

From Listening to Transparency in Improvisational Music Therapy

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Introduction

Over four years (September 1999 to June 2003) I worked with a woman who has severe cerebral palsy and who is unable to speak. Sarah (pseudonym) is almost 54. She does not have any intellectual difficulties and can use a communication book when needed. Sarah requires mobility assistance since she has neither the strength nor the coordination to independently maneuver a wheelchair. Despite losses and challenges in her life, Sarah is remarkably willing to engage in life. Over 103 one hour individual improvisational music therapy sessions, she participated through the quality of her listening, levels of emotional intensity, and non verbal responses. These responses included body movements, body stillness, gestures, facial expressions, quality of gaze and presence. She also interacted musically through vocalizing and playing accessible instruments.

The process of forming a relationship with Sarah over four years was both exhilarating and challenging. Our work together stretched the boundaries of my knowing. Reflections on how I worked as a music therapist and what Sarah needed were fueled by many questions. These questions emerged from the work itself and from reading the literature on key issues. I became intrigued by how we listen as music therapists in individual improvisational music therapy sessions. These initial questions grew into a two year qualitative interview study (2001-2003) entitled *Music Therapists' Listening Perspectives in Improvisational Music Therapy: A Qualitative Interview Study*. This study was published in the *Nordic Journal of Music Therapy* (see References). Initial reflections on musical listening were published in the *Nordic Journal of Music Therapy* e-journal *Voices: A World Forum for Music Therapy* (see References).

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Although some research findings will be included in this paper, I plan to focus more on contextual considerations (musical and therapeutic) that came into the foreground when working with a physically challenged and nonverbal woman, and which continue to influence my thinking about improvisational music therapy. These considerations include gender and relationship, a relational model of women's development, and initial reflections on transparency. These reflections grew out of the perspectives and levels of listening that were discovered in the qualitative interview study mentioned above. As well, a 12 month sabbatical (2003-2004) gave me the time to retrospectively analyze numerous videotaped sessions and improvisations in order to evaluate our work together and the music created.

Gender and Relationship: Woman to Woman

With all possible gender combinations, gender plays a key role in therapy (Bruscia, 1995; Ernst, 1997; Meadows, 2002; Rogers, 2003). But the phrase "woman to woman" implies that relationships between women have particular qualities and levels of understanding. Ernst (1997) states "...there is something particularly powerful in the interaction between the two women in the therapy relationship which can best be grasped in gender terms" (p. 26). Zeldon (cited in Bunt & Hoskyns [2002]) observes that women's intuition has been neither magic nor genius but the result of close attention to minute signs and an interest in unspoken emotions: it is as rational, and elusive, as medical diagnosis, using past experience in the face of uncertainty..." (p. 47). In gender-aware therapy (GAT), Gilbert & Scher (1999) emphasize "...the development of collaborative therapeutic relationships and respect [for] clients' freedom to choose in collaboration" (p. 69). These authors summarize "key aspects of feminist and gender-aware approaches to counseling and therapy: (1) Recognition of oppressions based on gender, race, and class [and disability], (2) Centrality of sociocultural context, (3) Demystification of therapist power in the therapeutic relationship, (4) Ongoing self-examination of values on the part of the therapist, (5) Reframing pathology, (6) Separation of intrapsychic dynamics from external contexts, (7) Emphasis on change both in therapy and in society, (8) Valuing the female perspective and (9) Focus on women's empowerment" (p. 70). The first 4 aspects as well as numbers 6 and 8 were especially germane to the relationship with Sarah.

The following aims guided my work with Sarah:

1. To create an aesthetic environment in which she could go beyond physical challenges and her life situation (e.g., being in music, being involved in the process of improvisation, listening back to improvisations, co-creating improvised songs)
2. To develop a trusting relationship in music (e.g., qualities of exploration, playfulness, compassion)
3. To discover and affirm (when needed) Sarah's emotions and moods through improvised songs, meaningful songs, and improvisations
4. To explore relationships and events in Sarah's life through musical and verbal dialogue

