

WHEN THE PIANO TALKS: FINDING MEANING IN PIANO IMPROVISATIONS CREATED BY THREE CHILDREN AT RISK WHO LIVE IN RESIDENTIAL CARE

Dorit Amir and Maya Yair

*My heart has no home
It does not have walls
It does not have a ceiling
It does not have a window to shut against the mean wind
My heart has no home¹*

INTRODUCTION

There is a world wide reality that some children cannot be raised in their families of origin. Living with parents and being protected by them is a phenomenon which often is taken for granted. Children who grow up without parents who can take care of them often suffer from humiliation, loneliness, rejection, distress, sicknesses, and other difficulties (O'Hagan, 2006). In Israel, there are hundreds of thousands of children who are at risk due to abuse or neglect. During 2007, 418,527 children were treated by the council for child welfare, which is close to 20% of all children in Israel. The number of children who suffer from physical, emotional and/or sexual abuse and neglect has increased 126% since 1995—from 16,815 children in 1995 to 38,031 in 2007 (Central bureau of statistics, 2008). Every year thousands of children are taken from their homes and placed in residential care throughout the country.

Maya Yair, one of the present article's authors, has been working as a music therapist in a residential care facility in Israel for several years, with children between the ages of 5 and 18 years old. In her music therapy work, the piano was the first instrument to be chosen by the children she worked with. Most of them came into the room, sat by the piano with their back to Maya, the therapist, and started improvising.

Maya brought one of these improvisations to her supervision group and asked the participants, all of them music therapists, to listen to it and write down their impressions (images, feelings, sensations, stories) of it. All of the group members described the improvisation using almost the same words (nowhere to go, sadness, loneliness, going in circles). Another music therapist who has also been working in a residential care facility in Israel said that this improvisation sounded very familiar to her.

¹Sivan Shavit from her album "Vanilla." Words: Sivan Shavit. Melody: Sivan Shavit & Amir Tzoref. Published by "The 8th note," Israel 2006. Free translation by Dorit Amir.

While listening to several piano improvisations from her clinical work at the residential care facility, Maya realized that even though they were created by many children, she felt that they very well could have been improvised by the same child. This realization led to the idea of conducting the present research study which focused on the meanings derived from piano improvisations by children who live in a residential care facility. This research² was conducted under the supervision of music therapist Dorit Amir.

We decided to conduct a systematic research study that was similar to the way we work in the supervision group, i.e. to use outside describers to listen to the improvisations and write down their impressions (images, feelings, sensations, stories). Langenberg (1996) explains that it is important to do a research study in the same way one works as a therapist. We wondered, however, whether the reason why the impressions of the members of the supervision group were so similar was due to the fact that all listeners were music therapists, who listened to the improvisation in the context of a supervision group. We thought that they probably knew what to look for and listened to the improvisation with therapeutic ears. We were interested in discovering whether people who are not music therapists would have similar responses while listening to the improvisations.

We searched the music therapy literature for researchers who used independent listeners in order to find meaning in client's improvisations. Kenny (1987, 1989) utilized a panel of seven independent describers from various disciplines to look at a videotape of one of her sessions with a client, read her written descriptions and definitions for the particular session, and answer a questionnaire in order to check to see if they understood her definitions. After reviewing the panel's responses she integrated them into her theory. According to Kenny, dialoguing and sharing the meanings derived from music therapists, musicians and social scientists is a way to broaden the research community and for the material to become a shared collective knowledge. This idea of shared collective knowledge was important for us in the present study and served us when designing our present inquiry. We gave three improvisations to external describers to listen to and collected their impressions.

Kenny (1987) further suggested the possibility that a panel of people in addition to the music therapist can serve as the client's voice. Kenny's client did not speak. Kenny, the music therapist doing the research, and the panel's members gave voice to the client. While the clients in the present research could speak, they had poor verbal abilities in terms of communicating their feelings, needs and wants. We therefore wanted other people in addition to the music therapist to give them a voice.

Ansdell (1996) studied a client's improvisation and asked five independent listeners to listen to a music therapy improvisation. They were asked to listen to it three times and describe what they heard. Ansdell's client was not one of the describers in the study. An interesting finding in Ansdell's study was that the listeners who had little knowledge about music therapy "made the most value-laden comments about the client's experience" (Keith, 2007:68). This finding strengthened our feeling that in addition to the descriptions of the clients themselves, external describers, who did not know a lot about music therapy, might to a certain degree represent the clients' voice.

² This article is based on a research study that was done as an equivalent to a master's thesis at Bar Ilan University, Israel.

While Ansdell's study (1996) does not include the client's voice, Langenberg, Frommer and Tress (1993) conducted a study that includes the voices of the therapist and client in addition to independent describers. As such, the method of inquiry that they utilized seemed to be more in line with what we were aiming for: finding meanings in improvisations by external describers in addition to those found by the music therapist and each of her three clients. Langenberg et al. (1993) created a method which they termed "the resonator function" in order to discover meanings of a clinical improvisation created by a music therapist and client. External describers listened to an improvisation from the 26th session with a 30 year old client who suffered from chronic migraines, tension, inability to express her feelings, depression and low self image. The therapist played the piano and the client played xylophone. Two composers were asked to provide a musical analysis of the improvisation. After collecting all the data two categories were developed: (1) Qualities—Quality I consisted of content (metaphors, imagery scenes, stories), while quality II consisted of listeners' feelings, values and reflections. Quality IIa included all emotions, moods, values and reflections which the describers designated as personal reactions to the music. (2) Motifs—discerning thematic categories that described the character of the music, ideas and topics that repeated themselves in the descriptions. The findings consisted of 11 motifs that were found in the descriptions (child, isolation, rhythm, maturity, impulse, becoming involved/reveling in something, powerlessness, fake, anger, power/force, and fear). The final step was grounding these motifs in the patient's biography and personality.

Lowey (1994) also utilized independent informants in her research study, all of whom in this case were music therapists. Lowey (1994) organized a panel of 5 music therapists who were asked to view a videotape and read a transcription of an evaluation session of a 7 year old child with emotional problems. The purpose of the research was to understand the ways music therapists verbally interpret musical improvisations. Each therapist had to describe how he/she understood the music based on his/her perception and theoretical model. The data served as a basis for an interview that the researcher conducted with each of the therapists, further probing into how they understood the improvisation. In the final step, the researcher compared the findings to the purposes she had in mind while creating the evaluation session. The research revealed the value and efficiency of verbal descriptions in order to derive meanings from musical improvisations so as to better understand clients. Finding this an effective technique, we decided to conduct a similar interview with the musician who was one of the present study's participants. Thus, our research method is based on a combination of the research methods utilized by Langenberg et al. (1993) and Lowey (1994).

RELATED LITERATURE

Children at Risk

Children at risk are described as those who suffer from neglect caused by parental dysfunction in situations that can damage their mental, emotional, social or physical development. As a result, many of them are removed from their homes and moved into a residential care facility (Tolmacz, 2001). Some of these children are in immediate danger since they are victims of physical abuse (Burnhardt-Mramor, 1996), sexual abuse (Rogers, 1996; Jochims, 2003), neglect (Hong, Hussey & Heng, 1998) and/or psychological-emotional abuse (O'Hagan, 2006).

Parents of children at risk are often immature, uneducated and unemployed. In these families one may encounter instances of divorce, imprisonment, abandonment, mental sicknesses, personality disorders, and/or chronic diseases (Petr, 1998). In addition, there may be instances of sexual promiscuity, pregnancy among teenagers, illegitimacy, low intelligence; poor self-discipline, degraded self-image, alcohol or drug dependence, criminality, violence and prostitution (Buchanan, 1996). In many cases, the parents themselves suffered from abandonment or neglect in their childhood. They were treated by their parents in the same ways they treat their children and this circle of distress is repeated generation after generation (Buchanan, 1996; Friedberg & Obstbaum, 1999). Neglectful parents do not take care of the child's needs and often leave him/her unsupervised. There are parents who fail to feed their children adequately, to keep them clean and to supply them with appropriately sized cloths. Some such parents fail to send their children to school and to get medical care for their children. Many do not hug or kiss their children, do not give them positive reinforcement and therefore fail in giving them secure emotional base (O'Hagan, 2006).

