant. The first theory I have developed to explain this feature of the experience focuses on three competency orientation stages: musical competence orientation, musico-relational competence orientation, and relational competence orientation. While there was much overlap and revisiting of these three stages, I have chosen to use the term 'stages' as they have an epigenetic quality, suggesting that the stages build on each other. I feel this movement through the various stages helps to conceptualise how musical process facilitated therapeutic process for this particular group. I also feel that the competency orientation stages theory applies to other groups I have run in music therapy, and that it can inform music therapy practice. This is explored in detail in Chapter 15.

Reflecting further on the therapeutic process of this group, I felt the competence orientation framework was incomplete as it did not explain how group members moved from one stage to another. Group processes theory (Tuckman, 1965; Yalom, 2005) assisted with the formulation of the framework; particularly the therapeutic impact of the relationships that formed over the weeks. In the wrap-up discussion in Chapter 6, several group members identified how the relationships in the group grew quickly and facilitated growth for all members. The relationships born from the music making and

music sharing appear to have deepened and accelerated the connection between participants. Jenny noted that she would not typically be as open in a therapy group as she became in this one. Gayle described it this way: “Yeah, it’s not even been one module long in terms of the number of normal weeks. And we would never be at, teasing one another, sort of, quite as comfortable at this stage in any other group.” The group members became very close as can be seen in the light-hearted discussion and laughter evident in the wrap-up discussion from Chapter 6.

The importance of group process in psychotherapy is emphasised by Yalom (2005) who identified therapeutic factors such as universality, interpersonal learning and group cohesiveness (to name a few) in group therapy. He drew on Tuckman’s (1965) theory of group process which distinguishes two ‘realms’ when discussing stages of group process; the interpersonal and task realms. Tuckman’s realms are useful when considering the experience of this group. His theory helps to link the task realm, described using the competencies frame, and the therapeutic impact of the group described by the interpersonal realm. This is explored in detail Chapter 16.

One of the group process stages that facilitated growth for the group was the ‘storming’ phase. The storming phase is typically described as a period of intragroup conflict, including establishing group hierarchies plus examining oneself and other group members (Tuckman, 1965). The storming phase is generally followed by a more cohesive, ‘norming’ phase. Both Yalom (2005) and Tuckman (1965) described these phases from a naturalistic perspective yet did not identify the sociological or therapeutic mechanisms engaged in this process. Mapping the group process stages (see Chapter 16) to the competency orientation stages (musical, musico-relational, and relational) suggested that the interpersonal, musico-relational stage facilitated therapeutic process

for participants in this study. However, group process theory did not explain the mechanisms that made the ‘storming’ that occurred during this stage productive therapeutically.

In the music therapy group examined in this study, the storming phase was centred around two musical elements: dynamics, and tempi (see Chapter 12 for description of how these musical elements contributed to process). In the first few sessions, participants found loud sounds intrusive, and intolerable. In addition, there was disagreement about the importance of synchronised beat playing. This led to conflict both in the music and in discussions, impacting the relationships between three group members in particular. This culminated in a particularly tense moment that could be described using alliance rupture and repair theory as a ‘rupture’ in the group (Safran, Crocker, McMain, & Murray, 1990; Safran & Kraus, 2014; Safran, Muran, & Eubanks-Carter, 2011). In the week following the rupture, the improvisation was particularly powerful, facilitating a musical meeting between the protagonists of the rupture. This pivotal musical experience functioned to repair the rupture, contributing to a shift in the group process from the storming to the norming phase, facilitated by an orientation towards musico-relational competence. Alliance rupture and repair theory helped me with the analysis of this thesis by moving beyond the descriptive theory of group process provided by Yalom (2005) and Tuckman (1965), proffering an interpersonal mechanism for addressing maladaptive cognitive interpersonal styles experienced by people with BPD. This is explored in detail in Chapter 17.

The fourth theory (in addition to competency orientation, group process and alliance rupture and repair) utilised in this framework helps to explain how music can function communicatively within therapeutic process. This is required as alliance

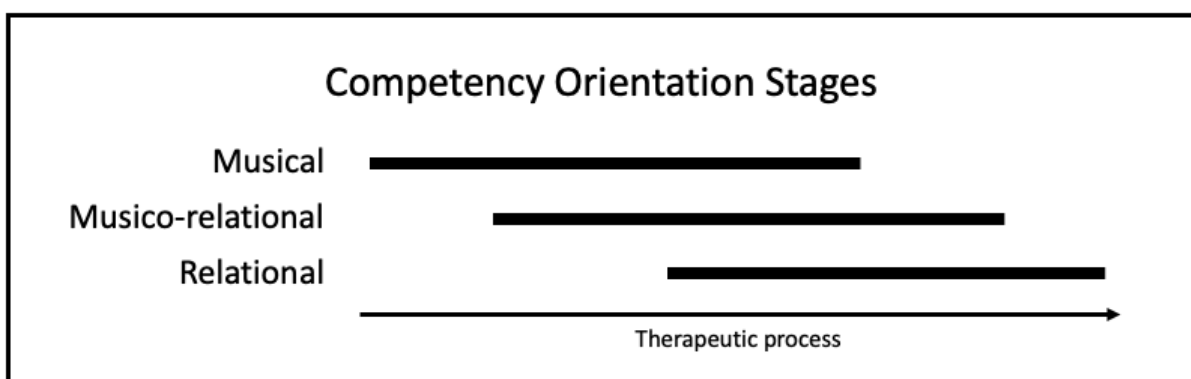
rupture and repair is a psychotherapeutic theory contextualised in traditional verbal therapy within a therapeutic dyad (Safran et al., 1990; Safran & Kraus, 2014; Safran et al., 2011). The obvious differences between the dyadic verbal psychotherapeutic context and group music therapy are the use of the group in place of the dyad, and music in addition to verbal processing. The process of working with rupture and repair, as explained by Safran (1990; 2014; 2011) utilises the therapeutic alliance between the therapist and the client as the context where rupture and repair takes place. The role of the therapist is to identify alliance ruptures as they occur within the dyadic relationship, and skilfully bring them into the client's awareness verbally. My analysis suggests the mechanism of rupture and repair were enacted in this study, yet the alliance was a group alliance rather than a therapist-client alliance. This mechanism is somewhat captured by group process theory yet requires some further elaboration. The process of bringing behaviour into awareness and working through repair is very different when working with music. This process is explained using the concept of 'implicit relational knowing' (Bruschweiler-Stern et al., 2010). Implicit relational knowing has been identified by music sociology and music therapy theorists (DeNora, 2011b; Hannibal, 2014; Trondalen, 2016), yet not explained in the context of group work as was the case in this study. When working with psychologically minded participants who utilise both music and verbal process in music therapy, therapeutic process involves both implicit and explicit process, and is arguably superior to verbal process alone. This is explored in detail in Chapter 18.

## **Chapter 15. Musical, Musico-Relational, and Relational Competency Orientation Stages**

In this chapter, I will be referring to relational competencies and musical competencies. I will also use the term musico-relational competencies to describe the intersubjective music making process that is relevant to group improvisation. These stages are conceptual, and not intended to be understood as a strictly linear progression in practice. The conceptual model of competency orientation stages in group improvisational music therapy is native to this thesis. It was derived by interpreting and abstracting from the five perspectives on meaning making presented in Chapters 8 – 12.

While participants in the group were arguably developing competencies in all sessions, describing them in terms of the participant orientation highlights which competencies participants were focusing their attention on during the course of the program. The competency orientation stages are depicted in Figure 35 below. In the early sessions, participants were oriented towards personal music making skills such as how to play the instruments, understanding musical language and concepts, keeping time, playing at an appropriate volume while confronting self-talk about “right and wrong” ways of playing. It didn’t take long before participants were also oriented towards intersubjective features of connection and relationship in group music making such as adjusting dynamics in response to others, participating in musical conversations, making decisions about rhythmic synchronisation, hearing oneself in the context of the group sound, and addressing self-criticism about how others may perceive one’s musical contributions. These two layers of music competencies facilitated the later

orientation towards generalised relational competencies such as managing anxiety, forming relationships with others, tolerance, interest in interacting with others, and believing in one's value as a group member. This conceptual model of stages is similar to group process stages explored in Chapter 16. As with group process descriptions, this model is also conceptualised as epigenetic, suggesting that the stages build on each other. From this perspective, relational competencies build on musico-relational competencies which build on musical competencies.

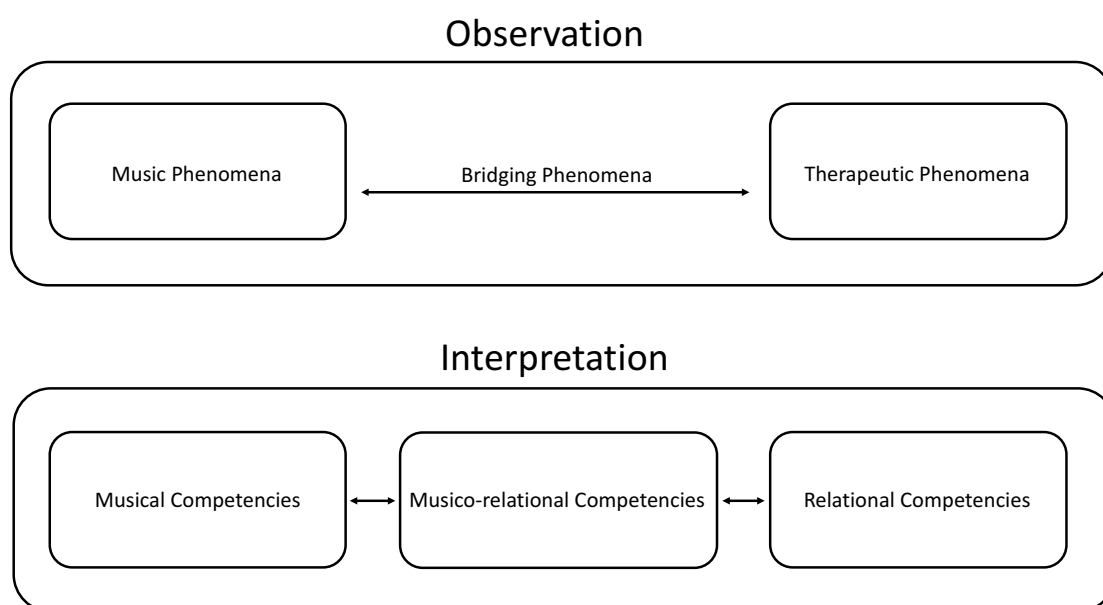


*Figure 35.* Competency orientation stages.

### 15.1 Conceptualising the Competency Orientation Stages

My analysis suggested the task of exploring relational competence demanded the exploration of emotional and interpersonal response to the task of group improvisation. The foundation of one's acceptance of their capacity to express themselves musically allowed for more complex, intersubjective features of group improvisation that included group awareness and communication in music making to enter the fields of awareness and discussion. These intersubjective musical experiences

opened the door to exploring generalisable, relational competencies. As depicted in Figure 36, there appeared to be a bridge between the exploration of musical phenomena experienced during improvisation and the therapeutic aims of the program, being the exploration of relational phenomena (relational competencies). This bridge draws on common features of both music phenomena and therapeutic phenomena experienced in the program.



*Figure 36.* Describing musical and therapeutic phenomena from a competencies frame.

It appeared to me that there were generalisable and transferable competencies that were attained during music making and activated in non-musical relational ways in the program. I initially wanted to explain this phenomenon by using only the terms ‘relational competence’ and ‘musical competence’. However, relational competence did not capture musical features of relating that occur in music therapy and musical

competence did not capture intersubjective music processes with clarity. Musical competence has multiple meanings, evoking concepts such as music skill, and musicality. Musical competence includes auditory discrimination, music skills, quantification of music skills, and the capacity for meaning making using music (Blacking, 1974; DeNora, 1999; Durrant & Welch, 1995; Gembris, 1997; Rolvsjord, 2010; Stefani, 1987; Stige, 2002). Further, musical competence is understood in terms of individual psychological development (Deliège & Sloboda, 1996). The term does not describe interpersonal musical competence very well. It was clear to me that I was using a different perspective of musical competence which may prove to be confusing rather than clarifying. I concluded that I would need to introduce a new term to the discussion of the phenomena examined in this thesis. Therefore, to describe the intersubjective, relational use of music I propose using the compound term ‘musico-relational’ competencies. As depicted in the schematic from Figure 36, musico-relational competencies describe the observed phenomena that bridges musical and therapeutic phenomena. It has become the title of this thesis as it relates to the convergence of musical and relational competencies.

Literature describing evaluation of participant music making in music therapy have included descriptive and interpretive approaches based on the observations of the music therapist. Nordoff-Robbins (1977, 2007), Bruscia (1987), and Wigram (2003) have devised methodologies that include referring to recordings (audio and video) to evaluate the music made in sessions. These descriptions include descriptions of the music, including the therapist’s music making, and descriptions of the client’s behaviour during the session. Musical interaction between the client and therapist is also considered, particularly in the Nordoff-Robbins model (Nordoff & Robbins, 1977).

These forms of evaluating musical interactions, and behaviours are important from the perspective of evaluating the therapeutic process. However, the literature does not evaluate the client's perspective (self-concept) of feeling competent in music making. Description of changes in the client are traditionally reliant on observation and description from the therapist's perspective. In adult mental health contexts that utilise verbal processing, these therapist-oriented evaluations seem incomplete.

Literature describing group work in adult mental health contexts (Ahonen-Eerikäinen, 2007; Davies & Richards, 2002; Davies et al., 2014; Pavlicevic, 2015), describe relational and therapeutic process, yet music process is not described. The methodology employed in the analysis of video data in this thesis drew on literature from ethnography and ethnomusicology, demanding the consideration of the meaning making processes of participants in this particular context. As explained above, this has led to the consideration of a competency orientation model to conceptualise music and therapeutic process.

The three competency orientation stages: musical, musico-relational, or relational are not intended to be understood as mutually exclusive. In practice all competency domains are engaged most of the time. For example, considering the competency of listening includes the intrapersonal musical competency domain such as listening to one's own playing as personal feedback regarding instrument playing, it includes musico-relational listening as one attends to another participant's playing, and includes more general relational aspects related to understanding the meaning behind another's expression, be it musical or verbal. However, the degree to which participants are concerned with each of these domains varied throughout the eight weeks. Therefore, this model emphasises the participants 'orientation' towards a particular form of

competence relevant to group improvisation in music therapy rather than skill acquisition.

## **15.2 Abstracting from Description and Interpretation**

Taking a step back from the perspectives detailed in Chapters 8 - 12, what stood out to me in terms of process for the participants involved in this study was a strong desire to feel competent. The immediate desire was related to music making. Music making soon included musical interaction and musical intersubjectivity. As participants began to experience themselves and each other as competent, relational insights and learning that appeared to have benefitted the participants took place. The desire to feel competent is closely related to the concept of self-acceptance, the lack of which is linked to emotional difficulties (Corsini, 2001). Upon examination of the experiences of the participants in this study, the self-concept of competence in group music making seemed to be central to understanding how group improvisation in music therapy benefitted the participants in this program. The rest of this chapter aims to examine the three competency domains in more detail.

## **15.3 Musical Competencies**

Musical competencies in this context are in some ways similar to descriptions of 'musicality' in music education and music psychology research. Consideration of this literature can assist in understanding how an early orientation towards competencies in this personal dimension of musical competence contributed to foundational musical meaning making processes for participants in this improvisational music therapy group.

Durrant and Welch (1995) theorised on musicality from an educational perspective. They argued that humans are driven to make sense of all experience. From this standpoint, they suggested that a drive for sense making extends to understanding musical experiences, which they described as “musical sense making”. This perspective suggests music helps us to understand the world we live in. Further, for participants in this study, tasked with the exploration of intersubjective experiences in group improvisation, the music experience contributed to broader understandings such as the therapy program goal of exploring relational competencies. Durrant and Welch suggested sense making is not taught, and from birth is a defining character of being human. When describing becoming musical, they included dimensions of technical skill, emotional expression and music appreciation. From this perspective musical competence draws on perspectives described in Chapter 9: Musical Language Competencies, Chapter 11: Knowledge and Experience of Group Improvisation, and Chapter 12: Changes in Feeling States That Accompany Group Improvisation.

Gembris (1997), a music psychologist with an interest in music abilities and music education, argued any assessment of musicality must specify the value system by which the assessment is formulated. He suggested a phenomenological approach to understanding elements of musicality that are valued by participants within the music culture being examined. Gembris’s description of musicality suggests that if music therapists want to create a taxonomy of musical competencies in music therapy, it should begin at the participant’s perspective. Bruscia’s (1987) taxonomy of clinical techniques is possibly the most systematic attempt at an inventory of musicality in music therapy. Yet, it is focused on techniques employed by the therapist to elicit a response from the client. A recent study in music therapy (Hald, Baker, & Ridder, 2015)

created a music communication scale to systematise evaluation of musicality from a communicative perspective in the context of brain injury. Yet, similar to Bruscia's clinical techniques, it too emphasises the therapist's observations and values, not the participant experience. Gembris raised some important questions: Who decides what is in the inventory and how to assess each as good, bad, or some other value assignment? How is music taste being valued or systematised? Gembris drew on music psychology and ethnomusicology to highlight the importance of meaning making as a consideration of musicality. He arrived at an argument for a new descriptive phenomenological approach to musicality that included the great variety of musical contexts that humans make music within. This argument seems important when considering the variety of music therapy contexts also.