5. To enhance Sarah's self-expression through musical means (e.g., listening, moving, vocalizing, playing)

In both a literal and therapeutic sense, I was Sarah's "voice", an advocate who could potentially express in music or words what Sarah might be feeling or trying to communicate non verbally. Many times in sessions her level of concentration when listening to what I was saying or to my improvised lyrics showed the significance of "voice" in our relationship (Arnason, in press). Aspects of Milieu Therapy (Wigram, Pedersen & Bonde, 2002) were applicable to our work. In Milieu Therapy the aim is "to create a milieu [or space] where the client can unfold and express himself/herself." The qualities of this space serve to strengthen a person's identity. The therapist's role is to "use an open listening attitude and be available to the client...values and attitudes are emphasized more than expectations for a specific result...the music therapist works to create a setting where the patient [client] can experience being present and aware, and being seen and heard...music contributes with a spiritual dimension, as musical activities are experienced as something that give nourishment to the soul..." (pp. 197-198). In her work with older women, Daniel (1997) describes the Jungian view of aging as a change process, therefore, "the nature of the therapeutic work is....'soul work' and [is] not the same as the more standard analytic work" (p. 208).

Relational Model of Women's Development

In the psychology of women literature there is ongoing writing about gender and its influence on women's development in regards to differences in race, sexual orientation, socioeconomic standing, able-bodiedness and age. Writings from the Stone Center at Wellesley College in Massachusetts describe "a major shift in thinking about what creates pain and psychological problems and what fosters healing and growth" (Miller & Stiver, 1997, p. 3). Key concepts in this relational model of women's development influenced my approach with Sarah and the development of our relationship. Authors at the Stone Center propose alternatives to the therapeutic discourse that centres on "independence and self-sufficiency...[as] the hallmarks of maturity" (p. 2). Miller & Stiver (1997) emphasize instead that "*the goal is not for the individual to grow out of relationship, but to grow into them*" [italics added] (p. 22). The key concepts influencing my work with Sarah were:

1. Connections and disconnections
2. Power to empower
3. Mutual empathy and mutual empowerment
4. Movement in relationship

Connections and Disconnections

Connection is defined as "an interaction between two or more people that is mutually empathic and mutually empowering" (Miller & Stiver, 1997, p. 26). Disconnection is defined as "an encounter that works against mutual empathy and mutual empowerment" (p. 26). A relationship is

usually a mix of both. A vital aspect of growing into relationship is the mutual link between “being in connection” and “being emotionally accessible.” In other words, to be emotionally accessible and responsive, a person needs the experience of being in connection” (p. 45). This mutual link applies to both the client and the therapist.

Over 4 years, there were numerous experiences of connection and disconnection with Sarah. In music we reached a depth of connection that went beyond words. The lyrics of songs or improvised songs strengthened our relationship. At other times, verbal dialogue created the connection. I remember one session in particular when I said to Sarah that it must be difficult to have things you want to say and to not be able to say them when you want to. The change in her facial expression showed the personal meaning of my statement. Both music and words contributed to moments of disconnection in our relationship. I constantly reflected on the balance between creating music *with* Sarah and *for* her. Inevitably, there were times when my musical choices were not suitable. I remember one session when Sarah's facial expression prompted me to ask if the “goodbye” lyrics in our closing music were too sad for her. She clearly indicated by nodding her head that they were. The emotional theme of the lyrics was too intense at this point in the therapeutic process. Disconnection in terms of my not understanding or misinterpreting Sarah's facial expressions, body language or musical needs was inevitable in the formation of the relationship.

The Power to Empower

The issue of power is always important in therapy. Facilitating growth in relationship requires power, but not in the usual sense of the word. A growth-fostering relationship is “...creating something new through interacting with another person” (p. 38). Miller & Stiver (1997) advocate a shift in thinking that unlinks “...the concept of power from the concept of domination” (pp. 46-47). Power can be used to facilitate growth. This “...is not power over others...[but] 'power with', a power that grows as it is used to empower others” (p. 16). Carolyn Kenny, in her Field of Play theory (1989) also gives power a different meaning that is connected to ancient healing practices. Power is essential for the creative process towards health and “is that cumulative energy which draws one into new possibilities...” (p. 88).

Several instruments were explored in early sessions with Sarah as a means of independent playing and self-expression. These instruments included a small pentatonic lyre tuned to different pentatonic scales, a sounding bowl, and hand drums with varying tones. Free standing instruments included an electric keyboard, small gong, bar chimes and a snare drum (without snares). Different mallets (some adapted) were used. But as time went on, Sarah's physical strength and increased shoulder and back pain contraindicated sustained holding of mallets.