The clinical profile of children at risk is not homogeneous, yet it is considerably different from the profile of children who are not considered at risk. It consists of emotional, developmental, social, behavioral and scholastic parameters.

Children at risk are described as angry and desperate, nervous and tense, unable to release the anger (Long & Fogel, 1999). Some of them develop psychosis, personality disorders, depression, dissociation, anxiety (Allen, Hauser, & Borman-Spurrell, 1996; Dozie, Stovall, & Albus, 1999; Ward, 2004), phobias, and/or fear of abandonment (Jochims, 2003). Their emotional distress often leads them to feel despair and helplessness, and they often grow up with the belief that no one can bring comfort to their pain (Tolmacz, 2001). Many of them suffer from serious developmental disorders. Some of the younger children stop speaking or start stuttering. Others start to wet the bed again (Richman, 1995). A high proportion of severely abused children suffer from brain damage, hyperactivity and speech impairments as a direct result of the assaults (Hong et al., 1998; Walsh-Stewart & Stewart, 2002).

Many of the children who suffer from unsafe attachment in their childhood exhibit asocial behavior. They have communication problems, inappropriate social skills and difficulties in relationship (Bender, Bliesener, & Losel, 1996). Most of them do not trust anybody. As a result, they are unable to get help and support from others (Maier, 1994). Many of them act in a way that keeps people away from them. They expect little from others, only rejection—one thing that is so familiar to them (Fonagy, 1988). Many of them might develop

behavior disorders and especially delinquency (Bender et al, 1996). Some have problems in self control and self regulation. Others are pathological liars, thieves, self-destructive, destructive towards others and towards property, exhibit cruelty to animals, play with fire and blood and/or act without conscience (Brukhardt-Mramor, 1996). Conversely, there are children who devalue themselves because they feel that they inconvenience others (Maier, 1994). Their developmental and emotional problems and lack of normal social and educational experiences lead to academic failure, poor achievement and intellectual functioning much below their potential (Long & Fogel, 1999; Richman, 1995).

Residential Care

In Israel, social workers who work for the ministry of welfare are responsible for finding and diagnosing children at risk. When there is no other solution, they place the child in a residential care facility. Residential care functions as a substitute to living at home by providing 24-hour care for a child. The residential care facility is responsible for taking care of the children's needs: food, clothing, sleeping arrangements, hygienic and medical care. In addition, there are daily activities that form the daily routine: academic activities as well as activities for leisure time and contact with the community (Emond, 2004). The setting offers therapeutic and educational services.

Residential care can be seen as a place whereby the child has a chance to learn new skills and gain better social experience with others (Fritsch & Goodrich, 1990). The child can rebuild his/her life when provided with a consistent and safe environment (Moses, 2000). The quality of the new environment could, according to this view, influence the child's ability to create connections and to adapt psychologically to a healthy environment in the future. Indeed, one of the biggest advantages in a residential care facility is that the residential community that can provide a safe environment and meaningful interactions (Tolmacz, 2001). The residential care staff members have parental, therapeutic, and social roles (Moore, Moretti & Holland, 1998). According to Leaf (1995), the experience of being attached to a staff member in a residential care facility can provide the basis for better attachment experiences later in life. Counselors are available to the child whenever he/she needs them, and can be primary mature models for the child (Ward, 2004). While there is much agreement that residential care can provide a home substitute for children who come from broken homes, there are others who question it (Curry, 1995; Flower, 1993; Friedberg & Obstbaum, 1999; Moore et al, 1998).

In recent years there has been an emphasis on the importance of keeping parents in the child's life, even for those children who were taken away from their homes and moved to residential care (Villiotti, 1995). The most recent legislation concerning the care and protection of children declares the importance of keeping children in their family of origin. Only those who suffer from severe difficulties and cannot live in their families of origin are to be moved into a residential care facility (Emond, 2004). In Israel, day residential care was established within the last decade. It is considered one of the most modern settings, and is intended to provide the answer for children at risk in their community, while simultaneously providing special services to the family. The day residential care creates a partnership with the parents. The parents learn how to take care of their children with the help of professional staff. The

parents are involved in the therapeutic plan and receive therapy and guidance in parents' groups and dyadic therapy (Dolev & Zilka, 2002).

Music Therapy in Residential Care

Music therapy in residential care has been available since the 1960's, but its outlook and goals have changed. The emphasis has shifted from finding solutions to problematic behaviors and improving social skills via structured activities (Gaston, 1968, Reid et al 1975; Scott, 1970; Wilson in Schmidt, 1987), to focusing more on the emotional realm and the use of improvisation (Flower, 1993; Hong et al., 1998). Children in residential care often have difficulty talking about their feelings, as very frequently they do not know how they feel, or, if they do know, they have trouble finding the right words. They are often incapable of presenting "symbolic" forms of thought requested by the therapist (Johnson, 1999). Long and Fogel (1999) recommend the use of music as a therapeutic tool with children at risk. They both feel that music, more than words, can express the depth of these children's feelings and experiences. There are several music therapists who have been working with clients who suffer from various traumas and who focus on music improvisation as a way to express and release emotional stress (Burkhardt-Marmor, 1996; Hong, et al., 1998; Jochims, 2003; Montello, 1998; Rich-man, 1995); as a means to find meaning and an alternative to uncertainty and desperation (Flower, 1993); as a way to achieve control, improve self confidence and self image (Hong et al., 1998; Pavlicevic, 2002); as a means for gaining strength and joy (Pavlicevic, 2002) and as an experience that can reconstruct early childhood experiences in a positive way (Austin, 2001; Frank-Schwebel, 2002; Levinge, 1996; Walsh-Stewart & Stewart, 2002). Given that early inter-acttions between parents and children are musical in nature (Nakata & Trehub, 2004; Papousek, 1996; Standley, 2001; Trehub & Schellenberg, 1995), it seems logical to use music in order to recapture these early experiences and process them. Music therapy offers a pre-verbal quality of mother-infant bonding in a safe environment, that is enjoyable and provides a feeling of freedom. Burkhardt-Marmor (1996), Frank-Schwebel (2002), Jochims (2003), Levinge (1996), Montello(1998) and Walsh-Stewart and Stewart (2002) explain that music therapy offers a new experience of listening and responding while giving the child a safe base that he did not have in the past. Flower (1993) coined the term "musical attachment"—this is a process in which the music functions as a safe space in which one can go in and out, the same as the space that is created between an attentive mother and her baby. Walsh-Stewart and Stewart (2002) explain that the music therapy space can become a facilitating environment, a potential playground for a child who was abandoned at birth.

Music therapy has been described as an effective tool for dealing with client resistance, denial, and low self-esteem—elements which often characterize immense difficulty in examining the emotional pain associated with neglect and abuse (Rogers, 1996). Hong et al (1998) noted that music is a form of expression for those who cannot express themselves verbally as a result of speech impairments which are a direct result of assaults.

Even though there are many articles on music therapy with children who suffer from neglect, trauma and abuse, we found only three articles that discussed the use of improvisation with children in residential care—Burkhardt-Marmor (1996), Flower (1993) and Hong et al.

(1998). None of these articles are research based. Given the number of children living in residential care, and the lack of research into improvisation with children who are at risk, there is a need for research such as the present study. The more we know about their typical issues and musical behaviors, the more effective we will be in working with them in music therapy.

