

CHALLENGING MOMENTS WITH CLIENTS AS EXPERIENCED BY MUSIC THERAPISTS

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ABSTRACT

Challenging moments are likely to be part of every therapist's career. The present study sought to explore challenging moments in music therapy from the lived experience of music therapists. The main research question was: how do music therapists experience challenging moments with their clients? Related questions include: what is the nature of a challenging moment in music therapy? How do music therapists approach a challenging moment? What is the value of these moments for the therapist and the client? Four Registered Music Therapists (RMT) were interviewed using an approach informed by phenomenological inquiry. The interviews were analyzed based on Grocke's (1999) method of phenomenological inquiry. Three global themes were consistent for all the participants: a) the challenge seems to lie in understanding and/or meeting the client where the client is; b) a challenge may elicit a wide range of emotions and feelings; and c) a challenging moment may have a positive outcome for the therapist. Ideas from Gabel, Oster and Pfeiffer (1988) frame the discussion of the findings and construct a final description of challenging moments in music therapy. It is suggested that challenges may derive from a disparity between the client's and the music therapist's expectations of the therapeutic process.

INTRODUCTION AND LITERATURE REVIEW

The present study was a small research project conducted in the context of a music therapy master's degree. The topic stemmed from my work with clients as a music therapy student. Occasionally during the sessions, I encountered certain unexpected moments that stood out for me as being difficult and hard to manage. I felt challenged and uncertain of what to do, which I often thought was due to my lack of experience. These moments would usually represent an unpleasant or uncomfortable situation that would have a strong effect on me and on which I would reflect for days after the event. Thinking about these experiences, I started to wonder how other music therapists experienced difficult moments or whether an experienced professional would have similar feelings during these moments. Perhaps what they considered difficult and challenging was very different from what I did. Further thought led to other questions such as: what is the nature of these moments? Do they have an impact

for the client or the therapist? These enquiries then became the main research questions for this study.

The term “challenging” can be defined, on the one hand, as something that is difficult and hard, while also as thought-provoking and stimulating (The Free Online Dictionary, n.d.). When conducting this study I thought of a challenging moment mainly as a difficult one, a moment that is particularly hard to handle with a client. My preconceptions of challenging moments will be described in greater depth in the Method section, as part of the epoché I undertook for this study.

Arguably every therapist will experience some kind of difficult moment with a client or group of clients throughout their careers. Nevertheless, when reviewing the literature I found the research on this topic was very scarce. Only a few studies (Comeau, 2004; Forinash & Gonzalez, 1989) explored, at least to some extent, the experience of music therapists during difficult situations with clients, however the focus was not on the nature of the difficult moment itself. What was it that made these moments difficult? Was there some underlying meaning among them? These questions remained unanswered in the music therapy literature. Therefore, with this study I intended to take a first small step toward the essence of difficult moments with clients in music therapy.

Because I sought to explore the lived experience of music therapists of a particular phenomenon—difficult moments with clients—my supervisor suggested I utilize a phenomenological approach. This approach allowed me to explore these moments and discover new things throughout the different stages of the research process. As Bruscia (2005) explains, qualitative research “is a complex process that unfolds moment to moment, proceeding one step at a time with each step flowing unpredictably from the previous one and leading just as unpredictably to the next step” (p.136). This quote truly reflects my experience when conducting this study. I interviewed four music therapists with different years of experience and fields of practice. I used semi-structured interviews and then analyzed the data based on Grocke’s (1999) method of phenomenological inquiry, which will be described in detail in the Method section. After obtaining the results I had a sense of being able to see and understand difficult moments quite differently. With this new insight, I went back to literature I had disregarded in the early stages, and found it was consistent with and offered richer meanings to the findings. I incorporated these meanings into the discussion of the findings and then reviewed descriptions of challenging moments in the music therapy case study literature to further elaborate the discussion. Through this process I gained a new understanding of the phenomenon, which led me to a Final Description of Challenging Moments in Music Therapy.

The findings in this study, and the suggested elaborations and discussions on the topic, are intended to contribute to the field of music therapy by filling a gap in the literature regarding difficulties in practice. Even though exploring successful events is paramount to nurture our practice, it is my belief that examining difficulties should also be an important part of the reflection on the therapeutic processes with our clients. Hopefully, this study will help music therapists and students reflect on and better understand the nature of those situations.

Literature Review

Before conducting the study, I reviewed the literature trying to find previous research on difficult moments in music therapy. I failed to gather enough research on this

specific topic, which led me to review case studies in order to find what music therapist had written about difficulties with clients.

As I reviewed the literature I did not intend to provide theoretical background or find concepts to *understand* challenging moments. My aim was to gather enough literature to have a panoramic view of what had been learned about challenging moments in music therapy, while maintaining a “naïve” approach to the phenomenon.

Initially, I sought to find previous research on difficult moments in music therapy through a typical keyword search. I intended to discover whether challenging moments had been already explored and if not, identify this gap to justify my research. I was able to find a few qualitative studies related indirectly to the topic, and these were also helpful to delineate the method for this study.

Forinash and Gonzalez (1989) explored the lived experience of a music therapist during a session with a dying client. In order to extract an essence of that moment, they chose a phenomenological approach. To construct this essence, Forinash and Gonzalez included different sources of that single lived experience: history of the client, the events during the session, the music characteristics, the sound environment, the semantic content, the ontological content (the client’s world), and a meta-critical examination of the data. They gathered rich descriptions of the moment, including the quality of the breathing of the patient, the methods used, the feelings and thoughts of the therapist, images coming to the therapist’s mind, and her inferences about the client’s world. This study served as an excellent example as to how to extract an essence of a phenomenon through different perspectives. However, the researchers sought to explore the lived experience of that particular therapist in that particular situation. In order to extract an essence of difficult moments with clients, I needed to include perspectives from different therapists when dealing with different kinds of challenges.

Comeau (2004) explored the experience of music therapists during moments of effectiveness by contrasting them with moments of ineffectiveness. He focused on the feelings and thoughts elicited in the therapists when these moments occurred. Eleven music therapists were asked to think of a particular moment in which they felt ineffective and other in which they felt effective. The researcher found that the indicators of moments of effectiveness/ineffectiveness were related to (a) the client, (b) the therapist, (c) the music, (d) the methods used, and (e) the therapeutic process. When experiencing difficulties—that is, moments of inefficacy—music therapists felt vulnerable, afraid, incompetent and with no control. Therapists felt their clients were not responsive and doubts about the methods used or the suitability of music therapy arose. Furthermore, therapists felt that in these moments they performed poor quality music. By considering ineffective moments in his study, Comeau provided important findings regarding difficult moments through the music therapists’ lived experience. The essence of those moments, however, was still unexplored.

Finally, although not related to difficulties in practice, one study was highly influential to my research process because of its method of exploring a particular phenomenon. Through a phenomenological inquiry, Grocke (1999) sought to understand pivotal moments in GIM therapy. She gathered data from three sources: the client’s experience, the therapist’s experience and the characteristics of the music during these moments. She interviewed seven clients about a moment they recalled as “pivotal” and also the therapists that facilitated those sessions. Meaning units were extracted from each participant’s interview, which were compared to obtain global themes and further distilled to construct a final description of pivotal moments. The

method of analysis for my study was informed by Grocke's method in this study, which will be explained in detail in the Method section.

Because the research available was scarce, I conducted a manual search of numerous case studies (primarily books of case studies) in order to find descriptions of challenging moments by music therapists. My intention was to discover what types of difficulties therapists described, and whether they reflected on these moments and/or other aspects of their experience, such as feelings and thoughts. In order to organize the literature, I *categorized*—not analyzed—the described moments and grouped those with similar characteristics, trying to avoid extracting meanings before conducting the study. The challenging moments shown in this chapter will be discussed later in the light of the findings.

Challenges related to client behavior

Many difficult moments in the music therapy literature seemed to be related to challenging behaviors from clients. Robbins and Robbins (1991) described a music therapy process with a girl with a brain injury. In the first session one of the therapists took the girl out of her wheelchair and placed her on the piano bench. The therapists noticed she looked tense. After briefly playing, the client attacked the therapist on the piano by pulling her hair. This therapist kept singing whilst releasing her hair from the client's hands. The girl then yelled, grabbing the therapist's knees and skirt. The other therapist put the girl back in her chair but close to the piano while both therapists sang to her. Robbins and Robbins described this aggressive behavior towards them, but did not comment on their thoughts or feelings elicited by the situation. Another difficult moment regarding the client's behavior was found in Clarkson's (1991) description of a two-year music therapy process with an adult man with autism. The client was very susceptible to changes in the structure of the sessions. During the first phase of the treatment, the client went through a two-hour long tantrum, which was triggered because Clarkson moved the chairs in the room. He had to call for help from the staff to deal with the situation. Clarkson did not further reflect on the experience or mention the feelings stemming from it.

Some psychodynamically-oriented case studies show greater reflections on challenging moments. Rafieyan (2003) briefly described a difficult moment in the first session with a 37-year-old man with autism. Once the session finished, the client did not want to leave the room and remained seated on the floor. Rafieyan tried different ways to indicate that the session had finished: offered a hand for the client to stand up, tried to engage him in packing up the instruments, opened the door as a visual sign to show the session had ended, but nothing worked. She finally opted for the "less helpful" and "definitely more confrontational" option of pulling at him (p.347). The client eventually came out of the room. Rafieyan reflected that her reaction was inconsistent and invasive, similar to the client's relationship with his caregivers. She explained: "my immediate countertransferential response was some confusion ("does he understand me?"), which advanced to panic ("I cannot leave him here alone and get help"), which led to my behaving in an intrusive manner and pulling at him" (p.350). Reflecting on this challenging moment, Rafieyan interpreted that her reaction might have been elicited unconsciously by the client recreating the relationship with his caregivers.

Other types of challenges in music therapy case studies were related to criticism from clients. Odell-Miller (1991) described the process with a 40-year-old man with schizophrenia within a music therapy group. The client presented a

challenge for her throughout the treatment: the man constantly criticized other members' musical contributions, the abilities of the therapist, and even questioned the usefulness of the music therapy group. Odell-Miller explained it was as if the client wanted to "destroy the group" (p. 424). Her approach to this challenge was to non-judgmentally acknowledge the client's anger, and to give constant verbal feedback on her interpretations of the client's behaviors.

Some psychodynamically-oriented music therapists describe strong countertransference feelings elicited by clients' behaviors. Robarts (2003) described a very challenging phase in the treatment of a sexually abused girl. The client presented a variety of confronting behaviors that highly challenged the boundaries of the therapeutic relationship. The girl used the instruments in various eroticized ways: licking, salivating, stroking them. Robarts was confronted with the client's anger and rage and felt constantly insulted and disgusted. At the ending of the sessions the client threw the instruments and became more aggressive with her. Robarts had difficulties finding a balance between setting boundaries and providing freedom of expression to the girl. Robarts reflected on her countertransference feelings, and interpreted that the client wanted her to experience the anger she had felt when she was abused; but also recognized the need to set firm boundaries in the sessions. Similar to other cases, countertransference seemed to be useful to understand and interpret the challenging situation.

Some challenging behaviors from clients were also related to the music, confronting the therapist during musical interactions. Rogers (2003) described the therapeutic process with an 11-year-old girl who had been sexually abused. Along the process the client shifted from a compliant to a very controlling behavior. The girl determined what instrument and in what manner the therapist had to play, otherwise she would scream in annoyance. Rogers felt "musically abused" by the girl's loud playing and mentioned that at times it was "painful" to be in the session with her. She further reflected on her countertransference saying she felt "shocked, powerless, abused, and controlled" (p. 130). Rogers interpreted these feelings as her reaction to the girl's attempt to make the therapist feel what she had experienced when she was abused.

Challenges related to countertransference

Slightly different from some of the cases presented above, some music therapists found it difficult to deal with countertransference feelings which were not elicited by confrontational behaviors from their clients. Some described feelings of hesitation and fear elicited by countertransference, where it became difficult to decide how to respond to these feelings. This is exemplified by Grocke's (2003) case study. She described three sessions of a Guided Imagery and Music (GIM) treatment with a woman with rheumatoid arthritis. In one of the sessions Grocke selected the music to match a "nagging" pain reported by the client. During the imagery the client's pain seemed to intensify. She reflected on the countertransference triggered by this situation, describing hesitant thoughts regarding the selection of music and thinking that she was inflicting greater pain upon her client. This situation also elicited physical reactions in Grocke such as stiffness and increased heart rate. Finally she decided to change the music, and the imagery took a different direction. Austin (1998) described a similar example during a vocal improvisation with a 33-year-old woman with traits of borderline personality disorder. At some point in the improvisation the client felt she was falling into a dark hole and started to cry. Austin sang to the client,

asking if she could hear her. The client replied “I can hear you...your singing makes me cry” (p. 323). This elicited countertransference feelings in Austin: fear of failing her client by letting her fall into the darkness, and not being able to contain her client’s fright if she fell. Her reaction was to stop singing and keep playing the piano; however the client asked her to resume her singing. These examples seemed to describe a challenge in knowing what to do when countertransference feelings of harming the client arise.

Other music therapists referred to challenges in differentiating their countertransference feelings from the client’s feelings. Austin (1998) described the work with a professional singer with performance anxiety. She felt the client was constantly performing to please her and that the client’s singing seemed false and not connected. Austin felt annoyed and pressured to having to be perfect in order to sustain the therapeutic relationship. In the beginning phase of the treatment, she was reluctant to improvise with her client. It was difficult for Austin to clarify these feelings, but eventually she came to understand that the client was giving her a chance to experience how she felt when she was a child—that is, having to be perfect. Austin (1998) explained “when the client’s feelings are induced in the therapist, the challenge for the therapist is to differentiate between the client’s feelings and her own” (p. 331). Turry (1998) gives another example of this in his description of a supervision process with a music therapy student. The supervisee was having difficulty relating to the music of her client, a 60-year-old woman who had attempted suicide. The student “felt paralyzed” when improvising with her client. In supervision, after role-playing the situation with her supervisor, the student came to realize that she had been avoiding connecting with her own grief and emotional response because her mother committed suicide at the same age of her client. This realization helped the student to provide better interventions and feel more comfortable when working with her client.