After analyzing several session tapes and improvisations, I realized that Sarah not only was capable of playing the piano but that she might prefer this instrument. It was not too awkward to position her wheelchair close to the piano. The piano would potentially give her an expanded range of tones, dynamics, sonorities and melodic shapes. But I wondered if my thinking about the piano was only because I am a pianist. When Sarah and I discussed this issue, however, she indicated that she would like to explore the piano in a duet configuration.

The piano duet is an intimate configuration. This physical and musical closeness facilitated interpersonal connections in the music as well as a deep level of trust in the relationship. Being in piano duets allowed Sarah to be more involved in co-creating improvisations, either through her piano playing, vocalizations or attentive listening. Playing the piano was a physical effort for her. But since we were both contributing to a musical experience at an instrument that is often portrayed as being “powerful”, power inequalities (e.g., physical and speech abilities) were balanced. Sarah was able to choose when and how she played the piano. Over time, I believe that Sarah began to internalize elements of the music. There were many instances of her playing only a few tones during an improvisation. But the quality and pitches of these tones matched the tonality of a particular improvisation or improvised song. A salient feature of our relationship was giving Sarah the space to “be in music” by *not* playing. Fatigue and/or pain always needed to be taken into account. There were many times when she entered deeply into the musical experience by listening intently.

Mutual Empathy and Mutual Empowerment

Mutual empathy is the source of mutual empowerment. “[Mutual empathy] is...a joining together based on the authentic thoughts and feelings of all the participants in a relationship...simultaneously, each person enlarges [and is enlarged by] the relationship (Miller & Stiver, 1997, p. 29). As time went on, the relationship with Sarah grew to be egalitarian, that is, mutual. Surrey (1997) describes mutuality as “...a creative process, in which openness to change allows something new to happen, building on the different contributions of each person” (p. 42). In other words, “power differentials don't have to preclude genuine mutuality” (Miller & Stiver, 1997, pp. 43-44). With Sarah I had to re-think the whole concept of participation in terms of mutuality. Participation can imply that clients actively contribute to improvisations through instrumental playing or singing. Because of the extent of Sarah's physical disability, expecting this level of participation was a limited perspective.

Although I played much of the music and was responsible for details such as the time and length of sessions, Sarah had the power to empower my capacity to be observant of non verbal responses. Her being in music facilitated over time my ability to access different levels of listening

according to her emotions and moods, and to make therapeutic musical choices. As well, the ineffable aspects of getting to know her through music created a relationship that was perhaps more meaningful because of its wordless qualities. Our time together gave me greater confidence to work with someone who is so subtle in her responses. I became more at ease with “not knowing”, developing an appreciation for vulnerability and its creative potentiality. Those “amazing musical moments” would happen if I listened closely enough.

Movement in Relationship

Being genuinely moved (emotionally) in therapy is a powerful therapeutic experience. “This experience of being moved by a patient's [client's] feelings, authentically and powerfully, requires the therapist to be open to experiencing her own emotions; in this process therapists can allow themselves to be moved and to convey this at some level to their patients[clients]...*we do not believe that feelings keep therapists from good thinking and good judgment. Indeed, it is the reverse [italics added]*” (p. 125).

During the course of therapy with Sarah, there were numerous moments when I felt a shift or movement in our relationship. Being together over four years steadily grew into a relationship that had qualities of subtleness, candidness, compassion, playfulness and mutual involvement. In session 73 (April 16, 2002) Sarah and I were concentrating on music that related to her father. Sarah's father had been diagnosed with prostate cancer and his prognosis was not good. An improvised song about her father was explored and then we moved into the song *Bridge Over Troubled Waters*. This song had personal meaning because it represented the loving and constant support of her father. Two minutes of silence following this song and ushered in another improvised song (music and lyrics) in A flat major, entitled *Dry Your Tears*. The summarized lyrics were: When tears are in your eyes, I will comfort you. That's what Dads do. Dry those tears, make them go away. Dry those tears, that's what Dads do. They dry our tears until it's okay.” In this improvisation, the interpersonal closeness and authenticity stretched beyond the client-therapist framework. I could only be open to Sarah and this musical experience by allowing the conscious awareness of personal feelings and memories to guide my playing at the piano and singing of the improvised lyrics. This affinity with another person underscores the importance of allowing human vulnerabilities and experiences to enhance our therapeutic work (Freeman, 2003, p. 60).

