

A PHENOMENOLOGICAL ANALYSIS OF THE EXPERIENCE OF LISTENING TO MUSIC WHEN UPSET

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ABSTRACT

A review of music therapy literature demonstrates a historical bias toward application of quantitative experimental research methodologies. Contemporary writers have identified a need for a qualitative approach capable of describing holistically the subjective aspects of therapeutic and aesthetic experience. The present study illustrates one such approach developed at Duquesne University, known as *phenomenological analysis*, applied specifically to describe the experience of listening to music when upset. Eight adult subjects were asked to describe a situation when they were upset and listened to music. Tape-recorded interviews, or *protocols*, were transcribed and submitted to phenomenological analysis. An *essential description* of the experience was derived from characteristics found to be common across all cases, and an *illustrated description* was created from excerpted quotations from the protocols to illustrate the varying manifestations of each component of the essence. Methodological concerns, implications of the method for music therapy, and suggestions for future research in music therapy based on the findings are discussed.

INTRODUCTION

In my clinical experiences as a music therapist, I discovered that the adolescent's peculiar relationship with a favorite song might have features in common with transitional object relationships as described by Winnicott (1971). Coincidentally, I learned of an ongoing study of the ways that adults comfort themselves during times of psychological pain (Goleman, 1988). Of the ten strategies listed, researchers found that adults used music listening more than any except "being with someone else." The researchers were calling these self-soothing strategies transitional object phenomena. They aimed their research at demonstrating that Winnicott's transitional object theory was not only apt in describing the infant's experience but remained salient in understanding human behavior and experience throughout life (Horton, Gerwitz & Kreutzer, 1988). As a result of my experiences as a clinician, I became interested in conducting research on the subjective experience of listening to music and its therapeutic value. Identifying a method appropriate for this research, however, proved particularly challenging.

Since the inception of music therapy as a discipline, researchers have confronted the dilemma of how to study the subjective, aesthetic experience of music in an organized, objective manner. The earliest researchers in music therapy questioned the adequacy of the experimental approach (as typically applied to the natural sciences) to address the human experience of music in therapy (Gaston, 1957, 1968; Sears, 1968); yet they advocated using traditional research approaches to help validate the professional status of music therapy and to match research standards of the more established health care professions.

Recent theorists have identified several problems inherent in applying traditional research modes to understanding the intuitive, internal aspects of musical experience. For example, Bruscia (1987) has pointed out that:

2 *Racette*

In the more “psychotherapeutic” approaches, where music is used to facilitate the therapy “process,” and where the primary goal is to induce covert, unmeasurable, “subjective” changes, the practitioner is more likely to base therapy on the nature of the musical and interpersonal relationships that have emerged with the client. In these approaches, therapy is regarded as more of an art than a science, and objective research is often regarded as inadequate in dealing with the complexities of subjective or spiritual phenomena of central interest. (p. 25)

According to Kenny (1982), traditional quantitative research could not aptly describe the phenomena of experience and change in music therapy because (a) internal changes, especially those inspired by the arts therapies, are not easily observed; (b) the spiritual qualities of artistic experiences are vague and mystical, and difficult to quantify; and (c) current research methods may measure only a portion of the artistic experience, so the rest of the experience remains undescribed.

Munro (1985) believed that music therapists “sacrifice the potency of their medium by trying to reconstruct it to tangible and measurable forms in order to gain approval from a scientifically-minded minority” (p. 74). She called for the development of new research modalities that can take into account “the scope of music and the uniqueness of man” (p. 75).

Bonny (1984, 1987) advocated a holistic approach to research. Specifically, Bonny (1984) has called for one that can “be faithful to the inner experience music generates” (p. 108), in contrast to “reductionistic and mechanistic formulations presently used as bases for music therapy” (p. 106). Madsen (1986) proposed a broad view of research for music therapists which would include “creativity and other more subtle aspects not generally associated with objective facts.” (p. 51). He conceptualized research as “a way of thinking, a state of mind...not necessarily limited to a controlled study” (p. 51).

Writing on research and scholarship across all creative arts therapies, McNiff (1987) criticized the non-productivity of “stereotypic applications of conventional behavioral science research methods” (p. 285). He favored a multimethod approach to research and a return to the philosophical traditions of artistic inquiry that “allow the writer to engage a variety of topics without having to function exclusively within the strict logic of a formula” (p. 290). McNiff also advocated a revisionist approach wherein psychological phenomena are viewed in their “passion, complexity, and elusiveness,” allowed to “present themselves in ways native to their being,” yet still “within a context that is characterized by disciplined inquiry and carefully constructed language” (p. 29).

In studying the meaning of music to the listener, the literature of psychoanalysis (Ehrenzweig, 1976; Kohut, 1951, 1957; Kohut & Levarie, 1950; Noy, 1967a, 1967b, 1967c, 1967d), philosophy (Langer, 1951; Meyer, 1958; Pratt, 1968; Zuckerkandl, 1956, 1973), and psychology (Kreitler & Kreitler, 1972) offer a broad scope of theory that is well-founded and well-known. This theoretical base contributes much to understanding the uniqueness of musical experience, but fails to address many of the research needs expressed above. First, it seeks to explain, rather than to describe, phenomena. Second, it regards research participants as objects, whose responses to music are determined by a sequence of predictable causes, rather than as experiencing subjects, whose responses are experienced in the lived world in a way that is uniquely and subjectively meaningful. Third, each of these theories is reductive to a certain extent, in that each presumes an exclusive relationship between the listener and the music and does not account for certain other factors contributing to the listening experience.

