

# A PHENOMENOLOGICAL INVESTIGATION OF THE MUSIC THERAPIST'S EXPERIENCE OF BEING PRESENT TO CLIENTS

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## INTRODUCTION

The focus of this study is on the music therapist's experience of being present to clients. My interest in this topic began when I first heard about music therapy and imagined leading clients through potent music experiences. The more I learned about music therapy, the more I wondered what happens between client, therapist, and music that is so helpful, and who, or what, makes it happen. I caught a glimpse of this one day during my undergraduate internship on the pediatric unit of a hospital. Towards the end of one session, as I played music with a boy I had worked with for several months, something happened: somehow, our shared music experience allowed me to give and him to receive what he needed. In other words, he felt me being present to him and I felt him being present to me. Gently stunned by this experience, I knew it was important, but I was not sure how it happened.

Then, one day during my graduate education in music therapy, I experienced this being present phenomenon again. I volunteered to be in the role of client as my professor demonstrated a technique from Analytical Music Therapy—a method for adult clients, developed by Mary Priestley, that alternates between improvised music experiences and verbal discussion. This time I felt someone be present to me during a deep music experience, and, I was present in return. Experiencing it from the client's perspective expanded my sense of the phenomenon, but I found it difficult to articulate what being present was or how a therapist could make it happen.

Soon after the Analytical Music Therapy demonstration, I observed a Guided Imagery and Music (GIM) session conducted by a different professor—GIM is a method for adults, developed by Helen Bonny, wherein the client images to selected works of classical music in a relaxed state while dialoguing with the therapist. This time, from across the room I sensed the therapist's presence as she prepared the client for the music experience. When the music began, it so matched the client's experience and the therapist's presence, that both seemed to expand, and encompass me and the other trainees who observed. Experiencing being present from this third perspective expanded my sense of the phenomenon even further, but I still did not know how to define it or create it with intention.

More experiences of being present followed these and I carried my quest to identify its essential elements, nature, and the therapist's role in its creation into my Ph.D. studies in music therapy. When I discussed being present with colleagues and fellow students they recognized the term readily and lit up with interest. When I asked them to describe what it meant, each spoke as if there was a universal concept of being present, and yet, each of their descriptions was unique, and none seemed to represent the phenomenon fully. Confounded by this, I perused the clinical, theoretical, and research literature in music therapy to see if some universal concept was articulated. I did not find what I was looking for. Instead, searching the literature mirrored

my experience of talking to colleagues. Some described being present as a shared experience that involves therapist and client being present to each other. Some said that the music helped this to occur. Some suggested that a therapist could be present regardless of whether a client is present or vice versa. Still others believed that experiences of being present occur due to forces beyond the control of any individual.

Dissatisfied with what I discovered through personal experience, discussion with others, and cursory reading, I decided to conduct a pilot study on being present for one of my Ph.D. courses. In this study, I interviewed four fellow doctoral students and asked them to recall and describe one experience of being present to a client during a music therapy session. This allowed me to move away from constructions of the phenomenon and towards a specific manifestation of it (the music therapist being present to a client) and to view this from a specific location (the first person experience of the therapist). Analysis of the interview data indicated that being present in music therapy involves the following: giving the client space, opening up to the client, gaining access to the client's experience, sharing awareness, sharing the client's pain, and allowing the shared music experience to inform the therapist's work in being present and to influence various aspects of the therapist's presence.

Essentially, the pilot study affirmed what I had already learned to that point. I still did not have a clear definition of being present nor did I know how the therapist creates such an experience. The individual descriptions offered by the interviewees did support the notion, which also pervaded the literature and individual accounts, that being present is a commonly understood phenomenon and that knowing how to be present to a client is essential to being effective as a music therapist.

## REVIEW OF LITERATURE

### Presence in the Psychology Literature

A review of the literature in psychology revealed that the terms being present and presence are used sparsely and are not defined with consistency. I found no quantitative research studies and only three qualitative research studies that directly addressed these terms.

Pemberton (1976) conducted a qualitative study, the purpose of which was to define presence, to identify common factors in the lives of therapists recognized for having presence, and to develop a model of how presence is achieved, maintained, and lost. Participants were five humanistic therapists and their families. Data included observations of the therapists in both clinical and personal contexts, 6–10 hour interviews with each therapist, brief interviews with their families, and Pemberton's own journals and readings. In Pemberton's definition, presence occurs when a person "integrates and transcends the subjective and the objective," (p.36) while she/he simultaneously "integrates and transcends the past and the future" (p.36). To this he added, "Presence is knowing and being the totality of oneself in the moment" (p.36). Pemberton also identified three realms of oneness, each a prerequisite to the next: individuational (Pemberton's term), or oneness with self; interpersonal, or oneness with another; and, spiritual, or oneness with all. In Pemberton's model, the presence of the therapist exists in the individuational realm; that is, the therapist can have presence, can experience oneness with him/herself, regardless of the client's state. While noting that "there will always exist an unknown force, a mysterious factor" that contributes to presence, Pemberton identified certain stances that increase presence potential. Commitment comes first, "One must commit oneself to

be all of what he or she is at the moment: becoming in tune with what is happening within and without

. . . . the therapist commits to become available to self, surroundings, and others” (p.93). Furthermore, there are three generating forces of presence: focusing, enfolding and extending. To focus is to clear one’s mind. To enfold is to receive the “sensory, intellectual and feeling state of the other” (p.94). To extend is to “actively extend [one’s] boundaries out to the other” (p.94). Pemberton’s study differs from the present one in that it was ethnographic instead of phenomenological and its focus was on the forces that allow presence to manifest in the individual rather than on what happens next.

Fraelich (1988) conducted a phenomenological investigation of the psychotherapist’s experience of presence which was designed to describe the nature and meaning of the psychotherapist’s experience of presence. Participants were six practicing psychotherapists with at least master’s level training and an ability to access recent lived experiences of presence. During an “informal conversational interview,” Fraelich asked participants what it meant to be present as a psychotherapist. Interviews were audio recorded and verbatim transcriptions served as data. He extracted participant statements that related to presence and divided them into independent meaning units. Fraelich then organized the meaning units into descriptive statements meant to reflect each participant’s experience of presence. Finally, he viewed the six descriptive statements together to create a general description of presence that included 14 general structures:

. . . presence as spontaneous occurrence, immersion in the moment, openness of being, living on the cutting edge, self-sacrifice, interest, psychotherapist as expression of self, immersed participation in the client’s world, connected relationship with client, care, unconditional regard and valued acceptance of the client, completeness and definition of self, presence as trust, and genuine and authentic with self and others. (p.150)

Fraelich concluded that presence exists and is “a way of being which moves and guides a therapist as he/she dialogues with a client” (p.158). Whereas Pemberton concluded that presence begins in the realm of the individual, Fraelich’s 14 structures indicate that, in experience, presence involves relationship between therapist and client that includes participation by the therapist in the client’s world. Fraelich’s study was phenomenological in that he was interested in how therapists experienced presence, yet, by asking therapists what it “meant” for them to be present, his participants responded with their general impressions or constructions of presence; they did not describe actual experiences. The purpose of the current study is to investigate the experience of being present.

Stuckey (2001) conducted an heuristic investigation of presence which was designed to explore psychotherapists’ lived experience of presence from a Jungian theoretical perspective. Stuckey considered his study to be heuristic (i.e. a study of his own experiences), however, his main source of data was interviews with six Jungian analysts chosen for their “capacity to appreciate/embody presence in their professional work” (p.55). Using an “informal, dialogical, and unstructured interview style,” (p.119), he asked his participants to discuss their presence experiences. Each interview was audio-recorded and transcribed verbatim. Stuckey extracted participant statements and used them to form individual depictions of presence. Viewing these six individual depictions together, he identified nine themes that he divided into two categories, direct experience (Formal Property, Personal, Relational, Content, Communicability, Validity), and reflective analysis (Facilitating Conditions, Resulting Capacity, Comparison). Stuckey

noted that during the interviews his participants alternated “between how presence is directly experienced and how it is abstractly understood” (p.60). Thus, whereas Fraelich’s data was composed of abstract constructions of the phenomenon, Stuckey’s data was a combination of abstract construction and direct experience. Stuckey’s study was phenomenological, but like Fraelich’s it differs from the current one in that it did not target direct experiences of being present.

Of these three studies, Pemberton’s offers the clearest model of presence, how one can achieve it, and a glimpse into the larger process that begins in the individuation realm. Pemberton covered presence in the individuation realm so comprehensively, that other realms were beyond the reach of his study. Curiously, neither Fraelich nor Stuckey referenced Pemberton’s work. Stuckey did reference Fraelich and found many similarities between their data and conclusions. Stuckey validated Fraelich’s emphasis on the interpersonal dimension of the presence experience while acknowledging the autonomous (i.e. individuation) and the numinous (i.e. spiritual) dimensions that surfaced in his data.

Pemberton stated that there is an unknown force that allows presence to manifest. Fraelich and Stuckey referred to opening and surrendering to things beyond the therapist’s control. Stuckey concluded that, “describing presence entails the complexity of overlapping qualities and points to its paradoxical nature” (2001, p.120), but the search cannot end here. There must be a way to study the phenomenon that embraces all possible realms of experience and leads to clarity. Perhaps Pemberton’s conclusions are clearest because he observed the therapists as they worked. The current study aims to move one-step closer and have therapists describe their inner experience, moment-to-moment. These studies from psychology also differ from the current one in that the participants were verbal therapists with existential-humanistic or Jungian orientations rather than music therapists with different orientations. Most importantly, none investigated how the experience unfolds within a shared music experience.

## Presence in the Creative Arts Therapy Literature

I searched the non music therapy creative arts therapy literature and found a few references to the terms presence and being present, I found no quantitative or qualitative studies that directly address the phenomenon.

Arthur Robbins, an art therapist, has written extensively about therapeutic presence in the creative arts. Robbins (1998) illustrates how therapeutic presence is vital across therapeutic modalities. In his view, the therapist can give and the client can receive what is needed only “when both parties are present. When one party is not present, the work of treatment is directed towards both parties attempting to become present with one another” (1998, p.32). Robbins describes the therapist’s part in this work as a spatial (physical, emotional, cognitive and spiritual) openness and receptivity combined with an ability to shift and move between ego states which helps the therapist to synthesize and to organize verbal and non-verbal communication and artistic expression. Within the discipline of authentic movement there is comprehensive attention given to the role of the witness (therapist) who works in stillness to be present to the mover (client). In a process that resembles Pemberton’s generative forces, the witness, according to Adler (1999b), “internalizes the mover” (p.194) and “acknowledges ownership of her own experience” (p.194). Then, “as the density of her personal history empties” (p.194) the witness achieves a “clear presence” (p.183). This clear presence or ability to experience “what is actually there” (Adler, 1999a, p.183), develops over time through practice in this unique way of being in relation. In contrast to Robbins’ description, the witness

who is present does not actively shift and move between inner states but rather works to allow such shifts to occur without conscious intent (Zenoff, 1999, p.223).

## Presence in the Music Therapy Literature

A review of the music therapy literature revealed several clinical and theoretical writings on or related to the phenomenon and one heuristic study that led to the creation of a specific theory.

Several music therapists have written directly or indirectly about the phenomenon. They echo the same themes found in the psychology literature and research, in the creative arts therapy literature, and in my being present in music therapy pilot study. Broadly speaking, some describe presence as essential to fostering close communication with the client (Borczon, 1997; Priestley, 1994; Summer, 2000). Other descriptions are more specific. Summer (2000) cited Freud's concept of "evenly suspended attention" or an "open state of awareness and observation" (p.73) that can prevent the student-therapist from "circumventing honest communication" (p.73) with the client. Borczon defined presence in terms of empathy, or "truly sensing what the other is experiencing" (1997, p.3). Priestley (1994) described "a giving of psychic space by the therapist....a listening love...giving of permission to be" (p.123) and stressed that "the therapist must remain aware, sensitive and responsive, always ready to react to either the overt or covert feelings which the patient is offering" (p.138). Barth-Scheiby (1998) said that a therapist, who is present, knows when to intervene and when not to intervene.