Resistance as a challenge

In psychodynamically-oriented case studies, client resistance has been described as a difficult situation for the music therapist. The case study described by Tyler (2003) showed a clear example of musical and non-musical resistance. She explained the therapeutic process with a group of children at risk (8 to 12 years old) with emotional and behavioral issues. In one of the sessions Tyler suggested the theme “Christmas wishes” for an improvisation, being aware that it could be a sensitive issue for these children. During the improvisation there was a very contrasting energy between male and female participants. The boys showed musical resistance to contact painful issues related to Christmas: they played in a powerful and disrupting manner that made the girls stop playing. In the discussion afterwards the boys mentioned having had fun during the improvisation, while the girls mentioned sad feelings and feeling scared of the boys’ music. The boys further showed their resistance by interrupting on several occasions and giggling and laughing about other member’s reflections. Tyler had the challenge of dealing with her countertransference feelings of annoyance and wanting to shut them up, while also being aware of her role as therapist of providing a space for the boys to express their anger. She decided not to stop the boys, but made a verbal intervention saying they should respect each other. In this case the resistance from the boys, either in music or in discussion, was described as a challenge for the author.

De Backer and Van Camp (2003) referred to resistance when trying to interact with a psychiatric patient during improvisation. The client, a severely depressed woman, improvised for long periods of time in a very arbitrary, continuous and patternless manner, thus leaving no space for the therapist to establish contact and not seeming to acknowledge his presence. He explained feeling rejected in not being able to reach a moment of “synchronicity.” The client’s resistance to establish contact was a difficult situation that eventually subsided later in the process.

Absence of music as a challenge

Particularly interesting and more specific to the field of music therapy was the challenging situation illustrated by Aigen (1991). He described the process with an eight-year-old boy referred to music therapy for aggressive behavior at school. While in the first phase of the process the client engaged in musical activities, in the middle phase he avoided activities related to music and preferred board games and fantasy stories without music, in contrast to the musical stories in the previous phase. Aigen had ambivalent feelings regarding this situation. He felt that forcing the child to engage in music would not be beneficial, however his skills as a therapist were related to music, and probably music therapy was not what his client needed. The absence of music in the sessions and questioning the suitability of the treatment represented a challenge for him. Finally, Aigen approached this challenge by supporting his client’s desires, on the understanding that it was an attempt from the child to control his environment.

Working with clients in pain as a challenge

Martin (1991) gave a description of a particularly confronting session with a woman dying from cancer. When she went to the patient’s room, the patient was in pain and presented shortness of breath. The client seemed uncomfortable, yet accepted receiving music therapy. Martin was notably affected by her client’s anxiety and pain, to the point that she herself began to feel anxious. She had feelings of helplessness and impotence in not being able to alleviate the pain of her client. Interestingly, by focusing on the music, she gradually was able to reduce her anxiety and focus on her client.

After reviewing a large number of case studies, I was able to find descriptions of a variety of difficult moments with clients. Some challenges were related to the client’s behavior, countertransference feelings, resistance from the client, exposure to clients in pain, and even the absence of music. Some music therapists reflected about these situations and/or the feelings stemming from it, usually from a psychodynamic perspective. After reviewing the case studies literature, I had a broad idea of the types of challenges music therapists had described and whether they had reflected on other aspects of their experience. At that point, the nature of these challenging moments themselves seemed to be the most important unanswered question.

METHOD

Phenomenological approaches in qualitative research are utilized to understand the essence of a phenomenon through the descriptions of those who have experienced it (Moustakas, 1994). Rather than measuring or quantifying, this kind of research aims to find the universal meanings of a particular phenomenon. For this reason, I

considered phenomenological inquiry a suitable method to explore and discover the essence of challenging moments in music therapy through the lived experience of music therapists.

Context of the Study

The present study was a phenomenological inquiry conducted with Australian Registered Music Therapists (RMT) practicing in [city]. The participants had different backgrounds in terms of years of experience and also the population they worked with. The study entailed an in-depth semi-structured interview with each participant.

Epoché

In order to conduct phenomenological research it is important that the researcher engage in a process of setting aside any biases and preconceptions of the phenomenon being studied so that it can be approached naively and free of judgment (Moustakas, 1994, p. 85). This process of *bracketing* one's assumptions is called *epoché*. This part of the research involves a reflective process that may draw on the motivation to conduct the study, previous experiences of the phenomenon, recognizing possible biases, the implications of the relationship between the researcher and the participants, among others (Aigen, 2005a, p. 215). Before interviewing the participants and reviewing the literature, I carried out the following *epoché*.

My own experience of challenging moments

The motivation to carry out this study stemmed mainly from my own experience as a music therapy student. Part of my training involved working at different facilities with diverse populations, which implicated many challenges for me. During the last year of my course I had the opportunity to work more independently. This situation entailed some anxiety and uncertainty that eventually lessened as the setting became familiar. Nevertheless, there were certain moments or situations that stood out because of their unfamiliar nature and the difficulty of managing them. These moments usually entailed a client's action that took me by surprise and to which I did not know how to react. In these situations I felt put to the test—in terms of theory, experience and skills—and usually reacted intuitively. Out of uncertainty, I experienced feelings of anxiety and insecurity. After these moments, I usually questioned myself whether my reaction or therapeutic decision was appropriate or not. In my view, how I reacted to and experienced challenging moments in therapy was attributable partly to being a student (level of experience) and partly to my personality traits. From these thoughts emerged the need to understand how music therapists with more experience perceive and approach challenging moments during their practice and the nature of those moments.

I anticipated that the interviewees, due to their experience and years of practice, would experience challenging moments in a different fashion from me. They may have had a greater exposure to an array of situations with clients and therefore would be more prepared to approach challenging moments. I thought it was likely that even the events they considered challenging could be very different from those I would consider challenging.

I also reflected on the fact that, as a student still developing basic skills and constantly acquiring/absorbing new knowledge of music therapy, I could feel tempted

to extract concrete strategies from the experienced therapists I was going to interview. This eventually may have led me to miss the focus on experiential and emotional aspects of their story, directing the conversation to a more rational/technical one, thus reducing the richness of the whole experience.

I was aware I regarded challenging moments as hard to manage and difficult situations and that the feelings elicited by them would be unpleasant. This conception entailed a rather negative appraisal of the phenomenon. However, I also believed that a challenging moment could result in a positive outcome for the client or represent an opportunity to grow for the therapist.

Finally, my theoretical stance also influenced the way I regarded a difficult moment with a client. Albeit eclectic, my stance was mainly informed by humanistic and psychodynamic approaches. I believed that a disruptive behavior, for instance, is the externalization of the patient's inner world, or psyche, and in this sense it may provide useful information for the therapist.

After this reflection I recognized the following biases:

- a) Challenging behaviors from clients may be an externalization of their inner world and provide useful information to the therapist.
- b) Music therapists experience challenging moments with clients in their practice.
- c) Challenging moments in music therapy elicit feelings of doubt and represent uncomfortable situations.
- d) A challenging moment may have positive outcomes for the client and represent a growing opportunity for the therapist.
- e) Years of experience influence on how challenging moments in music therapy are experienced and approached.

In phenomenological approaches the researcher “has a personal interest in whatever she or he seeks to know; the researcher is intimately connected with the phenomenon” (Moustakas, 1994, p. 59). In doing the *epoché*, I examined my relationship with the phenomenon and pursued to bracket out my biases when conducting the interviews and analyzing the data.

Research Questions

With the purpose of exploring challenging moments in music therapy, I had one main question: How do music therapists experience challenging moments with their clients?

From this main inquiry I developed four sub-questions:

- What is the nature of challenging moments in music therapy?
- How do music therapists approach challenging moments?
- What is the value, if any, of challenging moments in terms of clients' therapeutic process?
- What is the value, if any, of challenging moments in terms of the development of music therapists?

Participants

Phenomenological studies usually involve a small sample of “up to 10 participants” (Creswell, 1998, p. 113). Because this research was part of a minor thesis project, I designed a small study that met the required and limited timeframe. Considering the scope of the study, my criterion was selecting a number of participants that allowed me to analyze the data in greater depth within the timeframe, not the anticipation that I would reach theoretical saturation. Therefore I considered four participants to be an appropriate sample size.

In conjunction with my supervisor, I selected a purposive sample. This is a type of non-probability sampling, commonly used in phenomenological studies, that aims to select participants that will best help to understand the phenomenon (Miles & Huberman, 1994). The criteria to select the potential participants were the following:

1. To be an Australian Registered Music Therapists (RMT) residing in Melbourne.
2. To have at least five years of experience.
3. Participants working with different populations (e.g. children, adults, psychiatry, palliative care, etc.).
4. Male and female music therapists.

Through these criteria, I pursued variety in terms of gender, area of practice and years of experience. The final group of participants is detailed in Table 1. The names of the four participants were changed for anonymity purposes:

Table 1

Participant Details

<u>Name of participant</u>	<u>Area of practice</u>	<u>Years of experience</u>
Charles	Mental health	> 5
Olivia	Children with special needs	> 20
Isabelle	Children in medical setting	> 10
Sarah	Guided Imagery and Music with adults	>10

The “area of practice” shown in Table 1 refers to the area in which the participants were working during the situation described in the interview, irrespective of whether it corresponded to their current area of practice.

Ethics approval

This study qualified as minimal risk research. Ethical approval was obtained from The University of Melbourne Ethics Committee to conduct this study.

Design of the study

To conduct this study, I adopted a phenomenological inquiry method. I interviewed each participant using a semi-structured format with a number of pre-set questions that I will discuss in the following sections. To analyze the raw data, I used Grocke's (1999) combination of the methods of Giorgi (1975) and Colaizzi (1978). In the section Method of Analysis, I explain each step of the method used to analyze the interviews and extract a global essence of challenging moments for the participants.

Equipment and materials used

All the interviews were audio recorded using a high-quality digital recording device and then stored in a password-protected computer.

Procedure

I developed a Plain Language Statement (PLS) explaining the characteristics of the study. This document was attached to an email sent by my supervisor to selected Registered Music Therapists (RMT), inviting them to take part in the study. The recipients were asked to contact me should they be interested. I contacted those participants who expressed interest by email and/or telephone to arrange a time and place for the interview to take place.

The interviews were conducted in the participant's home or other location suggested by the interviewee. The participants signed a consent form prior to beginning the interview. By doing this, they gave permission to record the interviews and agreed to understand the confidentiality measures of the research as well as the possible effects of participating in a study with a small number of interviewees.

Each interview was audio-recorded. The interviews were transcribed verbatim into a text-processor software and then analyzed following the steps described in the Method of Analysis section.

The Interview

Interviews are a common technique to gather in-depth data in phenomenological research. I conducted semi-structured interviews, which allow the researcher to word the questions according to each participant and also conduct further inquiries in order to gain a deeper understanding of their experience (Forinash & Grocke, 2005). The interviews had an average duration of 45 minutes.

At the beginning of the interview, I asked general questions to prepare the participant and develop rapport. These questions also sought to gather information regarding years of experience and field of practice of the participants. The leading question of the interview was: "Can you think of a particular session in which you consider you experienced a challenging moment with a client?" Subsequently, I asked the interviewee to further elaborate on that moment, trying to explore feelings, thoughts, and other emergent themes. The following is the general guideline of questions:

1. How many years have you been practicing music therapy? (General questions)

2. Can you think of a particular session in which you consider you experienced a challenging moment? (after this the participant was invited to think about and reconnect with the experience)
3. Can you describe the situation as fully as possible?
4. In that moment, what was it like for you?
5. Once the session ended, what did you feel?
6. Regarding your reaction, what did you think of it?
7. What do you think made that moment particularly challenging?
8. How do you appraise that moment in terms of the client's therapeutic process?
9. How do you appraise that moment in terms of your professional development?
10. If you had the chance to re-experience that situation would you do anything differently?

Method of Analysis

In order to obtain a distilled essence of the participants' experience, I systematically analyzed the data collected from the interviews. The analysis was based on the method used by Grocke (1999) in her phenomenological study of pivotal moments in GIM. This method was a combination of the steps suggested by Giorgi (1975) including Colaizzi's (1978) verification step, step 5 in this case. The following are the steps I undertook to analyze the data:

1. In order to gain a sense of a whole, I carefully read the interview transcript (protocol).
2. I read the protocol again and underlined key statements.
3. I grouped the key statements that were related to a similar topic under meaning units. I gave each meaning unit a heading that explained what aspect of the experience it described (e.g. characteristics of the challenge, feelings and thoughts elicited by the challenge). Then, I eliminated redundant statements trying to maintain the meaning of the description and the participant's words.
4. Subsequently, I converted the meaning units into a narrative that conveyed the participant's experience as fully as possible. This represented the Individual Distilled Essence of his/her experience. I undertook steps 1 to 4 with each participant's transcript.
5. In order to ensure the individual essences were truthful to the experience of the participants, I sent the interview transcripts with the underlined key statements, the meaning units, and the distilled essence to each subject for verification with the following inquiry: "*I would like to know if there is anything you consider was left out in the Distilled Essence or it represents appropriately the essence of your experience.*"
6. Once the material had been returned by the participants, I considered and incorporated any comments or modifications suggested.
7. Then I compared the meaning units of all the participants and analyzed them horizontally, which entailed grouping related meaning units to extract *Global Themes*. Some meaning units that were not related to other units, but conveyed important meanings to the essence of the phenomenon, were kept as a separate Global Theme. Global Themes represented meanings that emerged from the descriptions across the participants.

8. Finally, I transformed the Global Themes into a narrative that represented the *Global Essence of the Participants' Experience* of challenging moments in music therapy.