Finding Meaning in Improvisations

In addition to our decision to use a method of inquiry that utilized independent describers in addition to client's and therapist's voice, there were other considerations in terms of our choice of research design. Of importance was to review the literature in terms of methods used to analyze improvisations in order to discover and understand their meanings. Many music therapy scholars have discussed the meaning of musical improvisations and the need to explain it in words (See Ansdell, 1996; Amir, 1992; Arnason, 2002; Forinash & Gonzalez (1989); Gardstrom, 2004; Hoskyns, 1992; Nolan, 2005; Pavlicevic, 1997; Ruud, 1998; Stige, 1998; 2000a; 2000b; 2001a; 2001b). Others derive the meaning of improvisations via psychological theories and interpretations (Langenberg, Frommer & Langenbach, 1996; Luce, 2001; Smeijsters, 1997; Priestley, 1994; Tyson, 1981). Some writers derive meanings of improvisations via the creation of images, metaphors and stories (See Amir, 2004, 2006; Kenny, 1989; Scheiby, 1998; Smeijsters, 1997). Several authors derive meanings of improvisations by doing a deep musical analysis, either by transcribing each improvisation (Nordoff & Robbins, 1977), by studying popular musical styles as clinical improvisation in the Nordoff-Robbins approach (Aigen, 2002) or via graphic notation (Bergstrom-Nielsen, 1993).

In our review of the specific methods used to derive meanings in improvisations, we found several studies that used Bruscia's (1987) *Improvisation Assessment Profiles* (IAP) (Gardstrom, 2004; Keith, 2007; Wigram, 2000). In this method it is important to observe those aspects of the client's behavior that cannot be heard on the tape, such as client's facial expression, energy level, comfort and resistance, and take them in consideration while making meaning (Bruscia, 1987, p.417). In order for independent describers to observe such things, a videotape is needed instead of an audio recording. In the present study, audio-recordings were used for the sake of client confidentiality. Furthermore, the clients sat with their back to the therapist, so that even the therapist could not see their facial expressions.

Keith (2007) conducted a qualitative study in order to explore different methods of deriving the meanings of improvisations. Keith's (2007) participants were six "normal" adults from the community, who had various degrees of musical skills and agreed to participate in the study. They met with the researcher once and created solo and duo improvisations. Each improvisation was examined using four different methods of meaning making: participants' journals, researcher's journal, dialogues, and musical analyses based on the IAPs (Bruscia, 1987). One of the findings of Keith's study was that musical analysis is more useful for understanding several improvisations of one individual than for finding similarities in improvisations created by different people (Keith, 2007). Although Keith's participants were not clients in music therapy, there is a similarity between such participants and clients who are in their first stage of therapy, prior to the establishment of trust. In this kind of work, it is important to discover the meanings of improvisations from the first stage of therapy in order to

understand the inner world of clients in the early stage of therapy for the purpose of developing a therapeutic plan.

Lee (1995) studied piano improvisations which were created by his adult client who had AIDS. Both Lee and his client listened to the improvisations and the client was asked to stop the tape each time he felt something meaningful occurred in the music. In this study, the focus was more on the client's personal experience of the music and on the connections between the improvisations and the way the client talked about it. Lee did not use independent listeners nor did he give his own explanations and meanings. The clients who participated in the present study are children who cannot richly describe or explain the meaning of their improvisations. Therefore, we felt that it was important to also use the descriptions of the therapist as well as external describers.

PROBLEM STATEMENT

The purpose of the present research study was to discover meanings derived from three piano improvisations that were created by three children who live in residential care in Israel. The basic method of inquiry was phenomenologically and hermeneutically informed. The meanings were derived from interpretive descriptions by the three clients, independent describers, a musician and the researchers. Kenny, Langenberg & Loewy (2005) point out that there is a correlation between phenomenology, morphology and hermeneutics as methods of inquiry. All three methods seek for meaning in going back and forth in the data until the meanings are discovered.

The following research questions were developed:

1. What meanings can be derived from three piano improvisations created by three children who live in residential care?
2. What connections can be found between the meanings derived from the improvisations and the musical characteristics of the improvisations?
3. What connections can be found between the meanings derived from the improvisations and the clinical profile of the three clients?

METHOD

The present study is compatible with the work of music therapy researchers who:

- Interpreted and found meanings in musical events via verbal and psychological means
- Found meaning in improvisations through the use of images, metaphors and stories
- Used independent listeners in their research study
- Had both client and therapist as research participants.
- Studied their own work (See Bruscia, 1995; Kenny, 1987; Langenberg et al., 1993; Lowey, 1994).

In order to discover meanings derived from three piano improvisations that were created by three children who live in residential care in Israel, we developed a method that combines Langenberg et al.'s (1993) Resonator Function, which is based on phenomenological and morphological methods of inquiry, and Lowey's (1994) hermeneutic method that are described in the introduction.

Our research method is based on the way we work. Langenberg et al. (1996) claim that research has to be designed in a similar way one works in music therapy in order to closely describe the experience that takes place in the session in a trustworthy way. The reason for choosing Langenberg et al.'s study (1993) is the correlation between this research method and the way we, the present study's researchers, find meaning in musical improvisations. That is, in our supervision group, we call on the group members to listen to our clients' improvisations and write down their impressions (images, feelings, sensations, stories). We also adopted Lowey's (1994) hermeneutic method of interviewing with the musician who performed a musical analysis (transcription) of the three improvisations in order to gain a better understanding of how he interpreted specific musical characteristics.

Research Participants

Clients

Three children who were 5½, 7 and 8 years old at the time of the research, who live in residential care in Israel, participated in the research. The clients and their parents signed a written consent. The residential care facility's board of directors approved the study.³ These three children were chosen because we already had a recording of their piano improvisations from the first stage of therapy, and their therapy process ended during the same year.⁴ We

³ Since the study was approved by the place where the study took place, it was automatically approved by the university.

⁴ Not all children agree to record their music

wanted to find children with a wider age difference, but due to various circumstances we could not do that. Our assumption, based on the literature, was that children at risk who live in residential care share many characteristics no matter what their chronological age. Below are descriptions of the children, with pseudonyms instead of their real names.

Sarit is 5½ year old girl living in residential care. From the day she was admitted, she had difficulties in developing trust and suffered from drastic mood changes. She washed her hands in a compulsive manner and stole from other children. Sarit was described as having discipline problems, having a need to control, stubborn and argumentative. Sarit's mother is divorced with three children from two different men. She emigrated from Ethiopia when she was 14 years old after her mother died. She did not get any support from her father, and was raised in residential care. The family is treated by child welfare. Sarit's mother suffers from emotional disturbance. She is very childish, nervous and stressed, does not have any patience towards her children. She rejects Sarit and is hostile towards her. When Sarit's brother was born, her mother started hitting her and behaving violently towards her. She was therefore moved to residential care. Her mother agreed to allow Sarit out of home because she saw it as a way to punish Sarit. Sarit's mother frequently visits her grandmother in Ethiopia and leaves her children with no care.

Michal is a 7 year old girl who lives in a day residential care facility. Michal is an intelligent and creative girl with a developed sense of aesthetics. Her residential care counselors describe her as a very stubborn child who suffers from an emotional disorder. Michal's mother is a single parent of four daughters, divorced twice. Michal was born outside of marriage. Her father disappeared after she was born and there has been no connection with him since. Michal is the only daughter who lives with her mother. Michal's mother was found guilty of physically abusing her daughters and did community service instead of jail time. She was also treated in a mental health clinic for depression. Michal's mother's own childhood is described as a difficult one. She was forced to work from a very young age, without being able to study and fulfill her talents. Michal was taken from her mother and placed in an emergency shelter when she was 3 years old. From there she was transferred to residential care, far from home. Four years later, after the mother was treated by child welfare and went through a rehabilitation program, the decision was made to place Michal in a day residential care facility in the same city where her mother lives. There is a suspicion that the mother works as a prostitute at home.

Alon is an 8 year old boy who lives in a day residential care facility. He is described as obese, restless, and physically violent towards his parents. In the residential care facility he is rejected by his peers. He plays with fire and is occupied with death. He went through psychological and psychiatric tests, and was diagnosed as having many difficulties and emotional problems. Alon's parents are in their 30's. His father emigrated by himself from Iran to Israel two years before Alon was born. Alon's father's childhood is described as extremely difficult. Alon's parents married at a very young age. They are reported as being violent towards each other. Alon is the oldest of three children. Before being admitted to the residential care facility, Alon stayed with his brother and mother at a shelter for women who had been abused. In the shelter a very difficult picture of home was exposed: a home where the parents watched pornographic movies together with their children, and where the father physically and sexually abused his wife and children. Alon's father served 22 months in jail, and participated in therapy and a rehabilitation program. He was diagnosed as suffering from compulsive anxiety

disorder and received medical treatment. While in jail, he suffered from abuse. When he was released from jail he started working as a janitor. Alon's mother is immature and cannot protect her children. There is a history of neglect and a lack of organization, orderliness, and cleanliness. The parents have been receiving couples therapy since the father was released from jail.