Music therapists also write about the added dimension that the music experience brings to the therapist's presence. Austin (1996) described clinical music improvisation as "pure experience in the here and now" that is provided by a therapist who is "fully present and available for relationship" (p.31). Austin elaborates, "When I improvise, the music comes from a natural impulse. I feel more spontaneous and alive, more fully myself" (p.32). Turry (1998) explained that a therapist who hears the client's responses clearly can improvise music that "accepts and meets the client's emotional state while it matches, accompanies, and enhances self-expression" (p.161). Dileo (1997) uses the concept of "resonance" to describe how a therapist can share a client's suffering when it becomes sound through improvisation. Priestley (1994) pointed out that when client and therapist improvise together the therapist's inner experience is as transparent as the client's. Bruscia (1998a) indicates that the therapist's inner experience is also transparent in music listening experiences. Barth-Scheiby stated that "being present means being authentic in the musical response to the client" (1998, p.188) and Bruscia (1998a) discussed authenticity as an integral part of being present in music listening experiences. Barth-Scheiby (1998) and Bruscia (1998b) indicate that personal reactions are only problematic when they compromise the therapist's ability to be present, and, that by maintaining presence the therapist can manage reactions in the moment. Barth-Scheiby (1998) suggested that "by allowing images and emotions to become conscious when musical contact occurs . . . the music therapist can develop an awareness of when he/she is present and centered or not present and un-centered" (p.185). Bruscia (1998b) summarized, "The therapist has to be present to the client, be present to himself, and have the presence of mind to make clinical decisions, all while trying to communicate his presence through music and words" (p.94).

## A Theory of "Being There" in Music Therapy

Bruscia (1998a) developed a theory of “being there” through investigation of his own work as a GIM guide working with male clients. His study was both phenomenological and heuristic, and focused on the shared music experience. Bruscia found that in being there for his clients in the music he moved between three worlds: his personal world, the client’s world, and his world as therapist; and, within each of these worlds, there were sensory, affective, reflective, and intuitive layers of experience that, at any given moment, he found himself immersed in at varying depths. He termed these various constellations of experience “modes of consciousness.” Bruscia realized that actively moving in and out of different modes and comparing them to each other in time had a cumulative effect; it led to an ever-increasing comprehension of the client and the client’s needs. Bruscia concluded, “My presence is inextricably tied to my capacity to enter as many different modes of consciousness as necessary” (1998b, p.517).

Following this, Bruscia (1998b) suggested that therapists use “procedural cycles” and “movement within an experience” to maintain “a real presence in the here-now experience” (p.96). That is, therapists must couple the ability to move into a given mode with the ability to know how long to stay in that location and where to move next. Bruscia described this process in five phases, *floating*, *checking in*, *shifting*, *reflection*, and *action*. *Floating* is a “phase of passive presence” wherein the therapist is open and receptive, and which allows the client and the music to lead his/her experience just long enough to “determine which experiential space is in greatest need of further exploration” (p.97). *Checking in* involves a “directed, active presence” where the therapist purposely locates his/her consciousness in the client’s world or his/her own personal world and then focuses and deepens into the “sensory, affective, or reflective layer of experience” (p.97) so that each world can be fully known. When *shifting*, the therapist moves “from one world to another or from one layer of experience to another within the same world” (p.97). According to Bruscia, shifting between layers of experience or body sensations, feelings, and thoughts serves to connect them to each other and thus expands the therapist’s overall experience of a particular world. In addition, during the *shifting* phase the therapist can compare his/her experience with that of the client in order “to remain present and be in constant rapport” (p.97) or can compare his/her own experience as person with his/her experience as therapist “to ferret out [personal] needs and desires from the most therapeutic course of action” (p.97). During the *reflection* phase, the therapist “moves out of layers and worlds into the position of professional observer” (p.97). Here the therapist questions the location of his/her own experience and the extent to which he/she and the client are rooted in the here and now, and uses this information to make decisions in the moment. Finally, the *action* phase involves implementation of interventions or objectives decided upon in the reflection phase. Bruscia emphasized that the therapist has to design procedural cycles based on the setting, the therapist’s style, and the type of music experience that is used. Bruscia concluded that these procedural cycles help the therapist move through modes of consciousness with “fluidity and purpose” (p.91).

Thus, Bruscia moves beyond questioning one’s ability to achieve individual, interpersonal, or spiritual oneness (Pemberton, 1976) and focuses on how the therapist maintains or restores presence as he/she moves in and out of the realms of experience that are available in a therapy session. Most therapists describe being present as an extended moment where the therapist is simultaneously open and aware of all that is happening. In Bruscia’s theory, there is always more happening than the therapist can access or comprehend at any given moment. Therefore, the therapist’s consciousness is not still, but always moving, experiencing as many samples as possible from a variety of positions, and as his is a theory of being present as a music therapist, all of this occurs within the spatial and temporal environment provided by the music. Bruscia (2000) concluded, “Music is itself fluidity of consciousness

made audible. To be *in* the music, or *with* the music, or to be in any relation to the music is the process of being fluid. It is a surrender to whatever will reveal itself from whatever develops in the music and our experience of it” (2000, p.91).

Bruscia’s theory accommodates previous research on presence and the perspectives found in the literature, yet, it is based on one heuristic study, that is, one music therapist’s investigation of his own experience. In addition, even though Bruscia referred to different types of music therapy experiences in articulating his procedural cycles, his theory derived from his own experiences working with male clients using a specific method (GIM). Finally, while Bruscia (1998b) provides techniques for clearing oneself before and after sessions, and recommends procedural cycles to maximize presence during sessions, it remains unclear how the therapist gains the ability to move, center, expand, and clear consciousness with purpose while in the presence of the client.

Viewing the clinical, theoretical, and research literature in music therapy and psychology as a whole, a clear and comprehensive view of being present does not appear. It seems that all the notions of how to be with clients emanate from specific models of treatment, each with their own media, procedures, techniques, and theoretical bases. The theoretical bases most often cited in music therapy are from outside the field, and aside from Bruscia’s theory, do not derive from clinical research. Lacking in the clinical research in psychology is the investigation of direct experience, a clearer understanding of the numinous forces that the therapist must surrender to, and an understanding of presence within a shared music experience. Lacking in the music therapy research is a clearer understanding of what surrendering to the music entails, a clearer understanding of the relationship between being open and being intentional while in the presence of the client, and a phenomenological investigation of how being present is experienced across different music therapy methods and theoretical orientations. Therefore, research is necessary not only in terms of the structure of the experience itself in a music therapy setting, but also in terms of how it varies from one therapist to another. Without such research, our understanding of this important phenomenon will be incomplete.

## PROBLEM STATEMENT

The purpose of this study is to investigate music therapists’ experiences of being present to their clients, where being present refers to a moment-to-moment unfolding process that may have autonomous, interpersonal, and numinous aspects. The intent is to explore similarities and differences within and between therapists’ experiences, to identify inherent themes, and to explore what is unique about this phenomenon in music therapy. Specific research questions are:

1. How does the music therapist’s experience of being present unfold?
2. What defines being present as a music therapist?
  - a. How do the therapist’s intentions figure in?
  - b. How does the shared music experience figure in?

## METHOD

### Design

Investigating the music therapist's experience of being present to clients required the use of phenomenological research methods. "The phenomenological position is that the sphere of experience appears at the intersection of the person and the world" (Polkinghorne, 1989, p.51). Thus, phenomenological research is concerned with "the nature of the experience itself" (Polkinghorne, 1989, p.48). In this study, I chose phenomenological methods to articulate music therapists' experiences of being present, and, to identify and discriminate the elements that make up these experiences. Therefore, the goal during the interviews and the data analysis was to use what I learned about the phenomenon to guide the participants, and myself, away from constructions of being present and towards experience.

## Participants

The Institutional Review Board (IRB) of Temple University reviewed and approved criterion, and procedures, for selecting participants, ensuring anonymity, and maintaining confidentiality of data. Each participant signed two consent forms, one for participation, and one for audio recording of the interview (see Appendices A and B). Each participant chose a pseudonym to be associated with the data provided. Participants concealed confidential information regarding clients and used pseudonyms when referring to clients. During the data analysis, the researcher removed confidential or identifying information that emerged unexpectedly during the interviews. During review prior to publication, the participants had the opportunity to remove any confidential or identifying information that remained.

All participants were practicing music therapists selected for their ability to report an experience of being present to an adult client during a one to one music therapy session. The pilot study revealed that working individually with adult clients elicited aspects of the therapist's presence that were absent in work with children, and in work with groups of clients. Thus, in an effort to generate the most comprehensive data, the focus was limited to one-to-one work with adults. Through a combination of personal contact, reputation among colleagues, and review of published works I created a pool of participants. I sought an equal number of male and female therapists from a variety of theoretical and methodological orientations, and with varying degrees of experience, education, and training. I obtained contact information from the 2003 Member Sourcebook of the American Music Therapy Association and invited sixteen music therapists from a variety of geographical regions to participate.

Eight people agreed to participate. Participants included three males between the ages of 35–50, with an average 12 years of clinical experience, and five females between the ages of 30–55, with an average 15 years of clinical experience. Seven participants were Board-Certified Music Therapists and one was an Advanced Certified Music Therapist. All participants had completed master's level education, two had begun doctoral studies, and one had earned a Ph.D. Three participants had completed training in Nordoff-Robbins Music Therapy, four had completed training in Guided Imagery and Music (GIM) and one was a Level-III GIM trainee. Four of the participants operated from among the types of psychodynamic orientation, three from among the existential-humanistic orientations, and one from a transpersonal orientation.

## Interviews

Potential participants were invited to join the study via e-mail letter, those who responded with interest were sent two consent forms to read and sign (see Appendices A and B). Once I received Subject Consent and Permission to Audiotape forms signed by the participant, telephone interviews were scheduled. I conducted interviews at the participant's convenience and each interview lasted no more than one hour and thirty minutes. All interviews were audio taped.

To reduce the introduction of pre-conceived notions of being present, I asked participants to avoid pre-interview thought or literature review. Instead, each interview began with the following question: *Can you recall a particularly strong experience when you worked with a client, and you felt present or connected to the client, or that you were there for the client, or that you deeply heard or understood the client?* Once the participant identified a specific experience, I guided him/her back to the experience to recount what happened moment to moment. This allowed the participants to describe both particularly strong moments of presence and how the therapist's work to be present unfolds in time.

Some participants recalled their experience in full as they described the events of the session whereas others needed assistance to recall what was happening in their bodies, what they were thinking and feeling at the time, or how it was to be in the room with the client and the music. Other techniques were limited to requests for clarification or elaboration. Periodically, questions such as, "Is there anything else you would like to add?" and "Is there anything more that you think is important for me to know?" were asked to allow the interviewee additional time to elaborate and add details.

## Data Analysis

The goal of the data analysis was twofold: to articulate the unfolding of the being present experiences and to identify and discriminate the elements that make up these experiences. Extracting these from the data was a lengthy and emergent process that occurred in five stages.

During the first stage, I transcribed each recorded interview. This resulted in eight verbatim transcripts, each approximately 6–11 pages in length. I worked on each transcript separately following the same process. To begin, I read the transcript to get a sense of the whole. Next, I culled the transcript. This involved removing the interviewer's questions and statements, and, removing any interviewee statements not directly related to their experience of being present. I then re-organized the remaining statements chronologically according to the therapist's experience and condensed the transcript to less than one page.