The process of obtaining the Individual Distilled Essences, the Global Themes and the Global Essence of the Participant's Experiences, will be further explained in the next chapter when presenting the results.

An example of the key statements underlined in the interview protocols and the meaning units for one of the participants can be found in Appendix A.

Trustworthiness

To ensure the validity of the study I bracketed my preconceptions about the phenomenon under investigation by exercising the *epoché*. In addition, I returned to each participant the analysis relating to their interview for verification of its truthfulness to their experience. *Prolonged engagement* with the data and *persistent observation* are also suggested to obtain reliable findings. Therefore, I read the interview protocols several times and engaged with the data of each interview for a number of days during the analysis process. Besides, persistent observation of the protocols allowed me to recognize those elements of greater importance throughout the process (Aigen, 2005b).

RESULTS

Following the steps described above, I analyzed each interview protocol. The results will be shown in the same logical order they were obtained. First, individual distilled essences of each participant, followed by the global themes across all four participants' meaning units, and finally a global essence of the participant's experience of challenging moments in music therapy. In this chapter the results will only be presented and then discussed in the next chapter.

Individual Distilled Essences

In order to distil the essence of each participant I immersed myself in the data. First, I constructed the meaning units as they emerged from each participant's description. Since the semi-structured interviews included preset questions, many meaning units related directly to the questions and were therefore shared across the participants (e.g. "characteristics of the challenge"). However, emergent themes generated unique meaning units for each participant (e.g. "being in the client's world" from Olivia's interview). Therefore, I constructed each participant's essence by incorporating emergent and question-related meaning units. In this way the essences remained truthful to their individual experience.

Before presenting the individual distilled essences, the context of the interview and the situation described by each participant is briefly explained.

Participant 1 – Charles

Charles was a Registered Music Therapist with more than five years of experience working in mental health settings. In the interview he referred to a particular moment

with a client with schizophrenia in a Security Extended Care Unit (SECU) for people with mental health problems. The client was a male in his early twenties. The sessions were being held outside the SECU so the client had a real chance to leave the facility. In the session described, the client was having delusional ideas of a sick girlfriend he needed to see outside the facility. He ended up leaving the room and the facility. Charles went with him and tried to talk him back until another member of the staff “bribed” him into coming back with a packet of cigarettes. The interview lasted 45 minutes.

The individual distilled essence of Charles’ experience.

Charles described his client as “difficult to work with.” He was very distractible and hard to engage during sessions. The moment described was challenging in that Charles could not get his client to focus and he had a sense of not being prepared and not knowing how to best respond to the client’s behavior. Charles tried to redirect the client’s attention from his delusional ideas rather than challenge them, and get him to focus on what they were doing in the room. When this did not work and the client left the room, Charles followed him, trying to reason with him and encouraging him to come back.

In the interview, Charles reflected that his client was anxious and found it harder to concentrate due to his awareness of the possibility of leaving the unit. He thought it would have been better to be aware of his levels of anxiety and to cut the session short, bringing the client back to the locked area. Charles recognized lack of experience as a factor influencing his approach to the challenge and he would do things differently now.

When trying to redirect his client’s attention, Charles had this sense of having to keep the client in the room the whole session, achieve the aims, and do what a therapist “should be doing.” This session was also part of a research project, which might have strengthened this idea. In the interview, Charles reflected on how these ideas are more about satisfying the therapist’s feelings of what “should” be done and do not necessarily correspond to what is best for the client.

No strong feelings arose during the challenge and Charles remained calm. Afterwards he wrote notes and debriefed with a nurse. This helped him to have a sense that he did what he was supposed to do. He reflected that there was this feeling of having responsibility to some extent over the client’s behavior during sessions.

There was disappointment when Charles’ approach to bring the client back did not succeed and a simple behavioral strategy from a staff member did. This fostered a reflection on the dilemma arising from the difference between the music therapist’s philosophy and that of the facility, and how small the effect of a music therapist’s approach may be if the overarching philosophy of the facility is different.

The challenging moment was not considered to have damaged the client-therapist rapport. If anything, it may have strengthened it due to Charles’ supportive approach during the situation.

Charles values the challenging moment as it helps to highlight the importance of “thinking about the broader picture.” In the interview he reflected on how he incorporates more behavioral strategies in his work today.

Verification

Charles suggested no changes to the distilled essence of his experience.

Participant 2 – Olivia

Olivia was an experienced Registered Music Therapist with more than 20 years in the field, working in different areas of practice. In the interview she referred to a therapeutic process with a 14-year-old girl in a special school. The girl was both blind and deaf and presented an aggressive behavior that was difficult to manage not only for Olivia but also for the educators and staff of the school. The interview lasted 45 minutes. Olivia did not focus on a particular challenging moment with this girl but rather on the process of meeting the challenge over time. She gave examples and descriptions of different sessions to illustrate how this happened.

The individual distilled essence of Olivia's experience

The situation represented a physical, cognitive and interpersonal challenge for Olivia. The interpersonal aspect was described in depth and posed a greater challenge for her. The client's physical impairments and her disconnection and disengagement from others and the world left no basis on which to build a relationship. Olivia had a sense that nothing she had was of any value to the client. The client seemed to not "have any sense" of Olivia or recognize her personality. She did not know "who to be" for her client and what to bring to her.

When starting to work with the client there was uncertainty about what to do to bring meaning to the girl's life. Olivia experienced feelings of inadequacy and the situation being out of her depth.

Olivia went into a process of "unpacking" her assumptions. She had to re-evaluate who she was as a therapist and her tools to convey meaning to this girl. Olivia also unpacked assumptions about the value of music to her client, breaking it down into sound or vibration.

Music—or rather sound—became a source of joy for the client. There was this sense that music "met her" and had an important role in opening possibilities for communication. Olivia made herself a "conduit" to the music and this way to the client's world. She had to "be in her (the client's) world" and bring music to it instead of making the client come to her world. Olivia made demands that her client could meet and used music as a "little skinny thread" to bring her out of her world and establish connection.

Olivia recalled moments, once the challenge had been met, in which there was connection with her client through music interactions. Meeting this challenge brought the realization that the girl's aggression was actually frustration and lack of stimulation.

Over time in this process the challenge was removed for the client. This brought the girl a sense of safety, being understood, and that she was able to do more; she learnt "a way of being."

If Olivia could re-experience this challenge she *might* not change anything from her approach, however she would like to think she would figure out how to meet her *client's needs* quicker.

This experience represented a "turning point" for Olivia. The re-configuration of assumptions and realizations elicited from the process of meeting the challenge inform her work today with other clients.

Verification

Olivia requested adding or replacing words in the distilled essence and the meaning units. These changes are printed in italics. One omission was requested for anonymity purposes (Olivia's interview and meaning units can be found in Appendix A).

Participant 3 – Isabelle

Isabelle was a Registered Music Therapist with more than 10 years of experience working with children with special needs. In the interview she referred to a particular session with a six-year-old girl undergoing a medical procedure. The girl was highly distressed and the procedure was taking longer than usual. In the room there was the girl, her mother, a nurse and the music therapist. Isabelle was called to the room when the procedure had already started which she considered had a great impact on how the session unfolded. Isabelle's interview lasted 25 minutes.

The individual distilled essence of Isabelle's experience

Isabelle described this situation as a "horrible procedure" where everyone in the room seemed to be highly stressed. She was unsure of what the best thing to do was. She had this sense that music was not going to be useful and would only "add to the chaos." Isabelle tried to introduce music but the client was not responding and did not engage in any way. She stepped back a little and focused on providing verbal support for the girl's mother.

The situation was particularly confronting for Isabelle because she had children the same age, and seeing a child who used to be healthy going through that situation "hits home."

During the session Isabelle experienced helplessness and felt unsure of herself and her role in the situation. She wondered if there was more she should be doing. A debriefing with another music therapist helped to give the sense that what she did was fine. Isabelle reflected afterwards that providing that support was valuable even if there was no music.

If Isabelle re-experienced the situation, she would try to get in the room earlier to establish connection with the girl before the procedure. Isabelle would feel more comfortable now with the situation and with the idea of just being there and provide support.

The loss of control experienced in the challenging moment was valued by Isabelle as a prompt to keep learning and not relying on her years of experience as a therapist.

Verification

Isabelle said there were no changes to be made to the distilled essence. However she commented "thinking about it later I was more overwhelmed by the intensity of the medical situation, rather than the lack of music...Though I did mention the lack of music many times. When I thought about it I really have lots of sessions that don't involve music, and that has never made me feel I wasn't doing my job, it was just challenging when coupled with the rest of the situation."

Participant 4 –Sarah

Sarah was a Registered Music Therapist trained in Guided Imagery and Music (GIM) who had more than ten years of experience. In the interview she did not focus on one particular moment, but rather reflected upon the challenges of the therapeutic process with one particular client. Her client was a woman diagnosed with a bipolar disorder. The main challenge Sarah referred to was that her client started to bring her own music into the sessions. GIM has a particular structure and specific music programs to be used during sessions so that posed a challenge for Sarah. The interview lasted 45 minutes. Throughout the interview, other challenges of working with this client emerged. Sarah reflected on her experience in the process of meeting these challenges with her client.

The individual distilled essence of Sarah's experience

When her client brought her own music Sarah felt her role as a therapist was being challenged as well as the music and imagery process. Her client referred to “my music” (the client’s) and “your music” (Sarah’s) in the sessions. She seemed to interrupt the steps of the GIM process, challenging the structure of the sessions and the way Sarah worked.

There was this sense that her client did not enquire about bringing her own music but rather took over the sessions. She started bringing more music into the space and it was “almost like a competition” as to whether “her” music (the client’s) or the GIM music was going to be used.

Along the process the client posed other challenges. Her client had mood swings, being very dependent at one time and distant at another. Also, the woman brought her own guitar into the GIM sessions for them to sing together and made critical comments about the quality of Sarah’s voice. Sarah struggled because there was this sense that she would never know what was going to happen, what her client was going to do or say next.

In working with her client Sarah went through “all the emotions.” She felt angry and cross at the woman at times. Her client had the whole “gamut of emotions” and pulled Sarah into them.

To get rid of a built-up emotion or tension within her, Sarah symbolically cleaned the room after the session. She opened the doors, let the wind blow through, drew, or *put* music on *for* herself.

Sarah allowed the client to bring “her” music into the space trying to keep a balance with the GIM structure. Throughout the process she explored what the meanings for her client were, in bringing her own music into the GIM space. She had a sense of coming to an understanding of the complexity of her client’s life. She began to realize that bringing her own music was her client’s way of taking charge of some aspects of her life. Looking at the situation in a different way helped Sarah to stop getting caught in her emotions towards her client. She felt it was important that the woman *came to* that understanding from her. Sarah reflected that at that point she became a better companion for her client and the situation was not seen as a challenge to her or the process anymore.

Travelling this journey together Sarah and her client *came to* understand themselves better in an “equal experience.” Sarah *came to* discover a wonderful and generous woman behind that “agro” [slang term for “hostile”] appearance that taught Sarah a lot about herself and the process. Sarah felt that she can be a lot calmer now.

She learned to let “*comments bounce off*” and not worry *so much* about some comments from her client that she used to feel as derogatory. Her client also believed that the process had helped her and that Sarah had taught her to be calmer. Along this journey there was nothing Sarah would have done differently.

Verification

Sarah suggested some changes in the wording of the distilled essence. These changes are printed in italics.

Global Themes

In developing global themes I looked at the meaning units of all participants horizontally, that is looking for essences across the descriptions. In this process I extracted a total of 15 global themes from the experience of either all the participants, three of them, two or only one. Nevertheless, in phenomenology each theme is regarded as having equal importance (Moustakas, 1994). I avoided clustering or unifying some themes extracted from the experience of only one participant under a theme that was consistent for the other participants when there was a slightly different, yet valuable meaning (e.g. “the challenge may not elicit strong feelings” into “a challenge may elicit a wide range of emotions and feelings”). As Hycner (1985) points out, “when the themes from individual interviews are clustered into a general theme, this should not obscure significant variations within that theme manifested in the individual interviews” (p. 292). Therefore, I extracted many themes from only one participant’s experience, yet I considered them an important counterpoint to expand the meaning of challenging moments in music therapy for these participants. The extracted themes are presented grouped by the number of participants across which they were consistent.

The following global themes were consistent across all four participants:

- 1) The challenge seems to lie in understanding and/or meeting the client where the client is.
- 2) A challenge may elicit a wide range of emotions and feelings. These may include inadequacy, being unsure of oneself, a sense of not knowing how to respond in the best way, uncertainty of what is coming next, helplessness, disappointment, not being sure of the therapist role in the situation, and the sense that nothing the therapist has is going to be useful.
- 3) A challenging moment may have a positive outcome for the therapist.

Other global themes were consistent for three of the participants:

- 4) The challenge may stem from the client’s behavior (Charles, Olivia, Sarah).
- 5) The challenging situation may involve some kind of disengagement from the client (Charles, Olivia, Isabelle).
- 6) The therapist’s approach to the situation involves trying to establish or re-establish connection with the client (Charles, Olivia, Isabelle).

A global theme consistent for two participants was:

- 7) Meeting the challenge may bring positive change to the client process (Olivia, Sarah).

The global themes extracted only from one participant's experience are the following:

- 8) The challenge may be enhanced by a confronting situation (Isabelle).
- 9) The challenge may not elicit strong feelings (Charles).
- 10) The therapist's approach to the situation involves trying to understand the meanings behind the client's actions (Sarah).
- 11) Music may be a source of connection with the client to meet the challenge (Olivia).
- 12) Music may have no potential to meet the challenge (Isabelle).
- 13) To meet the challenge the music therapist goes to the client's world rather than bringing him/her to the therapist's world (Olivia).
- 14) To meet the client the therapist makes demands that the client can meet (Olivia).
- 15) A new understanding of the client's world may diminish the sense of challenge for the therapist (Sarah).