The approach taken in this study emphasised the meaning making process of the participants, and in doing so, turned away from the term 'musicality', and instead towards 'musical competence'. I wanted to distinguish musical competence from musicality because competence describes adequacy rather than mastery and includes the self-concept rather than the opinion of an assessor. Musicality is a concept derived from music education, and addresses musicality from the perspective of being a trained musician (Durrant & Welch, 1995). Musicality is typically contextualised within a process of developing objective expertise in music making, which is generally not the aim of music making in music therapy, and particularly not the aim of music making in this study.

When examining the term 'musical competence', I was drawn to Stefani, a musicologist interested in music semiotics. He wrote a seminal paper on music competence (Stefani, 1987) defined as "the ability to produce sense through music" (p.

7). He clarified by adding “the ability to realise either individual or social projects by means of music” (p. 7). Similar to Blacking (Blacking, 1974), he suggested there is a sensory interaction, and a meaning interaction; arguing that attaining competence includes giving meaning to the task. I feel musical competence is an appropriate term for this thesis because it captures the capacity building aspects (being able to play instruments and develop musical language) and intra-psychological aspects (giving meaning to the task of music making). When considering musical competence in this study, I have emphasised the self-concept of competence, such as self-belief/efficacy in being able to play music well enough to participate via the participant’s orientation toward competency development. Yet competence also includes some observable features of music making such as entraining to a pulse and musical interaction (Deliège & Sloboda, 1996; Nordoff & Robbins, 1977; Papousek, 1996). From this perspective, musical competence includes both a personal sense of having an adequate degree of competence and an adequate degree of observable music making competence.

**15.3.1 Developing musical competencies.** The resource-oriented perspective (Rolvjord, 2010; Schwabe, 2005) in music therapy describes a mechanism that closely resembles the development of musical competencies in music therapy. The mechanism is described by considering access to musical resources – affordances; and, developing competencies in using these resources – appropriation. Rolvsjord (2010) defines affordance and appropriation: “Musical affordances are the resources music and its materials provide in situations of use. Appropriations are how the affordances are used” (p. 67). Affordance from this perspective was first described by James J. Gibson (Gibson, 1966, 2014) as a way of understanding visual perception and the relationship between the individual and the environment. Simply put, Gibson would argue that when

one sees a chair, one sees something they can sit on. He argues that we ‘see’ a relationship between ourselves and our environment. His theory of affordance is closely related to embodiment theory (Merleau-Ponty, 1968). From a music therapy perspective, when one ‘sees’ a drum, possibilities of interaction result. One sees something they can hit, or listen to someone else hit, or use to interact with another person musically.

Drawing on Stige (2003), Rolvsjord suggested that the concept of affordance and appropriation offers a bridge between considering music as a meaning making device, and music with a social function. She argued that this concept describes music in therapy and emphasises the role of the client. Rather than the client being the recipient of music as an object or being acted upon by the therapist’s use of music, the client actively uses music within the therapeutic process via affordance and appropriation. Rolvsjord argued there are multiple music processes that can take place for the client, which are central to the therapeutic process:

I think that it is time that we acknowledged the centrality of the client to the musical interaction in music therapy. Music is not simply an autonomous object with which interventions can be made, it has to be appropriated by the client for her to experience it as meaningful. And, further, it seems to make possible a plurality of experiences and functions that the musical interaction in music therapy can afford (p. 68-69).

Rolvsjord argued, in music therapy clients develop “musical experience skills”, that allow them to utilise music effectively in therapy, and then also use these skills in

everyday life. I feel Rolvsjord's "musical experience skills" closely resemble musical (and musico-relational) competencies as described in this study. I prefer to use the term 'musical competencies' for this thesis because of the linguistic compatibility with musico-relational competencies and relational competencies; and further, because the translation of music skills to everyday life is captured in the competencies frame by describing generalisable competencies between domains, elegantly modelling the transition from musical process to therapeutic process.

#### **15.4 Musico-Relational Competencies**

My aim in using this term is to emphasise the participant's self-concept of competence related to playing music and building language for improvisation, including how they feel with regard to interacting with and relating to others using musical competencies. The concept is similar to the Nordoff Robbins description of transitioning from "musical mobility" to "inter-responsiveness" (Nordoff & Robbins, 1977) and the "tempo-dynamics schema" (Nordoff & Robbins, 2007). These concepts identify the importance of communicating feeling states between client and therapist. However, in the Nordoff Robbins model, understanding the client's feeling states relies on the therapist's interpretation of the client's musical communicative capacity. In the context of this study, the intersubjective music making process that is central to therapeutic process is understood by examining the participant dialogue from the session transcriptions. What was evident from the session transcriptions was the importance of the participants' feelings about their competencies relating to other group members musically when participating in group improvisation. I am using the term

‘musico-relational competence’ to describe the participant’s self-concept of competence in relating to others musically.

Musico-relational competencies can be conceptualised as the relational dimension of musical competencies, and while employing many of the same competencies as relational competencies, are unique because they are activated in a group music improvisational context. Musico-relational competencies refer to intersubjective musical competencies. Communication in music and communication in language differ as music does not have the same lexical, semantic and syntactic clarity as language. However, music does communicate affect and motion states (Williams, 2012). Communication of affect and motion states has been described as implicit communication by music therapists (Hannibal, 2014; Smeijsters, 2012; Strehlow & Hannibal, 2019; Trondalen, 2016), and psychotherapists (Bruschweiler-Stern et al., 2010). It is similar to communicative musicality (Malloch & Trevarthen, 2009a; Trevarthen & Malloch, 2000) and has been described as crossmodal (Stern, 2010a, 2010b), suggesting similar feeling states can be communicated using different means. For example, moving closer in proximity to another might be communicated musically as a crescendo. The speed and intensity of both can be controlled using similar dynamics, yet one uses physical proximity, while the other sound. The role of implicit process in group improvisation for participants in this thesis are explored in more detail later in Chapter 18.

Gaining competence at the musico-relational level of group music making allowed participants to experience themselves as relationally competent in a novel and potentially beneficial way. For example, the relational competence of ‘flexibility’ in the group improvisation context was experienced in a different way to flexibility in non-

musical group contexts. In the group improvisational context, flexibility included modifying tempo, dynamic, rhythmic and/or melodic phrasing. These features of flexibility are not entirely unique to group music improvisation yet are more easily noticed in music making when compared to matching similar elements of communication in non-musical settings. Flexibility in group improvisation also draws on more readily generalisable relational features of flexibility such as emotional regulation, empathy and tolerance, also requiring adjustment and alignment of brain states (affect, feeling and movement states). This example of flexibility demonstrates the bridging function of musico-relational competencies in group music therapy. Central to musico-relational competence, as with the other two competency orientation stages utilised in this framework, is the self-concept of competence. As participants experienced themselves competently using music making to relate to other members of the group during improvisation, therapeutic processes were engaged.

Musico-relational competencies provide a construct for viewing relational competencies as they appear in musical interaction. The following relational competencies, summarised by Miller (1976), who pioneered relational-cultural therapy, as five “good things”, appear equally relevant in both musical and non-musical relational contexts:

1. Zest – sense of energy
2. Empowerment
3. Clarity – sense of purpose and direction
4. Sense of value in relationships
5. Desire for more connections

For participants in this study, an orientation to musico-relational competence included their immediate experience of participating and the feedback they received from others in the group both musically and verbally. Relevant include ‘musical interaction competencies’ (Chapter 10), ‘knowledge and experience of group improvisation’ (Chapter 11), and ‘changes in feeling states that accompany group improvisation’ (Chapter 12). Musico-relational competencies included how participants perceived their ability to interact with other group members musically, the energy they brought to the improvisations, and their ability to self-regulate and attenuate their physio-emotional responses while improvising.

### **15.5 Relational Competencies**

Relational competencies are employed in all human interactions (Magnavita, 2004). Defining relational competence is challenging as there are so many ways of considering this term (Spitzberg & Cupach, 1989). A good starting point for this study is to specify the use of the term “relational” in this context:

***Relational*** – “Of, relating to, or characterised by human relationships”

(Dictionary). The use of ‘relational’ in this study refers to ‘human relationships’. Unless otherwise specified, ‘relating’ is relating to another person as opposed to relating to a context, an animal, a period in history, an artefact etc. It is mostly used with reference to competence.

“Relational competence” in this study draws primarily on the work of Luciano L’Abate and colleagues (L’Abate et al., 2010; L’Abate, van Eigen, & Rigamonti, 2011; L’Abate, 2013). This group of researchers have taken relational competence theory

developed in the late 1970s and 1980s; originally, to describe family relationships, and developed it to describe relating more broadly. They included personality disorder in their formulations, relevant in this study on BPD. The definition of relational competencies by this group was simply, “effectiveness in human relations” (L’Abate, 2013, p. 57). This is the definition of relational competence adopted in this study. Such a broad definition allows relational competencies to be considered in any interpersonal context, including group music therapy. Similar terms include ‘relational skills’, ‘interpersonal skills’, and ‘social skills’.

Relational competencies include skills needed for interpersonal success, consisting of general interpersonal skills, assertiveness, prevocational skills, activities of daily living, micro interpersonal skills, dating, affect management (anger, sadness, anxiety), and cognitive skills (decision making, problem solving, brainstorming, bargaining, positive thinking, interpersonal awareness, and issues of intimacy) (L’Abate et al., 2010). Competencies that are particularly relevant to participants with BPD in group music therapy include behaviours, emotional regulation, interpersonal skills and skills related to fostering and maintaining relationships with other people. L’Abate created two relational competency categories: ‘initiation’ and ‘enhancement’ attributes. Initiation attributes include self-confidence, assertiveness, social interest, communication skills, likeability, and extraversion. These initiation attributes are important in early stages of group process. Enhancement attributes include empathy, altruism, social awareness, listening skills, and flexibility. Enhancement attributes are important for later stages of group process.

Early developmental phenomena such as attachment and temperament influence relational competencies, as do later life stage phenomena such as resilience, self-

concept, and adaptation (Bowlby, 2005; Hansson, Daleiden, & Hayslip Jr, 2003). Development of relational skills including emotional competencies have been described as positively impacting an individual's ability to cope with stressors over the lifespan (Hansson et al., 2003; Linehan, 1993). From a mental health perspective, problems that emanate from developmental phenomena can be viewed through a relational lens, potentially providing insight into present ways of relating, and providing a focus for therapeutic interventions. This allows the therapist to work with present styles of interacting 'in the moment' in a group context.

The participant experience of relational competencies in group improvisation is evident in all five perspectives from Chapters 8 - 12. The most clearly correlated is 'changes in feeling states that accompany improvisation' (Chapter 12) as physio-emotional responses to group improvisation were directly generalised to relational challenges in non-musical contexts. I also feel that the other perspectives also engage relational competencies, particularly when considering crossmodal communication, and the transferable competencies between expressing oneself (musical language competencies) and interacting musically (musical interaction competencies) and expressing oneself and interacting generally. 'Knowledge and experience of group improvisation' was also relevant, particularly when considering experiential learning that challenged dichotomous thinking in relation to how one should act in the group and learning to reframe ideals of perfectionism. The perspective of 'musical form and structure' was somewhat more abstracted yet demonstrated the enactment of relational competence on a group level, as the group comfortably worked with an expanded dynamic range, and musical flexibility (increase in structural units).

## 15.6 Summary of Competency Orientation Stages

This chapter on competence orientation stages described a model developed via my analysis. I introduced a new term, ‘musico-relational competencies’ as a bridging competency orientation between musical competence and relational competence. Stages of competence orientation is an abstracted model drawn from the five perspectives on musical competence described in Chapters 8 - 12. It was derived to assist in describing what happened in these sessions, particularly when attempting to understand the process from the participant perspective. While I felt competence orientation stages helped to model what happened, I was still curious to find an explanation for why there was movement through the three stages. For me, while competencies explained the musical process, and to a degree, the concept of musico-relational competence suggests that communication of affect states may be important to therapeutic process, I needed some established theory to explain the relationship between the progression of music process and therapeutic process. Group process theory is explored in Chapter 16 as it helps to explain why dynamics change and suggests that there is something inherent and natural in the way groups function over time that facilitates process.

## Chapter 16. Group Process

As the clinician and researcher in this study, I was interested in exploring how general group process stages interacted and influence the competency orientation stages described in Chapter 15. Group music therapy has previously been described as following similar trajectories to groups in general (Ahonen-Eerikäinen, 2007; Davies et al., 2014; Pavlicevic, 2003). Similar patterns have been described in individual therapy with BPD, particularly noting changes in music making and relationships between therapist and client (Strehlow & Lindner, 2015). This chapter takes a closer look at group process stages in relation to this program and maps them to the competency orientation stages.

### 16.1 Stages of Group Process

Yalom (2005) drew on Tuckman's (1965; 1977) group process stages to describe what he referred to as "formative stages of the group". He used a sequential description, similar to Tuckman's; forming, storming, norming, performing, and adjourning stages. However, when Yalom elaborated on the group process he described four main stages; the initial orientation stage, the second conflict stage, the third cohesiveness stage, and the fourth termination stage. The third stage was described in two parts that resembled the norming and performing stages of Tuckman's model (see Table 3). Yalom argued that the stages are epigenetic, suggesting that the stages build on each other. Therefore, problems during early stages will be expressed in later stages. He emphasised that the theory of stages is a conceptual model that informs therapists

working with groups; yet, in practice groups don't neatly follow the stages as smoothly as the model suggests. In practice they can regress to earlier stages and leap forward to latter stages.

*Table 4.* Comparison of Tuckman and Yalom group process stages.

<b>Tuckman</b>			<b>Yalom</b>	
Label	Social realm description	Task realm description	Label	Description
Forming	testing and dependence	orientation to task	Orientation	Orientation and hesitant participation
Storming	intragroup conflict	emotional response to task demands	Conflict	Conflict, dominance, rebellion
Norming	development of group cohesion	open exchange of relevant interpretations/opinions	Early cohesive	Intimacy and closeness
Performing	functional role relatedness	emergence of solutions	Late cohesive	Productive conflict and interpersonal understanding
Adjourning*	Termination and separation		Termination	Openness and disclosure of feelings

*\* added in 1977 review, excluding a distinction between social and task realms*

Tuckman's (1965) original group process model included a distinction between the social realm and the task realm. Yalom (2005) emphasised only the social perspective of the small therapy group describing it as a "microcosm". This may be because in his style of therapy the task is a social one, making the distinction between two realms unnecessary. However, I feel Tuckman's distinction was helpful when interpreting group music therapy process for this study. Even though the two realms are in many ways similar, the distinction is useful when considering music process as the task realm, and relational competencies as the social realm. For the remainder of this discussion of group process I will predominantly refer to Tuckman's model. While it is

over fifty years old, it is still a very influential model from which most descriptions of group process are derived.

**16.1.1 Forming.** Generally, in the initial forming stage, the group is focused on orienting themselves via the process of testing. Interpersonally, this is a period of testing and dependence, as members are learning about what is acceptable behaviour in the group. In doing so they rely on the group leader, and while they are drawing on cultural norms, they do so in a dependent way. Participation can be hesitant as participants are trying to understand the nature and scope of the task. Tuckman described a process of orientation to the task. During this forming stage, the group is concerned with understanding the scope of the task, how it will be accomplished, and what resources (including information) are required, including where these resources reside. In the group examined in this study the task was group improvisation.

**16.1.2 Storming.** This stage describes periods of conflict and polarisation. Interpersonally, there is some resistance to forming resulting in some hostility toward the leader or other group members. Descriptions include defensiveness, competition and jealousy motivated by expressing individuality and establishing the hierarchy of the group. Yalom (2005) added that during this stage, members may also challenge the leader. He emphasised that challenging the leader is a critical part of this stage and functions to free members of the group to examine themselves and each other. Tuckman described this stage as a period of intragroup conflict. When conflict emerges, group members may regress back to earlier dependence on the leader as described in the forming stage. Emotionality in relation to the task may be present alongside resistance.

**16.1.3 Norming.** The third stage describes the group establishing and evolving roles with a focus on cohesion. Interpersonally, this stage is characterised by members accepting one another, regardless of differences. Conflict is avoided as harmony is preferred. Tuckman described the task realm as a period of open exchange of relevant interpretations. During this stage, group members are more willing to offer personal experiences during discussion, for the purpose of mutual understanding. They are also open to hearing and considering others. The group reaches consensus and works within the established boundaries in a unified and supportive way.

**16.1.4 Performing.** After some time, the closeness becomes stale, and for the group to progress some conflict needs to re-emerge. However, the new stage of conflict is more productive than the previous stage which emphasises hierarchy. This time conflict emerges out of a need for further interpersonal understanding. Interpersonally, this stage is described as functional role relatedness. Subjective relationships have been established and the group functions as a coherent problem-solving entity. Participants also become more effective in the task realm, described by Tuckman as a period when solutions emerge. Energy that was previously devoted to structural and organisational problems are now directed to completing the task. Emotionality decreases as participants seem aware of the support available and are willing to explore with freedom. Alongside insight there is understanding and acceptance.