In the second stage, I segmented the condensed transcripts into meaningful units on two planes: chronological time on the horizontal plane and agents of the experience on the vertical plane (see Table 1.). On the horizontal plane, I divided each condensed transcript into five sequential units: Entering State, Precipitating Events, Peak of Experience, Returning State, and Aftermath. On the vertical plane, I sub-divided these five sequential units as per the three agents of the experience: Client, Therapist, and Music. This gave me 120 units of data, each a short paragraph in length. I then placed the units into a within-case grid and further condensed the data into short phrases, one for each of the fifteen cross sections within each case (see Table 1). For example, in Bruce's case for the Entering State for the Therapist his description condensed to: "sensed that something was missing."

Table 1: Within Case Grid (Excerpt)

	Entering State	Precipitating Events	Peak of Experience	Returning State	Aftermath
Client	words lacked meaning	she stopped completely, and started crying; surrendered and deepened into feelings	connected to a deep part of self; [took] responsibility for [feelings]	attempted to avoid vulnerability by talking and trying to make meaning	grappling with...depth and weight of feelings
Therapist	sensed that something was missing	Asked her...what it felt like; [took] sadness into body; [held] her and let her deepen	carried by the music...living same experience...guiding came from knowing that	stayed connected to the power of her feelings...guide[ed] her away from verbal	felt truth and health of the client's experience
Music			depth of woman's singing/ carried by music...living same experience		

I then worked with these condensed units of data within cross sections and across the eight cases. I clustered similar data together and created a code for each group. For example, the description of the Entering State for the Therapist in Ann's case: "senses all aware of what was happening," joined "sensed that something was missing" from Bruce's case, and produced the code *therapist apprehends client*. This reduced the data from 120 units to 50 codes. Next, I created a definition for each code. For instance, I defined *therapist apprehends client* as: The therapist, in the moment, senses, becomes aware of, perceives, or intuits something about the client, the client's ongoing experience or state, or the client's needs. To further reduce and clarify the codes and the code definitions, I eliminated the five sequential segments (Entering State, Precipitating Events, etc.). This allowed me to compare and contrast the codes within, and then across, agents of the experience and edit them as indicated. The second stage of analysis resulted in a glossary of 33 preliminary codes: 8 Client, 12 Therapist, and 13 Music.

During the third stage of data analysis, I returned to the uncondensed culled interview transcripts from stage one to ground the 33 codes. The purpose of this was to verify that the codes were representative of the experiences as presented by the participants during the interview. Proceeding case by case and statement by statement, I inserted the codes into the culled transcripts (see Appendix C). As indicated by the data, I re-defined and re-organized the codes, combined similar codes, subsumed or eliminated others, and created entirely new ones. This was an iterative process wherein comparison and discrimination of the raw data across the eight cases shaped each individual code. Whereas stage two offered me a sketch of the codes, stage three allowed them to be more clearly defined and more colored by the data. The data also revealed, that in addition to therapist, client, and music, imagery was an agent of the being present experience. During this stage of analysis, the glossary expanded to 46 codes: 14 Client, 13 Therapist, 13 Music, and 6 Imagery.

In the fourth stage of analysis, I reduced each culled interview to a flowing synopsis of each therapist's experience. Unlike the first stage of analysis where I condensed based on my own impressions, in this fourth stage the codes guided my decisions. I used the following steps

for each of the eight cases. First, I reordered the coded data chronologically within each case and read it over to get a sense of how the therapist's experience unfolded in time. Next, I divided each case into chronological episodes and worked to remove redundancies and client information not needed in order to convey the therapist's experience. In doing so, the codes helped me to decide which statements could be collapsed into each other, which could be eliminated, and which needed to stand alone as unique aspects of the experience. Once all of the chronological episodes within a case were condensed, I joined them, read them as a whole, and condensed further as indicated. Finally, I removed the codes from the therapist's statements to form a synopsis that I edited for readability. Throughout the fourth stage, the code glossary was refined as indicated by the data across the eight cases.

In the fifth stage of analysis I created themes of the being present experience. First, I arranged the codes into two large categories, one for each subject in the experience: client and therapist. Since the 13 music and 6 imagery codes were already defined as helping either the client or the therapist (e.g. *music helps client work through emotion/sensation; music helps therapist live through client*) each fit easily into one of these categories. I then viewed the codes within each category, grouped similar codes together, and the themes appeared. For example, within the therapist codes I saw several that referred to therapist apprehension: *therapist apprehends client; therapist apprehends client-therapist rapport; therapist apprehends music; music helps therapist apprehend own responses; etc.* Thus, one theme under therapist became Apprehends. Three themes emerged for the therapist: Reflects/Evaluates, Apprehends, and Relates. The Relates theme contains four sub-themes: adapts, lives through client, lives through self, and acts. Five themes emerged for the client; I arranged them into two categories: 1) Opens and Avoids/Limits into Types of Pre-Engagement; and 2) Engages, Works Through, and Resolves into Phases of Engagement. To prepare for discussion of the themes, I extracted each piece of coded data from the raw culled and coded transcripts, and sorted them, so that I could view all instances of a given code across the eight cases within its new theme category. During this fifth and final stage of data analysis, the iterative coding process concluded. Some data was re-coded, the definitions of several codes were refined, and eight codes eliminated. I then reviewed the eight synopses to verify that these coding changes would not have influenced their creation; they did not. Finally, I sent each synopsis to its respective participant for review. Each participant confirmed that his/her synopsis was representative of his/her inner experience of being present. The final code glossary contains 37 codes: 6 Client, 12 Therapist, 13 Music, and 6 Imagery. Appendix D shows the 37 codes sorted under the three therapist and five client themes.

## RESULTS

The results of this study are the eight synopses of being present as a music therapist. The synopses address the first research question: How does the music therapist's experience of being present unfold? The synopses represent each therapist's experience in a form shaped through the cross-case analysis, and yet, consist entirely of the participants' own statements.

### Eight Synopses of Being Present as Music Therapist

### *Ann*

This was a recent supervised session in my private office. During the opening discussion, the client expressed her protracted grief. As she spoke, I sensed that she was involved in her own process and had been involved in-between sessions. I had a strong sense of which program to use and heard the music in my head. Given what I knew about the score, the composer's history, and my own and other's experience of this music, I had no doubt; the music was at my fingertips. It felt like I was listening with all of my senses and they were aware that this session was going to be pivotal. I was never so excited about the potential for work in a session.

I wanted to get into the music with her, to see where she was going to go. She was already altered as we went into the induction, she was present, and I felt connected to her. It felt powerful and I had a heightened sensation to make sure I was right there with her. She maintained a sense of the Prelude material, and when the music began, her imagery changed with it—it was a seamless transition. I felt good about my music choice and my verbal interventions seemed helpful. It was natural. I felt connected to the music and I felt in tune with her; we knew where we were going.

During the Barber: Adagio, she was in the grips of her issue, and my skin was tingling, alive, on fire. That major-sustain sucked me in from the beginning and did not let me go. It was so long and drawn out that seven minutes felt like thirty. At the climax, there was nothing but those shivering strings, "Ugh!" I was right there. In our mixed-up consciousness, I was inside of her image, standing right next to her. I do not know how I got there. She never said, "Oh, and you are standing next to me." I never had such a strong, visceral reaction during a session. Witnessing this intense, horrible pain and her struggle with it sent a chill that started around my ears, and went down my neck and then spread through my body.

Her experience struck a chord in me not only as her therapist, but also as a human being. Some of what she was experiencing was completely new to me so I did not have a frame of reference for it. She needed the music to help her amplify her grief, with those huge chords, so that she could finally feel it, and, so that I could see that it was not just grief, it was a certain kind of grief. This way I could feel it along with her, make it my own a little bit, and help her work through the rest of the experience. Being in her imagery gave me yet another opportunity to try her experience on, and with the two of us in it together, we healed some, and moved some too. While I was in her image, I suddenly knew that our relationship needed to change and that she needed to start working in a different way. Until then I had not seen what was really going on inside, but by then, I knew her.

So many parts of me were drawn into this. I am not normally tapped on that many levels at once, personally, professionally, and emotionally. The physical response was: "I'm done. I'm tired." I was ready to keel after the Barber, but there was this nervous energy that said, "You are going to be okay, your energy and resources are coming and you are going to finish this session." I am not sure where that energy came from. As the piece ended, her return was gentle and I returned to a more usual sense of myself. The music changed, the affect changed, and the visceral sensation abated. It was a natural thing, not a conscious decision on my part.

### *Bruce*

This was a GIM session, my first session working with this client. She came in and talked about an image from previous [GIM] work with another therapist. The image was important to her but

her words lacked meaning and I sensed that there was something missing. I asked her to tell me more about how it felt and she started to cry. Tears and sadness sometimes makes me feel scared and my best way of dealing with it is to get into a discussion, but instead, I opened myself up. I took some of her sadness into my body and let myself feel it. It was as if I took the sounds of her crying into my body and it filled the emptiness (i.e. the “something missing”). The essence of her, and what she came into this GIM session to do, was contained in the image and in the feeling. It was not a cognitive or truth way of knowing something. It was a kind of consciousness, a visceral, bodily feeling. “Okay,” I thought, “This is where she needs to be.” My sense is that she knew that I felt it as well. There was nothing to say. All I needed to do was understand where she was in the image and stay connected to her feelings. She was in her body, and as she talked more about the image, she surrendered, and deepened into her feelings.

She was really crying so I got her to lie down on the mat. The relaxation induction consisted of her breathing more deeply into her own body and her own feelings. It felt like I was holding her and letting her deepen. I knew that is what she needed to do because I felt this connection to her. I sensed that the more I let myself be open and the more I took in what she was experiencing the more that it helped me to know. I gave her the image that she spoke of earlier to start with.

When the music started, I let myself go into it and I felt the intensity, the heaviness, and the churning of it. At the same time, I listened to the quality of her voice to hear the extent to which she was responding to the music, and the extent to which she was letting go into the music, and being carried by it. I remember feeling: “The music is just perfect. She is totally in the music.” Every time the music changed or did not change, it had some effect on her. First, there was a feeling of emptiness, loss, and aloneness that accompanied the image she came in with and the other images that emerged during the first piece. Then there was angst and a tremendous sadness that she felt towards someone important in her life and their relationship over time. Then the depth of the woman’s singing in the last piece helped her to own those feelings and take responsibility for them. I felt this with her. I felt her take these feelings into her body, and I could tell that she knew, in a very deep and full way, that was what needed to happen.

It was very painful and hard but it was also a very beautiful music experience. I felt connected to her and to the music. I had this deep sense of knowing that because I felt those two things, and because I was open and able to take them in, when and if I needed to do something to help her, I would know in the moment. There was nothing else that I needed to know.

After the music, she felt vulnerable due to the depth of her feelings and immediately attempted to avoid that vulnerability by talking and trying to relate the experience to her biography. I stayed connected to the power of her experience, and I helped her to stay connected by guiding her away from verbally processing. She left the session grappling with having to take responsibility for the depth and weight of her feelings. After she left, I felt the truth and health of her experience.

## *Donna*

This experience took place in my private office. The client came in and sat down and I sat at the piano. As I waited for her to start, I was very attentive and focused, breathing comfortably yet poised on the brink. There is something in her that demands absolute attention and I have to be relaxed and grounded in my own body, feet on the floor. I have to listen carefully not only to what she is saying but also to what I am picking up underneath the words. Today is a good

example because right away she was talking very fast about a problem with no affect and “Boom!” I started crying. It just hit me from nowhere and I quickly realized that it was induced. I got myself a tissue and thought: “What is going on? This isn’t mine.” She saw me starting to cry, got all choked-up herself, and then the feeling left me.