The Global Essence of the Participants' Experience

After extracting the global themes from the descriptions of all the participants, I constructed the *global essence of the participants' experience* by incorporating them into a final description of the experience. When constructing the global essence, I sought to convey meanings and counterpoints of the experience, rather than organizing the global themes according to their consistency across the participants. The global essence reads as follows:

A challenging moment with a client in music therapy may be elicited by the client's behavior and enhanced by a confronting situation. The challenging moment may involve some kind of disconnection or disengagement between client and therapist. The essence of the challenge seems to lie in a difficulty of understanding and/or "meeting" the client where he or she is.

In this situation, the therapist may be uncertain of what the best thing to do is and a wide range of emotions and feelings may be elicited. Feelings of inadequacy, being unsure of oneself, uncertainty of what is coming next, helplessness, disappointment, not being sure of the therapist role in the situation, and/or a sense that nothing he or she has is going to be useful may arise. Nevertheless, during the situation some may also not experience strong feelings.

The therapist's approach to the situation may involve trying to establish, or re-establish, some kind of connection with the client; or trying to understand the meanings behind the client's actions. The music may become a source of connection with the client or, on the other hand, it may have no potential to meet the challenge.

In order to meet the challenge the therapist may make demands that the client can meet. The therapist may become a conduit to the client's world and "be" in it rather than bringing the client to the therapist's world. In the process of meeting the challenge, new understandings regarding the client's world may arise. A new understanding of the client's world, and where the client is, may diminish the sense of challenge for the therapist. Successfully meeting the challenge may bring positive change in the client's process and also represent an opportunity to learn, or even a turning point, for the therapist.

This chapter has shown the Individual Distilled essences, the Global Themes and the Global essence of the Participants' Experiences. It has also outlined the process of obtaining these results. In the next chapter I will discuss these findings in the light of relevant literature.

DISCUSSION

Before discussing the findings it is important to note that in this study two participants described a challenge that could *not* be met (Charles and Isabelle), while the other two described a process *over time* of successfully *meeting* the challenge (Olivia and Sarah). This unforeseen situation provided varied data and suggested some contrast between the descriptions of meeting the challenge and not meeting it. In the following sections this contrast will sometimes be highlighted to elaborate the discussion. Also, excerpts from the interviews and relevant literature will be incorporated to illustrate the meanings of each global theme.

Discussing the Global Themes

When reviewing the literature in the early stages of the research process, I came across a book written by Gabel, Oster and Pfeffer (1988) devoted to examples and suggestions for handling difficulties in child psychotherapy. This book had a definition of difficult moments that had no particular salience to me at that moment. Therefore, I did not consider or keep in mind this definition when conducting the following steps of the study. However, once I obtained the results this definition seemed to reveal a new meaning to me. As Aigen (2005a) explains about qualitative research: "because the research findings can and should be unforeseen, the researcher can often locate related literature after much of the data analysis has been completed." (p. 214). For this reason, Gabel, Oster and Pfeffer's definition of difficult moments will now be incorporated to enlighten the discussion of the findings in the following sections. The definition reads as follows:

"A concrete expression of a disparity between the therapist's and the child's or the parents' expectations of the treatment process" (Gabel, Oster & Pfeffer, 1988, p. 199).

In the previous chapter, the global themes were organized and numbered according to the number of participants across which they were consistent. In the present section the global themes are discussed and organized according to the research question they were related to, and a separate section is assigned to the emergent themes, as shown in Table 2:

Table 2
Global Themes organized by research question

<u>Research question</u>	<u>Global theme</u>	<u>Theme number</u>
What is the nature of challenging moments in music therapy?	The challenge seems to lie in understanding and/or meeting the client where the client is.	1

	A challenge may elicit a wide range of emotions and feelings	2
	The challenge may not elicit strong feelings	9
	The challenge may stem from the client's behavior	4
	The challenge may be enhanced by a confronting situation	8
	The challenging situation may involve some kind of disengagement from the client	5
How do music therapists approach challenging moments?	Therapist approach to the situation involves trying to establish or re-establish connection with the client	6
	The therapist's approach to the situation may involve trying to understand the meanings behind the client's actions	10
	To meet the client the therapist makes demands that the client can meet	14
	To meet the challenge the music therapist is in the client's world rather than bringing him/her to the therapist's world	13
What is the value, if any, of challenging moments in terms of clients' therapeutic process?	Meeting the challenge may bring positive change to the client process	7
What is the value, if any, of challenging moments in terms of the development of music therapists?	A challenging moment may have a positive outcome for the therapist	3
Emergent themes	Music may be a source of connection with the client to meet the challenge	11

Music may have no potential to meet the challenge	12
A new understanding of the client's world may diminish the sense of challenge for the therapist	15

Research Question One: The Nature of What Music Therapists Consider a Challenging Moment

In this discussion the themes will not follow a consecutive order but rather will be presented to contrast or convey the meanings.

The challenge seems to lie in understanding and/or meeting the client where the client is

When trying to capture the underlying essence of the different experiences described, it stood out for me that during the challenge therapist and client seemed to be at different “places.” Based on Olivia’s concept of “being in the client’s world” I developed the theme of a challenge inherent in, symbolically, *meeting* or understanding where the client *is*. In going back to the psychology literature I noticed that Gabel, Oster and Pfeffer’s (1988) definition of difficult moments in child psychotherapy portrayed the same idea in a more concrete fashion. As previously shown, the authors defined the difficult moment as “a concrete expression of a *disparity* [emphasis added] between the therapist’s and the child’s or the parents’ *expectations* [emphasis added] of the treatment process” (Gabel, Oster & Pfeffer, 1988, p. 199). In other words, there is a disparity between the client’s and the therapist’s “beliefs, assumptions, and expectations concerning the nature, course, and conduct of psychotherapy” (Gabel, Oster & Pfeffer, 1988, p. 117).

This disparity is consistent with the idea of client and therapist being at *different* places. In the following sections of the study the concept of “disparity of expectations” will be incorporated and sometimes used interchangeably with the concept of “different places.” The following are examples from the participant’s experiences that convey this global theme.

Charles provided a good illustration of a disparity in the expectations during the challenge. He described how difficult it was to engage his client and reflected about his own expectations during that moment: “I was thinking ‘No, I am doing a 45 minutes music therapy session with this guy. I wanna get him to do these things that I believe are therapeutic’”, then he continued to reflect “and that's probably more about me wanting to do what I think I should be doing...[and] it's not necessarily why the client is there and it may not even be necessarily what is best for them at that time.”

When thinking back what would have been better to do, Charles said: “[to be] a bit more aware of his level of agitation, notice that he wasn't engaged [and] his desire to leave the room.” This reflection shows a better understanding of where the client *was* at that moment, in other words, the client’s expectations of the therapeutic process.

Isabelle’s experience shows the therapist and client being at different “places” during the medical procedure, and her attempts to connect with the girl: “I tried to

introduce music. One favorite song, and a little bit of guitar, a little bit of vocalizing...but she was really in pain and really upset by the procedure. There just wasn't any response from the little girl." This suggests that in that stressful situation the girl's expectations were different from those of Isabelle.

The same idea of expectations from the process, or different places, is depicted in Olivia's description as she referred to "my world" (the therapist's) and "her world" (the client's). The difference between the girl's expectations of the process from those of Olivia, and the challenge in trying to meet them can be seen as she explained "[it was] a really fundamental interpersonal challenge because she didn't care two hoots about me...she could really completely shut down."

Finally, in Sarah's description the situation clearly illustrates a disparity between her and her client's expectations. Her client started to bring her own music, her guitar, and suggested singing songs within GIM sessions. The music therapy model that Sarah worked with has its own music and a certain session format that her client was not acknowledging. The disparity in the expectations is highlighted in the sense of competition she described: "she'd [the client] began bringing more music, so it was almost like there was a competition going on."

Therapist and client holding different expectations of the therapeutic process, or being at different places at the challenging moment, was an underlying essence across all four participants, irrespective of the characteristics of their situations. As Gabel, Oster and Pfeffer (1988) suggest "implicit expectations concerning the process and meaning of therapy may be in conflict and thus give rise to difficult moments of several types" (p. 117). For the participants the challenge seemed to lie in either bringing those places or expectations closer together or understanding where their clients were.

After analyzing the data, the theoretical concepts by Gabel, Oster and Pfeffer (1988) "revealed" their meaning to me by resonating with this global theme from the participants. These concepts became very useful to articulate the findings of this study and therefore they will be used to elaborate subsequent discussions in this chapter. It is noteworthy that the four music therapists in this study described challenges with very different types of clients and yet this global theme showed consistency with ideas from child psychotherapy literature. The findings in this study suggest that these concepts can be transferrable to adult clients and furthermore, to the music therapy context. Therefore this global theme stands out as an important finding towards an *essence* of challenging moments in music therapy.

A challenge may elicit a wide range of emotions and feelings

All the participants described varied feelings and emotions elicited by the challenge. Some participants explained stronger feelings than others and went into more detail in their descriptions. For Sarah the situation meant going through "all the emotions" whereas for Charles the situation itself did not bring up any strong feelings. However *disappointment* came after Charles' attempts to reengage his client did not work.

Some of the feelings experienced were inadequacy, being unsure of oneself, a sense of not knowing how to respond in the best way, uncertainty of what is coming next, helplessness, disappointment, not being sure of the therapist role in the situation, and the sense that nothing the therapist has is going to be useful.

A common theme for three of the participants was "not being sure of what the best thing to do is." This feeling of uncertainty was described by Olivia when beginning the process with her client; she thought "what on Earth will I do?" During

his interview Charles reflected that “the challenge was the behavior, knowing how to respond to his behavior in the best way.” Also during the medical procedure her client was having, Isabelle thought “I’m not really sure what’s the best thing for me to do.”

It stood out for me that the feelings experienced by the participants during difficult moments with clients were similar to those reported by music therapists when they felt ineffective (Comeau, 2004). During moments of inefficacy, music therapists reported feeling incompetent, doubtful about the methods they were using or the suitability of music, and also felt their clients were not responsive, among other feelings. In this study, Olivia felt she was “out of her depth” and that “nothing of what she had was going to be useful.” Also, Isabelle experienced doubts about using music in the situation, as she explained “I tried to introduce music [and] at the same time I was not really confident that it was going to do much.” Charles also described a non-responsive client during his challenging moment: “I just could not get him to focus on what we were trying to do.” It is important to note that these feelings seemed to arise when music therapists were not able to meet the challenge. It seems that the experience of a challenging moment shares an array of feelings with that of a moment of inefficacy.

The challenge may not elicit strong feelings

When interviewing Charles, it stood out for me that he did not report any strong feelings even though he described a situation that seemed to be hard to handle. This led me to realize I was particularly biased towards thinking challenging moments caused strong and unpleasant feelings, and that it was difficult to feel calm during these situations; as I stated in my *epoché*: “challenging moments in music therapy elicit feelings of doubt and represent an uncomfortable situation.” However, for Charles the actual moment did not elicit strong emotions; he remained calm and “didn’t freak out.” Therefore, I considered this to be an important counterpoint to the theme presented above as it expanded the “horizon” about feelings in a challenging situation.

The related music therapy literature had not shown this finding (Comeau, 2004; Forinash & Gonzalez, 1989) and there seemed to be a reason for this, besides the evident lack of studies on this topic. Forinash and Gonzalez (1989) explored only one music therapist’s experience; therefore results regarding feelings were bound to the specific reaction of that therapist. Furthermore, the moment in their study was a session with a dying client, which is arguably a very confronting situation likely to elicit strong emotions. On the other hand, even though part of Comeau’s (2004) findings showed similarities to this study, he asked music therapists to describe a moment where they already *felt* ineffective. This sets the interviewee in a scenario where participants experienced an array of feelings related to inefficacy. In this study, I asked about a difficult *moment*, which might not set the therapist in one particular range of emotion and allow for a wider array of reactions and feelings to emerge.

The challenge may stem from the client’s behavior

Consistent with many music therapy case studies, their client’s behaviors or actions posed a challenge for Olivia, Charles and Sarah. For Olivia it was the aggressions and biting of her client, for Charles his client got up his chair and left in the middle of the session, and for Sarah her client started to bring her own music into the structured GIM sessions.

The client's behavior seemed to be the most palpable *expression* or externalization of his/her *expectations* of the therapeutic process. Therefore, when the client's expectations greatly differed from those of the therapist, this seemed to be expressed in his/her behavior, evidencing this *disparity*, which in turn may have posed a challenge for the therapists.

The challenge may be enhanced by a confronting situation

It is important to separate this theme from the previously presented in order to contrast them. Though in Isabelle's experience the girl undergoing a medical procedure had clearly different expectations from the therapeutic process than the therapist, the situation was slightly different in that Isabelle felt confronted not by the client but by the situation. When Isabelle returned her verification comments (step 5 of the data analysis) she explained: "it was just challenging when coupled with the rest of the situation." Therefore the challenge may not be only elicited by the expression of the disparity from the client, but also enhanced by a confronting situation.

This global theme is similar to what some psychologists have described as *situational* difficulties (Schröder & Davis, 2004). They classify this type of difficulty as located *outside* the therapist, as opposed to the other two types, which pertain to personality traits and knowledge, and are thus located inside the therapist. However, according to this classification confronting situations and client behaviors are grouped under the same category (situational), and from the findings in the present study, it seemed important to differentiate these two. A confronting situation like the one described by Isabelle seemed to be related to the disparity between expectations. Apparently, on the one hand it impacted the client's expectations, and on the other hand it enhanced the sense of challenge for the therapist. However, it is not within the scope of this study to further explore such interrelation, but only present it as a finding.

The challenging situation may involve some kind of disengagement from the client

For three of the participants the challenge involved difficulty in engaging their clients. Isabelle reflected about her client "she really totally disengaged from everything around her." Reflecting on the situation with his client Charles said, "I just could not get him to focus on what we were trying to do." Also, Olivia recognized disengagement with her client in the first stage of the therapeutic process: "she could really completely shut down. There was no basis upon which to build our relationship." It is interesting to note that for Olivia and Charles, their clients' behavior made it difficult to engage with them. However, in Isabelle's case the situation—a medical procedure—seemed to contribute to this disengagement.