Relationships are “moving, dynamic processes...what matters in people's lives is whether they can feel that they are moving, that they can make something happen” (Miller & Stiver, 1997, p. 53). Authenticity kindles movement in relationship. For both the client and the therapist, authenticity “is a person's ability to...[be] in a relationship with increasing truth and fullness...[and] to respond...If we do not respond there is no flow, no movement” (pp. 54-55).

Transparency

An outgrowth of the interview study that I conducted with music therapists who practice in different countries was an exploration of the concept of transparency. There was a growing sense of transparency in the relationship with Sarah as my awareness of nuances in listening developed from the process of data analysis. Irvin Yalom (1995, 4th edition) has written about the different types of therapist transparency (e.g., revealing uncertainties, receiving feedback) and the effect that therapist transparency has on psychotherapy groups. As Yalom succinctly states, “the eggshell era of therapy, in which the patient was considered so fragile, and the mysteries of technique so deep, that only the individual with the ultimate diploma dared treat one, is gone forever” (p. 214).

The following section describes initial reflections on different levels of transparency that came into the foreground of my work with Sarah. Although there is some literature on transparency, authors primary focus on the advantages and drawbacks of therapist disclosure in verbal therapy. I was interested in expanding the concept of transparency to include the therapist's inner being, her/his process of thinking and feeling, the relationship in individual sessions, and aspects of musical transparency in improvisational music therapy.

Mental Transparency: Through the process of analyzing improvisations, I noticed that my mental preparation for sessions began to change. I became more able to go into sessions with a transparent state of mind. In sessions, I was more willing to disengage from intellectual thinking when therapeutically necessary. This developing mental transparency allowed the music and relationship in music to “show itself.” This process was rather a paradoxical one though, since listening back to improvisations filled my mind with interpretive thoughts, questions, possible strategies and musical themes. It could also be described as a process of informed risking. Bunt & Hoskyns (2002) observed that “what appeared as spontaneous was embedded in the frame of previous knowledge: of the session, of the group [individual] and the therapist's level of expertise, rather in the way that a musician needs the hours of practice before playing can appear natural and spontaneous” (p. 48). Mental transparency is related to one of the perspectives described in my research on listening – *Listening from memory, transparency, composure and musical history*. Although the level *Listening from transparency* primarily refers to the process of listening back to taped improvisations, it can also be sought during sessions. This level of listening is “...re-living an improvisation as it unfolds...living in the now of the musical experience again. It is the practice of trying to free oneself from musical and clinical preconceptions and developing a fresh perspective on the original musical process (Arnason, 2003, p. 130).

Inner Transparency: Another aspect of the listening perspective described above is inner transparency, which is closely related to mental transparency. I write that:

Listening from composure is listening from a place of inner quietness and concentration. When listening back to taped improvisations, music therapists practice the skill of listening without necessarily responding, as one participant described it, 'fine tuning the observing self as listener.' This level of listening can also be accessed when improvising with a client. Listening in sessions from a place of composure fine-tunes the participant self as listener. This inner composed space can be a source of responses, even in the quick pace of sessions (pp. 130-131). Sarah and I were fortunate in having regular access to a room that was private and free of interruptions. This consistency of environment contributed to a sense of safety and protection that contrasted with the unpredictability of Sarah's living environment. The sanctuary quality of this room gave us time away from the "hustle and bustle" of daily life. Because Sarah is nonverbal, silence was an actual and familiar part of sessions. The ambiance of sessions felt spacious.

Interpersonal Transparency: Therapeutic candidness or "saying what needs to be said" was an essential developmental process in our work together. There were times when I thought out loud, voicing (in a judicious manner) my thoughts and feelings about the structure or qualities of an improvisation or shared life details that had relevance to our relationship and the therapeutic process. At other times, I shared my uncertainty about what kind of music Sarah wanted or needed. Therapist disclosure is complicated and I was mindful of this. Miller & Stiver (1997) pose useful questions around disclosure such as "how much a therapist should share and communicate and how much a patient [client] can receive...both 'disclosure' and 'nondisclosure' [impact of silence] can be significant" (p.144-145). They go on to caution that "as therapists, we must make very careful judgments and work to not misunderstand the concept of mutuality" (pp. 145-146).