Independent Describers

Three adults participated as listeners: Describer 1—A math student, in his early twenties, was approached in the music library at the university while inquiring about a piano teacher; Describer 2—A business management student, in his late twenties, who heard about this research from a friend of the researcher and called to say that he wanted to participate in the research; and, Describer 3—An undergraduate music student, in her late twenties, who is hoping to be accepted to the music therapy program for her masters degree. Although Describer 2 did not have any formal training in music, he has a great appreciation of music. None of the three describers knew Maya or where she worked. They agreed to participate in the study after Maya explained the assignment in the following words: "I would like you to listen to three improvisations, all together 12 minutes in duration, created by three different people and write your impressions—feelings, sensations, emotions, images—during and after listening to each improvisation."

Music Transcriptionist and Analyst

A professional pianist, who agreed to participate in the study, was asked to transcribe and analyze the music. He was interviewed by Maya during the process of the analysis.

Music Therapist

Maya, the music therapist of the three clients, participated in the research as a describer and a researcher.

Research Tool

Three free style piano improvisations, each created by one of three clients, were recorded during the beginning stages of therapy. All improvisations were taken from the beginning stage of therapy in order to study them before intensive intervention took place. The first Improvisation lasted 6 minutes long, the second one 4½ minutes long and the third lasted 1½ minutes long.

Data Collection

Three independent describers listened to all three improvisations and wrote their impressions. In order to avoid impressions based on the order of listening, each describer listened to the

improvisations in a different order (1,2,3 / 2,3,1 / 3,1,2). The decision to change the order of listening was because the first describer stopped writing his impressions during the third improvisation. He said that the improvisations repeat themselves and he did not have anything new to write. We then decided that each listener will listen to the improvisations in a different order. Each of them listened to the improvisations once, wrote his/her impressions and gave them to Maya, who collected these after they finished. Only after finishing the assignment was each of the describers told about the research and its purpose.

The professional pianist transcribed and performed a musical analysis of all three improvisations (See Appendix 1). Following the transcriptions and analysis, he was further interviewed by Maya and was asked to explain what he actually heard.

Unlike Langenberg et al.'s (1993) study, where both therapist and client interpreted the improvisation right after the session ended, in the present study the clients were asked to participate in the research only after their therapy ended. We both felt that asking the clients to participate in the research while being in therapy might interfere with the therapeutic process. During the summer, after therapy ended, Maya came to the residential care facility, explained to each child what she wanted to do, and only after the children consented, they listened together to the child's improvisation. Each child was asked to tell what he/she heard. All three children willingly agreed to meet with Maya, their music therapist, during the summer. It is important to mention that the clients listened to improvisations they made at the beginning of their therapy, while at the time of the research, after their therapy ended, they created many more improvisations during the course of therapy. All of them were asked to listen to improvisations chosen by the researchers. One of the participants (Michal) wanted to choose a different improvisation from a later stage of therapy. After Maya explained to her the purpose of the research study and promised to include her disappointment in regard to choosing this particular improvisation in the research study, she accepted Maya's choice of improvisation. It is also important to say that all three children had difficulties expressing their impressions verbally. Even though they did not say it out loud, Maya felt that listening to these improvisations was not pleasant for them. In retrospect, it would have probably been better not to interview them.⁵

Data Analysis

The process of data analysis consisted of:

1. Listening to each improvisation several times and reading the impressions of each describer. The impressions of each describer to all three improvisations were organized in tables according to quality 1 (contents, images and scenes that were awakened during listening), quality 2 (emotional reactions), and quality 2a (emotional and physical reactions that were awakened in the listener). For example, here is the description of the first describer listening to the first improvisation: "someone lost who attracts all sorts of difficulties. It is hard for him and he is sad. He finds something and gets interested in it, experiences it."

⁵ See the methodological critique section.

Table I shows the organization of this description according to qualities. (The full table is presented in Appendix 2)

Table I: Qualities

Quality 1	Quality 2	Quality 2a
Someone who is lost who attracts all sorts of difficulties.	It is hard for him and he is sad.	
He finds something and gets interested in it, experiences it.		

2. Performing a horizontal analysis. All of the descriptions of each describer for all three improvisations were organized together.

Table II presents the descriptions of the 1st describer. (The full table is presented in Appendix 3)

Table II: Horizontal Analysis: First Describer

Improvisation 1	Improvisation 2	Improvisation 3
Someone who is lost.	Someone who is thinking about his life.	Someone who is thinking about his problems.
Attracts all sorts of difficulties. It is hard for him.		Has difficulties listening and concentrating.

3. Performing a vertical analysis. Similar themes were discovered in the descriptions of describers, clients and therapist for all 3 improvisations.

Table III presents vertical analysis of improvisation I. (The full table is presented in Appendix 4)

Table III: Vertical Analysis of Improvisation 1—Michal

Describer 1	Describer 2	Describer 3	Musician	Therapist	Client
Someone who is lost.	It is not clear where it is going.	A kind of journey. Unclear, blurry.	Searching, going around, hesitation.	Checking, goes around himself, doesn't come to something meaningful	
He finds something, gets interested in it, experiences it.	Pleasant, melodic, somewhat harmonic, interesting.	Climbing, going up.	She develops something new. She found something; enthusiasm. She arrived, positive, song, new motif.	There is an opening. Something is developing here.	
He feels sad.		Blocked pain.	Angry; enough!, hesitation, frustration.	I don't feel anything.	I have nothing to say about it. It is a pity I cannot choose another improvisation or write a new song. It is boring.
	Pretty scary.	Stops something from bursting out. Suppressed feelings Might come out	Tense. Scared.	Fast heartbeats. Something bad is going to happen. Pressure, mommy! Alone defenseless helplessness Growing fear, tension, it is better to hide, to sit quietly so they won't find me	

4. A summary of the musician’s analysis of all three improvisations was developed. Part of the analysis can be seen in table IV. (Full tables are in Appendix 5)

Table IV: Musician’s Analysis of the Three Improvisations

First Improvisation	Second Improvisation	Third Improvisation
Repeated Structure: There is an attempt to develop a stylistic motif, it becomes messy, stops, there is a new beginning.	Repeated structure: there is an attempt to develop a rhythmic motif, the player stops, there is another attempt.	Repeated structure: there is an attempt to develop a melodic motif, the player goes back, wipes it out, begins again.

5. Motifs were developed by: (1) grouping together verbal themes that were classified as similar in the previous stages of the analysis, and (2) choosing appropriate titles for the groups of themes. The motifs were developed by dismissing (themes that repeated themselves), generalizing (themes that were integrated with one another), choosing (central themes that were not changed) and centralizing (similar themes that appeared in different places in the text were collected to one whole). Verbal themes that appeared only in one description were also included.

The motifs changed numerous times until all the data was presented in an integrative way and we felt that the analysis was completed. For example: the “negative feelings” theme was very clear while analyzing the data. It was based on descriptions such as “anger,” “boring,” “frustration,” “heavy,” “he feels sad” and “helpless.” “Circle of distress” is a concept known in the literature dealing with children at risk. It was chosen by us as a motif since it reflected descriptions such as “being stuck,” “endless circle,” “no direction,” “no air,” “it is repetitive.”

At this point, nine motifs were composed: search; danger; difficulties; arbitrariness; negative feelings; circle of distress, loneliness and rejection; insanity and hope. The findings were given to two evaluators: a music therapist and a social worker who works in residential care. Both commented that they could understand the logic of the analysis and their few remarks were taken into consideration in the final stage

6. Going back to the initial descriptions and re-checking the motifs according to the descriptions.

Table V shows the “search” motif and the descriptions that constructed it in regard to the first improvisation. (Full tables including all the motifs of all improvisations are presented in Appendix 6)

Table V

1st Improvisation—Search motif and the descriptions that constructed it

Describer 1	Describer 2	Describer 3	Musician	Therapist	Client
Someone who is lost.	It is not clear where it is going.	A kind of journey. Unclear. Blurry.	Search. Going around. Hesitation.	Checking, goes around himself, doesn't come to something meaningful.	