Actual listening experiences, whether in the concert hall, in one’s living room, or in a music therapy session, involve the total sensory awareness of the music, the listening environment, and others who are present, as well as the subjective inner experience of thoughts, emotions, and spiritual connections. Thus, in considering the meaning of the listening experience to the person, particularly in a therapeutic situation, the significance of the music must be understood in terms of its multiple dimensions, including the human relationships involved.

Consider, for example, a multi-layered experience excerpted from fictional literature (Sarton, 1978). In the following vignette, Laura has just learned from her doctor that she has a terminal illness. The passage below describes her encounter with music while confronting this devastating news:

...for the first time since Dr. Goodwin's verdict she froze, immobilized by a sharp pain in her chest, but the barking was hysterical now and she finally found the keyhole, opened the door, and knelt down to hug Grindle, the old sheltie, and to accept his moist tongue licking her face, licking the tears away as he had done when Charles died.

"Oh, Grindle, what are we going to do? What are we going to do?" Leaving Grindle and Sasha, the cat, was going to be the worst....

She went to the kitchen, poured herself a glass of claret, and took it into the library where she put a Mozart flute concerto on the player. She lay down on the sofa with her hands behind her head and reasoned it out. Grindle would go to Brooks and Ann, her son and daughter-in-law. Their children loved him. Sasha, shy and intense—what about her?

There were going to be some things so awful she must begin now to learn how to set them aside. One part of her being was going to have to live only in the present, as she did when Sasha jumped up and began to knead her chest. Laura pushed her off to one side where loud purrs vibrated all along her thigh. She felt herself sinking down, down in to the music, the flute calling like a celestial bird with a thousand songs instead of only one in its silver throat. While she listened, she absorbed the brilliance of the light, light reflected from snow outside so that the room itself was bathed in a cool fire. Grindle gave a long sigh as he fell asleep in his corner, and Laura felt joy rising, filling her to the brim, yet not overflowing. What had become almost uncontrollable grief at the door seemed now a blessed state. It was not a state she could easily define in words. But it felt like some extraordinary dance, the dance of life itself, of atoms and molecules, that had never been as beautiful or as poignant as at this instant, a dance that must be danced more carefully and with greater fervor to the very end....

Here the record stopped. Without music, the house, the room where she sat became suddenly empty....Only now did the full impact of Dr. Goodwin's verdict reach Laura, and she began to shake. Her hands were ice-cold. Fear had replaced the strange elation she had felt at first, and she rose and paced up and down, then leaned her forehead against the icy window for a moment. I'm not ready she thought, I can't do it alone. But I want to do it alone, something deep down answered. And even deeper down she knew that she would have to do it alone....

In the few seconds of silence it had become clear that she was going to have to reckon with almost everything in a new way...and Laura realized that at this moment she felt closer to Mozart and Chekov than she did to her own sister. "I shall not pretend that this is not so. There isn't time. The time I have left is for the real connections." (pp. 8–10)

As I continued my search for a research method, I came to learn about *phenomenology*. Phenomenological psychologists found that the meaning of many human phenomena remained unexplored due to the limitations of the empirical methods traditionally applied in psychology. According to Giorgi (1971a), "[Traditional psychology] is ultra sophisticated with respect to measurement techniques and underdeveloped with respect to meaning assessment" (p. 15). "[For] some phenomena the measurement aspect is more important, [such as] visual thresholds; but for other phenomena the determination of its meaning would be more important, [such as] the phenomenon of shame" (p. 14). Thus, seeking to develop a qualitative method that would provide meaningful descriptions of lived human experiences, Giorgi and others returned to their philosophical roots of existentialism, which "seeks to understand the human condition as it manifests itself in our concrete, lived situations" (Valle & King, 1978, p. 6). As a result, they consulted an approach to research rooted in existentialist thought known as *phenomenology*, or "that psychological discipline which seeks to explicate the essence, structure, or form of both human experience and human behavior as revealed through essentially descriptive techniques including disciplined reflection" (p. 7). Essentially, it is a research method designed to "contact phenomena as we actually live them out and experience them" (p. 7).

In contrast to the experimental approach, which investigates observable behaviors from the viewpoint of a researcher who is supposed to be objective (in the sense of being experientially detached), the phenomenological method investigates all aspects of human experience and behavior from the

4 *Racette*

consciousness of an experiencing subject. The quality and meaning of the experience are described and submitted to “explicitation...the process of making explicit or thematizing the locus of any given phenomenon within its horizon” (Giorgi, 1971b, p. 21). In other words, the phenomenon is studied within its own, living context. The phenomenologist does not attempt to replicate experiences for study in a laboratory; rather, the researcher seeks to identify in the lived situation the “essential theme” (p. 24) of a phenomenon—a theme that maintains its identity despite multiple, varying manifestations. The experience of anxiety, for example, may be described by different individuals in different situations, but its essential quality and meaning remain constant across different experiences of anxiety for a given individual, and across the diverse experiences of many individuals.