**16.1.5 Adjourning.** The addition of adjourning to the group stage model was made in the 1977 (Tuckman & Jensen) review of the four stage model, resulting in an appended five stage model that acknowledged the inclusion of termination in the later literature review. The final stage includes the expression of emotion, anxiety and affection in relation to termination, and evaluation of the program/task. It can include

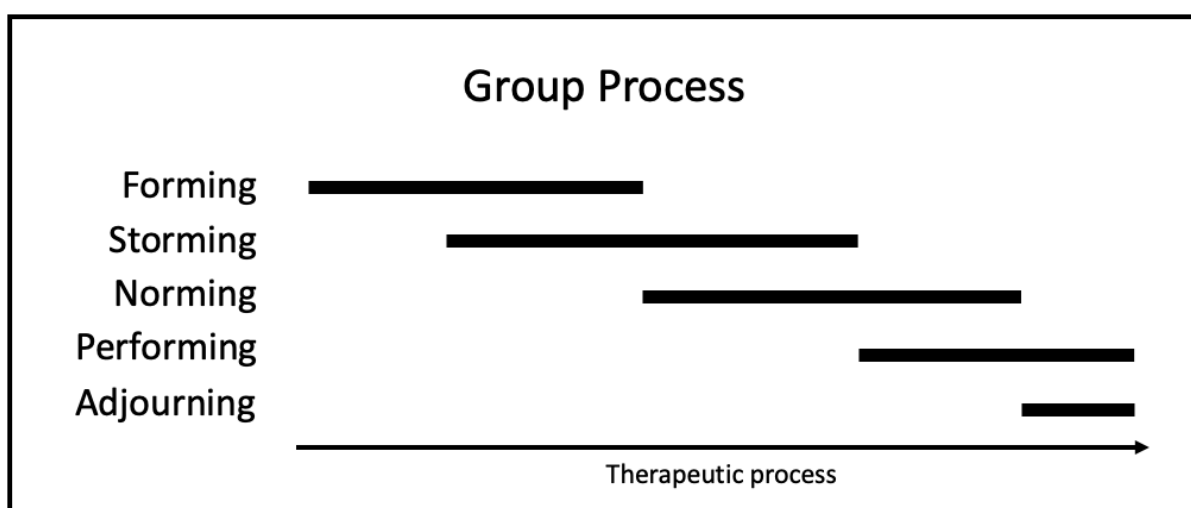
celebration as well as bereavement and has the potential to enact maladaptive behaviours such as denial and acting out (Yalom, 2005).

## **16.2 Movement Through Process Stages in Group Music Therapy**

In the wrap-up session, Ruth highlighted how important working through the group process was. She identified the importance of time, and working on a task: “Yeah, we’ve worked as a group. We’ve become more and more cohesive over time as a group. And that wouldn’t have happened if we hadn’t been working towards it.” Christine also identified the changing music process over the program, suggesting that relational process was imbedded in the music when she added: “And that’s reflected in the music too.” When discussing the experience of the change in the way the group functioned, Christine elaborated further to include the importance of an experience like this for someone with BPD: “That is a big thing. Just to do this. To be able to sit after 8 weeks and reflect, with the group, with each other.”

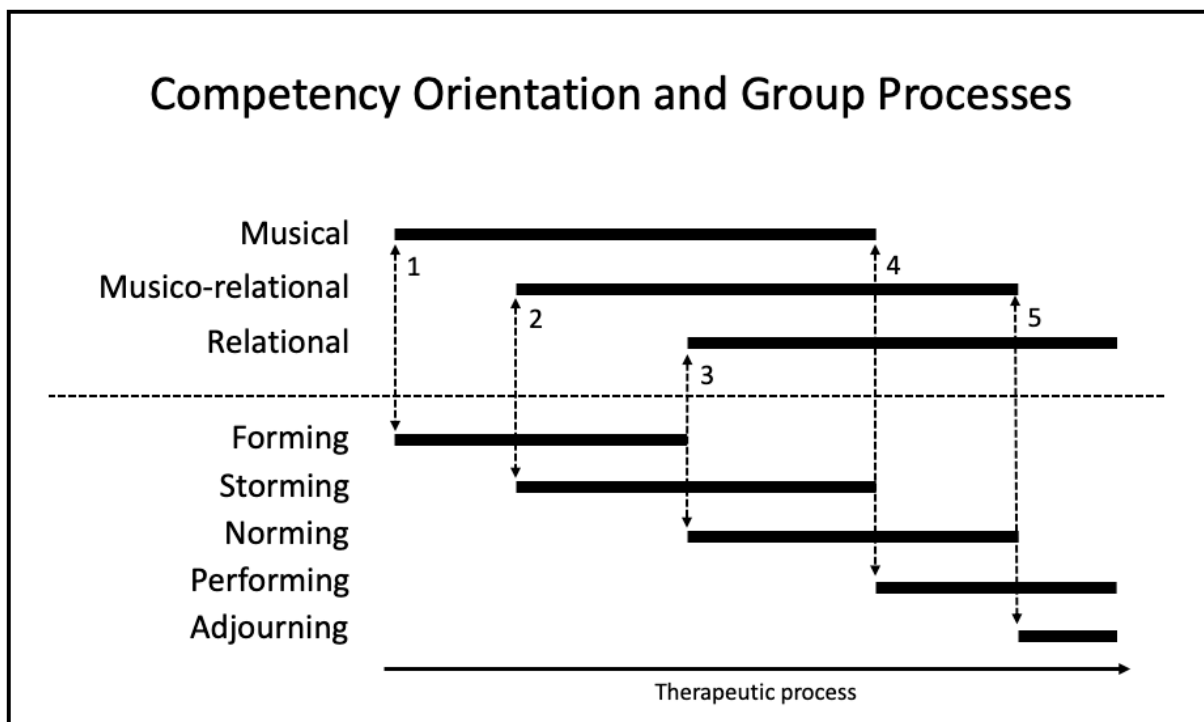
These statements from Ruth and Christine on therapeutic process are clear, direct and powerful. They indicate that group process is reflected in the music process, and conversely, that the music process facilitates the group process. The data from the analysis of this group suggests musical, musico-relational, and relational competencies may provide the task orientation required for therapeutic process to take place. From this perspective, the competency orientation stages align with the task element of group process as described by Tuckman (1965). Drawing on Yalom’s (2005) description of group process, the competency orientation stages can also be described as epigenetic, implying that later stages build on earlier stages (see Figure 35, Chapter 15).

For the purpose of comparison, Tuckman's group process stages have also been graphically represented in Figure 37, using the same format as the competency orientation stages presented in Chapter 15. This figure depicts movement over time through the four group process stages, including overlaps that represent movement between and coexistence of stages. These figures are simplified to graphically represent the process stages for the purpose of comparison and correlation between models. They are not intended to accurately graph process as it occurred in this study; particularly, the complexity of regressions and jumps between stages that occurred.



*Figure 37.* Group process stages.

Combining the two representations of competency orientation and group process facilitates some useful comparisons. Figure 38 plots both Figure 37 and Figure 35 from Chapter 15 together, arranged in a way that includes some alignments that are numbered from 1-5. These alignment points will be referred to in the following discussion to interpret the influence of group process on music process and therapeutic process in this context.



*Figure 38.* Comparison of competency orientation and group process.

The beginning of the group process at point one in Figure 38 is defined by the forming stage, aligned with orientation towards musical competencies in this study. Group process descriptions that include orientation, hesitant participation, testing, and reliance on the leader were enacted musically as participants showed caution in choosing instruments, focused on learning how to play a variety of instruments, and relied on modelling the facilitator with respect to how to make music and also how to talk about the music. Even though participants were familiar with the therapeutic aims of the group, they were primarily oriented toward musical competencies initially. This model suggests a musical competence orientation may be a pre-requisite to being able to consider relational processes in the music. There were forming behaviours as would be expected throughout the first few sessions. Everyone appeared cautious as they were

developing an understanding of the task at hand. For example, Carolyn identified feeling anxious due to not knowing what to expect and Janine felt overwhelmed by the “array of instruments” in session one. Miranda made use of her stress ball during the introduction of the first three sessions and needed prompting and suggestions to choose an instrument.

Participants described some experimenting with instrument selection and music making, yet mostly a concern for “fitting in”. For example, in the first session, Miranda described trying to “fit in” when playing. Then, later in that session, when she describes her artwork (see Figure 39), she explained her inclusion of elements that fitted in and others that didn’t, seen as red dots in Figure 39. The text at the bottom of her drawing included the statement: “the red marks of my inadequacies and inability to be part of the music”. Miranda did not use the word ‘competence’; yet, competence can be defined as adequate ability, which Miranda clearly felt she lacked in this early stage of the group process. Her concern with fitting in aligns with the forming stage of group process; and, while Miranda did not elaborate on which abilities she was referring to in her artwork, I feel she was describing her self-concept of competence (in this case feeling incompetent) in relation to the task of music making.



*Figure 39.* Miranda's artwork from session one.

BPD traits seemed present in some interactions early in the program which created some tension between group members, and possibly brought forward the storming stage. These interactions were observed both interpersonally and also in the music. Point 2 in Figure 38 marks a transitional period between forming and storming and the inclusion of orientation to musico-relational competencies in addition to musical competencies. The tension between the two group process stages was evident as some

participants were interpersonally cautious, while others bolder, possibly asserting their position within the group hierarchy. For example, the contrasting styles of Miranda and Carolyn who predominantly stayed in the background and were often self-effacing, compared to Christine and Jenny who openly disagreed on adhering to a group pulse.

The musico-relational orientation seems to have aligned with the beginning of the storming stage. As participants shifted their awareness to musical interaction, conflict emerged. Musical features were the primary focus of conflict and emotionality. Specifically, concern with high pitched, loud sounds which were described as intrusive and dominant; as well as disagreement about a steady beat, and who should be responsible for that. How one played was dichotomously characterised as fitting in or not fitting in. For people with BPD vacillating between rejection and dependence is common. It is typically described in the literature as a paradoxical or dichotomous relational experience (Sheffield et al., 1999). One switches between fear of abandonment and fear of intimacy. Experiences are typically highly emotionally charged. As a result of the intensity, these relational styles impair awareness and understanding of the thoughts and feelings of others.

I feel the early period of storming, between points 2 and 3 in Figure 38, enacted relational behaviours related to BPD traits, while the later period of storming between points 3 and 4 were related to more appropriate behaviours oriented towards resolving problems. The model depicted in Figure 38 supports this view, suggesting the later period may have been influenced by an orientation towards relational competencies. There were some powerful experiences in this later period which were therapeutically significant and explored theoretically in more detail in Chapter 17: Alliance Rupture and Repair.

The descriptions of process in Chapter 11, Perspective 3: Knowledge and Experience of Group Improvisation include increased comfort and familiarity with group music making. In addition to Yalom's description of a social microcosm that develops in small groups, a music making culture, or micro-music subculture (Slobin, 1993) also seemed to develop. Point 3 in Figure 38 marks this period which was accompanied by the beginning of an orientation to relational competencies in the music making. Discussions of improvisation demonstrated a more complex and sophisticated reflection that built on musical and musico-relational competencies related to musical expression and alignment of tempo and volume, which also included paramusical meaning in music making that was more closely aligned to the therapeutic aim of exploring relational competencies. The emergence of relational competencies aligns with a transition to the norming stage when participants began to resolve conflict by adjusting and working towards group cohesion. The shift to norming was evident as participants began adjusting how they played to the group sound, often by simplifying how they played, or taking a moment to stop, listen and re-join the group (see Chapter 10). During discussion, participants related therapy experience to life experience during the week. Considering the vacillation between storming and norming, this style of dealing with conflict relied on healthier coping strategies that were less dependent, and more intersubjective. The contrasting musical and relational outcomes between session four which resulted in misinterpretation and one participant leaving the room, and session five when a long period of quiet playing included the merging of tempos and a peak musical experience that was celebrated in artwork at the time and acknowledged at the conclusion of the program in the wrap-up discussion.

In the final two sessions, the group was comfortable and competent with music making, and discussion was oriented towards musico-relational and relational aspects of music making. Group process seemed to be entering the performing stage. Point 4 in Figure 38 marks this period of decreased emotionality, as evident in the music making and the discussion that accompanied it. The improvisations were more expressive and structurally more dynamic as evidenced in the session diagrams in Chapter 8. Participants reflected on the last few sessions relationally rather than musically, and in contrast to previous dichotomous evaluation of either fitting in or not fitting in, described the groups culture of music making from the perspective of there being no right or wrong: “it just is” said Jenny. Emotionality decreased as participants accepted the support available from others in the group, allowing them to explore improvisation with freedom. Alongside insight there was understanding and acceptance.

When examining this group’s process, it became apparent that orientation to relational competencies emerged only in the latter half of the group process stages. In contrast, the music process appeared to align with early stage group process and included transitioning through the intrapersonal musical competence orientation, followed closely by the intersubjective musico-relational competence orientation.

Point 5 in Figure 38 marks the final period when participants were working toward the end of the program. While I believe there was still therapeutic work to be done, the group process seemed to be best describe by adjourning, including reflection, affiliation and celebration of what had been achieved in the group. This is clearly evident in the wrap-up discussion transcribed in Chapter 6. As identified by Yalom (2005) an awareness of the time-limited nature of this group was likely to be the force that generated a pull toward adjourning behaviours. I was left to ponder what more

could have been achieved over a longer timeframe, as were the participants. For example, Christine commented in the wrap-up: “It would be interesting to see if this went for six months the complexity of the music that would come out of it in the end.” I am convinced the depth of personal and interpersonal reflection would have continued to develop also.

### **16.3 The Prominence of Storming**

In this study, group process very quickly showed signs of storming. Possibly due to the diagnosis of BPD. For some, storming was enacted via withdrawal, and others via confrontation. The period from points 3-4 in Figure 38 marked a transition from storming to norming and the emergence of a relational focus in the group. This stage seems to have been an important process for the group. It correlates with two events over sessions four and five. In session four, conflict between group members about what was acceptable in the music making resulted in one participant walking out of the room. It was a tense moment. Yet, the group bond was strong enough for this participant to re-join the group. The improvisation that took place a week later in session five, produced a period of rhythmic synchronisation that had not been achieved previously. It was accompanied by a stronger dynamic and a feeling of expression that also had not been achieved in previous sessions. It was a peak moment in the program (see Chapter 12). There seemed to have been something therapeutic that occurred in the transition between these two weeks that is not explained by group process, and only partly by competency development. Group process theory is a naturalistic theory that explains the phenomenon of stage development in small groups. It does not explain the sociological

or therapeutic mechanisms of change engaged in this process. Similarly, while my observation of competency development over time suggests music process may contribute to therapeutic process by activating the adjustment and alignment of affect and feeling states between participants, it is unclear why the conflict and resolution was important, or why attuning to someone else's music making was therapeutic.

At this point of the analysis, I was interested in understanding mechanisms that take place during the storming stage, and why this was therapeutic. Yalom's explanation of group process identifies therapeutic factors, but not mechanisms. In addition, he described the dynamic processes that facilitate interpersonal learning as: relationships, corrective emotional experiences, and the social microcosm. He also mentions that spontaneity is important. Improvisation arguably facilitates spontaneity, and also exposes resistance to spontaneity. The next chapter explores possible mechanisms at play during group storming using alliance rupture and repair theory.

## Chapter 17. Alliance Rupture and Repair

This theory offers a psycho-analytical perspective that suggests a link between rupture processes and developmental processes; plus, a therapeutic model that uses the ruptures to provide insight, model tolerance and lessen emotionality during interpersonal discord. Safran et al (Safran et al., 1990; Safran & Kraus, 2014; Safran et al., 2011) described rupture and repair as a dynamic process that “affords patients the experience of constructively negotiating the competing needs of self and other”. There were many examples of small alliance ruptures and repairs in the clinical program. However, I will focus on the most explicit that occurred during sessions 4 and 5 in this chapter.

### 17.1 Principles of Alliance Rupture and Repair

Safran et al draw on Bordin’s (1979) description of therapeutic alliance, identifying three factors relevant to rupture and repair including; task alliance, goal alliance, and relationship alliance. Tasks and goals are negotiated ways of working, and the relationship alliance influences collaborative processes critical to negotiation. From this perspective, the relationship is always a mediating therapeutic factor while the client and therapist work together on goals and tasks in therapy. Therefore, a strong and resilient therapeutic alliance has greater potential for productive collaboration on tasks and goals, leading to therapeutic process. Psychotherapeutic models that draw on the relational principle of rupture and repair include Alliance Focused Therapy (AFT)

(Muran, Safran, Samstag, & Winston, 2005) and Brief Relational Therapy (BRT) (Safran, 2002).

Safran and colleagues caution against interpreting the importance of the therapeutic alliance as meaning techniques are not important. They argue that technique is where the therapy gains its meaning. Therefore, techniques that facilitate collaboration on tasks and goals can allow for meaningful therapeutic process to occur. While making a distinction between relationship and technique as a conceptual framework, the authors also argue that in practice, the two cannot be separated from each other because techniques cannot be effective without an effective relationship. The synergy between technique and relationship is relevant to the use of improvisation in group music therapy. Improvisation is a meaningful activity that engages participants in the process of identifying tasks and goals that relate directly to music making, and to therapy. The competency orientation identified in this thesis, highlights embedded techniques (improvisational music making) were to the relational processes. The discussion of techniques and relationships in therapy within the alliance rupture and repair literature mirrors Tuckman's (Tuckman, 1965) distinction between task and social realms in group process.