7. Finding central, core motifs. At this point we looked at the 9 motifs again and re-grouped them to three core motifs—major themes that describe the story behind these improvisations: 1) No home included four submotifs that represent broken home (search, danger, difficulties, insanity); 2) Circle of distress included motifs that concern ways of being and feeling in the world (arbitrariness, negative feelings, loneliness and rejection); and, 3) Hope.

Table VI shows the no home motif based on all descriptions and themes.⁶ (The full table is presented in Appendix 7)

Trustworthiness

The following steps were taken in order to insure research's trustworthiness:

- Stance: The stance of the researchers was written at the introduction
- Transparency: The participants' improvisations and descriptions as well as our decisions in regard to the method and process of research are presented throughout the article.
- Negotiated meanings: The two researchers negotiated meanings between us.
- Expert's judgment for comprehensibility: The findings were presented to a colleague who is a music therapist and to a social worker who works in residential care. Both commented that they could understand the logic of the analysis and their few remarks were taken into consideration in the final stage.

⁶ The numbers (1), (2), (3) in Table VI represent the 1st, 2nd, and 3rd improvisation. All similar words are underlined.

Table VI

Motifs	Therapist	Client	Describer 1	Describer 2	Describer 3	Musician
No Home (Search)	<u>Checking, goes around</u> himself, doesn't come to an ending. <u>Doesn't come to something meaningful (1)</u> Finished? Not finished? (2)	I can do many other things in one minute (Sarit)	Someone is walking and thinking about his life (2)	<u>It is not clear</u> where it is going (1)	A kind of a journey, <u>unclear, blurry</u> (1) Uncertainty (1)	<u>Explores</u> (3) <u>Going around, search,</u> hesitation (1) <u>New search</u> (2) <u>Search, keep searching</u> (3)
(Danger)	<u>Fast heartbeats, Something bad is going to happen</u> (1) <u>Pressure</u> , defenseless, Mommy! Growing fear, helplessness, it is better to hide, to sit quietly so they won't find me (1) Tense, distressing, what's going on down there? Too <u>scary</u> to touch, frightened chicken. The fear is still there. <u>Makes me scared</u> (2)			<u>Pressuring and uncomfortable</u> (2) <u>Pretty scary</u> (1) <u>Scary</u> (2)	<u>Stopping something from bursting out: might get out</u> (1)	<u>Something needs to be released.</u> <u>Outburst</u> (2)
(Difficulties)			Attracts <u>difficulties</u> (1) He is occupied with his problems; it is <u>difficult</u> for him to listen and to concentrate	<u>Difficult</u> (2)	<u>Dissonances</u> (3)	<u>Difficulty</u> (1,3) <u>Forgery; wrong note</u> (2,3); cutting; experiments which don't really succeed, <u>interruption</u> (3)
(Insanity)	<u>Chaos</u> (2)			Childish, hallucinatory, insane, (2), strange (3)	<u>Big confusion</u> (2)	<u>No structure, walking at the edge</u> (2)

RESULTS

The findings are presented according to the research questions.

What meanings can be derived from three piano improvisations made by three children who live in residential care?

Based on the analysis, three core motifs were developed: no home; circle of distress, and hope. No home consists of danger, difficulties, and insanity motifs. Circle of distress includes arbitrariness, negative feelings, loneliness and rejection. Themes that composed “no home,” such as “checking,” “goes around himself,” “does not come to an end”; “it is not clear where it is going,” “stops due to difficulties,” “chaos,” “insane,” “on the edge” and “strange”- were found in all the descriptions. Circle of distress was composed of themes such as “continuing because we have to, why?” “makes me nervous,” “disappointment,” “helpless,” “alone,” “cold” and “detached.” The listeners used words such as “monotonous” and “stuck,” “ruined again,” “we are back at the beginning,” “endless circle.” The therapist used expressions such as being stuck, boring, sad, and black picture.

The hope motif was composed of fewer themes found in all three improvisations—“there is an opening,” “pleasant and melodic,” “interesting,” “something becomes clear.” All listeners found something positive to say about the first improvisation (Michal’s). The third describer (music student) found something positive in the second improvisation (Alon’s). The musician and the music therapist found positive things in all three improvisations. It is important to say that the clients, while listening to their improvisations, said nothing positive.

What connections can be found between the meanings and the musical characteristics of the improvisations?

Since we feel that it will be artificial to divide the musical elements to each of the two motifs that are so closely related—no home and circle of distress, we will refer to the two motifs together. Both motifs, “no home” and “circle of distress,” can be connected to the missing of musical development in all three improvisations. While melodic, harmonic and rhythmic developments allow a feeling of continuity and solution, all three improvisations contain scales going up and down numerous times, aimlessly, and are created in a hesitant, unconvincing way with a cadence that does not come to a convincing ending. There is no tonic to come to, no grounding. The limited use of expression (soft dynamics, small intervals), constant use of pedal, unstable rhythms, and splits of registers, all give a feeling of an unsafe place. These characteristics were probably that ones that led to descriptions such as “it is better to hide, to sit quietly so they won’t find me,” “what’s going on down there?,” “frightened chicken,” “something bad is going to happen,” “hesitant walking in small steps”—descriptions that point towards danger. The split between registers and discontinued melody, the descending glissando, the melodies that have “false notes” (notes outside the scale) and long silences between them—were probably the elements that created a feeling of imbalance, falling apart and insanity. Bare sounds with no accompaniment or harmony, melodies being cut off and not coming to an end

gave feelings of loneliness and rejection. The musical narrative that was repeated in the musician's descriptions—a musical motif which stops or fades out; the circular process of moving forward and backward with no clear organization; no development of movement—created feelings such as being stuck (therapist and third describer), being lost (first describer), going around (musician and therapist) endless circle (Third describer) and feelings of distress (therapist).

Only after transcribing the music, did the musician find more obvious signs that could be connected to hope: the creation of more organized melodies in the first improvisation: “develops something new,” “a positive song,” “new motif” (line 4 and 7, Appendix 1). In the second improvisation: “joyful, like as children song” (line 10), “discovers harmony” (line 12). In the third improvisation: “finds something” (line 6).

Do the meanings of the improvisations match the clients' clinical profiles?

All three children come from broken homes. They have been moved from one home to another, from shelters to residential care. Michal was taken out of the emergency shelter and was placed in a residential care facility. Alon was taken out of the shelter for abused women and placed at the children's residential care facility. Sarit was removed from her home, while her two brothers stayed at home. Danger, abandonment, and violence were present in all three clients' lives from a very young age. All of them grew up in an unsafe environment. As a result of the abuse, violence and instability of home, all three clients suffered from social, educational, and emotional difficulties. Alon's clinical profile shows mental disturbances and obsession with death.

All children were caught in a circle of distress. They experienced unpredictability in their lives. Michal moved in and out homes in an unpredictable way without a choice. Alon's life circumstances did not give him much choice how to live his life. Sarit was a rejected child. Her mother suffers from mental illness and her behavior is unpredictable. She punished Sarit in an unpredictable way that changed according to her unstable moods. It is clear from the clients' biographies that they were experiencing negative feelings. Their mood had been mainly negative and they had been exhibiting a lot of hostility, negativity and resistance in their daily lives. Loneliness and rejection were very dominant in all three clients' lives. All of them had difficulties in experiencing close relationships. Michal was a very closed child who could not open up. It was hard to get close to her and therefore she did not have any friends. The third describer's themes—“suppressed feelings” and “blocked pain” described Michal accurately. Alon was rejected among his peers who did not accept him as one of them. Sarit's hostile behavior did not make it easy to get close to her and it seems that she was “trying” very hard to be rejected.