Crying with her immediately created a bond. It calmed her a little, and maybe it calmed me a little too; I like to be let in. “Okay that was her feeling, she needs to feel this,” I thought. It was as if she needed to feel me there with her and to feel her feelings; she did not get that as a child. Anyway, she did not want to feel it, and she started racing on again, telling me about another awful thing. I stopped crying but I still had a little residue of the sadness. I wondered about helping her to get more in touch with it, but being with her over time, I know that she can only handle so much. She needed me to just listen and hold the emotion, so that is what I did.

A little later, I made an interpretation and offered some suggestions, which usually is not effective but she later said it was helpful. Knowing this calmed me even more and allowed me to breathe more freely. It then occurred to me that with this type of client if you listen and listen, and give a lot of space, at the very end they take a little piece. As we continued, I did a lot of mirroring and reflecting: “You are really having a hard time. You really need your family.” I reflected on her history and thought, “She needs to hear more of this.” I could also tell because she got teary like when she feels hurt. It increased the connection between us, which was building during the session. Simultaneously, I was picking up feelings, reflecting them, thinking theoretically and reflecting on her history. Going from feeling to thinking helped me stay grounded and not merged with her.

Then I took a little risk and told her that it is very important that she let other people see her vulnerability, “They need to see how much pain you are in.” That got her more emotional. She started speaking slower and with more feeling, softer and not so harsh. The words are music to me: when she first came in her speech was staccato, very fast tempo, it sounded discordant, and I didn’t like it, but as she connected with her feelings she seemed to be more receptive and I could hear it in her voice. After a little more of this, she started crying again, then got up and went to the bathroom. By then she seemed much more receptive and the fragility that her rigidity protects started to come out.

I broke through, but I did not want to break through too much. While she was out of the room a song came to mind and I started fooling around at the piano to see if I could find the chords. It was as if a bell went-off and I knew that she needed comforting. She came back and said, “That is lovely.” I invited her to sit beside me and she smiled so I knew I was right. I also recalled other instances where singing to her was effective and we had done enough talking. Once I was confident about my instinct, I was no longer mentally tense like in the beginning. As I sang I felt nurturing, giving, and comfortable in that role, and I felt her taking it in.

I find the song very healing, very calming, very soothing and in a sense, I was comforting myself as well. I had just been through an hour listening to all of that horrible stuff, and it was as if we both got some relief. That music was supporting me so that I could support her. It was very heartfelt and very loving and I could hear it. I knew that she could hear it too and feel how much I love to do it. At one point I looked, her eyes were closed, and she had this blissful look on her face. That made me feel really good, “Oh yeah, right, this is what she needs,” I thought, “she is drinking it in.” We were on the same wavelength. There was no ambiguity. The music was the bridge, the connector, and a way for me to give her love and comfort in a way that she could take in; it is harder for her with only words.

I invited her to sing with me. She did and it was a truly wonderful experience. She stopped singing after a while and I improvised lyrics about the things that are good in her life. When I felt that she had enough, I brought it to a close; there was something that I picked up

physically. When she left, she wanted to give me a hug. It felt like she loved me, she was grateful that she got fed.

### *Elizabeth*

In this session, as in many others, this client began by talking. I was on a piano bench facing toward him in a ready position; he was six feet away on a chair. I sat caddy-corner so the message was, “We can always turn to the music.” I felt calm and still, but not stiff; strong, but receiving. I looked at him, but was not always making eye contact because I did not want to be too direct. He spoke in a quiet tone; it seemed like he was muting his feelings. He focused on a painful relationship issue, but interwove superficial events; his affect kept changing, and the discussion became circular.

There was a split consciousness about it. I had an overview of what I heard, and I felt restriction, as if he was stuck. It began to rub off on me; I felt helpless and wondered how I was going to help him. I was also frustrated, I wanted to shake him and say, “Come on, you are holding yourself back!” I also identified with him. I thought of my own experiences in therapy and I understood his need to flit from thing to thing, but I was hoping that he could stick with something, to know his own self. There were so many things to consider. Just like improvising with someone, it was not just one act; it was probably even more than those things that I mentioned. That was the hard thing: being present but thinking.

As we talked he spontaneously picked up the guitar. He was without his words and his playing came from a more authentic place. He was more present, available, and ready to connect more with me, and I became more present in response. When I listened to him talk, I was in my head interpreting and analyzing but when he began to play, I was touched on different levels. I felt it in my mid-body, stomach—an opening. It felt very intimate. I was not sure if he was ready but I took a risk and joined him. I felt a nervous tentative excitement for what could happen as I played the first tone. I was thinking texture: I knew I was sitting at an instrument that can be overwhelming so I played a sparse melody with space, one phrase. I waited to hear his response. I put myself out there by playing, but I held back my own expression and focused on being sensitive to all the elements in his playing.

I remember distinctly that it was soon very hard to be with him in the music. He stopped a lot to talk and kept changing key. It was an awkward feeling, tightness in my mid-section, a combination of my own disappointment as well as his frustration and lack of confidence that I identified with. I began to question whether I could be with him at all and I questioned his readiness. When I focused back on his music I heard the same thing that I heard in his words, he was not ready to be focused.

Then he stopped playing and there was more talking. I listened, reflected, and offered validation trying not to be directive. There was less tension in my gut and I actually felt more connected to him because I no longer had to chase him in the music. I heard frustration in his words; he still could not find his place. I took another risk then and in a very direct and matter of fact way said, “Why don’t you play the drums and cymbal.”

He picked up the mallets and began playing and I began playing with him. It is not normal for him to do that in the sessions, and I was surprised that he was opening himself so easily. “This is going to be good for him,” I thought. It felt like anything could happen. He started with an organized and sophisticated rhythmic idea. As I played, I thought of his words and his mood and put that into the music. After holding onto his rhythmic patterns for some time he started getting louder, he started to let go more, and I was right with him matching and

encouraging, using more of the keyboard. It was not a joyful release but he sensed that he had the support and that there was an opening to go further. As the volume increased and he broke free of rhythm, I felt his inner conflict coming out. It was exciting; he had only touched on these strong feelings while talking.

With a ritard and decrescendo, he brought it to a close. I could feel him in the room, his being, his feelings and there was something in the atmosphere, in my body, and in my emotions that told me the music was not ending yet. I started to play a repeated tone, gently, a fifth from where I was, as if to say, "Maybe there is more?" He picked up an alto recorder and started playing. All of a sudden he was there in that sound, unfettered, not hiding the sensitive and vulnerable part of him. All the things he thinks he is not or is unable to be I heard in that music. The whole thing had such a shape: from the more disorganized playing to the strong release to beautiful melodic ideas that he could sustain and share.

When it ended, he did not talk. That was significant for him. It was one of those sacred, special moments of "something has just happened." I sat in a rich silence, still experiencing the contrast of the two different ways of playing and reflecting on his ability to move between those feelings. I thought, "This is the kind of experience that this man needs."

### *Joe*

This was a GIM session where the client connected with internal power. She spoke assertively from the start, and as I picked up on her strength, I became aware of what she needed. It was not important for me to say things or intervene; I knew her process and her story and I knew that given the right music she was going to move. It was important that I provide an open non-verbal container within which she could continue. It happened naturally; I made sure that my arms and legs were not crossed and allowed my body posture to support, to match the strength I felt from her.

As I prepared her for the music, I worked to feel open through my torso, my pelvis, heart and throat, so that she could feel that openness next to her. She was lying in an open position and when the music began, she got into her heart space where there was some anger. I was right "in there" with her; I experienced the music in my solar plexus—which is all about empowerment—and I suspected that is what was happening for her as well. Using her arms and legs, she moved through it quickly.

The music program was Positive Affect. I knew what was coming in the Barber: Adagio and wondered, "Will the music support her?" Then I felt my hands, arms, and chest open up with the crescendo. My voice elevated as she moved through the peak and release and accessed energy that had been stopped and squelched in her life. It was very moving. Parts of her experience were very emotional and I felt her physical energy become denser, more powerful, and I matched that in my torso and chest. Yet, my body was only one aspect of what was present; the boundaries between the music, the client, and me were not present as such. The image in my head is that the client was lying down with me sitting next to her, and there in the air, in the ethers, was the music, like a mist that covered us, went through us, and contained us. All the while, I kept one foot on the platform of objectivity so that we did not get lost. In other words, I was in the moment with the music and the image, but I was still thinking, writing the transcript, and encouraging her to say what she needed to say.

After the peak and the release in the Barber, she moved to a place of peace and quiet joy and I felt a positive light relaxation over my body. I skipped over the Sanctus, which would have been too much music at that time, and we went right to the Strauss: Death and

Transfiguration. During the Strauss, she made some very self-affirming comments. I encouraged her to stay with it; I could tell that she had come to a very important place of believing in herself and in what she has to offer. This gave me a sense of gentle joy within my being that I reflected back to her. After the music, we talked and did post-session integration. I moved out of that therapeutic bubble into thinking: “I’ve got to get her grounded, help her integrate this, and make sure she walks out the door with something that has meaning,” and yet, all the while her power resonated inside me and I reflected it back to her.

The music, the client, and I were three separate, energetic entities but once she and I moved into the process, the blending of the energy began. My presence and the music then enhanced that blend and the client opened. The synergy of those three equal forces coming together created what we might call healing. It did not really take energy from me because I was right in there with her. In fact, it was invigorating and I came out of the session on a high.

### *Lori*

What comes to me is a GIM client who is a challenge; so much relies on my presence. In life, she has a strong relationship with her body but in therapy, she has little connection with it or with emotions being in her body. Before she arrived for this session, I went through her sessions, talked to her therapist, and I knew that I was going to take a risk.

We moved quickly to the music. I started with Wagner: Sigfried Idyll. As usual, she had clear visual images and I became captivated by the incredible story they told. Then I remember thinking, “Oh, here she goes into her head. This is the same old stuff. If I am going to be a therapist I need to explore.” At the start of the session, I had a feeling of adventure but my new awareness made me realize that I had become un-present with her. I was trapped, going through the motions, like a factory worker, doing what she expected me to do. My new awareness also helped me to move beyond her cognitive experience of the music to my own emotional experience of it. The difference between our experiences of the same music helped me comprehend just how superficial her imaging was. I was ready for action, but it was not time to intervene.

When the Wagner ended, I took the opportunity to shift to a very short, repetitious and holding piece, like the Vaughan-Williams: Rosymedre. This music does not have any development, it is not imagery provoking, and it created a space for me to do what I wanted to do. I was set free by that music choice. I was excited again, curious, and not even scared; I have been scared with her.

As the music began, she said that she felt strong but I knew this was intellectualized. I had her focus on that strength and tried to expand her experience into an actual emotion. It did not work. I was operating on two levels at that point: On a feeling level, I was discouraged, but on a thinking level, I did not want to compromise her trust in me by being too pushy. Then I had a little bit of an ‘aha!’ “Since she is so body oriented in life why not see how much she is experiencing in there?” It was like a light bulb and I felt very foolish. At the same moment that I thought the thought, I said to myself, “Oh my God, this is going to work.” It was beyond all reasonable thought. I felt a thick feeling of warmth all over my body like the substance of mercury. It was so fast and strong, like a green light there was no more risk. I was no longer held back. There were no longer two parts of me. Earlier I was in a complex dialogue with myself but this was simple; I was very engaged, natural, fully myself—so alive. It was the feeling of a perfect moment, as if all the planets were in alignment, and it was all orchestrated by the music, and the music was what I was going to depend on.

I asked her if she experienced the strength in her body and worked hard to help her fill it out. She was surprised; it was a really weird and uncomfortable experience for her. I was uncomfortable as well because it was so unexpected and my head felt turned around. I did not know where it was going but I knew it was right and I knew that I had to follow it through. I sensed how precious that experience was and I helped her to stay with it and accept that it was okay. She was going somewhere for the first time and it was tentative, fragile, like a newborn baby. I was careful, and worked to make the experience hospitable even though it was weird.