In the phenomenological method, the researcher is presumed to be a “participant observer” (Giorgi, 1971b, p. 25) whose presence is meaningful to the subject. Inherent in the phenomenological attitude is the understanding that “researcher inevitably influences the form and content of their finding” (Fischer & Wertz, 1979, p. 137). Moreover, the phenomenological method requires suspension of theoretical bias so that the studied phenomenon can be regarded with an openness that allows all aspects of the phenomenon to be revealed through the conscious perspective of the experiencing subject. Thus, objectivity is redefined from the stance of an unbiased and detached researcher, to a stance in which the researcher explicitly considers and discloses her or his biases and her or his interest in the research problem, and maintains a human presence with respect to the experience of the research subject (Fischer & Wertz, 1979). It is common practice in phenomenological research for the researchers to examine their “beliefs, hypotheses, attitudes, and hunches” (Colaizzi, 1978, p. 58) in approaching their topic. “These recorded anticipations [alert] interviewers to possible themes that might require clarification if alluded to by subjects” and “[allow] us to become aware of our presuppositions regarding the phenomenon so that we [can] attempt not to impose them upon our subjects” (Fischer & Wertz, 1979, p. 138).

Very little published work exists that applies the phenomenological method to research in music therapy. There are several sources related to the present topic, however. For example, Pike (1970, 1972, 1974) has applied phenomenological thought and method toward understanding emotional experience in music and to various aspects of perception and meaning in music. According to Pike (1972), because this approach utilizes spontaneous descriptions of subjective experience in reaching the existential foundations of common musical experience, it is applicable to problems of music therapy.

Forinash (1990, in press) has discussed her search for a method to provide a structure for analyzing and understanding her clinical music therapy experiences with the terminally ill. She ultimately arrived at the phenomenological method, as a means of analyzing her sessions reflectively from the therapist’s point of view. Similarly, Forinash and Gonzalez (1989) utilized a seven-step phenomenological analysis to describe a single music therapy session with a dying hospice patient. The steps were (a) gathering the psychosocial history of the client and her family; (b) description of the actual music therapy session; (c) analysis of the musical elements comprising the session; (d) a descriptive rendering of the qualities of sounds produced, the “sound as such”; (e) the referential meaning of the session in the context of the clinician’s treatment approach, culture-bound aesthetic judgments, countertransference issues, and the degree of the client’s engagement; (f) a sense of the life world of the client as brought to stand in the session; and (g) a “meta-critical evaluation” of the strengths and weaknesses of the phenomenological method as demonstrated in the previous steps.

As I reviewed the literature, it became apparent to me that the phenomenological method could be applied to study the subjective experience of listening to music in therapy. In fact, I became so interested in how the phenomenological method could be applied within music therapy research, that my study question became more centrally concerned with the method itself, as opposed to the phenomenon of listening to music for therapeutic purposes. Thus, the purpose of the present study was to evaluate the efficacy of phenomenology as a systematic method uniquely suited to addressing questions of theoretical and clinical importance in music therapy. In order to accomplish this, I applied the phenomenological method to an experience of listening to music specifically pertaining to therapy—that of listening when upset.

METHOD

Examination of Biases

As part of implementing the phenomenological method and under the guidance of my research advisor, I first compiled a list of my beliefs and expectations that might have biased the interview and data analysis. These included (a) people go to music when upset because music helps in some way; (b) the experience of listening to music when upset is an emotional experience; and (c) subjects may have tried to give me information that they expected I was seeking.

My advisor and I believed that making these biases explicit will help us to suspend our expectations while conducting interviews and analyzing data. We also implemented data collection procedures, described below, designed to diminish the influence of prejudicial biases.

Identification and Selection of Subjects

I chose eight subjects from a general pool of adults I encountered in everyday situations, such as in the workplace, at community theater rehearsals, on a college campus, etc.. All subjects were age 21 or older. I chose adults rather than adolescents primarily to simplify the process of obtaining informed consent. Study of the “normal” adult’s experience of music is necessary in defining what might be considered pathological or disturbed, and certainly “normal” individuals are commonly treated in outpatient and acute care settings. Other criteria were: experience with the phenomenon under study, articulateness in describing the experience, and willingness to be interviewed and tape-recorded.

I individually interviewed potential subjects who expressed a willingness to participate. Initially, I asked each to think of situations when she or he was “upset” or “distressed” and asked if she or he ever listened to music those instances. If the individual answered “no,” I closed the interview. If the response was “yes,” I included the individual as a subject.

Data Collection

I asked each subject to describe in as much detail as possible a particular situation in which he or she was upset and listened to music. In order to maintain the authenticity and integrity of the experience as described by the subject, I restricted my questioning to requests for amplification or redirection.

I requested amplification to clarify or elaborate what the subject had already stated. These questions were general attempts to elicit more information or to follow up on specific comments, such as “What were you most aware of?” “Can you be more specific?” “What was that like for you?” etc.. In following up on specific comments, I took care to elaborate within the sensory modality depicted by the subject. If, for example, the subject stated, “I closed my eyes and saw a huge cloud,” then I would amplify by asking “What did that *look* like?” rather than “How did that *feel*?” Asking a subject to explore feelings related to a phenomenon that she had described as a vision would intrude upon and possibly degrade the descriptive process).

I posed redirective questions and comments to guide the subject to remain focused on describing the specific subjective experience of listening to music when upset. I used redirection if the subject began to speak in general terms. For example, generalizing about similar situations (“I always close my eyes and turn up the music”), or using the second person (“You just feel like you’re in another world”), which depersonalized the description and presumed that others share the same experience in a similar situation. I also used redirection if the subject shifted from the descriptive mode to the reflective or interpretive mode, such as “I never thought about why I do this,” “I think people use music because it helps you forget your problems,” etc.. Examples of redirective phrases included: “Was it like that in this

6 Racette

experience?” “Let’s talk about *your* experience in particular” and “We don’t have to figure it out—let’s just stay with your description of what it actually feels like.”