Summarizing the main points discussed above, when a difficult moment with a client arose, because the client was showing a challenging behavior and/or the situation was highly confronting, there seemed to be a disparity between the therapists' expectations or beliefs—of the session, the treatment, the relationship—and their client's expectations or beliefs. This produced some sort of disconnection and client and therapist seemed to be at very different places. The therapists may have experienced a wide array of strong feelings, including not knowing what to do. On the other hand, the therapists may have experienced no strong feelings.

Research Question Two: The Music Therapists' Approach to the Challenging Moment

I chose to use the word “approach” as opposed to “management” of the challenge because the former gives a sense of the intentions of the therapist, whereas the latter may have more emphasis on the actions the therapist took. It is important to note that some of the themes presented here were extracted from only one participant; however they showed an approach to the challenge that led to successfully meeting it, which was considered important findings.

The therapist's approach to the situation involves trying to establish or re-establish connection with the client

As presented before, most of the participants described situations where there was some kind of disengagement with the client. When facing this situation the therapist's approach was directed towards establishing or re-establishing connection with the client. When Charles' client started to disengage because of his delusional ideas, Charles tried to redirect his attention and re-engage him: “[I was] just trying to get him to focus on what we were doing and encourage him to just not think about what he was thinking.”

Isabelle entered the room when her client was already undergoing an invasive medical procedure. She initially attempted to establish contact with the girl “I tried to introduce music. One favorite song, and a little bit of guitar, a little bit of vocalizing.” but did not succeed. Her approach to engaging the client during the challenge can be seen when she reflected “if there's anything I could have controlled in that situation, the big thing I'd try and change, is to have some sort of connection that day and that moment before the procedure started.”

Olivia described the challenge of establishing connection with a girl with aggressive behaviors who was both deaf and blind. She explained the difficulty of establishing rapport with her client: “I had all my usual tools that I would use to establish rapport [but they] had no value for her.” In the process of meeting the challenge with this girl, Olivia explains “I had to leave her in her world and make myself the conduit out of that world.” While the three therapists described different interventions, the essence of their approach lied in maintaining or establishing connection with their clients.

Bearing in mind the idea of different places for client and therapist, it is interesting to note that Charles' approach seemed to be trying to bring his client closer to his “place”—in other words, trying to re-direct his client to meet his expectations. By contrast, Olivia described a process over time in which she left her client “in her world,”—going into the girl's world rather than bringing the girl to her world. Arguably, throughout any therapeutic process music therapists move between bringing their client closer and coming closer to their client, perhaps more in the form of a “proximity of expectations” continuum.

The therapist's approach to the situation may involve trying to understand the meanings behind the client's actions

Sarah's approach to the challenge was different from the other three, probably due to her particular situation, where no overt disconnection was described. Sarah's client

started to bring her own music to the GIM sessions, “interrupting” the normal session structure. Sarah accepted her client’s actions, apparently without trying to change her or her client’s expectations, and engaged in a process of reflecting to try to understand the meanings of these actions. As she explained: “I’m struggling with what is really going on here, what is she really asking for, and what was it about her bringing her music into this space...So I knew to discuss it with her, what is it about.” It is noteworthy to mention that Sarah met the challenge over time, and *understanding* the meaning of the situation seemed highly important.

To meet the client the therapist makes demands that the client can meet

From Olivia’s experience, I extracted this global theme of making demands the client can meet. She described a process where the challenge was met. Olivia reflected upon this as one of the things that led to meet the challenge with her client “She [the client] worked it out that the experience was safe and that the demands on her were ones that she could meet. That’s how I interpreted it at the time. I made demands of her that she could meet.” Referring back to the idea of therapist and client having different “expectations” of the process, or being at different “places,” making demands that the client can meet seemed to bring the therapist closer to where he/she was. Adjusting the demands, moving towards client’s expectations, appeared to be an effective therapeutic approach in Olivia’s case.

To meet the challenge the music therapist is in the client's world rather than bringing the client to the therapist's world

Also extracted from Olivia’s description, this theme expanded the meanings of what was done to *meet* the challenge. She said: “I had to be more in her world. I had to go to her world rather than her come to mine. I had to take music into her world.” The idea of two different *places* for therapist and client is clearly depicted here again. To meet the challenge Olivia got closer to her client’s place and *was* in that world in order to bring the client out: “I had to leave her in her world and make myself the conduit out of that world.” In Olivia’s perspective, when she went to her client’s world, client and therapist seemed to share the same place. In this “proximity of expectations” continuum suggested before, that would be one of the ends, where the therapist tries to be in the client’s world.

From the experience of the participants, I was able to visualize mainly two approaches to the challenge. On the one hand I visualized a *re-directing* process, either toward the therapist’s expectations or to the client’s expectations. On the other hand, I visualized a process of reflecting and trying to *understand* the client’s expectations—that is, being able to *see* where the client was, while allowing the client’s actions and apparently not trying to move towards the client’s expectations or vice versa.

Even though for Olivia coming closer to and being in her client’s world was an effective approach, this by no means implies that is the most appropriate approach to any client or difficult situation. As one of the consultants for this study accurately pointed out, sometimes the client’s world—or expectations—is so distorted that coming closer to that place may not be the most recommended approach. However, as discussed above, a process of reflecting on the client’s actions and/or possible expectations seemed to bring a new understanding for the therapist, which may have helped lessen the sense of difficulty and, arguably, *adjust* the therapist’s expectations

to offer more appropriate interventions. I symbolically referred to this as “bringing therapist’s and client’s places closer together.”

Research Question Three: The Value of the Challenge for the Client

During the interviews, I asked the participants about how they appraised the challenging moment in terms of their client’s therapeutic process. Those participants who considered themselves not to have met the challenge did not describe an impact for the client. Charles said the challenge was not “a pivotal moment” and that it seemed to not have “damaged the therapeutic relationship.” On the other hand, Isabelle could not reply to this topic because there was no follow-up session with her client. Those participants who described a process of *meeting* the challenge referred to an impact on their client’s process. This is conveyed in the following global theme.

Meeting the challenge may bring positive change to the client process

It is important to note that this theme was extracted from experiences of *meeting* the challenge over a period of time, which arguably would have a different impact on the client than a single challenging moment or than *not* meeting the challenge.

Sarah and Olivia described positive changes in their clients throughout the therapeutic process. When reflecting upon the value of meeting the challenge for her client, Olivia said: “[It was] just so significant. This was the first time that any of us [Olivia, the carer and staff] had really seen her really immersed in what was going on in that sensory experience.” Upon meeting the challenge, Sarah reflected “it certainly has helped her [the client] a lot and she said that to me several times. She said I have taught her to be a lot calmer.” It is noteworthy that the concept of *meeting the challenge* and *therapeutic process* seemed to be somewhat overlapped in these descriptions, and thus the value for the client of the particular moment of meeting the challenge was difficult to separate from the impact of the therapeutic process itself.

Research Question Four: The Value of the Challenge for the Therapists

I asked the participants about the value, if any, of the challenging moment for their professional development. All four participants described some kind of positive outcome that in some cases was related to learning through the process of meeting the challenge with their clients, and in others to the reflections and realizations elicited by the challenge. The following is global theme number 3.

A challenging moment may have a positive outcome for the therapist

Charles was unable to bring his client back to the SECU while other member of the staff did, using a more behavioral approach. This situation fostered some reflections and realizations about the disparity between the therapist’s and the facility’s philosophies. When reflecting on the value of the challenge for him he said: “[it was] thinking a bit more broadly about the reality of your orientation and working with people, and how important it is to really think about the broader picture.”

For Isabelle the session with the little girl during a medical procedure also elicited reflections and realizations around her work. When reflecting about the value of the challenge she described:

I think it's a huge effect 'cause it's quite easy to go along and do things you are comfortable with. It was good to really feel like not in control again. I think I got pretty relaxed about supervision and about reading up on what was the newest thing to be doing in procedural pain stuff, and so it was to just go 'you know what? I really need to keep working on this and not just rest on the fact that I've got 10 years of experience and that's enough.'

Those participants who described a *process* rather than a moment reflected on the value of *meeting* the challenge throughout this process with their clients. To meet the challenge with her client Olivia went through a deep process of reflection, a "crisis of self," that represented a "turning point" in her professional development. She explained: "[it was] an absolute turning point because I had to unpack my assumptions of who I was, what value I had to another person. The responsibility was mine to work out how music could be meaningful. And once you know you can un-know it again so it becomes pivotal." For Sarah the process with her client brought learning for both of them, as an "equal experience." She reflected: "I can understand myself better but I can also understand how other people structure their lives as well. She's [the client] taught me a lot about herself and I've learnt a lot about me and through it all."

Aligned with these findings, Gabel, Oster and Pfeffer (1988) say "through the challenges and opportunities that difficult moments present, both personally and professionally, they offer the opportunity for growth as individuals and professionals" (p. 135). However, for the participants of this study a reflection process after the difficult moment, sometimes over a long period of time, seemed to be essential for this growth to take place.

Emergent Themes

When extracting the global themes from the participant's meaning units, some themes emerged that were not directly related to the research questions. These emergent themes were not consistent for more than one participant; however I believed they provided important meanings regarding challenging moments in music therapy.

Music may be a source of connection with the client to meet the challenge

The role of music during the challenge emerged as a theme for two participants. For Olivia, music played a critical role becoming the means to establishing connection with her client and meeting the challenge. She explained "music just became an absolute bliss for her and we met the challenge. We had no basis for a relationship and music came. It was really the sound that met her. I think the role of music was to open up possibilities for her to experience a sensory world that was not threatening." In this case, music was crucial to meeting the challenge.

Music may have no potential to meet the challenge

In contrast to the theme above, for Isabelle music was of no use during the challenge to engage her client during the medical procedure. When reflecting about the situation she said: "usually there's a lot that a music therapist can do in that setting, but there just didn't seem [to be] any potential for music. My instinct was that more music was just gonna add to the chaos. I didn't end up doing any music in that session

because it was such high anxiety.” Isabelle suggested that in this situation, music could even have had a detrimental effect.

A new understanding of the client's world may diminish the sense of challenge for the therapist

I extracted this theme from only one participant’s description; however, it manifested an important meaning regarding meeting the challenge. For Sarah the process of reflecting on her client’s actions of bringing her own music to the sessions brought a new understanding of her client’s world. This understanding removed the sense of challenge for Sarah. As she reflected “I began to realize that there was something about her [the client’s] life and her taking charge of some aspects of her life, and so that’s how she was doing that: by bringing her music into this milieu of working with music, so I no longer saw it as a challenge to me or to the process.” Interestingly, through a process of reflection Sarah seemed to gain a greater understanding of where the client was at that time. Moreover, understanding the client’s expectations of the therapeutic process—being able to see where the client was—seemed to help *diminish* the sense of challenge.

Emergent themes were related to two main topics. On the one hand, the role of music during the challenge appeared. In some difficult situations it seemed to be crucial to meeting the challenge, while in others it seemed to be of no use. Also, even though expectations of the treatment process may be dissimilar, and client and therapist may be at very different places, another emergent theme was that better understanding her client’s world and expectations seemed to ameliorate the perception of difficulty and allow Sarah to offer more informed and mindful interventions. This stood out to me as a very important finding since it provided a way to approach difficult moments, however it needs to be further researched.

Further Discussion Through the Case Study Literature

In the light of the findings of this study and the incorporation of Gabel, Oster and Pfeffer’s (1988) idea of disparity of expectations about the treatment, I revisited the descriptions of challenging moments in music therapy case studies (presented in the introduction). Compared to the initial process of exploring the literature categorizing descriptions of challenging moments, this second time I sought to review them with the new understanding gained from this study, attempting to uncover some consistencies with the findings and further elaborate the discussion based on the literature.

It is important to note that case-study descriptions of difficult moments greatly vary in length and depth. Nevertheless, from all the descriptions some kind of disparity of expectations, or client and therapist as being at different places, could be inferred.

Similar to this study, many of the difficulties in case studies were related to behaviors from the clients that were difficult to handle. These descriptions showed the most evident disparity because the client’s expectations were expressed in actions that usually confronted the therapist. Sometimes the client showed an aggressive behavior by attacking the therapist (Robbins & Robbins, 1991), criticized the therapist’s abilities (Odell Miller, 1991), was hard to manage during a tantrum (Clarkson, 1991), showed anger and challenging behaviors (Robarts, 2003), or their music was so loud and controlling that the therapist felt musically abused (Rogers, 2003). In one of the

cases related to client's challenging behavior, I found an example of the redirection that may occur during the difficult moment when the therapist had to pull his client with autism out of the room after trying many ways of indicating the session had ended, therefore trying to redirect his client's expectations towards his expectations (Refieyan, 2003).

Similar to the first global theme "The challenge seems to lie in understanding and/or meeting the client where the client is", this seemed to be the case in some psychodynamic cases describing difficulties related to countertransference feelings. In Grocke's (2003) case, she felt her music selection was inflicting greater pain to her client. Austin (1998) thought she was failing her client and letting her fall into the darkness when she said Austin's singing was making her cry. When having these feelings, both therapists seemed to be uncertain of what to do to meet their client where they were, or understanding their client's expectations in that situation. In Austin's (1998) case, her client seemed to somewhat clarify her expectations by asking her to resume her singing.