Safran et al (1990) define an alliance rupture as "an impairment or fluctuation in the quality of the alliance between the therapist and client". There are two forms of alliance rupture; withdrawal and confrontation (Safran & Kraus, 2014). The conceptual framework hinges on the phrase "maladaptive cognitive-interpersonal cycles". This cycle begins with maladaptive interpretations of a situation, to which the client responds with habitual, and equally maladaptive interpersonal behaviours. The cycle is interrupted by the therapist via the process of identifying the maladaptive behaviours.

This is done verbally, with the aim of clarifying the interpretations. If done with tact and sensitivity, the alliance is repaired, contributing to therapeutic process. The authors stress that the therapist must try not to confirm maladaptive behaviours, and instead, disconfirm them via the intervention. This requires an acute awareness of this process in the moment. Therapeutic experiences that disconfirm dysfunctional beliefs permit collaboration on tasks and goals, further contributing to therapeutic alliance and therapeutic process. In the therapy as described, the therapist must become sensitive to ruptures and skilled at engaging the client in discussion about them (Safran & Kraus, 2014). The model focuses on ‘here and now’ interpersonal thoughts and behaviours and does not require the investigation of roots and causes of maladaptive cognitive-interpersonal cycles.

## **17.2 Working with Alliance Ruptures in Therapy**

Discussing the meta-communication related to alliance ruptures can provide potent therapeutic experiences. It is, therefore, important that problematic self-other interactions are activated in therapy. Once the relevant behaviours are activated, the possibility of corrective experiences can emerge (Safran & Kraus, 2014). Working with rupture and repair can lessen emotional conflict, leading to insight and growth. Yalom (2005) argues that problematic self-other interactions (referred to as “storming” and “interpersonal conflict”) are more likely to surface when participants are working in the moment. Improvisational music making is a useful task for this purpose, as it creates a situation whereby participants are encouraged to respond in the moment, which as identified above, has great potential for eliciting dysfunctional interpersonal thoughts

and behaviours so critical to this model. Music making also offers unique experiences that further enhance the effectiveness of the repair process such as affiliation and implicit relational knowing (Trondalen, 2016) which are explored further in Chapter 18.

Safran et al (Safran & Kraus, 2014) describe the dynamic process of constructively negotiating the needs of self and other. I feel this is relevant to the move from an orientation towards musical competence to an orientation towards musico-relational competence (and later to relational competence). For the music therapy group examined in this study, negotiations included playing in time with the group and responding to other participants' music making, while still exploring personal musical expression. These two ways of being in the music were not mutually exclusive, though at times negotiating personal musical expression and accommodating the music expression of others created tension, leading to rupture and repair processes, highlighted most explicitly in the walkout during session four (see Chapter 12).

### **17.3 Mechanisms Activated by Repairing Ruptures**

Safran et al (1990; 2014; 2011) describe alliance rupture and repair using a developmental model of affective miscoordination in mother-infant interaction. This model involves a situation when an infant's affect is misinterpreted by the mother. The infant then responds with a secondary affective response to communicate their experience of miscoordination. In a healthy relationship, the mother responds appropriately to the secondary affective response and coordination is repaired. However, in a dysfunctional environment, the mother fails to respond appropriately to the secondary affect and miscoordination continues. The theory suggests that healthy

oscillation between affective miscoordination and interactive repair helps infants to develop expectations that interpersonal disruptions are remediable. Conversely, in dysfunctional primary relationships, the infant learns that less than ideal interactions lead to ongoing miscoordination, resulting in suboptimal processing of affective experiences (Safran & Kraus, 2014).

The model suggests therapeutic processes that mimic these developmental processes, may lead to more flexible ways of negotiating, including the ability to tolerate imperfect accord. Therapeutic outcomes can therefore include the acquisition of relational competencies and decreased emotionality during periods of social discord. The repair process described in this mother-infant model is similar in some ways to the communicative musicality model (Malloch & Trevarthen, 2009a, 2009b; Malloch, 2000; Trevarthen & Malloch, 2000). Communicative musicality describes the non-verbal interactions between mother and infant that facilitate healthy affective oscillations using affective and gestural interactions. Communicative musicality is arguably one of the mechanisms employed in music therapy interactions (Malloch & Trevarthen, 2009a; Trevarthen & Malloch, 2000) and is discussed in detail in Chapter 18. For the participants in this study, rupture repair appeared to have taken place in the music making, facilitated by the acquisition of musico-relational competencies, and most clearly demonstrated in session five. In session five, the same participants who were involved in the rupture during session four, attuned to each other's music making more effectively than in any previous session (see Chapter 12). The remaining sessions provided opportunities for participants to reinforce those corrective processes via responding to musical changes during group improvisation. This is described as working through limbo phases in Chapter 19.

## 17.4 Describing Alliance Rupture and Repair

When describing ways of researching alliance ruptures, Safran et al (2011) suggest there are three ways they can be measured; from the patient, therapist, and observer perspectives. In this thesis, I propose extending the definition of an alliance rupture to include fluctuations between the alliance of group members. This was explored via participant and therapist perspectives observed from the video of sessions, including my interpretation and description of the session content. Alliance ruptures and repairs took place on many levels in this study. Arguably, the natural pull of group process facilitates it; yet, there is little research that acknowledges this. For now, I will focus on a larger alliance rupture and repair that took place in sessions four and five. It is described in detail in Chapter 12; therefore, I will only briefly retell the story here.

In the wrap-up transcription, session five was obviously important as can be seen by how readily it was identified by other group members when I started to say something about it. Before I could get my words out, two participants quickly referenced it:

Jason: The standout one for me was that time when um...

Janine: The crescendo.

Jason: Yeah when we...

Gayle: And we kept going.

Jason: sort of softened and we all got back in.

Janine: Yep.

As the conversation continued, three other group members jumped in with their impressions:

Jason: In terms of the trajectory of the group, we kind of got to a point where it felt like we were a little bit...

Christine: Stuck.

Jason: Yeah, we were a little bit stuck. What was going to happen next? And it just seemed to, you know what's the?

Jenny: Release it

Jason: It just opened up that crack and then...

Ruth: Gave us direction.

In Chapter 16, I proposed the group process period of storming aligned with a movement from orientation to music competencies toward orientation to musico-relational competencies. Descriptions of sessions in Chapters 8 - 12 identified this movement in orientation. I noted there was increasing comfort with music instrument selection and a feeling of competence related to individual music making, suggesting to me that participants were able to begin orienting themselves to competencies related to musical interaction. Yet, there was polytempi occurring in the improvisation which some participants found very challenging. I also felt drawn into addressing the group tempo while I was playing and found myself stuck in the role of timekeeper. It felt restrictive. Considering the competencies of participants, I wondered if the act of

staying in time with one's own internal pulse could not yet expand to include listening, attuning to and adjusting to the pulse of another.

The improvisation from session four include an incidence of withdrawal from one participant who was mirroring my own playing. The discussion following the improvisation included reflections about the importance of group rhythm and sensitivity to volume. It was a productive conversation in which participants freely expressed contrasting opinions; yet, it was also tense. One participant suggested another was intolerant, resulting in the accused walking out of the room. The incident involved two participants both demonstrating what Safran et al describe as an impairment in the alliance. One via confrontation (a verbal accusation), and the other via withdrawal (leaving the room). However, the participant who left returned, which was testament to both her own commitment to the therapeutic process and the resilience of the group alliance. We were unable to directly address the interpersonal rupture; yet, we were able to discuss the musical elements that contributed to it. Participants listened to each other's alternative perspectives on the role of rhythm, particularly rhythmic synchronisation and leadership. When discussing volume, what transpired was a fear of how others would interpret loud playing. We were able to discuss the metacommunication and therapeutic process to a degree later in this session, including agreement that discussion of music process was a more accessible way of discussing interpersonal process and that we had come a long way in four weeks.

The improvisation in the following week initially felt stuck, yet after several minutes of playing without a feeling of connection or intimacy, the improvisation evolved into the most cohesive and unified feeling of connection that the group had experienced up to this point in the program. It felt as though we were able to work

through the affective misalignment and achieved a coordinated repair via attuned alignment of musical elements. I felt the commitment to the musical process was a potent therapeutic experience. This improvisation experience aligns beautifully with Safran et al's (1990; 2014; 2011) description of therapeutic experiences that disconfirm dysfunctional beliefs about miscoordinated affective responses by providing an experience that challenged maladaptive cognitive-interpersonal cycles. Participant descriptions of therapeutic process related to a reduction in dichotomous thinking and emotionality over the program support this interpretation.

The musical structure graphs from Chapter 8 indicated a change in musical parameters between these two weeks that carried over for the rest of the program. I feel these descriptive changes support the observation that there was a shift in competency orientation, from musical competencies to musico-relational and relational competencies. Further, it demonstrated a new commitment to working through ruptures in the musical alliance by sitting with periods of miscoordination, altering one's musical gesture, and realigning with the musical expression of others. These competencies were made possible via a reduced emotional response to miscoordination. Up until session four miscoordination resulted in the improvisation ending. From session five on, the improvisation would continue. These 'continuations' were identified in the analysis as new structural units in the improvisation (see Chapter 8).

## **17.5 Similarities and Differences Between Individual Verbal Therapy and Group Music Therapy**

Safran et al (1990; 2014; 2011) describe the alliance rupture and repair process in individual verbal therapy. In the context of group music therapy, the alliance is also between group members, not only between therapist and client. Considering rupture and repair in the context of groups, there is some similarity in this framework to Tuckman's (1965) group process, particularly the storming stage (see Chapter 16).

While I feel the alliance rupture and repair literature helps to explain the mechanism of therapeutic process for the group examined in this study, there are differences. Safran et al (1990; 2014; 2011) emphasise the importance of discussing metacommunication in relation to therapeutic alliance ruptures. Yet, they also caution against the overuse of discussing the metacommunication as clients can find it intrusive and also irrelevant. I feel it would have been too challenging for my group to work through the rupture and repair process verbally. The improvisation from session five included a form of discussion of the metacommunication; however, it was a musical discussion rather than a verbal discussion. It began with a period of directionless playing for a few minutes. Participants were playing at the same time, though rhythmic connection was limited. There was also little evidence of other communicative gestures such as mirroring, matching, or turn taking. I felt that the disagreement in session four was still felt at the start of this improvisation and participants appeared cautious in their musical interactions. However, once we shared the musical space for a few minutes, including the quiet period that followed involving the two participants that clashed the previous week and myself, we settled in to a very sensitive and cohesive pulse. The alliance rupture from the previous week felt like it was being acknowledged and

repaired musically. The miscoordination was addressed by subtle changes in affective musical gestures resulting in coordinated playing. As the rest of the group re-joined, it felt like an acknowledgement of the commitment to the group, and a celebration of process. Jenny described her artwork (see Figure 40) in response to the improvisation as: "The tree and the ribbons, colourful ribbons coming down is like a celebration of things and movement. And in the trees are some happy monkeys dancing to the music. Enjoying the music. So, yeah they're pretty pleased with it". Janine described the music as "a sense of sharing the space", and Ruth felt everyone was "more aware of each other".



*Figure 40.* Jenny's artwork from session five.

In my mind, the improvisation in session five was a conversation about session four. The impact it had on the feeling in the room and the relationships was evident in the discussion and artwork (see Figure 40) from that session, and again in the wrap-up discussion in session eight (see 17.4 above). This process seemed to occur naturally. My experience of the group in this study and many others including adult outpatient

psychiatry and student experiential groups convinces me that music making seems to enact a natural pull towards relating appropriately in this context. This may be related to the reason why group music making exists as a persistent feature of virtually every human culture (Cross, 2008, 2012a).

There were plenty of examples of this process occurring in the music therapy program. What was most relevant to this study is that they occurred in the music as well as the discussion. This is different from Safran et al, who's model sits in a traditional 1:1 verbal therapy context. The verbal model relies on the therapist being highly skilled at identifying the ruptures, bringing them into awareness and helping the client to work through them. The process relies on explicit processing. In the group music therapy scenario, there are also implicit processes that closely resemble rupture and repair. These seem to be valued by participants yet are not accounted for by this model. This point leads to the next chapter which explores the implicit and explicit processes that take place in the sessions.

## Chapter 18. Implicit and Explicit Process

So far, I have introduced a series of theories that are helpful when attempting to build a framework that describes the group music therapy process in this study. In my analysis I've suggested participants moved through three competency orientation stages in the program. I've argued the movement through these competency orientation stages is partly explained by the phenomena of group process. Further examination of the data revealed the 'storming' stage as an important and therapeutically potent experience for this group. The model of alliance rupture and repair provides some evidence of a mechanism for change that relates to the storming stage of conflict and resolution. Yet, there still remains a question in relation to improvisational group music therapy that has not been addressed in this thesis so far: How does music making facilitate this therapeutic process, and why did participants describe the process as faster and gentler than talking therapy? This chapter integrates some theory describing implicit process to explore the relevance of music making in this program.

This discussion of implicit process in music therapy will primarily draw on the Boston Change Process Study Group's (BCPSG) (Bruschweiler-Stern et al., 2010) detailed description of the change process in therapy. This group builds on Stern's (Stern, 1985, 2010a, 2010b; Stern et al., 1985) theory of vitality affects and attunement between infant and primary caregiver and its applicability to psychotherapy with adults. It has many similarities to Trevarthen and Malloch's (Malloch & Trevarthen, 2009a; Trevarthen & Malloch, 2000) theory of communicative musicality. These theories from the BCPSG have been influential in music therapy (Hannibal, 1999, 2014;

Smeijsters, 2005, 2012; Strehlow & Hannibal, 2019; Trondalen, 2016) presumably because of the inclusion of implicit process in their formulations. I feel these theories from the BCPSG explain process as it occurred in this study very well. Inclusion of implicit processing in music therapy theory is critical if one believes that music processes contribute to therapeutic processes in this context.

Most relevant to the experience of participants in this study are the descriptions of implicit process in the treatment of BPB with music therapy informed by mentalization (Hannibal, 1999, 2014; Strehlow & Hannibal, 2019) and relational music therapy in mental health contexts (Trondalen, 2016). Trondalen's relational perspective also included theory from Husserl, Merleau-Ponty, and Stern. She consolidated these perspectives within the concept of intersubjectivity, explained as joint attention and affective exchange. Strehlow and Hannibal also described the music therapy process as intersubjective, drawing on implicit and explicit processes. They theorised high arousal in response to attachment systems could diminish an individual's ability to mentalise on all levels. The authors argue reflection on music making could lead to insights into more generalised interpersonal responses.

### **18.1 Relational Problems and Early, Preverbal Experience**

The aetiology of BPD (and PD more broadly) is only partly understood (a more detailed discussion of BPD can be found in the literature review of this thesis).

Biological factors are not to be discounted, yet early life experiences appear to also be influential in the pathology of BPD (Craighead et al., 2008; Forster et al., 2014; Gunderson, 2009a; 2013; Torgersen, 2009; Widiger, 2011). Several theories relevant to

music therapy interventions suggest problems for people with PD are associated with attachment systems. These include but are not limited to Trevarthen's (2005) theory of companionship, Linehan's (1993; 1991; 2006) biopsychosocial model, and Safran's (1990; 2014; 2011) alliance rupture and repair literature discussed in Chapter 17. The BCPSG's (Bruschweiler-Stern et al., 2010) formulation drawn on below also rests on developmental research and theory.

One may argue that adults in therapy do not behave in the same way as infants with their primary caregivers. Yet, I feel developmental theory is compelling and aligns with the experience of the participants, including myself in this study. I am inclined to believe it is relevant to music therapy and optimistically look forward to further research that can strengthen this position. So far, researchers in the field of developmental psychology argue that the same pre-verbal mechanisms active in the first few months of life persist throughout the entire lifecycle (Linehan, 1993; Linehan et al., 1991; Malloch & Trevarthen, 2009a; Malloch, 2000; Rebuschat, 2012; Stern, 1985, 2010a; Stern et al., 1985; Trevarthen & Malloch, 2000) and influence the development of cultural/social music making (Cross, 2008, 2009, 2012a). Further these processes appear to be shared with others non-verbal animals (Altenmüller, Schmidt, & Zimmermann, 2013; Bannan, 2012b; Belvedere, 2014; Moran, 2014; Overy, 2012; Pavlicevic & Ansdell, 2009; Wallin, Merker, & Brown, 2000) and even inform artificial intelligence and interactive robot design (Cabibihan et al., 2013; Gill, 2007; Gill, 2012; Kozima et al., 2008; Lorenz et al., 2016). Understanding implicit communicative processes is arguably important in understanding relational processes generally and is specifically relevant to this study of group music therapy.

## 18.2 Verbal (Explicit) Process

The consideration of implicit intersubjective systems in music therapy raises questions about the role of explicit processes (verbalisation) when working with high functioning adults. A review of the literature suggests verbalisation can be important, though mostly as a means of processing implicit experiences. From this position, implicit experience is primary, and verbal experience secondary. De Backer (2004) discusses the role of verbalising in music therapy for psychotic patients (not BPD). He clearly articulates the non-verbal process as the primary experience that allows for the 'idea' (implicit) to be fully realised. However, the author argues verbalising process is also very useful, particularly for the process of insight. De Backer cautions against actively avoiding verbalisation, as the music therapy process can become less of a therapy and more of an activity. Hannibal's (2014) Process-Oriented Music Therapy (PROMT) model includes verbalisation in the method. Trondalen (2016) describes verbalisation in therapy as expanding on the implicit, not replacing it. The author quotes Stern (1985), describing verbalisation as a double-edged sword that can both assist and limit processing of experiences.