I did not wish to speak for Sarah nor did I expect her to consistently agree with me. My aim was to make aspects of my thinking process transparent and, therefore, known to Sarah. She could then agree or disagree. The emphasis was on the process rather than the outcome of communication. For the relationship, it did not always matter if we both knew for sure what each person was thinking or feeling. Voicing my thoughts and feelings, however, empowered Sarah to voice her self. Through transparent verbal dialogue, I could help Sarah be heard.

It was important to clearly acknowledge when it seemed that she did not agree and to admit when I was not sure of her nonverbal responses. The importance of acknowledging nonverbal behaviours is stressed by Gilbert & Scher (1999) because they "appear particularly important in the establishment of rapport and trust between client and therapist and in the client's feeling heard and understood" (p. 144). Sarah's body and facial

responses were sometimes difficult to see, let alone understand. Responses could appear unexpectedly or be quite ambiguous. It was not unusual for her facial expressions to be emotionally varied during a particular improvised song (e.g., one related to a family member). Because of her disability, I sometimes could not be sure if body movements were intentional or natural physical movements. Gilbert & Scher (1999) explain that “areas of nonverbal behavior particularly important in...gender dynamics are personal space and touch, time, facial positivity, and emotional expression” (p. 144).

Emotional Transparency: This level of transparency is all about staying aware of feelings, being open to one's own feelings and using feelings to inform clinical thinking. Miller & Stiver (1997) write that

the therapist is always experiencing a wide range of thoughts and feelings at various levels of awareness and articulation. Therapists also bring their own complicated sets of relational images into any therapy relationship. Thus, in our view, countertransference includes all the factors that either facilitate or impede the therapist's ability to connect with a patient [client] (p. 143).

In my research study (2003), one of the listening perspectives was *Listening By Observing, Feeling and Thinking Clinically* (p. 131). These are interpretive levels of listening that utilize the mind, heart and body. *Listening by feeling* is a two part level. It entails listening to the client's presence and emotional availability. It also means listening to our own personal feelings as therapists in the music making process in order to evaluate qualities of the nonverbal communication.

Another aspect of emotional transparency with Sarah was “checking in” to nonverbal emotional responses. This process was essential to valuing Sarah's perspective as a woman who is nonverbal and physically disabled. It was my responsibility to verify and/or expand my interpretation of a particular facial or body expression, or vocal sound. Many times we reviewed taped improvisations together in order to discuss the music, re experience an improvisation, and discover what Sarah might have been thinking or feeling during the music. Gilbert & Scher (1999) stress that:

the emotional expression of feelings is...[a] strong nonverbal form of communication. Tears and laughter are of tremendous import, as are the facial expressions and body language of both the client and the counselor. *Because emotional expressions are often accorded stereotypical gendered meaning, their actual meaning for a client or therapist may be lost or misconstrued. Therapists need to be careful about making stereotypical interpretations* [italics added] (p. 145).

At the beginning of session 73 (April 16, 2002) an improvised song was created entitled *Welcome to Music on This Beautiful Afternoon*. The music was in F sharp minor, 6/8 metre, and build on a 4 note melodic motif (C sharp, F sharp [up a P4th], E, D [descending

M2nds]). This melodic motif began in the piano register one octave above Middle C.

Although Sarah played the piano and vocalized intermittently, she more deeply engaged in this music as listener. This vital improvisation likely could not have happened without the level of trust developed, at this point, over 3 years. My musical choices reflected her being in music as observed and felt through the intent stillness of her body, her direct gaze, her changing facial expressions, the quiet yet emotional quality of her vocal sounds, and the intensity of her listening (Arnason, 2002b). Therefore, I stayed in the tonality of F sharp minor, maintained the gentle musical style and developed musically whatever the “beauty” was for Sarah as well as the meaning of “Welcome.” I also listened to my own feelings. This improvisation was “music from the heart” - music co-created by two very different women connecting in music (definition of connection, p. 3).