Yet, there is hope. Michal is an intelligent and talented girl who uses her strengths to survive and to dream of a better world. Alon has been cooperating with his therapist and has made progress in music therapy. Sarit, in spite of rejecting everybody, achieved trust in her therapist and had been quite involved in the music making. The actual act of improvising contains courage, intention, and choice. The children chose to play the piano and discovered some inner qualities such as strength and ability to produce sounds that allowed musical surprises to come to birth.

DISCUSSION

This study focuses on finding meanings in three piano improvisations of children at risk who live in residential care. Three main motifs were found: no home, circle of distress, and hope. Although the general picture confirmed what we already knew based on our intuition and experience, we found some of the findings to be meaningful: (1) the similarities in the musical characteristics of all three improvisations in spite of the children's age difference; (2) the close relationship of the themes found by the independent describers while listening to the three improvisations, and (3) the close relationship of the descriptions and observations of the music therapist, the musician and the third describer.

The similarities in all three improvisations did not surprise us and through systematic inquiry confirmed what we already knew. The literature on children at risk who live in residential care suggests that these children share many clinical characteristics no matter what their chronological age. This is because their developmental age does not correspond to their chronological age (Long & Fogel, 1999; Tolmacz, 2001). This study found that these similarities are exhibited not only in the clinical characteristics but also in these children's improvisations.

This study shows that all three improvisations are characterized by playing melodies that are cut off, that do not develop and that do not come to an end; splits between registers; a lack of steady rhythms; a lack of tonal or harmonic support; limited expressions of dynamics, use of staccato and ritardando, and constant use of pedal. Some of these musical characteristics appear in the music therapy literature concerning populations of both children at risk and adults in distress. In his work with a nine year old girl who was diagnosed with neurosis and early childhood deprivation, Jochims (2003) found that she cut off her melodies as soon as anger arose. Jochims explained that cutting the melodies short revealed the girls tremendous fear of negative feelings. Melodies that were cut off without a solid feeling of ending were described by Jehuda (2005) in her work with an 11 year old child at risk.

Some authors provide psychological interpretations of these musical characteristics. For example, continuous use of soft dynamics and pedal can be seen as signs of insecurity, inability to see the world clearly, and might indicate denial of aggression (Tyson, 1981). Playing continuously with the same dynamics and the use of staccato can symbolize fear (Juslin, 1997). The fact that the clients who participated in the present study did not use loud dynamics at all can be interpreted as "musically passive aggressive" (Austin, 2001) and help to explain the negative feelings that the listeners experienced: nervousness, impatience, aggression and anger, even though the improvisations did not communicate direct aggression.

Robbins & Robbins (1998) emphasize the need for tonality in order for the client to feel stability. Inability to keep basic beat can indicate an absence of inner and outer organization (Nordoff & Robbins, 1977). Slow melodies can expose sadness and pain and when it is pathologically slow it can indicate tiredness, weakness, lifelessness and depression (Nordoff & Robbins, 1977). Austin (1998; 2001) explains that music created by clients who suffered from childhood trauma recreates the pain. Hong et al. (1998) describe the improvisations of children in residential care as expressing negative feelings that are connected to their abuse.

The data analysis in this study revealed similar verbal themes in all three improvisations (See Appendices 3 and 4). The study's participants experienced and described the emotional

components of the improvisations. Based on these descriptions we can conclude that the analysis showed the ability of the music to mirror the clients' inner experiences and represent the clients' clinical profiles.

Each of the participants in the present study experienced negative feelings while listening to the improvisations. There were places where the describers and the musician used the word "boring," a word that is used frequently by children in residential care, sometimes replacing blocked and repressed feelings and words such as "difficult" or "painful." The musician described feelings of frustration and disappointment during places where the client gave up trying to continue developing the motif. Gardstrom (2004), suggests that negative feelings in the therapist such as worthlessness and desperation can appear as a response to a monotonous melody that did not develop. Listening to melodies which are created on the piano's lowest register, are made up of repetitions of isolated, monotonic and soft sounds that are not connected to each other, with long periods of silence (especially in the second improvisation), that do not develop in any direction and do not come to a resolution, can cause stress and restlessness (Juslin, 1997; Sundberg, 1982), tension (Schmidt, 1984), fear (Amir, 2004), panic (Kohut & Levarie, 1987) and a feeling of danger in the listener. Bunt (1994) claims that silence can cause tension and anxiety. All three improvisations lacked a sense of tonality and a steady beat. The listener looking for balance and development, tension release and clear direction, cannot find them and therefore is left with feelings of instability, uncertainty, and insecurity. The therapist and musician heard splits between registers, which usually create a feeling of imbalance and a felt split. Splits and dissociations are found in psychiatric symptoms and psychotic episodes (Spitzer, 1994).

In order to 'feel at home,' listeners need to find coherence in what they hear. Lee (2003) argues that in a melody, a sound cannot exist without being connected to other sounds. Levinson (1997, in Lee, 2003) and Juslin (1997) claim that structural continuation and succession is the most dominant element from which the listener derives meaning from music. When there is no continuation at all, it is hard to feel at home. This explains why the first improvisation, even though perceived by the listeners as rich in expression and presenting some musical ability, was also described as one that does not come to a resolution and lacks development.

Based on the assumption that a musical improvisation represents the client's inner world (Amir, 2004), and that one can find meanings in musical improvisations via verbal language and the use of images, metaphors and stories, it can be said that in present study, the three improvisations tell the clients' stories: clients who have no inner home and suffer from so many negative feelings and behaviors are caught in a circle of distress. The mutual feeling of the listeners and musician is that whoever created the improvisations is at a dead end and can be seen as a "ticking bomb" ("stopping something from bursting out"; "something needs to be released," "outburst"; "feeling of no air"). The clients' descriptions seem empty and indicate an inability to see something positive. Michal did not have anything to say and wanted to choose another improvisation, both Michal and Sarit felt that it was boring and Alon said that it was a little sad. The therapist felt chaos and saw a bleak picture.

Yet there was the motif of hope. Based on the meanings derived by the describers, there were fewer themes that represented hope. It is interesting to note that both the musician and the music therapist experienced positive feelings while listening to all of the improvisations.

Among the three describers, only the music student (who hopes to study music therapy in the future) felt something positive in the second improvisation (“something becomes clear”), an improvisation that was described in an extremely negative way by the other two describers.

From the above, we can assume that there are two components that make a difference in listening: musical knowledge and attentive listening. Attentive listening allows for more of a “therapeutic listening” (Pavlicevic, 1997). This kind of listening is essential in order to find something that is positive and in order to perceive hope in a very bleak picture. Another notable point is that without the music’s transcription and analysis it would have been difficult for the musician and the researchers to trace the positive moments in these improvisations given that the general picture was negative.

Hope is mentioned in the literature concerning children who live in residential care. With opportunity and encouragement, some of these children might complete their education and become more productive members of the community than their parents. When an agency offers these children special help and encouragement, many of them respond with eagerness despite their home situation and are able to break free from their circle of distress (Leaf, 1995; Moses, 2000).

A feeling of hope comes from the very act of improvising. Improvising always includes an element of spontaneity. To improvise is to make something up as one goes along, to create while playing rather than playing music that has already been composed (Gardstrom, 2001). These clients were willing to improvise. This might indicate that they are connected to the healthy place within their inner world, even if this place is hidden behind many layers of distress. Langenberg and Schmidt (2003) compared a psychiatric interview and a music therapy evaluation session of a 64 year old female client in mourning who suffered from psychosomatic problems. Results showed that the client’s vitality was clearly expressed in the music while via words it was hidden. This example stresses the importance of music therapy with such clients.