Data Analysis

I transcribed the recorded interviews verbatim from the point when the subject began his description of the particular experience of listening to music when upset. My analysis of the descriptions, conventionally termed *protocols* in phenomenological research, proceeded according to methods developed by researchers at Duquesne University (Colaizzi, 1978; Fischer & Wertz, 1979; Giorgi, 1970). The procedure I employed consisted specifically of the following steps:

1. I read each protocol to acquire a sense of the whole.
2. I deleted statements from the protocol that were unrelated to the actual description of the phenomenon. These included reflective or interpretive statements and general descriptive statements that did not apply to the particular experience. I grouped the remaining statements into four categories: situation, experience of situation, description of music experience, and effect of musical experience on the experience of the situation. I considered these to be rough, general categories, which primarily helped me to reorganize the description into the approximate temporal sequence of the experience (as the subject did not necessarily report the information sequentially). I included all significant statements, regardless of apparent ambiguous or contradictory qualities. I culled only redundant statements from the data.
3. I prepared an *individual case synopsis* (Fischer & Wertz, 1979) for each transcription. The synopsis included all of the significant statements, written in the subject’s own words (or in close approximations) in order to reveal the essence of his or her experience.
4. I interrogated the protocols and case synopses to determine the essences of the experience. For example, I looked for sequences of events and personal meanings that were present across cases. I prepared an *essential description* by condensing that which was common among the diverse personal experiences in order to reveal the meaning of the human experience of listening to music when upset.
5. I chose excerpts from the original protocols to illustrate each characteristic of the essential description. I intended for this *illustrated description* to reveal the multiple, subjective manifestations of each common characteristic of the experience.
6. I read the original protocols against the essential description and the illustrated description to make certain that all significant protocol material was accounted for and that none of the protocol material contradicted the essence of the descriptions.

Both my research advisor and I completed Steps 1 and 2 of the data analysis in order to ensure that no significant statements were eliminated and to guard against interpretive bias. I completed the remaining analysis in draft form and submitted it to a review dialogue between my advisor and me, in order to agree on the final forms of the findings.

RESULTS

The following are the results of applying the procedural steps described above in the Method section. In order to illustrate these procedural steps, I have provided a complete transcription of Protocol F here as an example of the outcome of Step 1, followed by the categorized statements from this protocol as an example of the outcome of Step 2. Following this, I have provided individual case synopses for all eight protocols that resulted from Step 3, the essential descriptions that resulted from Step 4, and the illustrated descriptions that resulted from Step 5.

Step 1: The Protocol (F as Example)

- Researcher: I'm just going to ask you to describe the time that you're thinking of as completely as you can—anything about it—and it's purely a description, just what that was like.
- Subject: The feeling?
- Researcher: What you were feeling, what you were aware of, throughout the experience. Whatever's going on that you can remember—just describe it. So on this particular day you were....
- Subject: I was off from work and was home alone in my apartment, and I was aware of a real deep sorrow that I felt, a loss that I recently found out I was going through. And being alone at home and on my own brought [on and] made these feelings of loneliness more severe and sharp; sharper than ever. And the feeling that nothing would be the same after this and that I would always be alone and feel lonely. Not the fact that I was alone but that I felt lonely. I wanted to have a companion to, well, just one companion that I could rely on, depend on, be with. And be happy together. And I just felt such despair and gloom that I thought that I would put on some music that, when I was with this particular person, I would always listen to with him, and therefore it brought back the happy memories, and felt really strange putting on the music, especially the music that we used to listen to together, because I thought that it might make me feel worse, but, in essence, it made me feel better because it made me feel the good times again that I had with this person, and I didn't feel lonely when I was listening to it; I didn't have the loneliness.
- Researcher: What were you aware of while you were listening?
- Subject: Well, when I was listening I felt some warmth. When I was listening to it I didn't feel quite so alone. I mean, I knew I was the only one there in the apartment, and I didn't feel I was in such despair. I was kind of lifted. The music made me feel hopeful again, hopeful that I would find someone again to share the music with again. And I think it was the fact that this was my favorite music and it was an uplifting music for me; it was my favorite music in the whole wide world and I could share this music with someone and that that person enjoyed it just as much as I did, and the fact that, well, the music's still alive, the music's still with me, and I'll always have that music and in some way I'll share it again, with someone again.
- Researcher: How did you feel the music was with you?
- Subject: It...well, I was laying there on the couch listening to it, and I had the speakers set up so that they were like six feet across from the couch and five feet apart, and I just felt like the music was inside of me. And I think that's why I felt that the music was keeping me company, that it was keeping me from being alone, because actually I felt wrapped inside the music, too, like a warm blanket, like it would protect me. And it made me feel happy again, and it did; it did while I was listening to it. And I couldn't understand why -- this music that I thought it would bring back bad memories because I played it when I was with this special person. But it didn't; it made me feel better. It didn't make me miss the person more, for some reason.
- Researcher: And that surprised you.
- Subject: It surprised me, yeah. Because I thought I was really afraid to put on the music because I thought, "Well, I love this music; but if I listen to it, it might make me more upset, cause me to be more upset that I already am at this point in time." And I can remember it now, and it was ten years ago, and I still...the feeling was just so good that I'll always remember that music being with me and kind of protecting me. And encouraging me...it was encouraging music, because it told me that I wouldn't always be alone, that this was just a passing time in my in my life, that I might have to be alone

8 Racette

for a while and, not alone in the sense that I didn't have any friends, but alone in the sense that I was without my special companion, a man in my life that I really thought was going to last a long time and didn't. Or I put an end to it because I had an intuitive feeling that the relationship wouldn't work out, and I kind of blamed myself, because I thought if I hadn't put an end to it, maybe we would have been together.