This musical interpretation or affirmation of Sarah's way of being and emotional state is described by Tony Wigram (2004) as empathic improvisation. This therapeutic and musical method was first used by Juliette Alvin, often at the beginning of sessions. “In practice this means taking into account the client's body posture, facial expression, attitude on this particular day and previous knowledge of their personality and characteristics, and playing something to them that reflects a musical interpretation of their own way of being at that moment” (p. 89).

Therapeutic Transparency: The relationship with Sarah over 4 years was a process of negotiating layers of ambiguity. Since she cannot speak, my direct knowledge of her life history was minimal. Her intrapsychic world remained opaque since she cannot verbally describe her inner life. Background information was communicated primarily by her older brother. I was cautious in applying psychoanalytic concepts to the work with Sarah since the language and context (verbal therapy) were not particularly conducive to how we related musically and interpersonally. There were dimensions of the work that expanded verbal therapy boundaries such as being in music, nonverbal realms, musical flow and movement, silence and space, inner resources, and aesthetic possibilities. I found that the interpretation (“reading”) of her nonverbal responses required a great deal of sensitivity, namely therapeutic transparency. Aigen (1999) states that:

Musical expression can tell us about the music itself, as well as about the physical, psychological, social or spiritual condition of those who participate in its realization and creation. However, this does not mean that one must leave the field of musical interaction, or the process of thinking through music, and enter the domain of psychological theory to tune into the inner state of a client which is expressed musically (p. 78).

A significant aspect of staying transparent in my therapeutic interpretations was the ongoing reflective analysis of videotaped sessions. Important improvisations were analyzed

in more depth according to a series of listening reflections that focused on different levels of the musical experience (Arnason, 2002a) This ongoing analysis provided foundational information that served to ground the musical description and substantiate potential therapeutic interpretations.

Musical Transparency: Musical transparency means not only being aware of musical elements and their combinations but also staying attuned to a client's presence in, and responses to, music. For instance, I worked to not overpower Sarah dynamically (volume/texture) when accompanying her on piano in the singing of songs. Transparency sometimes evolved into a musical distillation. In session 79 (June 4, 2002) the closing music ended in simple 2-part counterpoint. My musical stance was one of balance in (1) the timing of responses (immediacy/waiting) and (2) the music played (simplicity/complexity). In the F Sharp minor *Welcome* improvisation described earlier (session 73), I listened for the emerging musical flow, plus the form that was created. Ironically, as the music began to flow, time seemed to stand still. I asked a composer what came to mind when he thought of F sharp minor. Some images that he described were "chiseled colours", "grey grids" and "structural strength" (personal communication, Boyd McDonald, February 21, 2005). Reflecting on the quiet yet intense music that emerged from the structure of this tonality, reminded me of the quote by Igor Stravinsky (1942): "The more constraints one imposes, the more one frees one's self of the chains that shackle the spirit... (p. 28).

There were clear and, therefore, transparent musical elements, which created the musical structure of this *Welcome* improvisation. These included (1) tonal direction (lines), (2) placed tones and intervals (texture), (3) playing only a bass accompaniment on piano in order to make space for either Sarah's voice (vocal sounds, tones) or my own (vocalizing, improvised lyrics), (4) playing a single bass line on piano to suggest but not fill in harmonic changes (harmonic flexibility) contrasted with (5) a predictable harmonic structure in the tonality of F sharp minor, and (6) playing a repeated (tolling) tone (tonal centre of F sharp) in contrast to a moving bass line. The repetition of a tone or a word (song lyric) that seemed to have dynamic relevance were ways to hold (affirm) Sarah's feelings or mood. The repeated tone or word were also musical anchors for movement in the relationship or within the music.

My playing of a single bass line was also used to support Sarah's vocal sounds, with no sung or played melody on the piano. This aspect of musical transparency is similar to the art of underscoring in theatre where the music is essential to the dramatic action but must not overpower what is happening on stage or in the narrative. Wigram's (2004) description of accompanying is related, especially the characteristic of being "sensitive to pauses or

small developments in the client's music" (p. 106). He goes on to say that the therapist must remember her/his supportive role "allowing the client to take the lead, playing more softly, with stability and repetitious motifs or figures, and perhaps with a thinner, sparser texture" (p. 109).