Other music therapists with a psychodynamic orientation described difficulties in differentiating between the therapist's feelings and the client's. As in this study, a process of reflection helped music therapists develop a greater understanding of where their client was, and of their own views of the treatment process and the relationship. For instance, Austin (1998) felt annoyed and pressured to having to be perfect during voice improvisations. After reflecting on her feelings she understood that those were her client's feelings when she was a child. This understanding seemed to help the therapist see where her client was and her expectations of the relationship. On the other hand, Turry (1998) described a student who had difficulties relating to a client's music due to unresolved issues regarding her own mother's suicide. Interestingly, in this last case the process of reflecting seemed to help the student understand and clarify her own expectations, or where she was, regarding the relationship. In this sense, rather than solely reflecting on the client's expectations in order to diminish the sense of challenge, sometimes it may be necessary to reflect on the therapist's own expectations which, from a psychodynamic framework, may even have unconscious elements that elicit a challenge. This seemed to be an important meaning to complement the understanding of challenging moments in music therapy.

Also among psychodynamic case studies, those that described resistance as a challenge clearly depicted a disparity of expectations. For instance, in a group session with children, Tyler (2003) explained the boys showed disruptive behavior and resistance to contacting painful issues. De Backer and Van Camp (2003) had difficulties synchronizing with their client during music therapy improvisations due to the client's resistance to establishing contact. Similarly to the difficult moments related to challenging behaviors presented before—but in this case explained as resistance from a psychodynamic framework—the disparity was evident in a client's action that was difficult to manage for the therapist.

Another situation that clearly displayed dissimilar views of the treatment between client and therapist was the absence of music during sessions described by Aigen (1991). His client avoided activities with music and preferred others such as board games. This posed a challenge for the therapist, whose expertise was related to music. However, a new understanding (the boy trying to control his environment) seemed to lessen the sense of challenge for the therapist and also help adjust and realign his expectations closer to his client's.

Finally, and consistent with this study in one case description, working with a client in pain seemed to represent a confrontational situation that elicited a sense of challenge for the therapist (Martin, 1991).

A Final Description of Challenging Moments in Music Therapy

In exploring the essence of challenging moments in music therapy, I went through three stages, each of which somewhat expanded my previous understanding of the phenomenon. First, I conducted the study and extracted the essence for the four participants. Second, with these new meanings revealed, I was able to see the contribution of Gabel, Oster and Pfeffer's (1988) concepts and incorporate them. Third, I reexamined the case studies with this new understanding. Each of these stages added a new layer of meaning to (and expanded or complemented) the meanings initially extracted from the four interviews. This encouraged me to propose a *final description of challenging moments in music therapy* that incorporated these new or expanded meanings. Rather than offering a description that applies to any challenging moment, which would not be possible from such a small study, I offer a view that may help music therapists better understand difficult moments with their clients and also foster reflection about the impact of therapists' and clients' expectations of the therapeutic process.

A challenging situation in music therapy may stem from a disparity between the music therapist's and the client's expectations of the therapeutic process. The therapist may have difficulties meeting the client where he/she is, or understanding the client's expectations, which gives the music therapist a sense of challenge. This sense of challenge may also be caused or enhanced by a confrontational situation. The client's expectations may be expressed in his/her behaviors or actions, which may lead to some kind of disengagement or changes in the quality of the connection between music therapist and client. For the music therapist the challenging situation may elicit a wide array of feelings, emotions, and thoughts and also a sense of not knowing the best thing to do. The therapist may try to reduce this disparity by redirecting his client's expectations towards his or her own, or adjusting his or her own expectations towards the client's.

During challenging moments in music therapy, music may or may not be helpful in reducing the disparity between clients' and music therapists' expectations. On the one hand, music may play an important role in opening possibilities for connection and meeting the client where he or she is. On the other hand, it may have no potential to establish or re-establish connection.

A process of reflection from the music therapist may bring a greater understanding of the client's or the therapist's expectations. This understanding may help diminishing the sense of challenge, and inform the therapist's interventions to help bring client and therapist expectations of the therapeutic process closer together.

LIMITATIONS OF THE STUDY AND RECOMMENDATIONS

Methodological Issues

The sample size

Due to the context of this study, there was very limited time to conduct a large study. Therefore, I selected the number of participants in conjunction with my supervisor according to this criterion. I believe this study to be only a first step in exploring challenging moments in music therapy, and in order to reach saturation a greater number of subjects should be selected. Since new information emerged from single participants and even from reviewing the case study literature, I believe saturation was not reached in this study.

Participants' descriptions

Another methodological issue I encountered was related to the data gathered from the participants. During interviews I asked the participants: "can you think of a particular session in which you consider you experienced a challenging moment?" An unforeseen issue that arose was that the participants referred to experiences that were dissimilar in two important aspects. While all participants described a challenge, two of them described a *moment* and the other two described a *process* over time. In addition, those who referred to a moment described a challenge that was *not* met, while the others *met* the challenge during the process described. Arguably, those participants describing a process may have had specific challenging moments during such a process and also unmet challenges; however they recalled a process of meeting the challenge. During the interviews I did not ask them to try and focus on a moment, but rather adopted an open attitude and allowed them to describe whatever experience they recalled.

The nature of phenomenological research allowed me to integrate the different experiences and regard them as having equal value, which made phenomenology a suitable method to approach the complexity of this topic. Nevertheless, this situation posed a challenge when looking at the data horizontally to extract common themes and essences. For this study this methodological issue ended up providing rich data and some insightful meanings towards meeting a challenge that would have not been obtained if only unmet challenges had been recalled by the participants. However, it is advisable that further exploration regarding difficulties narrow down to one type of experience (i.e. met, unmet, moment, process).

The literature review

Another methodological issue was related to the review of the literature in phenomenological studies. The literature I reviewed in preparing to conduct the study the study revealed totally different meanings when reviewed after the process of obtaining the results. It was not only a matter of contrasting and looking for consistencies, but rather as though new meanings were being *uncovered*. These new meanings could not be foreseen, or rather could not be *seen* at that first review, since they were revealed after the study. This was exemplified with the definition in Gabel,

Oster & Pfeffer's (1988) I disregarded initially, but fully understood after the study. This arguably poses a dilemma when reviewing the literature in phenomenological approaches with regard to the *bracketing* process. As explained by Moustakas (1994): "the world in the bracket has been cleared of ordinary thought and is present before us as a phenomenon to be gazed upon, to be known naively and freshly through a 'purified' consciousness" (p. 85). For me such "naive" start was fairly circumstantial, because I found no studies to provide a theoretical background from which to look at the phenomenon. Arguably, had I found a solid body of literature about the phenomenon my approach to conducting the study would have been different.

Finally, I wish to cite a quote that truly resonates with my experience of undertaking this study:

Qualitative research is not a method to be mastered –it is an approach to human inquiry and discovery that can only emerge from a particular way of being in the world. That way of being is that of a discoverer who is exploratory, observant, open, flexible, creative, and committed to learning. More to the point that way of being is intrinsically human" (Bruscia, 2005, pp. 136-137).

Contribution to the Field

The present study fills a gap in music therapy research regarding difficulties in practice and contributes towards an understanding of the complexity of challenging moments with clients. Though the intention of this study was not to provide generalizable results or solid theory, its findings may shed some light for music therapists on approaching challenging moments with their clients. It is my suggestion that an understanding of the expectations of the client and the therapist during a challenging situation may help therapists approach such a situation in a better way. By asking "where "is" my client now? What are his/her expectations? How are they different from my expectations? How can I bring them closer together?," the music therapist may gain greater understanding of the client and the challenging situation, which in turn may lead to a better outcome.

Recommendations for Further Studies

The recommendations for further research are mainly based on the scope of this study and the methodological issues encountered. Future research could use this study as a first exploration of the phenomenon and include a larger sample in order to attain saturation and examine consistencies with the findings of this study. In order to facilitate analysis, researchers could focus only on difficult moments caused by clients' actions or behaviors, as opposed to challenging situations, which seemed to have different characteristics. Also, I suggest selecting only participants who have not met a challenge or on the other hand, only participants who have met it, and explore the essences of those different experiences separately. Studies on the experiences of meeting the challenge may bring useful findings to music therapy practice.

Finally, the role of music in challenging situations was only an emergent theme of this study that could not be explored in depth. Future studies could focus on how music can or cannot help during difficult situations in music therapy.

Conclusion

Challenging moments are part of music therapists' work with clients. The present study explored the nature of challenging moments with clients from the music therapist's perspective. The four participants in this study provided rich descriptions of challenging moments that helped build an understanding of the essence of this phenomenon. Challenging moments for these four music therapists elicited a wide range of emotions and gave a sense of not knowing what the best thing to do was. However, all described some kind of positive outcome after these situations. The essence of these moments seemed to lie in the therapist's difficulty meeting the client where he or she was, or understanding where he or she was. They seemed to symbolically be at different places. These ideas resonated with others from child psychotherapy and suggested that during challenging moments there may be a disparity between what the client and therapist expects from the therapeutic process. Therefore the challenge seems to lie in bringing those expectations closer together.

Challenges are inevitable in music therapy practice and they may present themselves in many forms. It was not the intention of this study to suggest that a challenge may not be elicited by other causes or to offer generalizable robust theory regarding the phenomenon. This study suggests that a better understanding of our clients' expectations—or sometimes our own expectations—of the music therapy process, may help to better approach some difficulties and also may enrich the therapeutic process.

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APPENDIX A

OLIVIA – KEY STATEMENTS UNDERLINED FROM INTERVIEW

Note: Ellipses indicate hesitations and a change in thought processes within Olivia's answers, and do not indicate that the words are missing. Key statements are in bold font. In this interview a number of statements have been omitted for anonymity purposes.

I would like to start by knowing a bit about your work, as a music therapist, as a registered music therapist, so how many years have you been working as a music therapist

More than 20 years.

It's a rough idea of just how much experience you have in the field...

I've been a music therapist for more than 20 years... and I've been a clinician all that time...there were two years where I wasn't a clinician apart from that, and the first half of my career was in special education.

I was just going to ask that...

Yeah...which is significant because in as much as the way that I work now is very much informed by my stint in special education so for me music therapy's always been about communication. So I've worked with adults and children, and toddlers with profound multiple disabilities, worked in early intervention with families in the community and I've worked with deaf kids and I've worked with blind kids. And to me it always comes back to communication...

So, along in this way communication has been the...

Yeah, the core of what I've done with all of those clients.... and I've worked in a lot of different kinds of teams I suppose too as a consequence of that, and also then in terms of moving into a hospital system you know that's a different set of teams again.

Well, that's sounds like a lot of experience...

It is.

So in terms of actually going into the main questions of the interview... as I was saying...take your time to think of a moment that was challenging...a long all the way, that you consider particularly challenging with a client...

You don't need any particular kind of challenge?

No, not at all, I'm looking for variety so that's really open, the thing it has to be with a client, instead of with the setting... so yeah, within the interaction with a client.

You know it's funny and I'm not sure why but the very first situation that comes to my mind was a situation at (name of facility omitted) where I worked with-- we had a

number of – do you know the setting of (the facility)? It's a residential school, or was a residential school, I don't know if it still is.

I don't know, I'm glad for you to explain...

So it is essentially a school for blind children, but really a school for children with visual impairments, and of course the thing is that because visual impairment is a significant aspect of cerebral palsy it ended up being a school for children with multiple disabilities. So there were the kids who were just blind as it were, if you'll excuse that expression, were going off into mainstream schools so the kids who were left are the kids who are not able to go into the mainstream education system. So we had a lot of children with profound multiple disabilities, severe to profound, but we had a few kids in my time who were both deaf and blind...and there was **a teenage girl who was - she was about 14 who was both deaf and blind, who was physically violent, and the house staff, the boarding house staff, really struggled with her as you can imagine...not only did she strike out, but she would also bite**, and there's nothing more terrifying than being bitten, in some respects, being hit is one thing but being bitten is really so, so intrusive in quite a fundamental way and so they were really concerned that her behaviour was deteriorating as she moved into adolescence, and they really didn't know what to do. And they didn't turn to music therapy to save them or anything like that, wasn't anything dramatic but it was just well, let's put music into her program and see if we can find any point of access for her...**I do remember when I started working with her thinking: what on Earth will I do? What on Earth can we find that will bring meaning to her time in the music room, will bring meaning to her life? What can I provide that all these really amazing educators and carers haven't already thought of.** And so it was an intellectual challenge, but a really fundamental interpersonal challenge because **she didn't care two swabs about me... Most kids I could appeal to them, I'm personable and I'm friendly and I could find a way towards them and they would be interested in me and we would have some kern or some basis for establishing a rapport, establishing the relationship, the therapeutic relationship, but this girl was so disconnected and disengaged from everything, she could really completely shut down**, so if she wasn't trying to lash out at somebody else she was self harming, so she would bite herself and she would hit herself. **So I think for me ...she really taught me to move, I was gonna say, but work slowly and to think carefully and not to be blase about the joy of music. We talk about how music is not threatening and how it's joyful to participate in music and I thought: "no, there's no assumption that could be made here."** And she certainly did lash out at me and our early sessions together she lashed out at me often and I'm pretty quick so that I didn't get hurt and she didn't ever really get a teeth into me, but **it's really something to try and...feel as if you can engender warmth and therapeutic value for someone who's trying to hurt you.** And so I think, funnily enough that's gotta be...(so she was...) more than 20 years ago but still sits in my mind as really a challenge, sorry you were gonna ask me a question?

If that was all the time...that she had this behavior..

...this was her prevailing way to be... so she didn't come with her class because she was too intrusive so she destroyed the experience for the rest of her class. And so her carer brought her on her own and she came with a one-on-one carer because the risk was too great.

So there was you, there carer and her?

And her. And so started – there had been an observation that when other kids listened to music in the house that her behaviour would modify. **So we started with recorded music and...they were really pushing for her to communicate in ways that were not aggressive and so I was charged with the task of helping her to learn how to sign and so the deaf-blind signing was a signing to your hand. And we would use recorded music as a reward.**

So she had some hearing...?

Well, whether she had hearing or whether it was vibration we weren't sure. Remembering going back 20 years ago we didn't have at our disposal that sort of information that we can get now, so we just knew that she was deaf and she was blind.

And you would use speakers, regular speakers?