For people with BPD, relational difficulties often emerge verbally. Yet, in my observations, it's not always the content of the commentary in sessions that is the problem, it's the non-verbal features of the interaction. In some ways, similar maladaptive non-verbal elements of conversation were reflected in the playing; yet, sometimes the playing included more sensitive interactions. Possibly, the music allowed participants to experience their habitual, maladaptive ways of relating in a new context, bringing behaviours into awareness. Conversely, improvisation seemed to also provide

opportunities to relate in a way that was not subject to habits, allowing participants to experience themselves differently.

The clinical program in this study used verbal processing extensively. However, I feel that many powerful implicit processes were only partially discussed, or missed outright; yet, they were still therapeutically potent. In fact, there were times when implicit process seemed to contradict explicit process, allowing for therapeutic process to progress despite seeming limitations presented in the discussion. For example, there was some incongruence in what some participants said and drew, compared to how they played in early sessions. Carolyn and Janine described anxiety in session one, yet they were willing to explore instruments and engaged in improvisation. Jenny drew being very self-critical, and fragile (see Figure 41), yet I observed her to be confident and capable in music making. The explicit communication from these participants was self-effacing possibly due to habits of relating during early group process stages. Yet the implicit communication seemed to bypass these habits allowing them to be curious and engaged, possibly accelerating therapeutic process.



Figure 41. Jenny's artwork from session one.

Often implicit experiences were not discussed at all. This could have the benefit of allowing participants to contemplate the experience without relying on themselves or someone else verbalising it. The process of verbalising can sometimes create problems such as denial or defensive reactions. This is possibly an argument in favour of using music, allowing participants to explore ideas slowly over several weeks via repeated improvisations.

### 18.3 Implicit Process

At this point, it is worth describing implicit process using the formulation from the BCPSG (Bruschweiler-Stern et al., 2010) before returning to the musical process in this study. The dyadic approach to therapy described by the BCPSG hinges on an innate drive in humans to communicate feeling states. The authors argue that while a model of how the brain forms representations is unresolved, evidence from infant behaviour suggests that representations do not rely on symbolic or language forms. Rather they are conceptualised as active and affective representations of movement and feeling. Communication of these representations is described as ‘attunement’ of ‘implicit relational knowing’. Stern has described these as ‘forms of vitality’ and ‘vitality affects’ (2010a, 2010b; 1985).

Further to verbal communication, non-verbal communication contributes to multimodal affective commentary, made up of facial, prosodic, and bodily cues (Bruschweiler-Stern et al., 2010). The multimodal conceptualisation includes cross-modal features suggesting, for example, body gesture or facial expression can be similarly communicated in sound. In music therapy, musical gestures are included within the range of multimodal affective commentary. This suggests that musical gestures can communicate implicit relational knowing (via the process of attunement), rather than only purely ‘musical’ ideas; providing some explanation of the therapeutic potential of musical interaction. Further, the BCPSG suggest that while these representations are non-conscious, they are not repressed, and therefore can be accessed, brought into consciousness and verbalised. For example, when we played a crescendo in the session five warm-up, Janine noticed that we got loud and faster at the same time (see the session five description in Chapter 11). As we talked about that, we

felt that the crescendo was expressed as an increase in intensity. Later in that session, the group described the music and artwork created using cross-modal language such as vigorous, energy, harmony, joy and celebration.

Importantly, the domain of implicit relational knowing is described by the BCPSG as richer, and larger than explicit knowledge. From this perspective, one can argue that relying solely on explicit therapeutic processes (talking) does not allow for the participant to address relational problems using all relevant domains. An intervention such as music therapy, theoretically engages more of the relevant domains than verbal therapy alone.

#### **18.4 Intention, Intersubjectivity, Coherence**

The BCPSG describe intention as an important component of implicit relational knowing. The process involves observing another's behaviour and implying their intention based on the observation. They suggest that affectively relevant and relationally imbedded meanings derived by imbuing intention are central to psychotherapy. Linking these implicit processes to relational problems, the authors suggest defensive coping strategies developed early in life are built using this model of intention. An infant may learn to avoid intimacy when it has led to adverse responses. This early implicit relational representation can become the focus of psychotherapeutic work later in life.

Imbuing intention and communicating implicit relational knowing is an intersubjective process described by the BCPSG as “fitting together” (drawing on Sander as cited in (Bruschweiler-Stern et al., 2010)). Fitting together is explained as an

organisational goal of early development whereby the infant creates an ecological model incorporating the environmental, biological and psychological experiences. They suggest intersubjectivity is central to healthy developmental process - that one grows to know oneself through the experience of being known by another.

Experiencing oneself and another's response to oneself is therefore an important process of development, linked to a generalised developmental drive to organise all experiences into a coherent system. As the system develops and becomes more complex, the individual must become more adaptive. The BCPSG argue that the psychological process of organising systems is also physiological, using the example of learning to walk. Repeated experiences coupled with adaptation result in successfully learning to stand and then walk over time. It is a procedural, implicit process. The process of developing coherent models includes recognition, affinity, selectivity and matching. When resonances occur, multiple systems become attuned allowing simple processes to combine into complex processes. This process is mirrored in improvisational music therapy and the movement through competency orientation stages described above. Expressive musical competencies combine and attune with musico-relational competencies which resonate and lead to complex systems facilitating the experience of generalisable relational competencies within group improvisation. This process occurs over weeks of repetition.

### **18.5 Cycle of Change to Implicit Relational Knowing**

The BCPSG describe change to implicit relational knowing as a cycle of mutual regulation, matching, mismatching and reparation. These communicative actions occur

in therapy as microprocesses between therapist and client in an “improvisational mode”. The improvisational mode suggests they are unplanned and occur in the moment. Moments of therapeutic potential occur when both parties engage in implicit relational microprocesses. There is a mix of high-intensity moments that are verbalised and many smaller moments that are not. Yet, the smaller moments are much more frequent and build upon each other, making a substantial contribution to therapeutic process. The BCPSG emphasise the need for mutual recognition of reparation for new states of intersubjectivity to emerge. The result is change to both members’ implicit relational knowing. The processes are typically dealt with immediately, yet can on occasion remain open for some time, allowing for reparation to occur later. I feel this description aligns with the music process generally for participants in this study, yet most clearly in the improvisation process between weeks four and five, as described in Chapters 12 and 17. Those two sessions contained both immediate and delayed process.

When the BCPSG described therapeutic process, they suggested the micro process is the most regular and usually is beyond conscious recognition. However, less frequently experiences move into awareness and are discussed. These are considered to be related to major reorganisation. Sessions four and five from this study fit into this category. The BCPSG description of the micro process mirrors musical improvisation closely. The authors describe it as “a creative and improvisational process by which both parties make exploratory attempts to find accessible points of fitting together in the service of collaborative activity” (Bruschweiler-Stern et al., 2010, p. pg 65). This description includes working together on the task of therapy – closely tied to competency orientation, group process and alliance rupture and repair described earlier in this chapter.

The cycle of mutual regulation, matching, mismatching and reparation has similarities and differences to alliance rupture and repair process described in Chapter 17. Structurally it is very similar. It also draws on developmental concepts to explain the mechanism. I feel alliance rupture and repair theory describes maladaptive processes more clearly, particularly the maladaptive process including confrontation and withdrawal. However, the BCPSG description of implicit relational knowing describes more immediate and healthy processes that are constantly in action and goes some way to explain how improvisational music making works in therapy. Therefore, both theories are complimentary in this thesis.

The BCPSG use the term “recontextualisation and reorganisation” to describe how existing models are accessed and subtly reorganised in a new context. The suggestion is that this developmental process continues into adult life. The authors argue therapeutic work that focuses on implicit relational process is an effective strategy, allowing for “recontextualisation and reorganisation processes” to be activated. Once again, using session five as an example, we began with a crescendo-decrescendo warm-up which seemed to provide some safety and structure around experiencing a loud dynamic. Carolyn, who usually played softly, and struggled with loud sound (described by herself in session four as “intrusive”), looked like she really enjoyed the volume of the crescendo. She nodded and smiled when asked if we should do it a second time (see the session five description from Chapter 12). Carolyn’s changed experience of loud playing aligns with the BCPSG formulation of recontextualisation and reorganisation.

## **18.6 Communicative Musicality as Implicit Process**

The theory of communicative musicality, originally described by Trevarthen and Malloch in their seminal paper ‘The Dance of Wellbeing’ (Trevarthen & Malloch, 2000), described a very similar non-verbal interaction between infant and primary caregiver as that articulated by the BCPSG above. This was linked directly to the therapeutic potential in music therapy as an “innate ability to share the passing of expressive ‘mind time’, an ability that may be called ‘musicality’” (p. 3). Trevarthen and Malloch drew on the writing of Blacking (1995) and their own research on parent child preverbal interactions to construct a theory of ‘communicative musicality’ which they argued is innate. They also incorporated infant research of Stern (1985; 1985) (a major contributor to the BCPSG) as well as others sources. Communicative musicality theory provides a rationale for utilising non-verbal patterns of communication to redress early life relational problems associated with attachment (Trevarthen, 2005). Music therapy techniques such as matching have been likened by Stern (2010b) to the attunement process between therapist and client. Communicative musicality has been utilised extensively in the music therapy literature (Malloch & Trevarthen, 2009a). While their formulation has been more explicitly linked to mechanisms in music therapy than the BCPSG formulation, I have drawn more heavily on the later as I feel it is more detailed and relates very closely to this study.

## **18.7 Beyond a Developmental Model of Implicit Process**

Pavlicevic and Ansdell (2009) raised questions about group work, arguing that communicative musicality may not explain collaborative community music processes. I

feel the mechanisms explained by BCPSG as ‘recontextualisation and reorganisation’ above, would also apply to group situations; however, possibly social and evolutionary theories of music may go some way to further explain the “collaborative musicing” phenomena identified by Pavlicevic and Ansdell. Ambiguity of musical meanings combined with simultaneous participation in group music making has been attributed to strengthening social bonds (Belvedere, 2014; Cross, 2005, 2012a). Cross (2012a) describes the ambiguity as ‘floating intentionality’, and suggests that while music making experiences are shared, they are not identical. Yet, contrasting experiences do not interfere with the powerful experience of solidarity that accompanies shared music making. In fact, it is the ambiguity that may allow group music making to have a potent effect on group affiliation. This theory is postulated as an explanation for the persistence of music making in some form in all cultures, with archaeological evidence of humans making music dating back tens of thousands of years (Bannan, 2012a; Conard et al., 2009). The social bonding experience of group music making has been likened to an extension of play into adulthood, continuing the social function of play as a bonding medium beyond childhood (Cross, 2012b).

In session four the mirroring between myself and one participant created an intense moment that led to misinterpretation (see the session four description from Chapter 12). Later in the session, there was disagreement about musical elements related to individual interpretations of the music making. This supports Cross’s (2012a) concept of floating intentionality described above, suggesting that shared experiences are not identical experiences. These were healthy discussion facilitated by group music making. In that session we also discussed the usefulness of using music as a medium for relational discussions and the group felt that music made it a little easier, even though

the things we talk about were still personal. The group identified that using music sped-up the therapeutic process. Later in the wrap-up discussion after session eight, Gayle identified the bonds that occurred in this group, and noticed they occurred faster than would normally be expected saying: “Yeah, it’s not even been one module long in terms of the number of normal weeks. And we would never be at, teasing one another, sort of, quite as comfortable at this stage in any other group.”

The generalised development goal of organising experiences in coherent systems described by the BCPSG above is very similar to Antonovsky’s (1979) concept of coherence. However, in Antonovsky’s work, he observed coherence as a protective health factor (salutogenic) in adults who have dealt successfully with trauma. He included a temporal quality to a sense of coherence whereby one can feel confident that external environments are predictable and there is a high probability that things will work out reasonably well over time. Antonovsky’s observation supports the BCPSG assertion that the drive to organise experiences into coherent, predictable systems is lifelong. He described an ongoing sense of coherence as experiencing the random, accidental, and incidental stimuli that one is exposed to as ‘music’ (Antonovsky, 1979). This temporal, and predictable nature of coherent systems suggests meaning making processes in adults in some ways mirrors musical experience (and vice versa).

### **18.8 Sloppiness and Indeterminacy in Therapy**

Elaborating on the improvisational quality of implicit relational knowing into the therapeutic context, the BCPSG use the term “sloppiness”. The term is used to describe the “local” level of process that includes verbal and affective exchange in

therapy. I feel the definition of this term resonates with the improvisational approach in this study. The authors describe interaction as an indetermined co-creative process between two minds, arguing that these moments catalyse the emergence of intersubjective moments of meaning and bring about change. They suggest the sloppiness of sessions generates new possibilities and increases coherence of the interactive process. They also use the term “self-organising properties” to describe the local level of interaction and suggest that it drives process.

This creativity at the heart of the microprocess of therapeutic interaction is easy to overlook. At times it may even appear that nothing much is happening. However, at the subjective level there is a sustained experience of uncertainty and unpredictability, as the therapist and patient attempt to mutually apprehend and align their emerging intentions and initiatives in the service of a sustained shared direction in the interaction (Bruschweiler-Stern et al., 2010, pp. 103-104).

Indetermined process and self-organising properties appear to be mirrored in therapeutic improvisation as indicated by the structure of the improvisation in session five which I feel followed the group process moving from storming to norming. From conflict to resolution. For several minutes, disconnected and distant playing persisted, followed by a long quiet limbo. From the limbo emerged cohesion and synchrony. The volume was powerful. Participant descriptions of the music included “sharing the space” and being “more aware of each other” (see the session five description from Chapter 12). This movement through group process was not planned or anticipated

which I feel contributed to the level of engagement by participants, and subsequently the therapeutic potency of the experience.

The question of “directionality” is addressed using a question in the BCPSG formulation. The question asks: how do client and therapist know when they are moving in the right direction for therapeutic process to occur? The answer is explained through the general principle of “fitting together” described above. The authors argue there is an implicit drive towards mutuality that leads to implicit relational knowing. They suggest it is unconscious and outside of awareness while possessing the quality of vitality which acts as a directional element of therapy. From a music therapy perspective, this idea supports the use of music as the medium that can add vitality to sessions. These positive feelings and experiences are therapeutically potent. My experience of running groups is that directionality as described above occurs naturally and directs therapeutic process. In the absence of catastrophic problems, directionality leads to positive relational experiences that contribute to therapeutic benefit. This study demonstrates this and is articulated by the participant reflections in the wrap-up discussion transcript in Chapter 6. The BCPSG suggest clinical sensibility allows the therapist to work with implicit relational knowing and intersubjective coherence, echoing Antonovsky’s (1979) salutogenic description of coherence.

The repair process (in alliance rupture and repair) is influenced by working toward fittedness and directionality in therapy. Tension accompanies the ruptures of fittedness, and relaxation and reinvigoration accompany repairs. Therapeutic quality is related to jointly constructed directional fittedness, expanding shared relational fields. I feel directional fittedness applies to the improvisational process. It feels directional by virtue of its temporal, musical form. These theories suggest improvisation is a relational

activity with the potential to orient participants towards directional fittedness, and thus therapeutic benefit towards relational goals.

This chapter on implicit and explicit processing introduced several key concepts to this framework, drawing predominantly on the BCPSG (Bruschweiler-Stern et al., 2010) to explain how group music making facilitates process identified in the competency stage model, group process theory, and alliance rupture and repair theory explained in Chapters 15 - 17. I began with the cross-modal communicative aspects of vitality affects and attunement that lead to implicit relational knowing. These were derived from mother infant models that are positioned as relevant to PD and BPD specifically due to the developmental associations of PD, particularly with reference to attachment systems. Further into adulthood, the notional of floating intentionality and the social utility of music making as a means of extending play into adulthood contributed to the formulation. Features of implicit relational knowing that were theorised as contributing to therapeutic process included intentionality, intersubjectivity and coherence. These are explained by the process of recontextualisation and reorganisation of experiences. Therapeutic microprocesses were articulated as contributing to vitality due to the nature of sloppiness, indeterminacy, directionality and fittedness. These features of process relate to the moment by moment implicit communicative gestures in music making. The next chapter presents a theoretical framework that integrates the theories presented in Chapters 15-18, providing a conceptual framework for the change process as described in the five perspectives presented in Chapters 7 – 13.

## Chapter 19. Conceptual Framework

This thesis has relied on an emergent methodology. As I progressed with the research, new questions were raised. The first was simply, what is the best way to describe what happened in the clinical program? I wanted to understand the meaning making process of the participants of this group while trying to understand the musical and therapeutic processes. In doing so, a descriptive analysis of session videos was undertaken. From this process emerged the main theme of this thesis – musico-relational competence (see Chapter 15). I felt that the change in competency orientation, particularly the participants' self-concept of competence provided some insights into the change process for the participants in this study. For me, the interaction between what one might consider objective changes to competence, and the self-concept of competence was demonstrated via stages of competency orientation. This led to another question: what influences the group to progress through stages? I was drawn to group process theory to interpret this directional element of process (see Chapter 16).