Sarah's vocal sounds in this *Welcome* improvisation had the quality of coming from a deep place in her body, a body response that voiced her feelings. Rather than listening to Sarah's vocal sounds as musical expression, my listening attuned to the responsive physicality of her voice. Her intermittent playing of tones in the treble register of the piano and quality of vocalizing during this improvisation absolutely called for musical transparency on my part. Upon reflection, two of the listening perspectives discovered in my research (2003) – *Listening to the Music Itself and Musical Responses* and *Listening By Observing, Feeling and Thinking Clinically* seemed to lay the groundwork for the perspective - *Listening for Significance, Imagery and the Intangible*. Observant and intent listening is about intention and intuitive purpose. A potential space is created for something of significance to occur. "Ideally, music therapists are ready for these significant moments or responses (however fleeting) by listening ahead of when the moments actually happen so that they recognize them" (p. 132).

Because music is so powerful, I wondered if sometimes I was getting too close (intimacy) or being musically overwhelming (complexity/fullness of music). Was I invading Sarah's personal space? Claire Flower (1999) describes her work with a nine year old boy who has cerebral palsy. She states that "a key issue in the growth of the relationship has been to do with waiting and listening closely" (p. 124). She admits that sometimes she was able to wait and at other times she "...[swamped] Steven with a kind of musical 'mush'...perhaps, in my being busy and musical active, we none of us have to feel the reality of Steven's disability" (p. 126).

Space and silence are important features of musical transparency. Because Sarah is nonverbal, silence was always present. Many times improvisations emerged from silence and ended in silence. Silence lived in the music (e.g., rests, pauses). The dynamic range of improvisations was, at times, piano or pianissimo as I listened for the rhythm or qualities of her breathing. Musical tempos had to slow down in order to support Sarah's vocalizing (Arnason, in press). Canadian composer R. Murray Schafer believes that "every piece of music exists in a container of silence" (Lecture, Wilfrid Laurier University, January 15, 2002).

In session 76 (May 7, 2002) there was an opening piano duet improvisation (8 minutes). Sarah did not often have enough physical stamina for the sustained piano playing that

occurred in this improvisation. Compared to other improvisations, the music was a-tonal and initially without a discernible tonal centre. I intentionally stayed away from a defined beat, tonality, or melodic and harmonic structure, trying not to impose my musical choices. By keeping transparent in the music (not imposing a particular structure), it was my hope that Sarah could hear her sounds as her own musical choices. To my mind, this improvisation exemplified mutual music making with an egalitarian relationship. Interestingly, by aiming for transparency in the musical interaction, I had to release aspects of my musical knowing, that is, my ability to form and vary musical ideas. This could be described as letting go of mastery in order to enter into the musical experience.

To Close

Miller & Stiver (1997) acknowledge that discussion around the concepts of “connection and disconnection”, “mutual empathy and mutual empowerment”, “movement in relationship”, and “growth fostering relationships” “may sound overly idealistic, but that ...patriarchal systems have given us a skewed view of relationships, one that leads people to think of relationships as restricting rather than the source of active, creative engagement that enlarges us all” (pp. 56-57). These key concepts helped me greatly to understand the relationship with Sarah. In addition to my research on music therapists' listening perspectives, they laid the groundwork for my reflections on transparency in individual improvisational music therapy. I definitely became more comfortable with ambiguity. It was challenging to facilitate a musical relationship with a woman who is physically dependent and without speech.

The therapy was delicate and tenuous, a process of studying nuances, assessing my music and way of being as therapist, trying to understand our musical interactions, and providing musical and verbal affirmation. I was well aware that at her age, Sarah has lived with a severe physical disability for a long time. Our work together felt precious and this quality necessitated levels of transparency that contributed to a relational flexibility. Daniel (1997) describes how flexibility was a notable feature in her work with older women. She states that working flexibly ...does not destroy the analytic frame: [as she described] I carried the frame in my head and not in my consulting room” (p. 196).

Much of Sarah's inner life and details about her life history are shrouded in mystery. Yet, over 4 years the relationship steadily developed into one of comradeship and the music created was richly varied. Woman to woman we met in music and reveled in being alive.

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