We had a really good stereo system (laughs). It was a school that was really well set up in its day and so we had had a big stereo system with huge speakers and big woofers. And so she would sit and the carer said "she loves to spin", very quietly she said "she loves to spin", I was like: well that's not unusual, particularly for blind kids and certainly not for deaf-blind kids to spin, it's a psycho self stimulation. **And so we put her on my wizzy chair we used to call so, it's a chair on casters and which spin around on itself, which I used to use when I played the piano so that I didn't hurt my back. We would seat her on that and...it got very quickly within a couple of sessions she worked out that when she sat on that chair good things would happen, and so we used that as our basis, each time we found, she would learn really quickly so she learnt that if you put into this-- out of your wheel chair and into this chair, this is good, this is the good time.**

By good things you mean the whole session or particular things in the session...?

Well, just the one thing, **that was listening to this incredibly loud music that the carers and I put in muffs in, ear plugs in.**

Oh, with ear plugs?

Crank up the bass... I can feel it in her chest and she would be still, she would be still and she would smile.

What type of music was that?

It was, at the time **it was a soundtrack. A great big Hollywood film soundtrack that had a really big rich cello and bass line, and I chose it for that reason. I didn't choose it for stylistic reasons, I chose it because it had a register that was really low, and I thought "if we're gonna get anything then that'll be it." So, and she was still, and then I'd turn it off and she would scream ...so we would put her hand to her chest to do, to sign "more" which she knew, and so she'd go "aaah—ahh—ahh" (vocalising sound in A) so we turned the music back on. This was our little kernel.**

And her being still was something that--?

Oh, just so significant. **She was never still, she was always hitting, always beating or biting or calling out. So this was the first time that...any of us had really seen her really immersed in what was going on in that sensory experience. So for me it**

was a turning point 'cause what I understood was that potentially, and what we certainly found out with time, was that the aggression was just frustration, confusion and a lack of stimulation, and all the self harm was the need for stimulation, and so eventually what happened was that, to cut a long story short, but eventually what happened was that they gave her a personal stereo system which was new in those days and headphones, and when she would have periods of time where she could sit and have the music for herself and she learnt to find a way of being, this was her recreation, this was her bliss, this was everything so... would it have bugged her residual hearing? potentially (laughs), but at that stage we weren't concerned about that of course you are really looking to promote any sense of meaning and self satisfaction...so, my favourite turning point with her was discovering that if she sat behind the piano with her carer and I would play the piano.

Upright piano?

Upright piano, Yamaha piano, and so we experimented with different things, in front, underneath and in front, but we found the best resonance was behind the piano and she would sit behind the piano and she would scoot her bum up and her carer would say "high-lo-high-low" and as she scooted her bum I would move and so she would follow me up and down the piano and I would follow her up and down, so she would physically move to find the music and then she sang, she would sing to me "aaah" (long high pitch note) she had a really interesting "whaley" voice, but she would change the quality, the pitch of her voice to match the piano. So music just became an absolute bliss for her and we met the challenge but...it was a really gobsmacking moment to realise that everything that I had been able to assume about the value of music may or may not actually pertain to this young woman. so was it a crisis of self because I had to really reconfigure everything I knew, it was worth it.

Yeah, definitely...so if I get it the challenge in this situation would be this sort of intellectual sort of challenge? Or ...

It was both intellectual, and certainly cognitive cause I had to re-evaluate music.

Did you have challenges to manage her before getting into this sort of responsive ...?

Yeah well, as I say, we started with her being aggressive because she didn't know where she was or why she was there, so she was physically violent towards me and I had to be really quick because you would go to take her out of her chair and whilst you were leaning forward she would just go (makes hitting movement with hand).

Oh, so you had to be always alert...

Always vigilant, always vigilant. Yeah, so there was a physical challenge, there was a cognitive challenge and there was certainly an interpersonal challenge.

In what way?

Just because there was no basis upon which to build our relationship, that I could perceive at the time... none of the usual cues so she certainly couldn't see me, and she couldn't particularly hear me so all she had was, what? What did

she have? And so I had all my usual tools that I would use to establish rapport: had no value for her. So with kids who are blind you use touch more, you get in close, you use your voice with more character, more intonation...none of these things had value for her, so I had to--- where do I go now? What do I use now? And so I had to leave her in her world and make myself the conduit out of that world, which is when the spinning on the chair came in. So she loved to spin and she could hear the music so I let her spin and the music was my little thread “come , come on out, would you like the music do some more, yeah.” So it was really, yeah this little skinny thread out of using the soundtrack, so that she became aware that...I was the one so then she would come in and get a tap. So we taught her which is music in sign, deaf sing, deaf and blind sign is in the hand “m”, the hand and so I was Helen (showing symbol with hand) so music-helen. So she would come in and she would go (hand sign to represent music-helen) and I’d go “yeah, yeah”, so we do yes and little signs, and she would be- she would be getting out of her chair and she was ready, she was ready to go, “come on let’s go it’s music time”

And this whole shift...

Took about a term, so what’s a term in those days, a term was about ten weeks. It took a long time, it wasn’t quick and then it was on for young and old. Then she would come every (laugh) they would find her and she’d be making—she’d—has anybody seen her, no? She’d be on her way to the music room, she would just make her own way to the music room.

So it sounds like it really clicked for her...

Yeah, really clicked. **She worked it out that it was a real buzz to be there and that the experience was safe and that the demands on her were ones that she could meet, I think, that’s how I interpreted it at the time. I made demands of her that she could meet - they were all within her capacity to do so. So she actually had a lot of sign, so once she was calm and once she understood what I was asking for the she was able to meet it without any difficulty at all. So, that’s when we realise a lot of what she was doing was frustration.** So her behaviour changed in other places, so it wasn’t just in the music room she was also really pleasing, so she became calmer elsewhere.

Generalised...

Generalised because she felt, I think, understood and she realised that there were, perhaps there was more that she could do, so people started to pick up on the sorts of things that we had done and hence in the residence they would give her the headphones to wear and things like that.

So it sounds like a whole change...

Yeah, it was a very... for its time it was a very holistic sort of centred, people talked there were case meetings and they certainly tried to think about how to shape a whole day, which was not just a school day, it was a 24hour day because she was living there all the time. So she would go home in the school holidays and that was it. So there were a lot of kids who came from the country and so their parents would come and bring them for the term and come back at the end of the term and pick them up.

Still sounds pretty quick given this radical change...

Yeah, so, the whole program took longer than that, but for her to stop and for her to begin to understand that trust we talked about.

And, actually I don't have this question---

Yeah that's alright.

What would you think is the role of music, or was the role of music in that shift, in overcoming that challenge...? you might have touched on that...

Yeah, I think that we had no, as I said, we had no basis for a relationship and music came, but it was the sound that met her, it was really the sound that met her and the notion of music organised as sound, I think, came later. So first of all it was the sense of sound, I think vibration, so I think the role of music was to open up possibilities for her to experience a sensory world that was not threatening... which is great, her carer was just (facial expression of surprise).

I bet that was the reaction, yeah.

It spread through the school like wildfire...yes so I think, would something else have done as well? I know that's not what you asked me, you didn't ask me that at all, but I just ponder it and you know potentially, potentially but they haven't found it, so, and I think that in music therapy we have the capacity to think about the auditory world differently, it's not just this is music and this is not and we are able to unpack the experience of music and use whatever we need from it. **And so you know I was willing to just use register, extensively, just use it register to meet her so that was it...**

I'm gonna check (the questions). I think that's pretty much covered, yeah. Probably touching on, that was pretty much the description of the situation, but in terms of what was going on through your head, your feelings, during this... facing these challenges...How was it like for you?

Mm...well it, I mean the very notion of being challenged is that you feel challenged (laughs). You feel inadequate, you know, I felt, I felt inadequate to the task and I thought I was out of my depth and that I really had to think, as I said, I think originally it really challenged all my assumptions about who I was in relationship to a client and how I could convey my intent to a client. So...I had to really unpack it even more...this is after I'd been in the United States and had done that masters that was very behavioural, and I had to unpack everything, and I had to unpack and look at what I had at my disposal. So with that capacity, with that training I was able to very systematically unpack the quality of the music and things like that, so I could do that. It was the interpersonal challenge that was more dramatic - dramatic is the wrong word, but it was more challenging because I didn't know who to be. You know that sense of OK.

In what way you could be...

Well because my character traits seem to not be recognised in her response, she didn't seem to have any sense of me, she didn't know that I was nice (laughs), or that I was warm or I was friendly or unthreatening. She treated me as if I wasn't me, so make me doubt...what value I had to her. And that was good in that I really did have to think about it, she really made me think about it, who did I want to be in that music therapy room with her. So I really got to think about it, what I would bring to her, which was not very much initially. As I said, it was the

music, it was the low pitched register and what have you, and had to let that be the connection between us until she was ready to kind of start to explore who else was in the room and what's she doing, I think.

Did she get to know who you were or what--?

Well, I was just, **I was always just a conduit to the music I think. I think I was always just the person who made the music, but that was enough. Because she associated me with joy and what a thrill, god! that'll do (laughs). She didn't bite me anymore, she didn't try to wack me across the head anymore...she was never aggressive, when she came she was happy, she knew what she was there for, she felt safe, and I felt as if I had been able to give her that, and so I was very pleased, very pleased with myself (laughs).**

So the biting actually stopped?

Yes, once she understood, once we built a safe place for her, it stopped, of course!

Never again did she---

Well, rarely she'd get frustrated if I wouldn't put the music on if was expecting her to sign and she didn't sign and I didn't put it on, then occasionally she'd go like "ahhh" (facial expression of frustration frowning) then you could see that frustration raise.

As a way of protest or something...

Yeah, real protest. But that's OK, that's OK. It wasn't just a random lashing out for at the first call sort of thing.

Well...the next question is focused on, because we haven't talked about a certain session, but... it's meant to be some sort of focus on after the challenge...

Oh, OK, yeah.

How would you feel, or what did you do, it says "session" in here, but..

And what I presented you with is not just one challenge, I mean was a whole series of challenges which ...

Which is fascinating...

Yeah, so it changed. And I think that, I actually think that in most instances if you had a really challenging—a challenging session, that the reality is that the residual effect of that is that it will continue to provoke other challenge because it's in your mind, it changes the way you think about things, so the residue is that you have changed. And I'm known to say growth is uncomfortable, and so when we change and we grow then we feel uncomfortable for a while until we assimilate, so that's not what you asked (laugh).

Well, you do feel that made you grow in a way?

Yeah, oh, absolutely, absolutely. When you work with people who can't talk to you ...when it's an unequal playing field, it's the relationship is always unequal. Then...you really have to be incredibly careful and respectful, and you have to tread very carefully because you're always interpreting on their behalf. And I know that I didn't always do that well when I was new to the field, I'm sure that I made blunders and mistakes and I know, I know I did that... I worked with a group of girls in a

special school where they were adolescent girls who were drawn out of their class because they were dominated by boys in their class, too many boys in the school. And these girls were getting lost so the teachers decided to put the four of them together in the late afternoon, just before home time sort of thing to come to music together which was extraordinary because nobody ever broke ranks you always came to your class, so in that school, different school. So, one of the girls - the idea was to respect these girls as young women because they were all 14, 15, 16 years old, but they were really, really very disabled so they had no speech or articulation...they were very much wheelchair bound, they had very severe cerebral palsy, so they had very little independence. And we were trundling along quite well and the teacher's aid would come with me and I thought that I had picked where—how to present myself and what to do with these girls fairly well and I think I stopped thinking, in retrospective, I think I really stopped thinking about it carefully enough, and after they'd gone home one day the teacher's aid came back and she said "you know I love coming to these sessions, this is just joy and this is just fabulous, and I do love it, I'm just wondering if I could make one small criticism", which you never wanna hear (laughs) sure, and she spoke about the most disabled girl who was about the size of about a 7 or 8 year-old, so she was tiny, and she said "you're treating her like a 7 year-old, you speak to her differently than the other girls, you treat her like a child and she's 16" and she said "you might have noticed in the last couple of weeks that she's not as actively participating as she had been" I said I did, I did noticed that, she said " I think that's why." It was quite gobsmacking so I, in the following weeks, I redressed that balance...I spoke to her and I said "I think I've been talking to you a little bit funny, I think that maybe I forgot that you are 16 years old and I'm really sorry about that" and she smiled...and you just go (sound) she had capacities which were not evident, is not like I didn't know, but I stopped thinking about it. So you learn about those things all the time, and what it reminded me was, and I do every now and then, prompt myself and go "don't be complacent", "don't accept what's in front of you, think, think well, think carefully", because that's when you can fall over when you stop thinking, I can't remember what you were asking and I'm so sorry I went on a tangent, sorry.

It was, well you said, I was asking you about how you felt, what you did right after the challenge...but you said this about not making assumptions about the relationship....
Is that enough of an answer (laughs)?

Yeah. You've touched on what you did afterwards to address the challenge, which was changing this mindset and thinking of sound...

Yeah, I think that's where I started to break music down into sound. Musicality rather than music itself.

How is that different?

So the sense of our innate musicality, so music is a part of our beings, music part of how we express ourselves and present ourselves in the world, and the musicality of our attempts to interact with other people. So when I work with babies of course it's about the rhythmicity of gesture, and the face and that whole body movement, face movement and everything that sort of comes together in a bit of a burst and then stops again, and so it's a phrase, that has qualities to it, it has a timbre quality to it, it has attack. So the musicality of ourselves, yeah.

Perfect... and now looking back, you probably have touched on that, but that do you think made that moment particularly challenging for you?

Yeah, I think I have touched on it, and **there's that sense that nothing that I had been was going to be useful to her and I had to really consciously construct who and what I would do, so it really tore away all the assumptions, absolutely.**

So you had to view it in a different way, probably a different perspective?