The most obvious reason for reviewing group process theory when examining the data generated from this study was the existence of a group that was presumably subject to typical stages of group process. However, some further insights were developed by comparing competency orientation stages to group process stages. This comparison highlighted an important relationship between the transition from storming to norming and musico-relational competency orientation. The transition from storming to norming was accompanied by therapeutically potent experiences. Group process theory helped to locate and label this stage within the study, yet it did not explain why it was therapeutically potent. It appeared to have some relationship to musico-relational

competency orientation, but it was still not evident why this period of the program was helpful to participants. I felt the literature on alliance rupture and repair explained this mechanism in a way that seemed relevant to this thesis (see Chapter 17).

Alliance rupture and repair theory described the concept of maladaptive cognitive-interpersonal cycles. The maladaptive cycle included alliances ruptures that took the form of confrontation and withdrawal. Therapy that allowed for the interruption of this cycle by identifying and disconfirming alliance ruptures positively contributed to change processes. This mechanism was described in detail in Chapter 17 and provided an explanation of how the transition from storming to norming provided content within sessions that contributed to change processes. It went part-way in explaining why the musico-relational orientation stage was a productive period in this study.

While alliance rupture and repair theory provides a theoretical explanation of the conflict and resolution process for this thesis, there was still an element missing. Safran et al's (2014; 2011) description of therapeutic process is heavily reliant on explicit processing, led by the therapist. Yet the clinical work examined in this study was less reliant on explicit processing and therapist intervention than that described by Safran. My analysis suggested the rupture and repair mechanism was embedded within the task of group improvisation and included implicit process as well as explicit process. The analysis suggested conflict and resolution (related to the transition from storming to norming including rupture and repair) coincided with the participants' orientation towards musico-relational competencies. This was an important observation as it seemed to identify the role of the music process within the therapeutic process of this group. The participant discussion about the program during the wrap-up discussion

presented in Chapter 6 suggested music making contributed to the speed and depth of the therapeutic process. To understand how and why music making made this contribution to process, I felt I needed to examine the implicit music process in more detail. To do so, I drew on the Boston Change Process Study Group's (BCPSG) (Bruschweiler-Stern et al., 2010) description of implicit relational knowing.

The BCPSG (Bruschweiler-Stern et al., 2010) formulation is described in Chapter 18, and only briefly summarised here. Implicit relational knowing is an ongoing process stimulated by a drive on the part of each individual to organise experiences into coherent systems. These systems are refined and developed throughout the lifespan using a process described as "recontextualisation and reorganisation". Intersubjectivity is integral to organising experiences into coherent systems, the primary modality described as attunement. Attunement is a form of implicit interaction, communicating feeling and action representations. Attunement leads to intersubjective coherence, also described as implicit relational knowing. While the BCPSG's formulation is not a theory of musical interaction, it does suit this purpose very well. Particularly when the intention behind the improvisations is therapeutic process.

The BCPSG argue that implicit knowledge is a larger domain of knowledge than explicit knowledge. Considering this, one may argue that the process of recontextualisation and reorganisation can be more effective when done using both non-verbal and verbal means compared to using verbal means alone. Verbal means alone may miss important affective elements that appear to be included in a music therapy intervention. These elements seem important in theory, and also in the analysis of the video data used in this thesis.

For the participants in this study, the therapeutic task was embedded within the music task, group improvisation. These dual processes align with Tuckman's (1965; 1977) group process description, delineating between the task process and the relational process. What is unique to using music as the 'task' in a group intervention, is that the task itself contributes to relational process. This is explained by the developmental theories of the BCPSG, and also by evolutionary psychology theories of music including Cross's (2012a) 'floating intentionality' (see Chapter 18). There are few tasks that possess this unique, ambiguous attribute, adding further support to the use of group music making in therapy. The experience of group music making draws the social, motivational and entrainment features of music in a multi-dimensional framework that aligns expectation, attentional and affective states to create meaningful experiences. Within the shared group experience, are individual subjective experiences. While these subjective experiences may differ, the sharing of them within the same musical space seems to create powerful feelings of affiliation between group members. The group process therefore becomes intersubjective. This intersubjective conceptualisation of process has been identified by several authors (DeNora, 2011b; Hannibal, 2014; Malloch & Trevarthen, 2009a; Pavlicevic & Ansdell, 2009; Strehlow & Hannibal, 2019; Trondalen, 2016) as central to the music therapy process.

Chapters 15-18 systematically worked through several theoretical perspectives on the therapeutic process described in this thesis which I have summarised in this chapter introduction. At this point, I would like to bring them together into a larger framework, or metatheory. I would like to stress that the various theories informing this framework do not neatly fit together, and this framework is not proposed to be a definitive explanation of how music works in group music therapy. However, I feel it

goes some way to make sense of the process described by the participants in this study and satisfies my own desire to get closer to understanding how music functions in contexts such as this.

### **19.1 Reconceptualising the Program Goal in Group Music Therapy for BPD**

This study began with a broad clinical goal of exploring relational competencies. This goal was reformulated following the analysis of the research data by adding some specificity to relational competencies in this context. For this study, relational competencies that were activated and developed included the communication of affectively expressive associations and reflections with lessening negative emotionality. From this perspective, lessening negative emotionality allowed participants to become more competent at implicit relational knowing. The following extract from the program wrap-up discussion in Chapter 6 demonstrates that the participants in this study noticed these changes:

Gayle: Yeah, it's not even been one module long in terms of the number of normal weeks. And we would never be at, teasing one another, sort of, quite as comfortable at this stage in any other group. There's still eyeing people off, there's still who's going to be like, being wary of...

Ruth: Who's going to be critical.

Gayle: Yeah, who's going to say something, or who's, you know.

Jason: Does that translate to a benefit outside of here?

Janine: Yeah because I think on the outside it assumed that everyone is looking at us. “What does that mean? Da da da da da.” Whereas, um, we might actually approach things differently. Rather than straight away get our back up, just sort of sit there and OK, allow our self to just feel what’s going on rather than have automatic thoughts about what’s going on, for the other person. Like mind reading.

Jason: Right. Ah OK.

Janine: Cause I think probably at the start for this group, I know for a while we would have been doing quite a bit of mind reading.

Ruth: Oh, for sure.

Jason: Yeah, OK.

Ruth: What’s everybody else thinking? Why are we in this group? Why did they choose us?

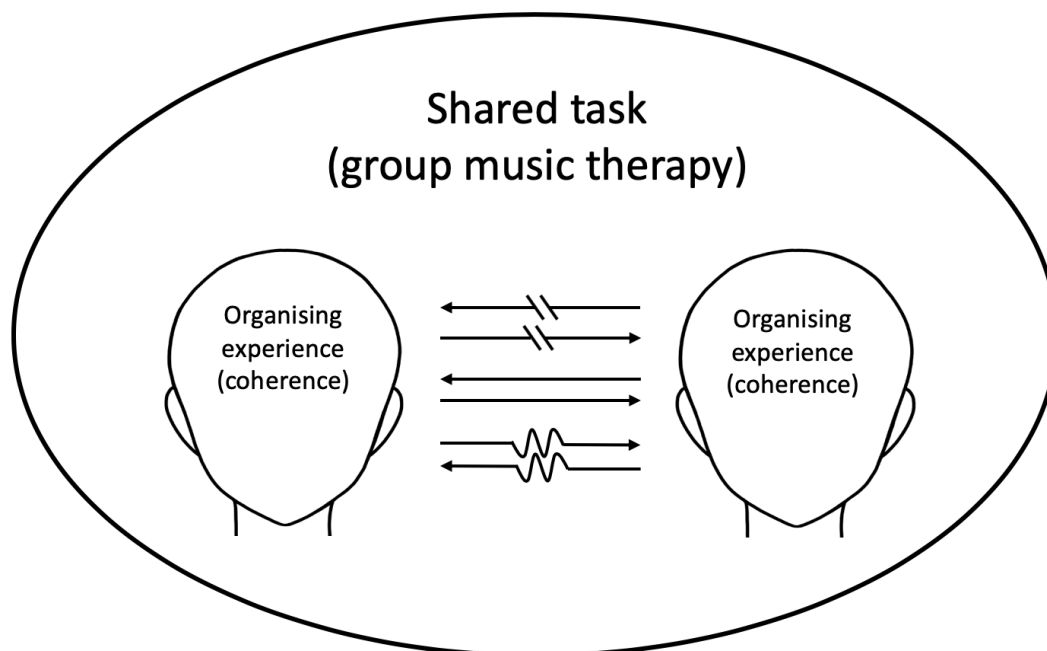
Janine: Yeah.

The transcript above provide some insights into how BPD symptoms impact relational situations. When Janine made this statement, she highlighted how someone with BPD can easily misinterpret another person’s intention by assuming others were looking at her and making judgments. She also described the potential to suddenly disconnect when she said, “straight away get our back up” and having “automatic thoughts”. It is easy to understand how this automatic response can cause problems and interfere with relational situations. As the transcript suggests, relationship between

negative emotionality and relational competence is particularly relevant for people with BPD (Sheffield et al., 1999). Relationships are challenging for people with BPD, including difficulties with intimacy and feeling close to others (Lazarus et al., 2014). Musical closeness can be equally difficult, and it can take some time for participants to connect with others musically, particularly entraining to rhythm (Foubert et al., 2017). Intense and unmanageable emotional responses also impair cognition and interfere with relational processes such as a shared feeling of connection generally and in music making. Reducing the intensity of emotional response to relational contexts, can therefore improve the quality of life of someone with BPD, and is a goal of therapy.

Music therapists rely on the assumption that music replicates the inner experience and communicative abilities of participants (Bruscia, 1987; Nordoff & Robbins, 1977). Therefore, this framework assumes relational competencies present in non-musical contexts, are also present in music interaction. Figure 42 diagrammatically represents the attunement process in music therapy. Interaction between participants includes a constant flow of implicit representations. At times representations are communicated effectively, and at other times, less effectively. The attunement process therefore includes accord, discord, and imperfect accord. While the dynamics of accord are many and varied, for simplicity, this process is depicted by straight (accord), broken (discord), and wavy (imperfect accord) arrows. Group music therapy functions as a shared task affording participants opportunities to experience the dynamics of implicit relational knowing. As negative emotionality is lessened it becomes easier to tolerate imperfect accord, and over time these periods can even be pleasurable as they contribute to the dynamics of implicit relational processes. Figure 42 represents the high level, program goal of group music therapy when working with people who experience

relational difficulties. This is (as stated above) to experience and tolerate the dynamics of implicit relational knowing.



*Figure 42.* Attunement in music therapy. Experiencing the dynamics of implicit relational knowing.

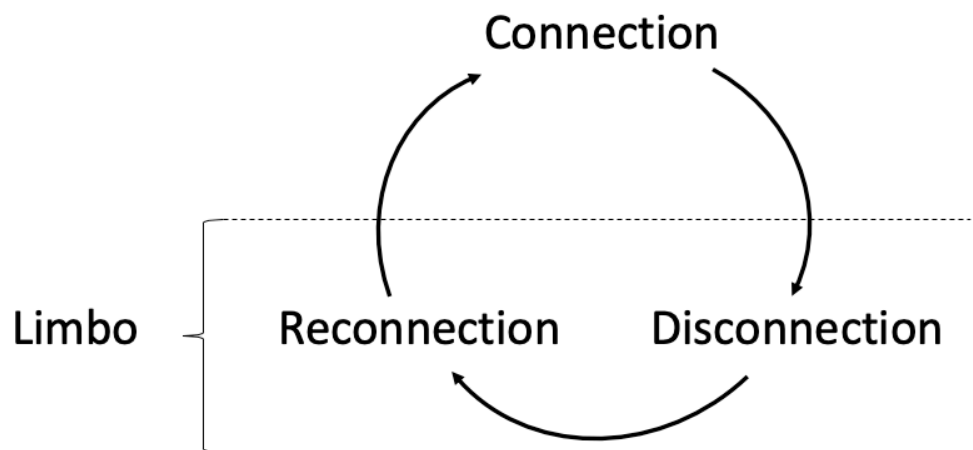
## **19.2 Negotiating the Cycle of Connection, Disconnection and Reconnection in Improvisation**

The notion of rhythm, and entrainment as temporal processes relevant to music therapy go back to early formulations of Nordoff and Robbins (Nordoff & Robbins, 1971, 1977), and were also explained in detail in Pavlicevic's description of music therapy groups (Pavlicevic, 1995, 1997, 2000). These authors emphasize the role of beat making as a form of connection and relationship between therapist and client (or other group members), allowing for the communication of feeling states in music making. Rupture and repair as described in both the Safran (Safran et al., 1990) formulation and

also by the BCPSG (Bruschweiler-Stern et al., 2010) captures the music therapy process that emerged in the analysis. It appears the mechanism of therapeutic process for participants was not contained solely within musical connection, but instead in the cycle of connection, disconnection and reconnection (see Figure 43). In the context of music therapy, connection in music exists when there is a perceived match between the musical elements of participants. The most notable musical element in relation to connection was pulse. I've intentionally used the words "perceived match" as the match must be experienced. Because of this what constitutes a match is both subjective and intersubjective. Similarly, the disconnection, or mismatch must also be experienced. And finally, the reconnection must also be experienced.

The musical analysis from Chapter 8 demonstrated that during early improvisations musical disconnection tended to signal the end of the improvisation. Stopping playing was similar to withdrawal, described in Chapter 17 as alliance rupture (Safran et al., 1990; Safran & Kraus, 2014; Safran et al., 2011). An alternative response was to forge on with the same musical expression, while not adjusting to others, experienced as polytempi. This style of playing was similar to confrontation, the alternative rupture process described in Chapter 17. These types of musical ruptures inevitably are accompanied by strong feelings. However, processes described in Chapter 18 such as fittedness and directionality, facilitated with the help of subtle musical and verbal facilitation of the music therapist, helped participants to become familiar with the experience of disconnection and reconnection in the music. These

musical ‘ruptures’ result in what Wigram described as ‘limbo’<sup>10</sup> phases of an improvisation (Wigram, 2003) and are depicted in Figure 43. Limbo can also be felt as relational disconnection and for some participants in the study, this can be difficult to tolerate.



*Figure 43.* The cycle of connection, disconnection and reconnection in improvisation.

In early sessions, limbos were difficult to overcome, evidenced in Chapter 8 by the small number of structural units in improvisation, including improvisations ending when the dynamic dropped. However, over time as competence grew and emotionality lessened, limbo phases of improvisations led to opportunities for experiencing the

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<sup>10</sup> The term ‘limbo’ is used in music therapy to describe transitional and uncertain periods in improvisation. It is a period when the connection between musical elements has been momentarily lost. Sometimes the music following the limbo is similar to the period just before the limbo, and sometimes the music following the limbo is something new and unexpected. Therefore, there is some uncertainty that accompanies the limbo phase.

dynamics of improvisation including transitioning from accord to discord and again to accord through various structural units of the improvisation. The increase in structural units in later sessions including continuing to play during quiet periods supports this interpretation. As participants learned that musical disconnection (limbos) were likely to move toward reconnection (new structural units) the disconnections were experienced as part of the music as opposed to a failure in music making. This experienced provided a healthy challenge to the dichotomous thinking prevalent in early sessions and identified as style of thinking many people with BPD experience.

The improvisation in session five included many examples of what the BCPSG described as microprocesses, while contributing to a larger and potent conflict and resolution process. Initially, the improvisation felt like a continuation of the session four improvisation, lacking interaction. However, after a quiet limbo period, the players re-joined for the first time. This contributed to a unified feeling that remained as the dynamic lifted higher than it had been in all previous sessions. All seven participants, plus the cofacilitator and myself, nine in total were rhythmically synchronised and playing loudly. It felt great. There was a feeling of synchrony and intimacy that was therapeutically powerful. Even though we only partially processed the experience verbally, it stood out as a peak experience for all group members as evidenced by the recollections of the group in the wrap-up discussion described by Christine as having a “huge impact”. She said we were stuck, and Jenny noted that the music making “released it”. Ruth added that it “gave us direction”. The new interpretation of a strong dynamic from “intrusive” to “liberating” (Carolyn’s changing interpretation) and releasing something that was stuck (Jenny’s reply to Christine above) are examples of

cross-modal descriptions of musical processes aligned with the BCPSG's concept of "recontextualisation and reorganisation".

### **19.3 Changes in Competence and Negative Emotionality**

Figure 44 models the interaction between changes in competence and emotionality over time. As participants began to experience themselves as more competent at the task of improvisation in music therapy, they identified a lessening of negative emotionality in relation to the task. This model suggests that when negative emotionality is high, and competence is low, participants are oriented to their intrapersonal process. For participants living with BPD, orienting to intrapersonal process can include experiences of anxiety and dissociation (Hooley & Germain, 2008; Linehan et al., 1991). High negative emotionality accompanying feelings of incompetence can inhibit cognition, restricting one's capacity to focus on others (interpersonal process) (Linehan, 1993; Luyten & Blatt, 2013; Sheffield et al., 1999). Over time, as participants gained competence at the task of improvisation, negative emotions lessened and there was a transition period accompanied by a shift in orientation from intrapersonal process to interpersonal processes. This period is represented in the model as the shaded area labelled 'process transition'. The period of process transition is understood in this thesis as the musico-relational orientation stage. I feel this transitional stage goes some way at explaining sessions four and five in this study.