Researcher: But did you feel that way during this experience? While you were listening, were you thinking those thoughts?

Subject: No...I wasn't.

Researcher: That was a different time?

Subject: That was a different time. I didn't blame myself. I just, this day that I was listening to the music, felt intense loneliness, and not knowing what to do with myself, now that I was alone. Kind of trapped feeling, also; I felt trapped, and the music was an outlet for me, just a release for me that provided me a place to go, provided me a safe place, because the music was in me, and around me, and blanketing me, and protecting me and it gave me the feeling that I'm not trapped anymore. I'm listening with this music and I'm free to go anywhere as long as I'm listening to the music. It's one of those special musics in my life, because it helped me to get through a transition, a transitory period with real darkness....

Researcher: OK?

Subject: OK.

Step 2: Categories of Significant Statements

Situation. F is home from work alone in her apartment. She has just ended a significant relationship with the man in her life. She is lying on the couch listening to the music that they used to listen to together.

Experience of the Situation. F is aware of being alone at home and on her own—this makes her feelings of loneliness more severe and sharper than ever. /She feels that nothing will ever be the same again and that she will always be alone and feel lonely./She wanted to have a special companion that she can rely on, depend on, be with, and be happy together./She feels such despair and gloom./She feels trapped.

Description of Musical Experience. She feels strange putting on music that she had always listened to with this person because she thinks it might make her feel worse or bring back bad memories. It does not make her miss the person more, for some reason./ She feels that the music is still alive and with her, and that she'll always have that music./ She is aware that the speakers are set up across from her, and she feels like the music is inside of her and also that she is wrapped inside the music, like a warm blanket./ She feels like the music is keeping her company, kind of protecting her./ The music is an outlet for her, a release. It provides a safe place to go.

Effect on Musical Experience on Experience of the Situation. It brings back happy memories. It makes her feel better because it makes her feel the good times she had with him./ She doesn't feel lonely or quite so alone when she is with him./ She doesn't feel in such despair. She is kind of lifted and happy again./ The music makes her feel hopeful that she will find another person to share her favorite music with and that the person will enjoy it just as much as she does./ The music encourages her, telling her that she will not always be alone.

Step 3: Individual Case Synopsis

Protocol of Subject F. F has just ended a significant relationship with the man in her life. She is home from work, alone in her apartment. She is lying on the couch listening to music that they previously listen to together. F is aware of being alone at home and on her own, and this makes her feelings of loneliness more severe and sharper than ever. She feels that nothing will ever be the same again and that she will always be alone and feel lonely. She wants to have a special companion that she can rely on, depend on, be with, and be happy together. She feels such despair and gloom. F feels trapped.

F feels strange putting on music that she had always listened to with this person because she thinks it might make her feel worse or bring back bad memories. It doesn't make her miss the person more, for some reason. It brings back happy memories. It makes her feel better because it makes her feel the good times she had with him. She doesn't feel lonely or quite so alone when she is listening to it. F feels as if the music is keeping her company and kind of protecting her. She feels as if the music is inside of her and also that she is wrapped inside the music, like a warm blanket. She doesn't feel in such despair. She is kind of lifted and happy again. The music makes her feel hopeful that she will find another person to share her favorite music with and that the person will enjoy it just as much as she does. F feels that the music is still alive and with her and that she'll always have the music. The music encourages her, telling her that she won't always be alone. The music is an outlet for her, a release. It provides a safe place to go. She doesn't feel trapped any more.

Protocol of Subject A. A is listening to music on the radio while driving home from the hospital, where she left her husband to have a serious operation the next day. She listens to the music all the way home. A feels upset, a sense of dread, not knowing how the operation will come out. It is a big shock. She has an awful feeling leaving her husband in a dangerous and unfamiliar situation in which he has no control, and she is aware of how difficult that is for him. A is trying to lose the feelings of dread and the unknown, and she wants to get out of the awful feeling of leaving her husband. A is aware of being by herself. She cries a little bit. She isn't expecting the music to do anything.

A is aware that the music just happens to be Chopin, which she likes. She is aware that the music has a lot of runs, delicateness, and trills. It is nothing like Rachmaninoff, or sad, or jazz-like music. The music is something bell-like with a sweet quality. The music is engaging and nice. She is humming. It is not uplifting, but it eliminates the terrible feeling of dread. A feels deeply involved in the music and has to fight to make sure she does not lose sight of what she is doing while driving.

Protocol of Subject B. B is in the process of breaking up with his girlfriend. He is lying on his bed listening to a tape that he has made of special songs that they have shared. B feels very much in love. It is obvious to him that the relationship isn't right, and it really hurts him to realize this. He is sort of mad at himself for getting in so deep.

B is aware of listening to that tape for a purpose. He is listening to the tape over and over again, while reading the words of the song from the album cover. He is hoping that stuff will work out. He is remembering good times with her, dancing and stuff like that. He is thinking it will be a bummer if they break up. It's sort of sad. He feels really bad. He is crying.