Each time that piece of music ended, I asked her, "Is it okay to stay with this?" I focused on making the experience more distinct and having her come out of it safely and accept it. It was like the baby's head just came out and I wanted her to know that this was a good place to be. I repeated the piece for as long as she could tolerate, then she said she needed to stop. I knew that somehow I had to normalize the experience so that she would not reject it. I almost had to say, "This was an extremely important experience for you and even though it feels like you want to go back and talk about those images, just stay with this feeling so that we can understand it a little more." It was as if a baby was born and I had to hold it for her. She did stay connected to it for a while, and left the session with it inside her, but it took so much to hold her there that I knew it was not going to last. Even though that moment transformed her consciousness so totally, the pull to be who she was before was too strong, and I knew there would be a lot more work involved.

It was shocking to me that a person could be so totally defended against feeling. I know what a horrible childhood she must have had yet I found nothing in her history to explain it. I did not want her to be that ill but in the music, I had no choice but to keep on opening to it. I had to use every ounce of something to get in my own experience and then reach across to hers. I do not really have a word for it. It was like hauling her into being human.

## *Rudy*

This experience took place in my private office equipped with two pianos and various percussion instruments. The client entered the room and said he was dealing with some anger. He said that he did not want to talk, but he was not sure what instrument to play. I invited him to take the grand piano where there were two tom toms and a couple of mallets. I sat in a rolling chair near an upright piano, hi hat, cymbal, and a couple of drumsticks. I was open, and alert; this guy has a history. He could just have me sit there listen to the whole thing not react and say, "Thank you very much," and leave. This has come up before and we agreed that it is not in his best interest to have a therapist who is a dump bag. I was letting him know that I was not there to be a witness, observer, or captive audience; I was there to participate. To some extent, it was conscious and intellectual; I was considering my responses. It was also physical. I made sure that there were instruments available, that I sat near them and him.

He began to rummage around in the bottom of the piano, and then he slapped the piano. I could tell that he was looking for his vehicle. He started smacking the drums, then back to the piano; positioning himself, honing in on his expressive voice. I figured that until he finds his voice he is not really saying anything in the music, not saying anything to me, but I had instruments and he knew that if I felt like jumping in I would. The thinking part was done; the ground rules had been laid and he had begun to express.

He went to town on the drums. I was conscious, looking at him and listening. He played fast and loud: "Bruuu, ba, bruuu, ba, bu, bu, bum, ba, bruum, ba, bu, bu, bum, ba, bum." He had found his voice, stuff was coming out from his unconscious and into the room, and we were

sitting in it. It sounded less about anger and a voice in my head said: “It sounds like he is really disgusted by something.” I felt a slight drop in my gut, like a little inertia. My physical reaction was my cue that he found the portal, and I started to play. I did not jump in with two feet but when he played a pattern that struck me I reacted, repeated it back, commented on what I heard or simply responded as if to say, “I heard that.” I had my foot all the way down on the hi-hat, “Diggi, diggi, diggi, diggi.” We were dialoguing, but it was at the top of our lungs; it was like sitting in a tornado. He seemed perfectly content, but sitting in anger and negative stuff is not easy for me. Yet, there I was on unfamiliar ground and I played and played and played.

Even though the music was ripping along, intense and negative, after a while it became aesthetically pleasing. This was a surprise. We were moving together, and there were moments when the thing went, “Whoa!” and we looked at each other. Even without the eye contact, there were very intimate moments of creative connection. It was not just random kicking the drums around; he played some unbelievably nice stuff. Then he moved to the piano. He played like a man possessed. He is not a trained musician in any way, but he played as if he had huge technique, “Uluduuluudle, luuduludu, bluduuluu.” I could not believe it; it was like the Rite of Spring. I was still going with the hi hat, “Sluudule, luuudle, bab, bab, poudelledle.” His right hand kept going on the piano, “Blam, blam, blam, blam.” Then he picked up the drumstick and moved between the tom-tom and the piano. For a while he put the stick down, pivoted, and focused on the piano. It was even more intense and developed into somethin transpersonal—”Who is this guy!?” I thought. He was having a peak experience. He played like a virtuoso, a Horowitz; it was unbelievable. At the end, he brought it to a quiet resolve, “Tsch, tsch. Tsch, ch.” and we ended together, “Pschew,” and the storm was over.

Those are the moments; this is why I do the work. It is the most connected feeling towards another person. It is something that I could not have done, and he could not have done alone, but somehow with both of us committed to the endeavor something came out of it that was bigger than him or me. It goes beyond the mundane. It is on this other level of communication and shared experience. It is like a sacred endeavor, beyond just two people, a transpersonal glimpse into another plateau of human experience that is not often reached.

Playing with him in that tornado of sound was definitely relational but it was not as though he was directing his anger at me; with the music, it was as though we were looking at it together. This experience was a life changer for me. It made me realize that I probably have never been able or willing to sit with anger, or that intensity of negative emotions, for more than a minute and a half. It made me consider that maybe angry-tornado does not equal ugly. It was an effort but I think that is my responsibility, to stay there in the creativity of it all no matter what, no matter how stormy the sea—that is how therapy happens.

## *Sarah*

I worked at a hospice care center with a woman who was in a coma and dying. The charge nurse thought she would like some music. When I came to the room, the woman had a friend sitting with her. A note on the door read, “No Visitors.” My first thought was to be aware of the needs of these women and to make sure that I was not intruding in a private space. The friend said that the woman who was dying would love to have music. She told me that the woman had played guitar and sang folk songs, and music had been very important throughout her life. I relaxed at that point; I was more than welcome.

There were actually two clients in this scenario, the woman and her friend. As the friend talked, I watched the woman to pick-up anything that indicated her level of comfort or discomfort. The conversation became very open and I was happy that someone was there to

share where the woman came from, what her life experience had been, and her musical tastes. I felt that coming from a place of greater knowledge, more than just my in the moment observations, would help me to connect musically. Even though I had just met them, some deep and significant information flowed easily and there was a felt sense of knowing one another that happens on the non-verbal, non-cognitive level.

Within that context, I focused on the woman who was dying, and began playing Native American flute. Someone who is very close to death is easily overwhelmed by too much sensory input; this is a very simple instrument with a five-note scale that lends itself to following someone's breathing. I played for a while, responding to changes in her breathing, facial expression, any information I could get directly from her. Just playing music changed the quality of my experience. Going from verbal interaction to musical interaction slowed my breathing and I deepened from the surface level where things are moving fast into another kind of consciousness. Everything was pulled into a point of interaction between us that was carried by the music. Each note suggested where the next might be, and I had to be fully present with one note before the next presented itself. It was a really, really focused state and yet a way of focusing without trying. The main quality was not to think about what I was going to do. My meditation practice has taught me how to quiet my own mind so I can be open to what is going on around me. I have had experiences playing for people in comas who have come out and spoken about remembering music. Thus, I automatically assumed that even though she had lost the capacity to externalize her thoughts and feelings, she was able to take the music in, and feel that as a way of connecting with the energy in the room, and perhaps with some place that I do not even know.

After I played for a while, the friend talked about some of the songs that the woman enjoyed singing and playing and I chose a couple that I thought would be supportive in that environment. Playing songs put me in a different space. My focus was more between both of them at that point. It felt like it an honoring and celebrating the past, more than being with the moment-to-moment now reality. I remember one slow song that is about life in a big sense; perhaps this was as much for the friend as it was for the woman. Hearing that song opened up reminiscence for the friend, and in listening to her stories, I became more of a receptive presence.

To end the session, I returned my focus to the woman and again played the flute. There was a period of silence after the music. I sat there, watched, and noticed what I noticed. It was a very comfortable silence and the friend had no need to interrupt it. I then got up, kissed the woman on her forehead, ran my fingers through her hair, and she sighed. Except for the difficult stuff of packing up and leaving the room, that was the end. As I did, there was a sense of disconnecting from that deep place of connection and withdrawing into myself, and, with this particular woman there was some sadness around that. She sounded like a wonderful person and I wished that I knew her when she could interact consciously. I found out several weeks later from her friend that the small sounds she made during the session were her last; she died the day after.

## DISCUSSION

In this section I will discuss the being present themes. Here I move from the least interpretive presentation of the data, represented by the synopses, to an analysis and interpretation of the data through the themes. Discussion of the themes addresses the second research question and sub-questions, namely: What defines the music therapist's experience of being present? How do the therapist's intentions figure in? How does the shared music experience figure in? The discussion is divided into two sections based on the subjects in the therapist's experience of being present: client and therapist. The codes that fall under each theme (see Appendix D) serve to organize the discussion further; that is, I present each code and code definition, reference data as needed to illuminate the essence of the theme, discuss, and summarize.

## Client Themes

There are five client themes arranged into two categories: Types of Pre-Engagement and Phases of Engagement. The Types of Pre-Engagement category contains the themes Client Opens and Client Avoids/Limits. The Phases of Engagement category contains the themes Client Engages, Client Works Through, and Client Resolves.

### *Types of Pre-Engagement*

#### Client Opens

The client can open to emotion/sensation or to the therapist's involvement. When the client opens to emotion/sensation, the client is in the process of talking about, manifesting, or in some way preparing to engage important emotions and/or sensations. As Ann's client spoke, it became clear that she arrived to the session ready to grieve. In contrast, Donna's client needed time to talk and bond before she could open to her fragility. Involvement in the music can help the client open to emotion/sensation. Here the client uses the music instead of words to prepare. As Elizabeth's client played the guitar, "he was without his words," she said, "and it felt like his playing came from a more authentic place." The word "authentic" gets to the essence of this theme: the client opens to what is already there waiting to be experienced.

When the client opens to the therapist's involvement, the client allows the therapist greater access to his/her experience, and/or accepts the therapist's assistance. The more Bruce's client opened to her sadness the more she allowed Bruce to help her to deepen. Involvement in the music can help the client open to the therapist's involvement. Rudy's client would allow Rudy to help him with his anger but only in the music.

This first client theme reveals that opening to emotions and/or sensations parallels opening to the therapist. In other words, the more open the client is to the therapist the more fully the client experiences the core of him or herself and the nature of the work to be done. Some clients are open when the experience begins, whereas others need to talk or play or listen to music in order to open.

#### Client Avoids/Limits

Whereas some clients are open from the start, others avoid emotion/sensation or limit the therapist's involvement. When the client avoids emotion/sensation, the client is unable, or unwilling, to open to emotions and/or sensations. It seems that the client's primary way to avoid

emotion/sensation is to talk, yet, involvement in the music experience can also manifest, and may reinforce, the client's inability or unwillingness to open. Similar to his use of words, Elizabeth's client stopped his guitar playing often or changed key to avoid his inner conflict. Involvement in imagery can have the same effect. Even though her imagery told an incredible story, Lori's client avoided being sensorially or emotionally involved in it.

When the client limits the therapist's involvement, the client prevents the therapist from accessing certain aspects of the client's experience and/or resists the therapist's assistance. Involvement in the music experience can help the client limit the therapist's involvement. Elizabeth could not gain access to her client when he repeatedly stopped and started playing and when he changed key. By imaging to music in a cognitive way, Lori's client severely limited Lori's involvement.

Similar to *the client opens* theme, there is a direct relationship between avoiding emotional/sensorial experience and limiting the therapist's involvement. In other words, the more the client avoids emotion/sensation the less the client can tolerate the therapist's involvement. Whereas some clients use words or music to open, others use words or music to avoid emotions and sensations and to limit the therapist's involvement.