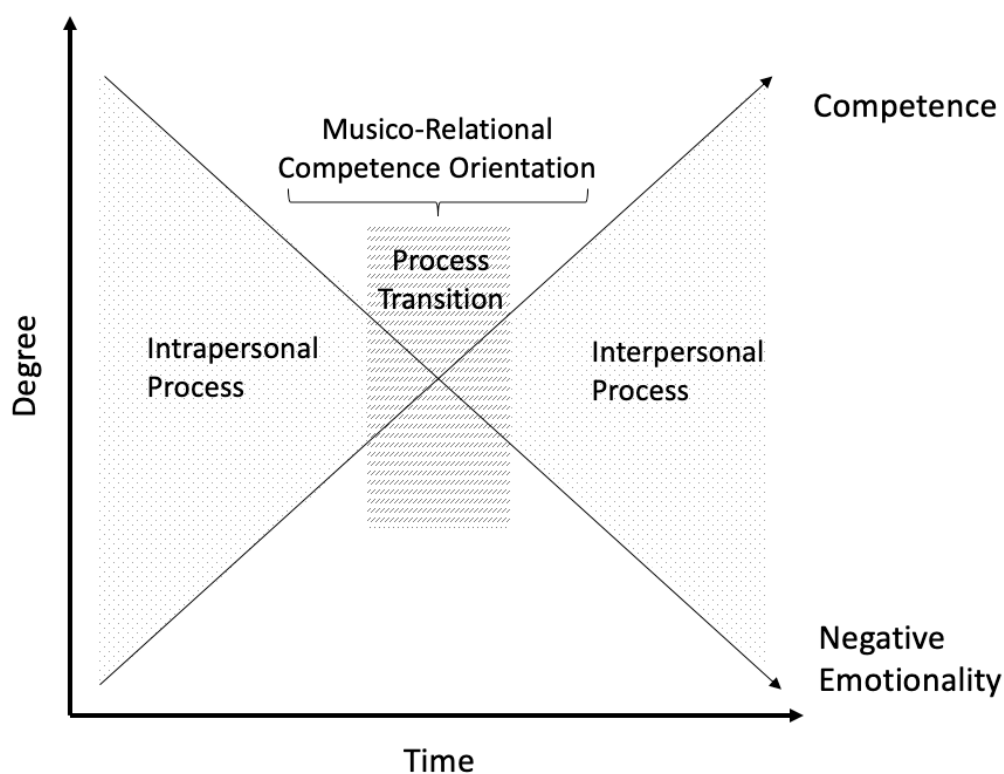
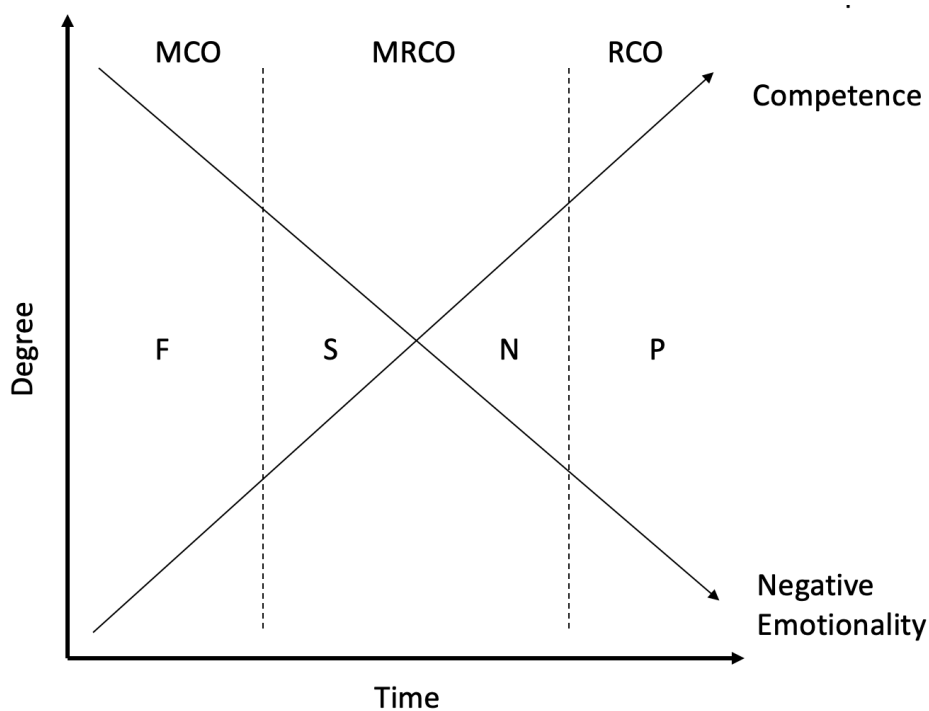


Figure 44. Model of competence, negative emotionality and process.

I have reorganised this model of change in process to include group process stages and competency orientation stages as it highlights the role of an orientation towards musico-relational competencies within the change process of participants in this study. Figure 45 overlays these stages using abbreviations for simplicity. This model is a simplification of a complex and dynamic process yet assists with the interpretation of musical and therapeutic process for this thesis. I do not believe that these theories fit together as neatly as this diagram suggest, nor do I believe they need to. The purpose of representing these theories within this model is to assist with understanding complex phenomena. Most importantly, I feel this model directs attention to the role of musical and musico-relational competence in the therapeutic process. I

feel it is helpful as a music therapist to elevate these early musical processes from being a preparation for beginning the therapeutic task of exploring relational competence, to being pivotal within the change process. This is due to the exchange of implicit relational knowing that takes place when participants engage in the musico-relational aspects of group improvisation.



*Figure 45.* Mapping group process and competency orientation stages to changes in competence and negative emotionality. Competency orientation stages include musical competence (MCO), musico-relational competence (MRCO) and relational competence (RCO). Group process stages include forming (F), storming (S), norming (N) and performing (P).

## 19.4 Therapeutic Process

Awareness of the participant's competency orientation shifts the focus from therapist techniques to shared musical and relational experiences. Clinical goals are broadly understood as the communication of affectively expressive associations and reflections with lessening negative emotionality, while short term goals emerge via the encounter. Indeterminacy leads to creativity, and directionality contributes to process, both musical and therapeutic. Over time negative emotionality lessens while coherence builds and the relationships between all group members become more 'vital' and effective. Vitality and affiliation lead to trust and sharing expressed during improvisation and the discussions that follow. As participants move through the competency orientation stages, they are able to tolerate imperfect accord as experienced in limbo phases of improvisation. The limbo experiences can be recontextualised and reorganised from highly charged with negative emotionality to fun, anticipatory events that lead to more positive relational experiences within the improvisation. I feel this is important as a consideration when planning music therapy interventions, as it is easy to orient the group towards rhythmic connection only. Groups that are too heavily oriented on entrainment, focusing on playing in time, miss the opportunity to explore the feelings and associations experienced when the group is not in time, or not connected rhythmically. While they would be able to develop some competencies, they may not have the opportunity to work on lessening negative emotionality to the same degree as limbo phases can offer.

This thesis provides a rationale for therapeutic work that focuses on implicit relational process. This is postulated as an effective strategy, as it allows recontextualisation and reorganisation processes to be utilised. Therapy framed as a

collaborative approach focuses on the relationship between all participants including the therapist, cofacilitator and clients. This approach is described by the BCPSG as providing opportunities to develop communication of affectively expressive associations and reflections with lessening emotional conflict. They describe process that seems relevant to music therapy in adult psychiatry:

Sharing of meanings and experiences convert experiences of shame, guilt, or deviance into expressions of a joint humanity. And that converts one's subjective mental life into something acceptable and bearable, and something that can be included in one's exchanges with important others (Bruschweiler-Stern et al., 2010, p. 209).

For the participants in this study, as trust grew, they were willing to engage more deeply with the sessions. The BCPSG describe this as vitalisation. My analysis suggests feelings of affiliation between group members factored into this. As trust, vitalisation and affiliation developed, participants were able to work with more difficult feelings. From this perspective, one's feeling of coherence was a relational one. Participants were able to understand and accept their own feelings and responses by balancing them with the experience of the group. The BCPSG describe this relational element of process: "To the extent that a successful exchange has occurred around less charged affective material, the two participants take small steps toward engaging issues of greater dynamic import for the patient's self-image and sense of cohesion" (Bruschweiler-Stern et al., 2010, p. 209).

Having developed this model, I would encourage other music therapists to acknowledge the meaning making process of the participants. In doing so it highlights the role of competencies, allowing for therapeutic process to be enacted via the music process. The key limitation of this framework is that it is heavily reliant on theory and lacks an evidence base. In defence of the framework, there is a wealth of case study literature in music therapy that describes therapeutic processes supporting the notion that improvisation provides an experience that facilitates the exploration of relational competencies (Ansdell, 1995; Bruscia, 1996; Hadley, 2003).

One may also critique the notion that music therapy processes can be operationalised into a series of steps or stages. It may well be that the ambiguities, and complexities of music making experiences are why they are helpful. While there do appear to be musical processes that contribute to implicit relational knowing, there is also a larger, pervasive complexity that cannot be fully understood (Kagan & Kirchberg, 2016). The acceptance of this as a complex social and aesthetic system is also a very healthy experience for someone who has a tendency toward negative emotionality and dichotomous thinking socially. Lastly, personality change requires persistence and therapeutic engagement over long time frames, often for several years (Linehan, 1993; Magnavita, 2004; Yalom, 2005). Changes in personality structure can be subtle and ebb and flow over time. Interventions such as group music therapy are only a small feature of a much larger therapeutic process.

This concludes the conceptual framework for this thesis. Chapter 20 is a formal conclusion to this thesis including reflections on what I have learned from conducting the study, limitations and future research.

## Chapter 20. Conclusion

### 20.1 What I have Learned from This Study

The ethnographic perspective encouraged by Stige (Stige, 2005; Stige & Ledger, 2016) and adopted in the analysis of this study challenged me to consider the therapy program as a microculture. In considering the practice of music therapy as cultural, I became interested in ‘what people do’ in music therapy. I found myself orienting to the client perspective of musical and therapeutic process, particular the meaning making processes of the participants. Exploration of pragmatic and phenomenological perspectives (Geertz, 1973; Jackson, 1996) argued for staying close to the real events. I found myself interested in the routine and regular elements of the sessions, including how these developed over the course of the program. This perspective encouraged me to suspend the desire for coherent theoretical modelling during the earlier descriptive process and encouraged me to draw on multiple theories that seemed to have practical utility when describing the therapy process as seen through the video data. In doing so, I was able to integrate established theory, while also developing a model unique to this thesis: competency orientation, specifically the concept of the musico-relational competency orientation to assist in explaining the events as I interpreted them in the analysis.

As I described in Chapter 7, during this study, I was forced to reconcile my own resistance to accepting the musical competency orientation of the participants. I overvalued innate musicality and undervalued social and cultural factors in music therapy. This research has convinced me that privileging theories of innate musicality in

the early stages of this study resulted in a blind spot. I was so interested in the paramusical process, that I missed the musical process. Being new to group improvisation, the participants in this study were oriented towards developing their musical competencies as a means of achieving the therapeutic aims of the program. In retrospect, this seems reasonable. I drew on my musical competencies when I facilitated the program, and if I did not feel competent, I would have wanted to develop my competencies to the point where I felt I could do the task required of me. It seems reasonable that participants in music therapy would also draw on their own musical competencies, and since they are new to the experience, go through a period of competency development. As these participants experienced themselves and each other as musically competent, relational insights and learning that appears to have benefitted them took place.

By examining the meaning making process of seven participants in an eight-week music therapy program, I learned two new ways of thinking about music therapy that I feel have helped me to grow as a researcher and therapist. The first is that an orientation towards the development of musico-relational competence appeared during the most therapeutically productive period of the program. I learned that innate musicality is not applicable in isolation of learned social and cultural music making. My analysis highlighted the competency orientation stages as participants were initially oriented to their personal musical competencies, and over the program gained experiences that allowed their orientation to move towards relational competence. An interim stage, which I have labelled musico-relational competence orientation describes musical processes shared amongst participants that contributed to therapeutic outcomes. This learning changed how I think about musical competencies which I believe allowed

me to create a space for participants to experienced themselves and each other as musico-relationally competent. I now have a greater understanding and respect for the competency orientation stages and believe that therapeutic process takes place as participants negotiate their changing feeling states as they move through these stages.

The second learning, closely tied to the competency orientation stages is the cycle of connection, disconnection and reconnection in improvisation, and the therapeutic goal of communicating affectively expressive associations and reflections with lessening negative emotionality. This was achieved as participants become familiar with limbo phases allowing opportunities to experience and tolerate the dynamics of implicit relational knowing. This was helpful for me as I am aware that there is an emphasis the therapeutic benefits of entraining to rhythm not only in music therapy but also in other music and health contexts such as drumming groups. I believe this is an oversimplification and does not provide a transferable therapeutic experience. Whereby, negotiating the cycle of connection, disconnection and reconnection in improvisation is supported by psychotherapy literature with developmental associations such as rupture and repair (Bruschweiler-Stern et al., 2010; Safran & Kraus, 2014). Experiential groups provide participants with opportunities to experience the dynamics of implicit relational knowing, which in turn can lead to lessening negative emotionality in a supportive therapeutic environment. To me, this is a very good argument in support of music therapy.

## 20.2 Limitations

This study has some limitations. Primarily, the lack of previous research on music therapy group improvisation with BPD meant there was little to draw on in study design. This led to utilising pragmatism and emergent methods and creating a new typology for presenting the outcomes. I do feel that conversely, the emergent method, and influence of ethnography and ethnomusicology presented me with new ways of thinking which significantly influenced this thesis in a positive way.

The use of video was valuable in terms of capturing discussion in situ. However, there were no follow-up interviews with participants to confirm if the outcomes of the analysis were consistent with their experiences. This was not possible due to the timeframe of the study. While practically, most of the participants had moved on from the clinic, I feel that without giving consent for follow-up at the start of the study, approaching participants several years later and asking them to reflect on a period when they were receiving treatment is questionable.

Participants valued the use of artwork in this program, yet I was not able to include a thorough examination of this component of the study. While the artwork was made as a reflection on the music making in the group, I was not able to separate the influence of this medium on the therapeutic process. I have no doubt that it was an important part of the process.

This thesis is limited by the scope and boundaries of the program examined as the program was only eight weeks long. While participants felt they benefitted from the program, some of the findings in relation to music making are limited to what is possible over the timeframe. Trends such as the increase in structural units over the

period of the program are unlikely to continue on the same trajectory over longer periods of time. They may plateau or even reverse.

Further, the context and culture of therapy at this particular setting influenced many aspects from recruitment, through to attendance, participation and evaluation of the program. This research was conducted in a private outpatient clinic in a reasonably prosperous suburb. Broader cultural aspects related to how music is understood as a resource influenced not only the participants, but myself as therapist and researcher as well as the role of the cofacilitator in the clinical program.

I am a white male, who at the time of the clinical work was in my mid-forties. While not by design, all participants and cofacilitator were white women. Our relationships were influenced by culture and demographics. For me, this extended into my analysis and interpretation of the data examined in this study. In addition, my music therapy training and theoretical orientation as a clinician and researcher guided and directed my thinking throughout this study, as did the theoretical orientations of my supervisors and colleagues.

### **20.3 Future Research**

This study focused on a single music therapist/researcher's experience of a single program in a specific context. Therefore, generalising findings at this stage would be premature. However, future research could focus on musical competence with other populations and other music therapists to contribute deeper understandings of the clinical process and test the generalisability of the findings in this study. Based on my personal clinical experience, and feedback I have had from colleagues who work in with

adolescents, in aged care, in disability and children with autism, there seem to be some useful findings in my study that appear to have some utility in other contexts. Relational skills have been identified as relevant to group music making for children with autistic spectrum disorder (Gold et al., 2006), and adolescents in a variety of settings (McFerran, 2010). I also feel, based on many years of personal experience that the main findings in relation to competencies and reducing negative emotionality apply to music therapy students during training. Therefore, I am interested to learn if research in such contexts does indeed find some generalisability of the models developed in this thesis.

I feel this study has implications that are important to music therapists that work with co-created improvisation in time limited settings. The current climate of health service provision often requires programs run for short timeframes of 6-12 weeks. The competency orientation stage model seems relevant in this context as it frames orientation to the task of music therapy as crucial to therapeutic process.

In this study, the focus was participants with BPD as challenges experienced by this population have been identified as primarily relational (American Psychiatric Association, 2013). I am also interested to research this particular population further and identify quantitative measures that can more deeply explore my findings. The fit between music's relational features and the relational challenges experienced by people with BPD suggest this population is well suited to music therapy.

Collaborations with art therapists and looking more closely at the visual medium and its relationship to music therapy are necessary. My experience suggests combining these modalities strengthens therapeutic potential. Comparison studies between the modalities plus combination groups will provide insights into therapeutic process

including common and unique features of both modalities.

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## Appendix 1- Music Therapy Flyer Content

### **Music Therapy Group**

Exploring ways of relating using music

NO PREVIOUS MUSIC SKILLS REQUIRED!