The descriptions and observations of the music therapist, the musician, and the music student who hopes to become a music therapist (third describer) were closely related. Similar to the music therapist’s impressions, the third describer’s descriptions follow the music closely and her descriptions include musical language (“dissonances”), as well as psychological descriptions (“something needs to be released,” “suppressed feelings,” “blocked pain”). Her descriptions are very similar to the musician’s musical analysis and explanations as well. In all three’s descriptions, there are many psychological descriptions that are closely related to the musical narrative of all three improvisations. Here are several examples: (1) “something develops here” (MT, in reference to the 1st improvisation), “trying to develop” (musician, in reference to the 1st improvisation), and “climbing up” (music student, in reference to the 1st improvisation); (2) “going around” (musician, in reference to the 1st improvisation), and “hooked in an endless circle” (music student, in reference to the 2nd improvisation); (3) “does not come to an ending,” “runs away” (MT, in reference to the 1st and 2nd improvisation), “goes back,” “runs away” (musician, in reference to all improvisations), and “does not go anywhere,” “we are back” (music student in reference to the 2nd improvisation); (4) “no way out” (MT, 3rd improvisation), “stopping something from bursting out” (music student, 1st improvisation), “stuck, no air” (music student, 3rd improvisation), “something needs to be released” (musician, 2nd improvisation, “being stuck” (musician, 1st improvisation).

All three have musical knowledge and their listening is more attentive in comparison to the other two listeners and clients. In their process to find meanings in the improvisations they separate between the musical analysis and psychological explanations, and then a natural connection is created between the two in finding meaning.

Finally, we will discuss the role of the piano in working with children who live in residential care. All three children chose to play the piano when they first came to music therapy. This is supported by the literature. Clients who suffer from traumas and come from broken homes often choose the piano at the beginning stage of therapy (Amir, 2004; Burkhardt-Mramor, 1996; Flower, 1993; Jehuda, 2005). It is an interesting choice since the piano is the biggest instrument and can be experienced as threatening (Amir, 1999). We have several ideas regarding this choice. It is possible that because the piano is big and steady (usually stands in one place and is not easily moved) it gives the children a sense of steadiness in the room. It also fulfills their need to play alone, with their back to the therapist, without making any eye-contact or interaction. While sitting at the piano, they can mark an independent territory throughout the piano's keyboard. Such behaviors resemble the way they feel—alone in the world, without being able to trust anyone, at least in the first stage of therapy.

Methodological Critique

Research Participants

External describers: Some may critique our use of independent describers who are not music therapists. However, choosing people who were not music therapists helped us in discerning differences between the musician and the music student verses the other two describers.

Clients: All three children had difficulties expressing their impressions verbally and preferred playing instead of talking. Even though they did not express it verbally, Maya felt that listening to these improvisations was not pleasant for them. They did not find anything positive to say. In this regard, it was probably better not to interview them or to find other ways in which they could have expressed their thoughts and feelings.

Research Tool

In the present study three specific improvisations were chosen out of many more. It might be argued that had we chosen other improvisations we might have come up with different meanings. This is true of any qualitative research where the meanings are negotiated and constructed according to the phenomenon under study at a specific point of time by specific people. Our intention was not to generalize the findings. Obviously, there are many factors involved in the music therapy session. It is difficult to separate and evaluate the influence of factors such as the impact of the therapist's presence or the child's mood at the time he/she created the improvisations on the research findings. This was not our intention. We believe that this kind of qualitative inquiry allowed us to discover a more holistic picture which was

composed of the meanings derived while listening to the improvisations of these children. Our interest was to look for shared meanings and not to examine which factors affected which other factors.

Process of Analysis

In the present research study we took various themes into consideration even if they appeared only in one or two descriptions. For example, the hope motif was created based on very few themes. Including themes that were unique and were not found in most of the descriptions allowed us to get a more complete picture.

The motifs that were found were intermingled and sometimes themes could have been moved from one motif to another. For example, themes such as “being scared” and “feeling pressured” are closely connected to both the no home and the circle of distress motifs. As happens in qualitative research, which is subjective in nature, it could very well be that another researcher would have tied these themes differently.

The division of descriptions into qualities helped us create a distinction between descriptions which referred to the emotions heard in the music or to the one who created the music (quality 2) and descriptions which referred to the describers’ personal feelings while listening to the improvisations (quality 2a). We feel that the descriptions especially in 2a, which included feelings such as “fear,” “sadness,” “nervousness,” “hard to listen to,” deepened our understanding of negative countertransference that rises up when listening or working with such children in the first stage of therapy, before getting to know them better.

Method of Inquiry

Overall, the method of inquiry we used in the present study (a combination of Langenberg et al. (1993) and Lowey (1994)) was appropriate and responsive to the purpose of the present research. One of Keith’s (2007) conclusions from the results of his study was that “musical analysis is more useful for understanding several improvisations by the same individual rather than finding general trends between improvisations of different people” (p.62). In our study, we found that the musical analysis showed general trends of three different clients’ improvisations in a very clear manner. It is possible that the method we chose is more suitable to find similar musical characteristics in improvisations done by several people than other methods, or, since these improvisations were so similar to each other, it was like studying one improviser. However, this may indicate our bias. We, as researchers, felt that the improvisations were extremely similar to each other from the first time we listened to them. Maybe because of that we did not allow ourselves to analyze the findings in a different manner and to put more emphasis on the differences than the similarities between the improvisations.

SUMMARY

In this study our aim was to discover meanings in three improvisations created during the first stage of therapy by children who live in residential care. The clients, the therapist and researcher, and three independent describers listened to the improvisations and described what they heard. A professional musician transcribed the improvisations and described what he heard and saw. Three core motifs that included the derived meanings of these improvisations were no home, circle of distress, and hope.

The findings of the present study suggest that piano improvisations created during the first stage of therapy might indicate that there is hope. Improvisations can rehabilitate (Smeijsters, 1997) and organize (Amir, 1999) the client's inner world. By finding suitable musical interventions, the therapist can help clients organize their music, thus find some order in their inner world and re-create their inner home (Amir, 1999).

In the literature there are metaphors for music therapy such as "a home base" (Amir, 1992) and "a container" (Aigen, 2005; Kenny, 1989). Flower (1993) suggests using improvisations as an alternative to the unpredictableness of life. Children who live in residential care get very little place to make choices, and music therapy is a place for them to make choices concerning what instruments they want to play and how they want to play them. Clinical examples in the music therapy literature (Amir, 2004; Austin, 2001; Burkhardt-Mramor, 1996; Flower, 1993; Hong et al., 1998; Jochims, 2003) indicate the reversibility in these children's situation and claim that suitable therapeutic interventions can lead to changes in the lives of these children. This 'non-traumatized' part of the child can awaken the *music child* (Nordoff & Robbins, 1977) and has the potential to activate the child's own healing process (Pavlicevic, 2002). Music therapy can offer hope for some of these children. Even when the general picture is negative and distressful, there is something in music that can open up an inner playful, spontaneous and creative place within some of them.

Contribution of Research to Clinical Work

This research study deepened our understanding of the connection between improvisations and the clients' inner world. Research findings triggered further thinking in regard to looking at music therapy as providing a "home," and searching for clinical-musical interventions which are suitable to these clients' needs. The striking similarities among the three improvisations in the present research suggest the use of piano improvisations with children who live in residential care as a tool for diagnosis, prognosis, and therapy.

Throughout the world, there are many children and adults who live in residential care—the more we know about their typical issues, the better able we will be to find ways of working with them as music therapists. As far as we know, this research is the first of its kind that was written in Israel. The hope motif indicates that music therapy has the power to discover strength that is difficult to see otherwise, and we hope that seeing the effectiveness of music therapy with this population will encourage other music therapists to work in residential care.

The present study shows that recording and transcribing the music is of crucial importance in order to analyze the improvisations and understand their meanings. Smejsters (1997) and Lee (2003) emphasize the great benefit of doing so. Both claim that it is necessary in order to fully understand the meaning of the improvisation. Lee, who comes from the Nordoff-Robbins tradition of recording and analyzing each session, believes that it is necessary to distinguish between musical and psychological analysis before creating meaning. Therefore he recommends analyzing the improvisations after each session, when the listening is more relaxed and allows for new insights. The present research clearly shows that recording and analyzing musical material can help in diagnosis and evaluation of those in the residential care population. It also can help in establishing treatment goals and indicating therapeutic directions.