## *Phases of Engagement*

### Client Engages

In the first phase of engagement, the client experiences and may express emotions and/or sensations, and accepts the therapist's involvement in doing so. Once she got into her sadness Bruce's client was able to be "in her body" as she spoke about her image. Involvement in the music experience can help the client to engage emotions/sensations. Here the music assists the client in experiencing and perhaps expressing emotions and/or sensations. As the music began, Ann's client engaged the grief feelings she talked about earlier, "a seamless transition," Ann said. Playing the drums helped Elizabeth's client to engage his frustration directly and helped Rudy's client to engage his anger.

When the client engages emotions and/or sensations, the dualities begin to fade. The client is no longer avoiding or limiting and is past merely opening. In this first phase of engagement, the client becomes immersed in the moment, settles into being embodied, and allows the therapist to be involved in this, at least to some extent. Music experience can help the client to engage emotion/sensation and to integrate the therapist's involvement.

### Client Works Through

During this second phase, the client more fully engages emotions and/or sensations, and undergoes a process where they evolve, expand, transform, or shift in some way with the music. In all of the cases, the clients working through occurred during the shared music experience.

By sharing music experience with Ann, her client was finally able to feel her grief and begin the healing process. Coupled with Bruce's empathy, music and imagery helped his client experience feelings of emptiness and loss as the first step in taking responsibility for them. Through Donna's piano playing and singing her client took in the nurturing that she could not fully receive through talking. Improvising with Elizabeth helped her client to work through his

“inner conflict” to “beautiful melodic ideas that he could sustain.” With Joe simultaneously matching the intensity of the music and reflecting his client’s inner strength, she accessed “her own energy inside that had been squelched.” With Lori’s assistance, music helped her client to experience a feeling in her body, which “transformed her consciousness.” Shared music improvisation helped Rudy’s client to transform negative emotions and sensations into something aesthetically pleasing, and in doing so, to access abilities that were beyond him. Improvised Native American flute provided Sarah’s patient “a way of connecting with the energy in the room, and perhaps with someplace that I don’t even know.”

In this second phase of engagement the client’s working through is a synergy of emotion, sensation, therapist’s involvement, music, and in some cases imagery. Here the client allows the therapist to be the most involved in her/his moment-to-moment experience, and it is by sharing experience through music that the client’s emotions and sensations evolve, expand, transform, or shift as the music unfolds in time.

### Client Resolves

In this final phase of engagement, the client has undergone a process of working through emotions and/or sensations and is searching for, or has found, some kind of resolution or closure.

Sometimes resolution comes easily. After the music, Elizabeth’s client “was quiet, composed and didn’t need to diminish it with talking.” When resolving the experience is difficult, the relationship between openness to emotion/sensation and to the therapist’s involvement again becomes important. Bruce’s client avoided integrating what happened in the music by talking, but with Bruce’s help she resolved to grapple with “the depth and weight” of her emotions. Involvement in the music experience can help the client maintain openness as she/he resolves. The final piece in the music program provided Ann’s client with a gentle return from her grief experience. Rudy’s client improvised his resolve, “‘Tsch, tsch. Tsch, ch,’...we ended together, ‘Pschew,’ and the storm was over.”

As the client works towards resolution, the potential for dualities returns. In this final phase of engagement, the client is open to or avoids emotions/sensations related to the music experience and is open to or limits the therapist’s involvement in helping her/him to remain open. Music can help the client maintain openness as he/she transitions out of the experience.

What defines the music therapist’s experience of being present, and how the shared music experience figures in, begins to appear. The more the client opens to the therapist’s involvement the more the client opens to being in the moment and vice versa. After opening, the more the client engages important emotions/sensations the more integrated the therapist’s involvement becomes. Music can help the client to open and engage, but it can also help the client to avoid and limit. During the shared music experience the client allows the therapist to be the most involved in his/her moment-to-moment experience and in the process of working through emotions and sensations as they manifest through the music. Following the music experience, the client resolves to stay close to the therapist and the impact of the music experience or attempts to distance her/himself from these.

## Therapist Themes

This part of the discussion explores the therapist's work within the being present experience. The therapist themes further reveal what defines the music therapist's experience of being present and how the shared music experience figures in and how the therapist's intentions figure in. There are three therapist themes: Reflects/Evaluates, Apprehends, and Relates. The Relates category contains four sub-themes: adapts, lives through client, lives through self, and acts.

### Therapist Reflects/Evaluates

This aspect of being present has to do with the therapist's in the moment cognitions. The therapist can reflect upon the client's work, the client-therapist rapport, the therapist's own responses, or the music and may evaluate these in relation to the client's current work, prior work, and/or overall therapeutic process.

In reflecting upon and evaluating the client's work, the therapist focuses on the client's experience or behavior in order to understand the nature or extent of the client's openness. When Elizabeth's client began to play the drums, she thought of past sessions and was "surprised that he was opening himself so easily." As Lori thought about her client's "pull to be who she was," following her transformative experience she knew there would be "a lot more work involved."

When reflecting upon and evaluating the state of the client-therapist rapport, the therapist seems concerned with how well the therapist and client are working together. As she and her client struggled to relate, Elizabeth reflected, "How can we be together in the music? Maybe we can't?"

When the therapist reflects upon and evaluates his or her own responses, the therapist focuses on his/her own state, experience, or actions and seems to ask, "Do I have access to the client? How close am I to the client? Is this closeness helpful?" When Donna suddenly lived through her client's unexpressed sadness, she thought, "What is going on? This isn't mine." Early in his experience, Rudy considered every response and Lori spoke of her "sense of resolution" that came in and out of her awareness. Whereas this sort of cognition can help establish rapport, reflection can also become a hindrance. Elizabeth found herself moving rapidly in and out of reflection and Lori ended up "in a complex dialogue" with herself. "That was the hard thing," Elizabeth commented, "being present but thinking." During the music, the therapists were able to reflect at deeper levels and evaluate their own responses to the music in relation to those of the client. Joe pointed out that periodic reflection and evaluation during the shared music experience, when the increased rapport can blur interpersonal boundaries, helps the therapist keep "one foot on the platform of objectivity."

The therapist also reflects upon and evaluates the therapeutic potentials of the music. Here the therapist seems concerned with the ability of specific music to help her/him gain access to the client, to help the client work through emotion/sensation and to help therapist and client work together. Sarah reflected upon her previous experiences of using the Native American flute to connect with patients who are near death. Ann and Lori reflected upon and evaluated their clients' needs and chose music to foster therapeutic experiences.

In summary, it seems that when a music therapist is present to a client, interpersonal boundaries become diffuse. Thus, it seems that periodic reflection and evaluation is integral to maintaining presence. This is especially important when the therapist lives through the client's experience and during the shared music experience when the increased rapport can blur the boundaries even further. Too much reflection and evaluation, however, can impinge on the therapist's ability to be present and may indicate that the therapist is having difficulty being with the client.

### Therapist Apprehends

This aspect of being present has to do with pre-reflective knowledge acquired through the therapist's senses. The therapist can apprehend the client, the client-therapist rapport, the therapist's own responses, or the music. Here the therapist's intention, if there is any conscious intention at all, is to suspend cognition, open her/his senses, and receive information.

When the therapist apprehends the client, the therapist senses, becomes aware of, perceives, or intuits something about the client, the client's ongoing experience or state, or the client's needs. In describing how he knew that his client needed to deepen into her feelings, Bruce said, "It was not a cognitive or truth way of knowing something." Instead, this type of knowing seems to come from being embodied near the client. It was through his abdomen that Bruce felt "something missing" in his client's words. Music can help the therapist to apprehend the client as can imagery. It was by experiencing his client's music on a sensorial level that Rudy knew his client had found the "portal" for his expression. While positioned in her client's image, Ann not only realized that the therapeutic relationship needed to change, but she apprehended that her client had not come to the same insight. It seems when the therapist is being present his/her senses can pick up more than just sights, sounds, tastes, smells, and touch.

When the therapist apprehends the client-therapist rapport, the therapist senses, becomes aware of, perceives, or intuits something about the relation between client and therapist. Here again, knowledge is acquired by the therapist, a living being with multi-dimensional senses who opens to the therapeutic encounter. Soon after Sarah met the patient and her friend, there was "a felt sense of knowing one another that happens on the non-verbal, non-cognitive level." Music can help the therapist to apprehend the client-therapist rapport, as can imagery. Rudy sensed that he and his client both felt the aesthetic reward of the music, and even without eye contact, he apprehended "very intimate moments of creative connection."

When the therapist apprehends his/her own responses, the therapist senses, becomes aware of, perceives, or intuits something about her/his own state, experience, or actions. Sometimes this information comes from the client. Through the connection she felt with her client, Ann experienced a "heightened sensation" that she needed to be "right there with her." Bruce said, "The more I let myself be open and the more I take in what she is experiencing the more that it helps me to know." Other times, the information has no clear source. For Donna a song simply "came to mind" as she moved to the piano. Lori also knew spontaneously how best to intervene. It was "beyond all reasonable thought," Lori said. Indeed, it seems that gaining a cognitive grasp of pre-reflective information is not always possible and is perhaps unnecessary. Lori elaborated, "It was bizarre, my head felt turned around . . . but I knew it was right and I knew that I had to follow it through."

The music and the imagery can help the therapist apprehend responses. As Elizabeth's client attempted to resolve his improvisation, the music told her that there was more she needed to help the client express. By being in the client's image, Ann apprehended that she could expand her palette of responses and work with her client in a new way. For Lori, the music was both an integral part of her "Ah, ha!" moment and the agent that she relied upon to help her know how best to follow it through. Even though Lori was not yet able to comprehend how ill her client was, the music helped her to span the chasm between the client's "intellectualized" experience and her own "emotional" experience and apprehend what needed to be done.

When the therapist apprehends the music, the therapist senses some therapeutic potentials of the music. Here apprehending is more than just hearing tones and rhythms. As her client worked through the crux of her session, Ann felt the music suck her in and suspend her

sense of time. As his client worked, Joe sensed the energy from the music in different parts of his body. Bruce felt the “intensity and the heaviness” of the music as it helped his client work through her emotions. As Donna played for her client, she heard how “heartfelt and loving” the music sounded.

In being present, it seems that the music therapist works to know the client intimately. By being open to his/her own sensorial experience while near the client, the therapist can apprehend important information about the client, the client-therapist rapport, the music, and the therapist’s own responses. The therapist who is being present allows this pre-reflective information to light the way through important phases of his/her work with the client. By allowing the music and the imagery to alter her/his sense experience the music therapist can apprehend information that might not otherwise be available.

### Therapist Relates

This aspect of being present involves ways of relating to the client. These are represented by four sub-themes: *adapts*, *lives through client*, *lives through self*, and *acts*.

Of all the themes and sub-themes, *adapts* contains the most variation and implicates diverse therapeutic abilities. When the therapist *adapts* to the client the therapist changes intentionally to maintain or increase rapport or the client induces the therapist to change. Within the flowing rapport that occurs in being present experiences, it is often unclear whether adaptations are intentional or induced. In addition, the therapist’s attempts to increase rapport may or may not be effective, and adaptations that are induced by the client may increase or decrease rapport. Essentially, the *adapts* sub-theme represents changes in the therapist’s state of being and I have chosen terms to help describe them: breadth of apprehension, state of openness, sense of agency, state of connectedness, and role.

When adaptation involves a change in breadth of apprehension, the therapist experiences an active increase in this ability while in direct relation to the client. In response to her client’s readiness to work Ann said, “I felt like I was listening with everything, with all of my senses.” Donna described how she was induced into a state of expanded apprehension: “There is something in her [client] that demands absolute attention.” It seems that this type of adaptation calls upon the therapist to apprehend simultaneously on multiple levels. In verbal dialogues, Donna, Elizabeth, and Sarah all mentioned tracking not only the client’s words but also voice quality, physical posture or movement, and anything they could sense “underneath the words.” Elizabeth likened this to improvising with a client, “it is not just one act.”