**Fridays 9:30 – 12:20**

### **Who is this group for?**

This group is designed for people who are interested in exploring ways of relating to others with music. Relating to others with music is a fun, and novel way of learning about relationship habits, and exploring alternative ways of interacting.

### **How does it work?**

Music making in groups is inherently social, mimicking other social environments without using words. By playing music together, listening to the created music and participating in discussion, participants can explore the music relationships and learn about themselves and others through the discussions that follow. A Registered Music Therapist will run the group, teaching participants how to play improvised spontaneous music on carefully selected instruments that are intuitive to play, and work together in a natural and enjoyable way to promote musical interaction. Participants will be guided to reflect on the music making, and social opportunities that are created. The experience is creative, fun and insightful.

This program is new and the subject of an exciting research project with (name of facility withheld for anonymity of participants) and The University of Melbourne. Participants will be involved in providing data that will contribute the growing field of music and health. Anonymity of participants will be maintained. An information session on (insert date) will provide information and answer questions.

**Appendix 2 – Plain Language Statement (PLS)**

(see following two pages)



## Plain Language Statement

Exploring relational competencies in music therapy group improvisation for people with borderline personality disorder

### Researcher details:

Name: Assoc Prof Felicity Baker, Melbourne Conservatorium of Music – Responsible Researcher

Email: [felicity.baker@unimelb.edu.au](mailto:felicity.baker@unimelb.edu.au) and University phone number: +61 3 8344 5259

Name: Mr Jason Kenner, Student Researcher

Email: [jrkenner@student.unimelb.edu.au](mailto:jrkenner@student.unimelb.edu.au) and University phone number: +61 3 9035 8901

### Project details:

This research project is part of a Master of Music Therapy research project at the Melbourne Conservatorium of Music.

You are invited to participate in this project, which is being conducted by Assoc Prof Felicity Baker and Mr Jason Kenner of the Faculty of the VCA & MCM at The University of Melbourne. This project has been approved by the Human Research Ethics Committee.

The aim of this study is to examine how participation in group music making can assist the exploration of relational competencies. Relational competencies include behaviours, habits, attitudes and skills in how we relate to others. The social qualities of music making can provide an enjoyable way of working with others, while offering an opportunity to explore relational competencies.

### What will I be asked to do?

Should you agree to participate, you would be asked to participate in 8 weekly music therapy group sessions. Sessions will include learning how to play instruments as part of a small music group. The group will make music together, and discuss the process. You will also be asked to draw and write reflections on the music making experience, which you will keep.

With your permission, the sessions would be video-recorded so that we can ensure that we make an accurate record of what happens in the sessions. The videos will be used for analysis only, and will only be viewed by the researchers. Research outputs will not include any identifying information of participants. Your anonymity will be strictly maintained.

Your involvement in the project is completely voluntary and you are free to withdraw from this study at any point. Please be assured that your involvement or not in this project will not affect any ongoing relationship or treatment that you have at (facility name withheld from thesis to protect the anonymity of participants) and it is your choice to participate or not participate in the project.

### How long is my contribution expected to take?

We estimate that the time commitment required of you would be approximately three hours per week for eight weeks.

### What are the possible benefits of taking part?

We anticipate that participating in this project will be fun and have the therapeutic benefit of helping participants to learn about their personal relational behaviours in a way that can foster insight while offering opportunities for developing positive relational skills.

### **How will any potential risks be minimised?**

The risks involved in this project are envisaged to be minimal, as you will not be asked to do anything other than what you would normally do when participating in a therapy group. There may be times when your participation stirs feelings that you may find challenging. However, the music therapist, and co-facilitator are highly skilled at assisting you to deal with challenging situations. Should you become very distressed you will be assisted in getting further assistance from the facility.

### **Will I be able to be identified as a participant in this project?**

We would 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. The video and audio recorded in the project will not be viewed by anyone other than the researchers. It is possible that transcripts of some discussions will be used in the thesis, or other research outputs. In this instance, any identifying information will be omitted from the transcript. Pseudonyms will be used in place of real names when interactions are described in the thesis, or other research outputs.

### **What about confidentiality?**

Access to computer files will be available by named researchers only 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 seven years after publication of the research in the student researcher's dissertation in accordance with the University's Code of Conduct for Research. The data may be used for further research by the student researcher only, in which case the same commitment to anonymity will apply. After seven years all video and audio files will be deleted.

### **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. The consent form will ask for you to consent to participating in sessions and that you consent to the sessions being video recorded. 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 3 – Consent form**

(see following page)

### Consent Form

Exploring relational competencies in music therapy group improvisation for people with borderline personality disorder

Researcher's names:

Name: Assoc Prof Felicity Baker, Melbourne Conservatorium of Music – Responsible Researcher  
Email: [felicity.baker@unimelb.edu.au](mailto:felicity.baker@unimelb.edu.au) and University phone number: +61 3 8344 5259

Name: Mr Jason Kenner, Student Researcher  
Email: [jkenner@student.unimelb.edu.au](mailto:jkenner@student.unimelb.edu.au) and University phone number: +61 3 9035 8901

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;

1. I agree that the researchers may use my contributions as described in the plain language statement;
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 participating in a weekly music therapy group.

***I acknowledge that I have been informed that:***

4. This project is for the purposes of research and the possible effects of participating in the research project have been explained to my satisfaction;
5. My involvement in this research is voluntary and I am free to withdraw from this study at any point. Further, I understand that if I do withdraw from the study, it may not be possible to separate my contribution from the overall data for sessions that I have participated in;
6. The confidentiality of any personal information I provide will be safeguarded subject to any legal requirements;
7. Outcomes of this research may be published in other forms such as journal articles or conference papers and my anonymity will be maintained by using a pseudonym;

***Please tick:***

I consent to my contribution to the project being video recorded  yes  no  
I wish to receive a summary of the Student Researcher's dissertation  yes  no

*Please note your participation requires that you consent to being video recorded.*

Name of participant: \_\_\_\_\_

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix 4 – Music Listening Worksheet**

(see following page)

## Music Listening Worksheet

Song Title: \_\_\_\_\_

Artist: \_\_\_\_\_

Describe your mood before listening:

Describe your energy level before listening:

Compared to how I felt at the start, listening to this song made me feel

- Relaxed
- Neutral
- Energised

Compared to how I felt at the start, listening to this song made me feel

- Sad
- Neutral
- Happy

Compared to how I felt at the start, listening to this song made me feel

- Angry
- Neutral
- Calm

Compared to how I felt at the start, listening to this song made me feel

- Connected to others
- Neutral
- Lonely

Memories and/or imagery associated with this song are:

Is there anything else important about this song?

## Appendix 5 – Analysis Instructions

### Event creation process.

1. See Figure 1. Annotations from ELAN were exported as a text file. The file was named “Session’n’.txt”.
  - a. Exporting annotations in ELAN:
    - i. Select File – Export As – Traditional Transcript Text
    - ii. Select all tiers
    - iii. Select ‘Include Tier Labels’
    - iv. Select ‘Include Time Codes’
    - v. Click ‘OK’
    - vi. Save to relevant folder
    - vii. When the window pops up, select Encoding ‘UTF-8’

```

Dialogue      Kay: The sounds.
              00:15:38.644 – 00:15:39.084

Dialogue      Jason: ...sounds. Making the sort of swirly, tinkering.
              00:15:39.774 – 00:15:42.387

Dialogue      Jason: How'd it feel for this side with the more rhythmic... instruments.
              00:15:43.732 – 00:15:48.668

Dialogue      Gayle: Yeah I was a bit in my own world except for the drum. I could hear that beat. I tried to
match that a couple of times.
              00:15:51.236 – 00:16:02.516

Dialogue      Jason: Yep.
              00:16:02.852 – 00:16:03.180

Dialogue      Gayle: Yep.
              00:16:03.796 – 00:16:04.215

Dialogue      Jason: Yeah, I felt there was at one point... I think it was just... I'm trying to remember where
it was. I think it might have been just after the crescendo I found myself really drawn to what you were doing. It was
really nice those patterns.
              00:16:07.308 – 00:16:20.309

Dialogue      Gayle: (Laughs) yeah. I kept flattening the notes somehow. Like sometimes I noticed that... is it
called a beater? Yeah,.. it was touching and it would stop that ooooo that sort of, long note.
              00:16:20.962 – 00:16:46.156

Interpretation  Gayle is describing a musical competency here
              00:16:31.600 – 00:16:46.700

```

Figure 1. Example of text file ‘Session 6.txt’ exported from ELAN.

2. See Figure 2. The text file content was copied into a working word file. The working word file was labelled with a six-digit prefix indicating year, month, day dates followed by the file name “Session ‘n’ annotation analysis”. The prefix works as a form of back-up, allowing the student researcher to return to a previous iteration of a file if required.

Dialogue Kay: The sounds.  
00:15:38.644 - 00:15:39.084

Dialogue Jason: ...sounds. Making the sort of swirly, tinkering.  
00:15:39.774 - 00:15:42.387

Dialogue Jason: How'd it feel for this side with the more rhythmic... instruments.  
00:15:43.732 - 00:15:48.668

Dialogue Gayle: Yeah I was a bit in my own world except for the drum. I could hear that beat. I tried to match that a couple of times.  
00:15:51.236 - 00:16:02.516

Dialogue Jason: Yep.  
00:16:02.852 - 00:16:03.180

Dialogue Gayle: Yep.  
00:16:03.796 - 00:16:04.215

Dialogue Jason: Yeah, I felt there was at one point... I think it was just... I'm trying to remember where it was. I think it might have been just after the crescendo I found myself really drawn to what you were doing. It was really nice those patterns.  
00:16:07.308 - 00:16:20.309

Dialogue Gayle: (Laughs) yeah. I kept flattening the notes somehow. Like sometimes I noticed that... is it called a beater? Yeah,.. it was touching and it would stop that ooooo that sort of, long note.  
00:16:20.962 - 00:16:46.156

Interpretation Gayle is describing a musical competency here  
00:16:31.600 - 00:16:46.700

*Figure 2.* Example of working word file ‘20170117 Session 6 annotation analysis.docx’.

3. See Figure 3. The annotations were then sorted into discrete sections of text and labelled as 1.001, 1.002 etc. The label means session 1, event 001; session 1, event 002, etc. A discrete section of text was identified as containing one topic, idea, or behavioural expression.

4. See Figure 3. An ‘event’ was then created for each discrete section of text and appended to the label. An ‘event’ is an attempt at synthesising and reducing a discrete section of text into a single statement. A text section may contain a single annotation entry, or several. In some cases, an event was part of a conversation, in others something musical, or behavioural.
5. See Figure 3. Where more than one event was identified within the same discrete section of text, that section of text was replicated so that each event could be systematically separated out of the same period. When text was replicated, it was labelled with the same number, and a letter to acknowledge it was replicated. For example, 6.058a, 6.058b.
6. See Figure 3. Along with a label, each event included two identifiers. One for the participant who generated the content of the event (G), and on for who (which participant/s) or what (the music, of the music therapy program) the event refers to (R). Participant pseudonyms were not included in event labels, only in the R and G identifiers. This was done to avoid identifying specific participants unnecessarily in the thesis.

**6.058a – In my own world. (G – Gayle. R – Gayle)**

Dialogue Jason: How'd it feel for this side with the more rhythmic... instruments.  
00:15:43.732 - 00:15:48.668

Dialogue Gayle: Yeah I was a bit in my own world except for the drum. I could hear that beat. I tried to match that a couple of times.  
00:15:51.236 - 00:16:02.516

Dialogue Jason: Yep.  
00:16:02.852 - 00:16:03.180

Dialogue Gayle: Yep.  
00:16:03.796 - 00:16:04.215

**6.058b – Matching the surdo. (G – Gayle. R – Gayle)**

Dialogue Jason: How'd it feel for this side with the more rhythmic... instruments.  
00:15:43.732 - 00:15:48.668

Dialogue Gayle: Yeah I was a bit in my own world except for the drum. I could hear that beat. I tried to match that a couple of times.  
00:15:51.236 - 00:16:02.516

Dialogue Jason: Yep.  
00:16:02.852 - 00:16:03.180

Dialogue Gayle: Yep.  
00:16:03.796 - 00:16:04.215

|

*Figure 3.* Example of duplicate text with ‘event’ labels and metadata.

7. See figure 4. A separate file, “Session (n) annotation analysis – events.docx” was then created so that the text could be deleted and only the synthesised events remained for review.

- 6.052 – Feeling satisfied with how one played. (G – Jenny. R – Jenny)
- 6.053 – Fitting into the sound. (G – Jason, Jenny. R – Jenny)
- 6.054 – Playing in the background. (G – Jenny. R – Jenny)
- 6.055 – Misty. (G – Jenny. R – music)
- 6.056 – Changing instrument. (G – Jenny. R – Jenny)
- 6.057 – Soft, swirly, tinkering. (G – Jason. R – music)
- 6.058a – In my own world. (G – Gayle. R – Gayle)
- 6.058b – Matching the surdo. (G – Gayle. R – Gayle)
- 6.059 – Developing technical skills to experiment. (G – Jason. R – Gayle)
- 6.060 – Liking the black keys most. (G – Gayle. R – music)
- 6.061 – Trying to match other players. (G – Carolyn, R – Carolyn)
- 6.062 – Discussing the technical possibilities of an instrument. (G – Janine. R – music)
- 6.063 – It seemed more rhythmic. (G – Christine. R – music)
- 6.064 – Commenting on how other players harmonised. Note, I believe she is referring to rhythm when using the word ‘harmonise’. (G – Christine. R – music)
- 6.065 – Trying to steer the conversation into relational competencies. (G – Jason. R – Jason)
- 6.066 – The ocean drum sounded like rain. (G – Christine. R – music)
- 6.067 – Identifying matching between other players. (G – Ruth. R – Jason and Kay)
- 6.068a – Intellectualising. (G – Jason. R – Ruth)
- 6.068b – Keeping rhythm. (G – Ruth. R – Ruth)
- 6.069 – Trying not to be loud. (G – Carolyn. R – Carolyn)

*Figure 4.* Example ‘events’ from file ‘20170119 Session 6 annotation analysis - events.docx’.

### **Event analysis process**

1. All event labels were copied to a spreadsheet for consideration in the analysis.

The spreadsheet file is called “event analysis.xlsx”. Each unique event was given an analyses field ID to check that focused analysis would consider the type of information expressed in the event. This process allows for new fields to be added to the analysis plan as needed.

2. The main spreadsheet analysis was included on the tab “Working”, and each unique field was copied to the “Summary” tab for easy reference.

### **Process analysis**

The steps used follow:

1. Set out a spreadsheet called “Improvisation (n).xlsx” with the following sheets: Improvisation, Units, and Presentation.

2. Complete the Presentation summary for each participant, and the group as a whole. These are ‘analysis fields 101a, 101b, 101c, 101d, and 101e from the “event analysis.xlsx” spreadsheet.
  - a. Review the “Session (n) annotation analysis.docx” file and summarise into the ‘presentation summary’ fields for each participant and the group as a whole into the “Improvisation (n).xlsx” spreadsheet.
  - b. The review is supplemented by a return to the video when more information is required. This is particularly necessary for Presentation summary B.
3. Refer to the video and complete the following Improvisation level fields: Label, Start time, End time, Total time, First sound by, Last sound by, First to speak.
4. Watch the whole improvisation and divide into structural units. Structural units are identified using Bruscia’s IAPs concept of “thematic sections” {, 1987 #386}, defined as “structural changes that are pervasive in their effect on the overall character of the music” (pg 419).
  - a. In the “Improvisation (n)” spreadsheet, complete the ‘structural units’ field in the ‘Improvisation’ worksheet, and the following fields in the ‘Units’ worksheet: Unit ID, Unit start time, Unit end time, Unit time period, Unit dynamic, Unit tempo, Unit pulse grouping.
5. Watch each structural unit multiple times, focusing on each player individually, and the group as a whole. Do the group last, as watching the individuals informs the group entry.
  - a. In the “Improvisation (n)” spreadsheet, complete the following fields in the ‘Units’ worksheet: Tech (player name) for each player, and Tech Group. Annotate with descriptions of how each player plays. Identify attunement with

pulse, and phrasing for each participant and the group as a whole, consider the techniques such as mirroring, matching etc.

- b. Shorthand for writing rhythms is as follows:
  - i. Beats are written as 1234 (assuming common time for this example).  
The whole number represent the beat of the bar.
  - ii. If subdivisions are required they are written as 1&2&, or 1e&a2e&a etc. Only write subdivisions when they are required.
  - iii. Rests are written using brackets, such as 123(4), or 1(2)&34.
  - iv. Economy is employed provided there is no ambiguity. For example, write 1(2)a3&4 instead of 1(2e&)a3&4.

6. Once all sessions were analysed in detail, the structural units were checked. This entailed listening to all eight improvisations and marking out structural units again, without reference to the original structural units. This was done to check if my impression of what constituted a structural unit shifted over the period of analysis. Of the eight improvisations, the number of structural units I identified on the second listen was within an error margin of plus or minus one for 6 of the eight improvisations. For the two that were different (one more and one less), I edited the spreadsheet to reflect the final listening. I feel that my final listening was more consistent than the previous for two reasons. The first was that I had refined my listening after completing the analysis, and second, listening to all improvisations in a single sitting is comparatively more consistent.