The music makes B think a lot of thoughts all at once. They are going over and over in his mind. This is hard on him, and he wants to write it down. It makes him want to write to her. He is aware that these songs will never be the same again because he automatically associates them with her. He writes her a whole big long letter. The act of writing helps him to get things together a little better.

Protocol of Subject C. C is driving around to five different places to gather reports and information for the company where he has a sales internship. He gets lost looking for one place, and after he finds it, he gets caught in traffic on the way home. He has the radio on in the car throughout the experience.

10 Racette

C is aware that it is raining out, a pretty miserable day. He is kind of nervous—he doesn't know how to get there or what to do once he arrives. He is aware of being by himself. C has the music on as a background, but he is trying to concentrate more on following the roads and the signs. He can't tell one song from another.

C is getting upset and is wondering if he is getting late. He is sitting in his car. He is aware that he has been driving all around. C is switching around radio stations looking for a good song. He is listening, trying to get his thoughts back together before he goes back to looking for the place.

After he finds the place, C gets into traffic coming home. He feels rambunctious and impatient. He just wants to make sure he gets home. He starts listening more to the music as he gets closer to where he knows where he's going. He starts singing along to the radio station. He is aware that he is listening more to the music rather than worrying about directions.

As he pulls into his destination, C is aware that it is 5:00, and he sits in the parking lot listening to a new song that is just out. He is aware that the day is over, and he is a lot more at ease. C hasn't heard the new song much. He is aware that he had been trying to find this new song all day while driving. He feels like he has heard every other song 18 times. He thinks that it is ironic that he has been trying to find this song all day and finally gets home and finds them playing it now.

Protocol of Subject D. D, a student, had studied really hard for a particular test that she needed to do well on. She sees her grade posted up on the board, and she hasn't done well. She is devastated. She plays a tape while driving home in her car. D is playing the most depressing song on the tape because it fits her mood. She finds her feelings in the music. She is crying with the song. Her feelings turn from depression into anger and she gets mad, too. She is frustrated—she feels like saying “Forget everything.” She feels like “Why am I doing this?” She thinks she did her best, but after seeing her grade she feels like it was all for nothing.

D plays the song over and over again, just to get more angry. She sings the words of the song. She asks herself “Why is this happening to me?” She turns the music up as loud as it can go. She feels like it's just her and the song, like a wave over her. Once she gets all the feelings out of her system—the anxiety, the anger—she kind of forgets about it. She feels calmer, the feelings have subsided. Then she listens to happier music.

Protocol of Subject E. E is from a different country. She lives here now. She feels lonely and misses her friends, so she listens to a tape of music from her country. The music makes her feel sadder—it brings her lots of emotions. The music reminds her of times past when she listened to the same songs in her country, and then she feels sad and lonely. She misses her country even more. E is aware that she has picked these songs because she wants to enjoy the sad feelings, rather than just be happy. Certain songs make her think of certain people. The music helps her to be with them. She actually sees their faces.

She listens for about half an hour, and afterwards feels resolved, relieved. She feels she has gone through her feelings completely enough for now. After that, the tape changes to different songs that do not go into the past. These songs remind her, “I am here now,” and she has good memories of the past. E does not select the second music for a specific purpose—it just comes on after the other songs. The second music does not refresh her—she feels that her mind is already refreshed. This music is just some kind of background. It provides some support.

Protocol of Subject G. G is dating a man who also advises her on business decisions. She has made a decision that has made him very angry, and she feels terrible. She goes home and plays a particular song that she always keeps cued up on the tape, a song that she likes to move to. G feels badly that she hurt her friend. She feels that she is carrying his anger with her, and she wants to disassociate herself from that.

G plays the song about five times and is moving around the living room to it. It is very calming. She feels detached from the burden of her friend's feeling. She feels lighter, freed. She is aware that the movement to the music is important. She feels that she is taking on the soul of the music in the movement. The music seems like a comforting friend. She is aware that the music altered her feelings from being burdened to being exhilarated. She feels soothed.

Protocol of Subject H. The day after her mother died, H is walking through town. She is in grief. As she passes the church, the carillon plays a hymn, and she stops. H is crying—she is aware that people can see her stopped there and wonders if they think she is weird. She is aware of the brilliant bright sunshine. She is aware of the red church doors. She feels lost in her feelings of loss. She feels heavy, tired, and exhausted. She wishes she could have said one more thing to her mother.

By the time she hears the second note, H knows what the hymn will be. She knows the words of the hymn, and they have meaning for her in regard to her mother's death. H had been asking God for a sign that her mother is all right—she wonders if this hymn is it. Hearing it is like a stop sign in front of her face. It takes her aback—she has to catch her breath. The song seems to come out of the blue. It seems like God is saying, "It's OK. She's not hurting anymore." The music is comforting—it cuts into the emotion and makes it stop, calm down. The music is crystal clear, just bells. The song ends with "alleluia" and H says to herself, "OK, I can deal with this." H feels a little bit better—it didn't take away the hurt altogether but it is a relief for her soul and her body at the moment. H continues grieving afterwards.

Step 4: Essential Description

The person is alone, and more or less aware of being alone, in an upsetting situation. The person feels upset and overwhelmed, with a sense that things may never be the same again. By intention or by chance, the person listens to and is affected by music that is personally meaningful. The person responds behaviorally in temporal synchrony with the music. The music takes away the feeling of being alone. Music supports a process of being with the situation in which the person's awareness is opened to many thoughts, perceptions, and emotions at once, a process in which boundaries of space and time may be altered. Leaving the music as the process is completed, the person re-orientates to the here-and-now. The person perceives the situation in a new light, feeling less upset, less overwhelmed, and more able to carry on.