Changes in the therapist’s state of openness have an instinctive flavor that can be experienced in several ways. Bruce opened to allow his client’s emotions into his body. After they cried together, Donna opened to allow her client’s emotions to return to their source. Joe’s pelvic, heart, and throat chakras opened in support of his client: “It was something that happened naturally,” he said. Moreover, the therapist can experience opening in more than one way simultaneously as when Elizabeth felt “touched on different levels” as her client moved from talking to playing music.

Changes in the therapist’s state of connectedness to the client seem to require a particular type of effort. In preparation for the music, Bruce stayed connected to his client’s emotions and held her in them as she deepened. Donna and Lori held feelings for their clients until the clients were ready to hold them on their own. Joe’s and Elizabeth’s connectedness manifested physically. Joe matched his client’s emotional intensity. When she and her client were not connecting, Elizabeth felt tension in her solar plexus, but when they did connect, the

tension left her. Sarah described adapting when the session was over, “There was a sense of disconnecting from the really deep place of connection and withdrawing into myself.”

Joe’s comment about his chakras opening naturally is worth repeating. It seems that all of these changes in the therapist’s state of being are a natural and inevitable outcome of being in relationship. More pointedly, over the course of a session, adaptation seems to involve the therapist living in a state of flux between what he/she intends and what the client induces, and it is in this balance that rapport thrives.

Another type of adaptation involves the therapist’s sense of agency. Here the therapist works to balance openness to the client, which could result in an induced adaptation, with intentional adaptation to maintain rapport. In response to her client’s power to induce, Donna spoke of how she has to “stay relaxed and grounded.” Adapting to his client’s previous attempts to limit his agency, Rudy was “careful not to get boxed-in” by the client.

The music and the imagery can have an adverse influence on the therapist’s sense of agency. Elizabeth experienced her client “moving all over the place” in the music, “I did not know how to be with him,” she said. Captivated by her client’s way of imaging to music, Lori lost her sense of agency. “I had become un-present,” she said, “I was trapped . . . doing what she expected me to do.”

Whereas experiencing music can lead to adaptations that decrease rapport, once client and therapist are truly sharing music experience, the music can help the therapist connect in ways that maximize rapport. It was her Native American flute playing that allowed Sarah to reach that “deep place of connection” with her client. For Donna, the music helped her to get on the same “wavelength” as her client. “There was no ambiguity,” she said. Joe commented that as he provided a container for the client, the music contained them both. “The boundaries of the three weren’t present as such,” he said. Sharing music experience with his client allowed Rudy to improvise “on unfamiliar ground” and support his client’s expression and transformation. Similarly, the music helped Ann to expand past her own “frame of reference” so she could “relate as a human being” to the client. It seems that in the shared music experience the balance between adaptations induced by the client or intended by the therapist reaches a peak. In this time of maximum rapport, the dualities fade.

The shared music experience can also facilitate changes in the therapist’s role. When she and her client moved from talking to music, Donna adapted from reflective therapist into “good mother” role, and, the music supported her as she supported the client. In addition, the therapist’s role can shift with the form of the music that is experienced. While improvising with her flute, Sarah experienced a moment-to-moment interaction between her and her patient, but when she played songs, she honored the past, and became a receptive presence for the patient’s friend. The music can also help the therapist to return from a changed state of being. The music helped Ann to return to her usual sense of self, “It was a natural thing,” she said, “not a conscious decision on my part.”

In summary, the *adapts* sub-theme represents various changes in the therapist’s state of being. It is perhaps no surprise that music is a great asset in this significant part of the therapist’s being present experience. Music alters consciousness and physical state, helps the therapist work within the client’s experience, helps the therapist give the client what he or she needs, supports the therapist in helping the client, and facilitates changes in role. It is important to remember that whether music is involved or not, the therapist’s attempts to increase rapport may, or may not, be effective, and, those adaptations that are induced by the client may draw the therapist closer or push the therapist away. As such, being present may require the therapist to manage multiple adaptations and/or endure a series of adaptations, and in doing so, to teeter

between the extremes of changing intentionally and allowing the client to induce changed states of being.

The second sub-theme under *Relates* is *lives through client*. When the therapist lives through the client, the therapist experiences, in a full way, some part of the client's experience. This is best conceived as an extreme adaptation, and similar to adaptation, it is difficult to determine whether living through the client is intended by the therapist or induced by the client.

Bruce intentionally allowed the sounds of his client crying into his body, and doing so helped him to understand her and her needs. In contrast, Elizabeth seemed to "pick up" her client's angst and lack of confidence. Donna was induced to live through the feelings that her client could not bear. It seems that living through the client has a twofold impact: it helps the therapist to know what the client needs while it meets the client's need to be known.

Music can help the therapist to live through the client, as can imagery. Lori was induced to live through her client's "intellectualized" music and imagery experience. This served her client's need to be known in a non-emotional way while it helped Lori to realize how profoundly differently their experiences were. For Ann the music amplified her client's grief so that she could "feel it along with her" while the imagery gave her the opportunity to "try her [the client's] experience on." Bruce stated, "There were moments when I was in the image with her, inside the music, and we were traveling along within the same consciousness, living the same experience." It seems that the shared music experience allows the therapist to live through the client in such a way that knowing and being known are seamless.

The *lives through client* sub-theme reveals something that underlies all being present experiences: the therapist works to know the client from the inside while the client struggles with being known.

The third sub-theme under *relates* is *lives through self*. Whereas adapting is about changing to increase rapport, and living through the client is about living through the client's experience, *lives through self* is about living through something personal while working with the client. This is best conceived as a retreat to a familiar state of being or a non-adaptation. Here the therapist is most alone in relation to the client.

After identifying with, and living through, her client's struggle, Elizabeth became frustrated, "I wanted to shake him and say: 'Come on, you can do this!'" Regarding her experience during the music, Ann said, "I never had such a strong, visceral reaction, during a session . . . her [the client's] experience struck a chord in me not only as her therapist, but also as a human being." After improvising with his client, Rudy was amazed by the music his client created and by his own ability to work in the emotions it made audible. It seems that it is important for the therapist to remain open, to live through personal moments, and to let them go. For Lori, beginning to comprehend how ill her client was, and living through the shock and discomfort that came with it, was essential to freeing up her therapeutic resources. Sarah maintained emotional health by allowing herself to feel sad after her session.

The fourth sub-theme under *relates* is *Acts*. When the therapist acts he/she relates to the client by doing something overt. Moving into discussion of the *acts* sub-theme marks the transition from being to doing. The data shows that when the therapist is being present actions stem directly from being with the client.

Prior to the music experience, the therapist's actions can be verbal or physical and seem to be about helping the client to open to and engage emotions and sensations in preparation for the music. Upon apprehending something missing as his client described her image, Bruce, acting out of curiosity, asked her how it felt. After living through and adapting to her client's indecisiveness, Elizabeth took direct action and said, "Why don't you play the drums?"

During the shared music experience, the therapist's actions can be verbal or musical and are tied to helping the client work through emotions and/or sensations in the music. As if entering a new relationship, Elizabeth and Rudy both joined their clients' improvisations with care. With a similar musical responsiveness, Sarah allowed what she apprehended from her patient in the moment to guide her Native American flute playing. Upon joining her client's drum improvisation Elizabeth channeled her client's "words and his mood," which she lived through earlier, through the piano.

After the music experience, the therapist acts to help the client integrate the emotions and/or sensations worked through in the music. Bruce verbally directed his client to stay open as he stayed connected (adapted) to the power of her music experience. In conjunction with his physical adaptations, Joe used words to reflect and affirm the power his client enjoyed in the music.

Discussion of this final sub-theme offers a glimpse into how the therapist's momentary experience both in and out of the music reflects a constellation of thought, sensation, emotion, and ways of being in relation to the client. That is, in being present, music therapists apprehend, relate to clients by adapting, living through the client, living through self, and taking action, and, periodically reflecting upon and evaluating what is experienced.

## CONCLUSIONS

### Thematic Synthesis

When viewed through the client and therapist themes simultaneously, the data provides a palette of options for the therapist as a being present experience unfolds.

During the Pre-Engagement phase, the client works to open to emotion/sensation and to the therapist's involvement. If the client avoids emotion/sensation and/or limits the therapist's involvement, the therapist can apprehend the nature and extent of this, and, apprehend how best to respond to the client's unique avoidance style and way of limiting. To receive additional information, the therapist can open multiple senses or expand individual senses. While being open with the client, the therapist may be induced to adapt in ways that suit the client's avoiding/limiting, and, may be induced to live through the emotion/sensation that the client avoids. By grounding him/herself physically, the therapist can directly regain a sense of agency, and can then reflect/evaluate his/her closeness to the client. To establish rapport when the client avoids/limits, the therapist can hold the emotion/sensation that the client avoids. If the therapist experiences something personal when the client avoids/limits, she/he may need to live through self. Based on knowledge that is apprehended, or that is gained by living through the client or self, the therapist can intervene verbally to help the client open.

While the client is avoiding/limiting, the therapist can reflect upon specific music, evaluate its raw potential, and, can evaluate its ability to help the therapist gain access to the client, to help the client open to emotion/sensation, and to help therapist and client work together. The therapist can then select music and/or physically arrange instruments or self to suit the client's unique avoidance style or way of limiting, to maximize the client's options for opening, and, to maintain a sense of agency. If involvement in the music helps the client to avoid/limit, the therapist may be induced to experience the music in the same way the client does. To restore a sense of agency, the therapist can reflect upon his/her own experience of the music and evaluate it in relation to the client's experience of it. The therapist can also change

the music to maximize the client's options for emotional/sensorial experience, and, to maintain a sense of agency.

If the client is open during the Pre-Engagement phase, the therapist can apprehend the potential of the session to come, what the client needs, and how best to prepare the client for the music experience. The therapist can also apprehend the nature and extent of the client-therapist rapport, what the client apprehends about the therapist, and how best to respond to the client's openness. In natural response to the client's openness, the therapist can open multiple senses and expand individual senses to gain additional information, open his/her chakras to become a supportive container, physically match the intensity of the client's emotion, and allow the client's emotion into his/her body. To understand the client and the client's needs from the inside, the therapist can live through the client's emotion/sensation. At a cognitive level, when the client is open the therapist is free to reflect upon specific music and evaluate it as described in the beginning of the previous paragraph. If needed, the therapist can choose music to help the client open further in preparation for the shared music experience.

During the Engagement phase, the client engages, works through, and works to resolve. When the client engages, the therapist can apprehend how to be or what to do through the connection allowed by the client. The therapist can help the client to engage by staying connected to the client's emotion/sensation and/or holding the client in emotion/sensation. As the client deepens, the therapist may reflect/evaluate the nature and extent of the client-therapist rapport. If involvement in music helps the client to engage, the therapist may experience a shift in role based on the type of music experience used and the client's needs. The therapist can also allow the music to deepen his/her consciousness, can open in response to the client's music experience and/or expression, and, can establish a connection with the client through the music. The therapist then can reflect upon his/her own experience of the music and evaluate it in relation to that of the client. In the case of music improvisation, the therapist can apprehend, through the client's playing, the nature or extent of the client's openness. The therapist then can play with care and responsiveness based on what he/she apprehends about the client's experience and/or expression of music.