Yeah, that's right, I really did. I really had to just ... **I had to be more in her world...I had to go to her world rather than her come to mine, so instead of drawing her into a musical – I had to take music into her world. That was different, that was different. So I hadn't thought about it that way before, but she engendered that.**

And, in terms of the whole process with her. There was a change, there wasn't probably a particular moment that you refer to, but in terms of her process as a client, how do you appraise that challenge or that moment?

For her?

For her, in her process.

Well, I mean. **I would hope that because I met the challenge that, in fact what happened was that we took away the challenge for her, that a sense of safety which grew, didn't just come quickly but it grew, was new and I think removing threat and replacing it with safety was the outcome for her, and she learnt how to enjoy being in a space with other people through music.** So I think it dawned slowly though, I think that we, and certainly from the questions that you asked is the sense that a challenge a one-off thing and of course I've completely broken your mold and given a totally different situation.

It's totally alright...

Umm...but for her it wasn't a moment, the challenge wasn't a moment, it was her life. She was 14, she had grown into this challenging life, and so there was no immediate resolution, there was no easy resolution, there was no instant change, there was -- everything happened slowly. And I think without the benefit of sight and without the benefit of hearing things change slow, so you don't have lots and lots of information so you have to find other ways to slowly build that realization, and slowly build and understanding, which she did. She was signing a whole lot more by the time we finished, which was great. Which gave her of course also more control over her world and less need for that aggressive kind of stance.

Yeah, well it does sound as, even if there wasn't a particular moment, but there was this challenge, and you met that challenge and in that way it sounds like there was a shift, there was change...

That's it... and it's funny, I think that's funny really that out of 31 years an event so long ago it really is I mean we're talking 1992.

Any thoughts on why did you remember...

Think of that one? **Well, I think that it really was a huge challenge,** and I'm a little bit surprised myself that that's what came to my mind, but it just popped up, it was actually the thing that popped up, because when you said that I thought "Geez, what am I gonna talk about?!" (laughs)... but that's what came to my mind without me actually having to think very much further.

But it does sound like an important point....

Yeah it was, and I learnt a lot, **I learnt a lot being a music therapist in this school for profoundly multiple disabled children. They taught me stuff all the time which still resonates in my work today. And I think that for me she was certainly one of them.** The other deaf blind boy who was in the school who was also an adolescent, we found -- he actually learnt how to play the piano, he was very musical and he was clever, but he would—his classroom was next door to the music room and so I would be doing music in there and he would come in for his session and he would sit down, he would find the note and he would—a starting note, and then he would play, not perfectly, but he would play a song that I had been using in the last session, because he'd been listening through the wall, deaf-blind.

That's very impressive...

And he would come and he would seat, he would smile, he was huge, was a big bloke, he would with this great smile 'cause he knew, he knew the joke was that he'd been next door and he wasn't meant to be listening at all, he was meant to be concentrating on his work, but he'd been listening and he learnt the song (laugh) he thought it was a great joke! IT was! (laughs)

So I think, he had learnt a different way of being from this girl, but they both in their different ways really made me think, really made me think to not take anything for granted.

And it does sound, and correct me if I'm assuming, that music and was important key.. .in a way

Yeah, I used to play duets with him! And I taught him by—He didn't know how to play piano when we started, so what we did was we started— I was sitting next to him so I would get behind him and we would do this, this is how we would play (showing with her hand and the interviewer's hand on hand), with my—his hand on top of mine. So I would give him the notes like this and we would move up and down, and then I took my hand away and he left his finger there, so he learnt spatial relationship in the notes, and so we played them over and over, and he would come in he would play song he'd been listening to then he would his hello song and he would run through all the things he wanted to do and we'd play it together.

What did you say you would play "durets" ?

Duets, so eventually we would play – I would play an accompaniment while he was playing.

And these two kids were kids that hadn't been successful in other sort of..

They were both deaf-blind and from a system that didn't know what to do with them. Had not idea how to educate them, and if you don't educate someone then this is what happens, you have this late capacity that never gets met, so he was happy, he had found ways of being in the world that didn't mean that he had to resort to violence, she didn't have that. I think he had more family support, if I remember correctly, he actually had a family who was around him more often, so you can only surmise that there was a better attachment and he felt more secure and safe in the world and those sorts of things...so it was interesting.

Yeah, it does sound like music had a, music therapy had a....

Well music, yeah, sure.

And, also looking back, and appraising that challenge back in terms of your professional development, you have touched on that, but if you want to add something or elaborate it...

Look, turning point, an absolute turning point, because as I said I had to unpack my assumptions of who I was...what value I had to another person. What was I going to do, the responsibility was mine to work out how music could be meaningful...she wasn't coming with a pre-existent experience of music that I could use per se, except for the one piece of information that I'd been written from the house, from the residence, that she had listened to other people's music. But none of the usual things applied. So I had to start and I had to figure it out, and I think that that was when I—not that I hadn't figured things out before, but I really felt the weight of the responsibility and I think, once you know you can un-know it again so it becomes pivotal.

So is that something that you have brought to your today's practice...?

Yeah, because, I mean, **today's work is very much informed by that as I said, about musicality and music, so generally at that time but, particularly that sort of experience which changed my sensibility about that completely, otherwise I'd be doing different work now.**

And just to finish, If you had the chance to re-experience that challenge, would you do anything differently?

Oh, well that's when being that long ago makes it a little bit tricky to remember (laughs)... **if I had to do that now of course I have a whole different range of experience and wisdom to bring to it, so it's not really a question I can particularly answer ...things have changed a lot for me and have a lot more experience of people who are not able to communicate with me that which I have to interpret so... I can't move as fast as I used to (laughs) so I could be strife. I'd get a few more blows to the head...so I don't know apart from that I think that—I would like to think that I would figure it out quickly. I don't know that I would do anything different, but I'd like to think that I would figure it out quicker.**

OLIVIA – MEANING UNITS

Note: The words in italics were corrected by the participant in the verification step of data analysis.

Description of the Client

“A teenage girl who was about 14 who was both deaf and blind, who was physically violent, and the boarding house staff, really struggled with her as you can imagine not only did she strike out, but she would also bite.”

“We started with her being aggressive because she didn't know where she was or why she was there, so she was physically violent towards me and I had to be really quick because you would go to take her out of her chair and whilst you were leaning forward she would just go (makes hitting movement with hand).”

Characteristics of the Challenge

“I think that it really was a huge challenge. There was a physical challenge, there was a cognitive challenge ‘cause I had to re-evaluate music, but a really fundamental interpersonal challenge because she didn’t care two *hoots* about me. Most kids I could appeal to them. I’m personable and I’m friendly, and I could find a way towards them and they would be interested in me and we would have some *kernal* or some basis for establishing a rapport, establishing the relationship, the therapeutic relationship, but this girl was so disconnected and disengaged from everything, she could really completely shut down... there was no basis upon which to build our relationship, that I could perceive at the time... none of the usual cues so she certainly couldn’t see me, and she couldn’t particularly hear me so all she had was, what? What did she have? And so I had all my usual tools that I would use to establish rapport: had no value for her. So with kids who are blind you use touch more, you get in close, you use your voice with more character, more intonation...none of these things had value for her, so I had to--- where do I go now? What do I use now?”

“There’s that sense that nothing that I had been was going to be useful to her and I had to really consciously construct who and what I would do, so it really tore away all the assumptions, absolutely.”

“It’s really something to try and feel as if you can engender warmth and therapeutic value for someone who’s trying to hurt you.”

Thoughts Elicited by the Challenge

“I do remember when I started working with her thinking: what on Earth will I do? What on Earth can we find that will bring meaning to her time in the music room, will bring meaning to her life? “

“We talk about how music is not threatening and how it’s joyful to participate in music and I thought: ‘no, there’s no assumption that could be made here’.”

Feelings Elicited by the Challenge

“The very notion of being challenged is that you feel challenged (laughter). I felt inadequate to the task and I thought I was out of my depth, and that I really had to think, as I said, I think originally it really challenged all my assumptions about who I was in relationship to a client and how I could convey my intent to a client.”

Descriptions of Significant Moments in Meeting the Challenge

“We put her on my “wizzy” chair we used to call so, it’s a chair on casters and which spin around on itself. We would seat her on that and...within a couple of sessions she worked out that when she sat on that chair good things would happen, and so we used that as our basis, each time we found, she would learn really quickly so she learnt that if you put into this-- out of your wheel chair and into this chair, this is good, this is the good time. That was listening to this incredibly loud music that the carers and I put in muffs on, ear plugs in...Crank up the bass... I can feel it in her chest and she would be still, she would be still and she would smile. And she was still, and then I’d turn it off

and she would scream ...so we would put her hand to her chest to do, to sign “more” which she knew, and so she’d go “ah—ah—ah” (vocalizing sound in A) so we turned the music back on. This was our little kernel.”

“My favourite turning point with her was discovering that if she sat behind the piano with her carer and I would play the piano. We experimented with different things, in front, underneath and in front, but we found the best resonance was behind the piano and she would sit behind the piano and she would scoot her bum up and her carer would say “high-lo-high-low” and as she scooted her bum I would move and so she would follow me up and down the piano and I would follow her up and down, so she would physically move to find the music and then she sang, she would sing to me “aaah” (long high pitch note) she had a really interesting “whaley” voice, but she would change the quality, the pitch of her voice to match the piano.”

How the Therapist Approaches the Challenge

“I had to unpack everything, and I had to unpack and look at what I had at my disposal. So with that capacity, with that training I was able to very systematically unpack the quality of the music and things like that, so I could do that. I think that’s where I started to break music down into sound, musicality rather than music itself.”

“It was the music, it was the low pitched register and what have you, and (I) had to let that be the connection between us until she was ready to kind of start to explore who else was in the room and what’s she doing.”

“I was willing to just use register, extensively, just use it register to meet her”

“She loved to spin and she could hear the music so I let her spin and the music was my little thread “come, come on out, would you like the music? do some more ” So it was really, yeah this little skinny thread out of using the soundtrack, so that she became aware that...I was the one so then she would come in and get a tap.”

“She worked it out that it was a real buzz to be there and that the experience was safe and that the demands on her were ones that she could meet, I think, that’s how I interpreted it at the time. I made demands of her that she could meet - they were all within her capacity to do. So she actually had a lot of sign, so once she was calm and once she understood what I was asking for then she was able to meet it without any difficulty at all.”

Therapist As a Conduit

“I had to leave her in her world and make myself the conduit out of that world”

“I was always just a conduit to the music. I think I was always just the person who made the music, but that was enough. Because she associated me with joy and what a thrill, god! that’ll do (laughs)

Being in the Client's World

"I had to be more in her world...I had to go to her world rather than her come to mine, so instead of drawing her into a musical – I had to take music into her world. That was different, that was different. So I hadn't thought about it that way before, but she engendered that."

Not Knowing Who to Be For the Client

"It was the interpersonal challenge that was...more challenging because I didn't know who to be. You know that sense of OK....Because my character traits seem to not be recognized in her response, she didn't seem to have any sense of me, she didn't know that I was nice (laughter), or that I was warm or I was friendly or unthreatening. She treated me as if I wasn't me, so make me doubt...what value I had to her. And that was good in that I really did have to think about it, she really made me think about it, who did I want to be in that music therapy room with her. So I really got to think about it, what I would bring to her, which was not very much initially."

Characteristics of the Music

"We would use recorded music as a reward. It was a soundtrack. A great big Hollywood film soundtrack that had a really big rich cello and bass line, and I chose it for that reason. I didn't choose it for stylistic reasons; I chose it because it had a register that was really low."

Realizations Elicited By the Challenge

"For me it was a turning point 'cause what I understood was that potentially, and what we certainly found out with time, was that the aggression was just frustration, confusion and a lack of stimulation, and all the self harm was the need for stimulation."

"It was a really gobsmacking moment to realise that everything that I had been able to assume about the value of music may or may not actually pertain to this young woman. So was it a crisis of self because I had to really reconfigure everything I knew, it was worth it."

The Role of Music

"Music just became an absolute bliss for her and we met the challenge"

"We had no basis for a relationship and music came, but it was the sound that met her, it was really the sound that met her and the notion of music organised as sound, I think, came later. So first of all it was the sense of sound, I think vibration, so I think the role of music was to open up possibilities for her to experience a sensory world that was not threatening... which is great, her carer was just (facial expression of surprise)."

Appraisal of Meeting the Challenge in the Client's Process

“(It was) just so significant. She was never still, she was always hitting, always beating or biting or calling out. So this was the first time that...any of us had really seen her really immersed in what was going on in that sensory experience.”

“She would have periods of time where she could sit and have the music for herself and she learnt to find a way of being, this was her recreation, this was her bliss, this was everything.”

“(Her new behaviors) generalized because she felt, I think, understood and she realized that there were, perhaps there was more that she could do.”

“She didn’t bite me anymore, she didn’t try to wack me across the head anymore...she was never aggressive, when she came she was happy, she knew what she was there for, she felt safe, and I felt as if I had been able to give her that, and so I was very pleased, very pleased with myself (laughs).”

“I would hope that because I met the challenge that, in fact what happened was that we took away the challenge for her, that a sense of safety which grew, didn’t just come quickly but it grew, was new and I think removing threat and replacing it with safety was the outcome for her, and she learnt how to enjoy being in a space with other people through music.”

Appraisal of the Challenge for the Therapist's Development

“I learnt a lot being a music therapist in this school for profoundly multiple disabled children. They taught me stuff all the time which still resonates in my work today. And I think that for me she was certainly one of them”

“Turning point, an absolute turning point, because I had to unpack my assumptions of who I was, what value I had to another person. The responsibility was mine to work out how music could be meaningful, and once you know you can un-know it again so it becomes pivotal.”

“Today’s work is very much informed by that as I said, about musicality and music, so generally at that time but, particularly that sort of experience which changed my sensibility about that completely, otherwise I’d be doing different work now.”

What the Music Therapist Would Do Differently If the Challenge Was Re-Experienced

“I would like to think that I would figure it out quickly. I don’t know that I would do anything different, but I’d like to think that I would figure it out quicker.”