Step 5: Illustrated Description

Being Upset

The person is alone, and is more or less aware of being alone, in an upsetting situation.

- I just wanted to get out of this awful feeling...coming down 95 by myself—and I cried a little bit, too, and just trying to lose that sense of dread.
- I was kinda nervous. I didn't really know what to do once I got to these places and I really didn't know how to get there, especially by myself.
- When I feel lonely, I like to listen to music.
- And being alone at home and on my own, brought, made these feelings of loneliness more severe and sharp.

The person feels upset and overwhelmed, with a sense that things may never be the same again.

- So coming home, I was really upset, plus I didn't know how the operation the next day would come out.
- I guess I just kinda knew stuff was going bad when I was listening to it, just thinking "Yeah, I guess it'll be a bummer"...I can remember thinking to myself then "this song is never going to be the same again, 'cause I automatically associate it with her."

12 Racette

- I was just frustrated and I just felt like “Why am I doing this?” I thought that I did my best and then, the grade I got...I just felt like it was all for nothing.
- And the feeling that nothing would be the same after this and that I would always be alone and feel lonely.
- I just remember being so lost in my own feelings of loss, and feeling heavy and tired and exhausted and guilt-ridden for all the things that I should have done but didn't do, and just wishing that I could have said one more thing to my mother.

Encountering the Music

By intention or by chance, the person listens to and is affected by music that is personally meaningful.

- I had a girlfriend once, which, you know, you always have “your song,” and I remember when we started to break up I would listen to that song like over and over again.
- I was driving in my car and...I was playing the most depressing song on the tape, because that fit my mood, that was the way I felt...and I guess I played the song over and over again just to get more angry.
- When I miss my friends in my country, especially when I feel lonely, then I used to listen to a tape from the country...I think I pick those songs because I want those feelings...the sad feelings.
- And I just felt such despair and gloom that I thought I would put on some music that, when I was with this particular person, I would listen to with him, and therefore it brought back the happy memories...it's one of those special musics in my life.
- There's one particular song...I always liked, and I always keep this tape set to that song...I just like to move around the living room to that song. And I played it like five times. And it was very calming.
- And driving in the car all day long I was trying to find this song...and then just as I got in, this song came, on and I just sat in the parking lot listening to it...the day was over and I was a lot more at ease.
- I was crying as I walked along the road, and the church bells, the carillon, began to play a hymn...and by the second note I knew what was coming, and I had to stop...it was comforting.

Experiencing the Music

The person responds behaviorally in temporal synchrony with the music.

- I listened all the way home and I was humming.
- It's on an album that the words are on...and I was laying on my bed listening to it and reading the words.
- I started listening, I started singing along to the radio station, listening more to the music than worrying about directions.
- I came home and I put on that song...I like to move around the living room to that song...and I kind of took on the soul of the music in the movement.

The music takes away the feeling of being alone.

- I remember like dancing with her to it and stuff like that...it sort of reminded me of good times with her.

Listening to Music When Upset 13

- I just turn the music up as loud as it can go and I feel like it's just me and the song.
- Special songs make me think of certain persons. So I think when I feel lonely and sad, the music helps me be with them. Actually, I would see their faces.
- I just felt like the music was inside of me. And I think that's why I felt that the music was keeping me company, that it was keeping me from being alone, because actually I felt wrapped inside the music, too, like a warm blanket, like it would protect me.
- It made me feel better because it made me feel the good times again that I had with this person, and I didn't feel lonely when I was listening to it.
- Like a comforting friend...it altered my feelings from being burdened to being exhilarated. Soothed.
- And then this song came out of the blue...and it was kind of like God saying, "It's OK. She's not hurting any more. Rest assured."

Music supports a process of being with the situation in which the person's awareness is opened to many thoughts, perceptions, and emotions at once, a process in which boundaries of space and time may be altered.

- I listened to Chopin all the way home. It was something that was bell-like, a sweet quality...engaging and nice...and I was humming...I had to kind of fight to make sure I was fully aware of what I was doing which was driving...Because I wanted to get out of this awful feeling of having to leave my husband in this situation.
- I must have listened to it like two or three times crying and stuff...It made me think a lot of thoughts, like, all at once and I had a hard time thinking everything at once...I sat down and wrote her a whole long letter.
- I put a tape on in my car on my way home from here after I found out my grade and I cried...and I even got mad, too—it turned from depression into anger—"Why is this happening to me?"...I played the song over and over again just to get more angry...I felt like it was just me and the song, like a wave over me.
- The music brought me back to the memories of my country...I could have the exact time or same memory...Also special songs make me think of certain persons, so when I feel lonely and sad the music helps me be with them...I would see their face.
- This day that I was listening to the music, I felt intense loneliness, and not knowing what to do with myself...kind of a trapped feeling, also...and the music was an outlet for me...that provided me a place to go...a safe place, because the music was in me, and around me and blanketing me...it brought back happy memories...the music made me feel hopeful...that I would find someone again to share the music with.
- I like to move around the living room to that song. And I played it like five times. And it was very calming and I just felt myself detached from that burden...a freeing feeling. And I kind of took on the soul of the music in the movement. I just felt lighter.
- I just remember being so lost in my own feeling of loss...All those things I should have done, and then this song comes out of the blue...The music itself was crystal clear...And by the second note I knew what was coming...It was kind of like a stop sign in front of my face...Of all the hymns in the world, this one. I had to catch my breath...It was a real "stop and take a breath" kind of feeling. And it was kind of like God saying, "It's OK...rest assured."