When the client works through, therapist and client truly share the music experience. This involves the client engaged in emotion/sensation with the therapist's involvement integrated, and, with the therapist's adaptations occurring naturally. This can manifest in different ways for the therapist. The therapist may experience, through the music, a change in role that helps the client to receive what he/she needs. The therapist can move through the music past his/her own frame of reference to work in the client's emotional space, and/or to relate more directly with the client. The therapist may physically match the client's emotional intensity and be supported by the music while supporting the client. The therapist can live through the client's emotion as amplified by the music and, in an even fuller way, may share consciousness with the client through the music. If the therapist experiences a personal reaction while living through the client, he/she may need to live through it as the music unfolds in time. To maintain a sense of agency the therapist can periodically reflect upon what happens in the music and evaluate it. In addition, the therapist can apprehend the therapeutic potentials of the music that the client experiences and can apprehend through the music what the client is aware of and how best to respond to the client. The therapist can expand his/her senses to receive pre-reflective information from multiple sources and on multiple levels simultaneously. If imagery is part of the client's experience, the therapist can apprehend through the imagery, what the client is aware of, the true nature of the client-therapist relationship, and, how this might need to change. In the case of music improvisation, the therapist can play to channel the client's

emotion through the music, to inspire the client to work through emotion/sensation, and to end the music experience when he/she apprehends that the client has had enough.

When the client resolves, the therapist can allow the music to help him/her return from a changed state of being. If the client has difficulty finding resolution, the therapist can stay connected to the emotional impact of the client's music experience, and, can intervene verbally to help the client to stay open and integrate it. The therapist can reflect/evaluate the nature or extent of the client's openness to emotion/sensation worked through in the music experience. Finally, the therapist can hold for the client any emotion/sensation that the client is unable to integrate within the session time.

## Axioms of Being Present

The data also provides some general axioms that apply to being present as a music therapist. The more open the therapist is to sense experience the more he/she can apprehend; but immersion in the moment is not enough. The therapist must also reflect upon, and evaluate, what is happening. The more the therapist reflects upon experience, however, the less immersed she/he is in the moment. Being present requires the therapist to balance immersion in the moment with reflection upon it.

The more open the therapist is to being with the client, the more he/she risks being induced into adaptation, which could decrease agency. Conversely, as the therapist operates with more intention, agency increases, but with increased intention comes decreased openness to the client. Being present requires the therapist to balance being intentional with being open. The greater this balance, the greater the rapport, and the more likely the therapist's adaptations will be a product of the natural flux of being in relation to the client.

When emotion enters the experience, being present requires the therapist to live through it long enough and deeply enough: to determine its source (client or therapist), to discharge or defer its energy as needed to maintain or restore balance, and, to satisfy the client's need to be known.

When music enters, it alters being and time. The more immersed the therapist is in the music, the more the therapist can apprehend what the music alone can reveal; but immersion in the music is not enough. The therapist must reflect upon and evaluate both the overall spatial and temporal structure of the music, and experience how it unfolds time. Being present requires the therapist to balance immersion in the music with reflection upon it.

The music can also alter the state of the therapist's being. The more the therapist opens to the client in the music, the more he/she risks being induced to live through the music the way the client does. Conversely, as the therapist operates with more intention, he/she is less altered by the music, and is less open to the client's music experience. Being present requires the therapist to adapt with intention while allowing the music to alter his/her state of being, and to balance this with living through the music as the client does. The shared music experience expands the therapist's ability to live and adapt within the natural flux of being in relation to the client.

## Final Thoughts

In conclusion, the music therapist's experience of being present sheds light on what happens between client, therapist, and music that is so helpful and it clarifies who, and what, makes it happen. Previous research and writings are supported by the findings of this study, and hopefully, the phenomenon is now better understood. The music therapist's experience of being present includes autonomous and interpersonal realms, and through the music, numinous realms as well. While each being present experience is uniquely constructed, metaphorically, Bruscia's theory of moving between worlds of consciousness and layers of experience is easily applied to the eight cases in this study, and his procedural cycles provide a flexible blueprint for maintaining the type of balance suggested above. Bruscia's and others' ideas about clearing oneself and basing actions on knowledge that is gained through being with the client, are also supported.

The therapist who wishes to be present must begin, as Pemberton revealed, with himself/herself. Foremost, the therapist must work on her/his own comfort with being embodied, with sensation, emotion, and thought. Equally, the therapist who is interested in learning to clear, center, expand, or move consciousness, must begin inside. Sarah mentioned the importance of her meditation practice. In her experience, Sarah began by clearing her mind—a state she learned to achieve through self discipline—thus gaining a clear sense of being individual, and separate. Through her flute playing, she established a deep connection with her client, helped the client connect to something beyond them both, and then, she returned to herself.

Given all it entails, the use of method seems fundamental to being present as a music therapist. Each of the eight participants in this study experienced being present within a practiced method of music therapy. Methods come with set processes, and, specific roles, responsibilities, and expectations for the therapist and for the client, and these help them both to settle into being in relationship. Given the impact of the music, a method gives the therapist structures for being in space and moving through time, from the entry of the music through to its resolution.

In the hands of the therapist who is present, the music becomes a more potent force, and in the music, the therapist becomes a more potent being. I used to believe that wielding the music and oneself as a therapist took love, but after living with these eight cases for some time, it seems that love is not enough. Elizabeth, Joe, and Lori demonstrate the grit that it takes to remain steady and grounded. Lori and Bruce show that it takes facing personal fears and accepting the client's suffering. Bruce and Donna offer that, at times, it takes bearing the client's emotions in his/her stead. Ann, Lori, and Rudy show that it takes working in the client's music experience even if that involves sensations and emotions that are unfamiliar and uncomfortable. Donna, Rudy, and Sarah remind that it takes suspending beliefs about this world and the next. Finally, being present calls upon the music therapist to live in a state of perpetual wonder, and respect, for oneself, for the client, and for that synergy of beings that we can only through the music experience.

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## APPENDIX A

### SUBJECT CONSENT FORM

#### The Music Therapist's Experience of Being Present to Clients: A Phenomenological Investigation

You are invited to participate in a study designed to investigate therapeutic presence in music therapy. The purpose of this study is to examine music therapists' experience of being present to their clients—to explore similarities and differences, identify inherent processes, and explore what is unique about this phenomenon in music therapy. Should you choose to participate, you will be asked to engage in a telephone interview lasting no more than 1 hr 30 min that will be audiotaped and transcribed. The interview will be scheduled at a time that is convenient for you. There are no expected physical discomforts or risks associated with the interview questions and you have the option of terminating the interview at anytime.

Your participation in the study is anonymous and you will choose a pseudonym to be linked with data from your interview. The interview data will be stored in two forms: an audiotape and a verbatim transcript of the audiotape. Both the tape and transcript will be labeled with your chosen pseudonym and no mention of your real name will appear in the stored data. In addition, only your pseudonym will be used to refer to the data from your interview in any presentation of results of the study. The code sheet linking your pseudonyms to your real name will be kept in a locked file cabinet in the researcher's home. To ensure confidentiality of the data, the tape and transcript of your interview will be kept in a locked file cabinet in the researcher's home.

The purpose of the interview is not to gather information about clients. Prior to the beginning of the interview, you will be instructed to not reveal any confidential information about your clients, and to use a pseudonym if you need to refer to a client. If for any reason, you reveal confidential information about a client during the interview, all such information will be removed from the transcribed data and not used in the presentation of results. Similarly, if a client's identity is unintentionally revealed in the interview, all identifying information will be disguised or altered in the transcribed data, and not used in the presentation of the results.

Only the investigator and the faculty advisor will have access to information related to this study, and it will be destroyed at the end of the study. If you are interested in obtaining a copy of your individual results, please notify the researcher at the time of your interview. A summary of the data will be given to you prior to any submission for presentation or publication. You are free to withdraw from the study at any time without negative consequences, and withdrawal or non-participation will not effect your relationship with Temple University.

Please sign your name below and return this form along with the PERMISSION TO AUDIOTAPE form (also enclosed) to the investigator in the enclosed envelope. The investigator will contact you to schedule the interview once he receives both forms signed by you.

If you have any questions regarding the study now or at any time, please contact the investigator by telephone at 215-842-9879 or e-mail at [brymul@temple.edu](mailto:brymul@temple.edu). Your signature below indicates that you have read and understand this information and that you are willing to participate in the study. Your signature also indicates your understanding that if you wish further information regarding your rights as a research subject you may contact the Office of the Vice Provost for Research of Temple University by telephone at 215-707-3249.

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Signature of Subject

Date

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Signature of Investigator Date



## APPENDIX C

### CODING SAMPLE [BRUCE]

She came in and talked about an image that was important to her in previous [GIM] work with another therapist. CLIENT OPENS TO THERAPIST'S INVOLVEMENT

Her words didn't really mean anything CLIENT AVOIDS EMOTIONAL/ SENSORIAL EXPERIENCE and THERAPIST REFLECTS UPON AND/OR EVALUATES CLIENT'S WORK

I sensed that there was something missing. THERAPIST APPREHENDS CLIENT

So, I simply asked her to tell me more about what it felt like. THERAPIST ACTS

At which point she stopped completely, and started crying. CLIENT ENGAGES EMOTION

. . . the tears and the sadness—sometimes that makes me feel a little scared and my best way of dealing with it is to get into a discussion, but I didn't. THERAPIST REFLECTS DURING INTERVIEW

I opened myself up to her, THERAPIST ADAPTS TO CLIENT

and I could physically feel that I was taking some of the sadness into my body and letting myself feel it in a way I imagined that she might be feeling it. It was almost like I was taking her sound into my body, the sounds of her crying...and now this emptiness was filling up. THERAPIST LIVES THROUGH CLIENT

I felt the essence of her and what she came into this GIM session to do was contained in the image and in the feeling. It was not a cognitive or truth way of knowing something. It was a kind of consciousness, a visceral, bodily feeling of: "Okay I know what this feels like, I know where she is. This is where she needs to be." THERAPIST APPREHENDS CLIENT

There was nothing else that needed to be said. All I needed to do was understand where she was in the image that she had and stay connected to her feelings. THERAPIST APPREHENDS OWN RESPONSES and THERAPIST ADAPTS TO CLIENT

My sense is that she knew that I felt it as well. THERAPIST APPREHENDS CLIENT and CLIENT OPENS TO THERAPIST'S INVOLVEMENT

## APPENDIX D

### THEMES AND CODES

#### Client Themes:

##### Types of Pre-Engagement

1. Opens
  - Client opens to emotion/sensation.*
  - Music helps client open to emotion/sensation.*
  - Client opens to therapist's involvement.*
  - Music helps client open to therapist's involvement.*
2. Avoids/Limits
  - Client avoids emotion/sensation.*
  - Music helps client avoid emotion/sensation.*
  - Imagery helps client avoid emotion/sensation.*
  - Client limits therapist's involvement.*
  - Music helps client limit therapist's involvement.*

##### Stages of Engagement

3. Engages
  - Client engages emotion/sensation.*
  - Music helps client engage emotion/sensation.*
4. Works Through
  - Music helps client work through emotion/sensation.*
  - Imagery helps client work through emotion/sensation.*
  - Music helps client connect with external world.*
5. Resolves
  - Client resolves emotion/sensation.*
  - Music helps client resolve emotion/sensation.*

#### Therapist Themes:

1. Apprehends

*Therapist apprehends client.*  
*Music helps therapist apprehend client.*  
*Therapist apprehends client-therapist rapport.*  
*Music helps therapist apprehend client-therapist rapport.*  
*Imagery helps therapist apprehend client-therapist rapport.*  
*Therapist apprehends music.*  
*Therapist apprehends own responses.*  
*Music helps therapist apprehend own responses.*  
*Imagery helps therapist apprehend own responses.*

2. Relates

a. Adapts

*Therapist adapts to client.*  
*Music helps therapist adapt to client.*  
*Imagery helps therapist adapt to client.*

b. Lives Through Client

*Therapist lives through client.*  
*Music helps therapist live through client.*  
*Imagery helps therapist live through client.*

c. Lives Through Self

*Therapist lives through self.*

d. Acts

*Therapist acts.*

3. Reflects/Evaluates

*Therapist reflects upon/evaluates client's work*  
*Therapist reflects upon/evaluates client-therapist rapport.*  
*Therapist reflects upon/evaluates own responses.*  
*Therapist reflects upon/evaluates music.*