Leaving the Music

Leaving the music as the process is completed, the person re-orientes to the here-and now. The person perceives the situation in a new light, feeling less upset, less overwhelmed, and more able to carry on.

- I can't say it was uplifting, but it did eliminate the terrible feeling of dread.
- I just sat in the parking lot listening to it...the day was over and I was a lot more at ease.
- Once I got all that out of my system, I kinda forgot about it—I didn't forget about it but I think the music just calmed me down...the feelings that I had...all sort of subsided...and I listened to happier music...after that.
- I already went through my feelings completely—not completely, but that was enough to go through...I was aware of “Don't go back to the past. I am here now.”...and I have the good memories of the past.
- I was kind of lifted. The music made me feel hopeful again, hopeful that I would find someone again to share the music with...It was encouraging music, because it told me that I wouldn't always be alone, that this was just a passing time in my life.
- And it was very calming and I just felt myself detached from that burden, and recognizing that that's his feeling...I felt unburdened and freed.
- [T]he music cut into the emotion and made it stop and calm down and comfort me...it was comforting, but it wasn't a big enough band-aid to cover my boo-boo. It didn't take away the hurt but it kind of gave it up...And then it ends with the “alleluia” and “OK, I can deal with this.”

DISCUSSION

Summary

Eight subjects provided tape-recorded interviews, or protocols, describing the experience of listening to music when upset. I submitted the protocols to an analysis that included (a) categorizing significant statements, (b) creating individual case synopses, (c) developing an essential description of the phenomenon, composed of the significant characteristics, or essences, of the experience present across all cases, and (d) excerpting quotations from the protocols for an illustrated description that reveals the varying manifestations of each essence across subjects.

Methodological Considerations

Collection of data by the protocol method is necessarily a retrospective approach, requiring the subject to look back at an experience and to attempt to describe the experience as it happened. Because the experience is reported retrospectively, the phenomenological researcher understands that the report represents a reconstruction of the lived events according to the context of the subject's current life. However, two factors seem to demonstrate that this was not problematic with regard to the present findings. First, the essential commonality of the experience as reported by the different subjects seems to indicate that distortions of memory or reinterpretation of events by subjects did not have a significant effect. Second, it seemed to me as interviewer that, in the reporting of the experience, the subjects described various aspects more than once and that the subsequent retellings were more vivid in description and in feeling. It seems possible that, through the process of the telling and the evocation of memories, subjects may have re-involved themselves in the experience on a level true to the actual experience. Perhaps the interview procedure should have incorporated techniques that would have promoted the subject's settling into a “there-and-then” mode of reflection, versus “here-and-now”, with follow-up questions more finely tuned to maintaining this orientation.

Discussion of the particular phenomenon under study involved the person in describing—and in some cases, almost reliving—a situation with poignant emotional content. For some subjects, the

experience described had been a working through of emotions related to a significant milestone in their lives. One subject seemed initially to deny the powerful, painful feelings involved in the experience but later in the interview seemed to begin working through these feelings and the meaning of the event. In varying degrees, it was necessary to provide some closure to allow each subject to end the interview comfortably and put feelings and memories to rest. In using this approach outside of a therapeutic relationship, I was reminded that the interview method used in this study may promote processes and relationships—with the music and with the interviewer—that are similar to those that develop in therapy. Thus, it was important to redirect the subject to remain in descriptive mode (through procedures described in the method section), in order to provide certain boundaries in the interview situation.

Implications for Music Therapy Practice

In this study, nine people volunteered to be subjects. One, a practicing musician, was not interviewed because she could not recall any situation in which she was upset and listened to music. Possibly this woman went to music *making* when in distress—the question was not asked. Future research might describe the varying responses of individuals who do and do not connect meaningfully with music when in emotional distress, or identify diverse modes of using music when upset. Information of this sort could be valuable in the clinical setting when determining treatment strategies.

The present study described a dynamic process that occurs when a person is upset and listens to music. Another phenomenological study might describe the process of being upset when music is not present. A comparison of findings could provide insight into music's unique role in the experience.

The experience of listening to music when upset might be interpreted from these findings to be a healing experience. However, the experience studied did not take place in a music therapy or healing context. Future research might investigate the process of listening to music when upset within a treatment milieu and within the therapeutic relationship.

Implications for Music Therapy Research

Traditional research methods that exclude consideration of subjective, internal experiences as valid data have constrained music therapy research. The present study introduces an approach that proceeds from the experience of the subject in order to study aspects of musical and therapeutic experience that are difficult to observe and to quantify because of ambiguity, complexity, dynamic flow, and subjective meaning.

Phenomenological analysis attempts to embrace and account for many interrelated aspects of an experience within its lived context. While its purpose is descriptive, the resulting findings may be a useful starting point for other forms of empirical and theoretical analysis. Findings such as those derived in the present study might specifically provide essential information for other descriptive research methods employed in music therapy, such as the qualitative case study.

It is my hope that these conclusions actually represent beginnings that will help music therapists to broaden their notion of what constitutes research; to expand the content areas of music therapy research; and to understand more meaningfully what happens in the therapy process, the heart of our work.

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