We also discussed attentive and therapeutic listening that one needs in order to be able to notice threads in the music which are difficult to hear. Gardstrom (2004) and Bruscia (2001) recommend developing listening skills in order to improve the understanding of the meaning in real time.

Recommendation for Further Research

The present study examined piano improvisations created during the beginning stage of therapy. An analyses and finding meanings of piano improvisations of clients who live in residential care which were created in various stages of therapy can serve as a basis for evaluating progress and understanding the musical-therapeutic process in a deeper way. Studying the client's musical expressions throughout the therapeutic process may better illuminate the therapeutic process and indicate changes in the intra and interpersonal worlds of such clients.

The present research study only explored clients' improvisations. A future research study might explore client-therapist improvisations and focus on the therapist's musical interventions in order to discover their meanings. Exploring the interventions of the therapist may teach us more about countertransferential reactions and may deepen our understanding of both the client's and the therapist's musical interactions.

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12

13

14

15

16

הקצב של לשון

Improvisation No.2 *Alon*

אלתור 2

1 *mf*

2 *rit.*

3 *pp* *mf* *pp*

4 *p*

5 *f* *gliss.* *pp*

6 *pp* *f* *pp*

7 *mf* *molto rit.*

8 *p* *mf*

9 *mf*

10 *Ritornello* *Ritornello* *p* *f*

Handwritten annotations include: *221*, *221*, *mf*, *pp*, *f*, *pp*, *rit.*, *molto rit.*, *p*, *mf*, *pp*, *f*, *gliss.*, *pp*, *Ritornello*, *Ritornello*, *p*, *f*.

11

Handwritten notes above staff: *משה רבינו (הוא) יבין את המילה הזו* and *משה רבינו יבין את המילה הזו*

Dynamic marking: *mp*

12

Handwritten notes above staff: *למה?* and *למה?*

Dynamic markings: *p*, *mf*

Tempo marking: *rit.*

13

Dynamic marking: *ppp*

14

Dynamic markings: *molto accel.*, *molto rit.*

Circled measure number: *15*

Handwritten notes below staff: *משה רבינו יבין את המילה הזו* and *משה רבינו יבין את המילה הזו*

Improvisation No.3 Sarit

אילתור 3 (ב/חון) קינאי קינאי

1

2

3

4

5

poco accel.

2

6

7

8

APPENDIX II

DESCRIPTIONS OF CLIENTS, THERAPIST AND DESCRIBERS, AND CLASSIFICATION TO QUALITIES

Clients:

Improvisation 1: Michal

It is boring. I have nothing to say about it. It is a pity that I cannot choose another improvisation or to write a new song.

Quality 1	Quality 2	Quality 2a
		It is boring. I have nothing to say about it. It is a pity that I cannot choose another improvisation or to write a new song.

Improvisation 2: Alon

Sleeping music. A little sad, because the words behind the music are forte.

Quality 1	Quality 2	Quality 2a
	Sleeping music. A little sad, because the words behind the music are forte.	

Improvisation 3: Sarit

Boring. I can do many other things in one minute like cleaning the house, finish watching a TV show.

Quality 1	Quality 2	Quality 2a
		Boring.. I can do many other things in one minute like cleaning the house, finish watching a TV show.

Therapist: Full description classified according to qualities

Improvisation No. 1

Checking. Being stuck. Goes around himself. There is an opening but it doesn't come to an ending. Higher volume. I don't feel anything. Something is developing here, but doesn't come to something meaningful. Sounds in high register. Fast heartbeats. Something bad is going to happen. Pressure. Mommy! Alone. Defenseless, helplessness. Growing fear. Tension. It is better to hide, to sit quietly so they won't find me.

Quality 1	Quality 2	Quality 2a
Checking	Being stuck.	I don't feel anything.
Goes around himself. Doesn't come to an ending. Higher volume.		
Something is developing here.	Doesn't come to something meaningful.	
Sounds in high register.	Fast heartbeats. Something bad is going to happen. Pressure, Mommy! Alone. Defenseless, helplessness. Growing fear. Tension. It is better to hide, to sit quietly so they won't find me.	

Improvisation No. 2

Lower register. Similar trying as in the higher register before. Here is that scale again. Irksome. Tense. I'm getting out of it. I will overcome it. The crux is not being afraid of anything. But it is scary. Chaos. Quiet. Very low scale. What's going on down there? There is something meaningful, but too scary to touch. Every time touches and runs away. There is no way to change it to something good, because it is not! Finished? Not finished? The tension is back. Distressing, Make me scared. I'm like a frightened chicken. Organized chaos. Suddenly ends. Not finished. The fear is still there. Now it's ending.

Quality 1	Quality 2	Quality 2a
Lower register. Similar trying as in the higher register before. Here is that scale again.	Tense.	Irksome.
	I'm getting out of it. I will overcome it. The crux is not being afraid of anything.	But it is scary.
Quiet. Very low scale.	Chaos.	
	What's going on down there? There is something meaningful, but too scary to touch.	
Every time touches and runs away.	There is no way to change it to something good, because it is not!	
Finished? Not finished?	The tension is back.	Distressing. Makes me scared.
	Like a frightened chicken. Organized chaos.	
Suddenly ends. Not finished.	The fear is still there.	
Now it's ending.		

Improvisation No. 3

Starts softer. Stronger. There is a motif here. Changing direction. Hoping for good, but everything repeats itself, there is no way out. It starts to get on my nerves. Why there is no vitality in the music? Why there is no smile? Everything is so black. Why there is no joy at all?

Quality 1	Quality 2	Quality 2a
Starts softer. Stronger. There is a motif here. Changing direction.		
Everything repeats itself.	Hoping for good.	
	There is no way out.	It starts to get on my nerves.
	Everything is so black.	Why is there no vitality in the music? Why is there no smile?
		Why is there no joy at all?

Describer 1: Full description classified according to qualities

Improvisation No. 1

Someone who is lost, attracts all sorts of difficulties. It is hard for him and he feels sad. He finds something, gets interested in it and experiences it.

Quality 1	Quality 2	Quality 2a
Someone who is lost, attracts all sorts of difficulties.		
	It is hard for him and he feels sad.	
He finds something, gets interested in it and experiences it.		

Improvisation No. 2

Boring. Makes me nervous. Someone who is walking and thinking about his life. He is carried away by his thoughts until suddenly he returns to reality.

Quality 1	Quality 2	Quality 2a
		Boring. Makes me nervous.
Someone who is walking and thinking about his life.		
He is carried away by his thoughts until suddenly he returns to reality.		

*Improvisation No. 3*⁷

.....

The describer did not write anything. When he gave back his notes he said “I had difficulties listening and concentrating. All the improvisations repeat themselves. In the last improvisation my thoughts were occupied with my own issues.

Quality 1	Quality 2	Quality 2a
		Had difficulties listening and concentrating. Occupied with his own issues

Describer 2: Full description classified according to qualities

Improvisation No. 1

⁷ The decision to include this describer in the research even though he didn't write anything is because we found his reaction when he gave his notes very significant.

Pleasant and melodic, but also pretty scary. It is not clear where it is going. Somewhat harmonic. Interesting.

Quality 1	Quality 2	Quality 2a
Melodic.		Pleasant.
It is not clear where it is going.		Pretty scary.
Somewhat harmonic.		
		Interesting.

Improvisation No. 2

Scary, unconfident. Extremely monotonous, diffuse. Childish, hallucinatory. Cold and detached. Difficult. Pressuring and uncomfortable, insane to a certain degree, oppressive.

Quality 1	Quality 2	Quality 2a
Extremely monotonous.	Unconfident. Diffuse. Childish, hallucinatory. Cold and detached. Insane to a certain degree.	Scary. Difficult. Pressuring and uncomfortable. Oppressive.

Improvisation No. 3

Heavy. A bit more melodic, but only a bit . . . boring and strange.

Quality 1	Quality 2	Quality 2a
A bit more melodic, but only a bit.	Strange.	Heavy. Boring.

Describer 3: Full description classified according to qualities

Improvisation No. 1

Climbing, going up, a kind of a journey. Unclear, blurry. Uncertainty. Continues because it is a must. Why? A permanent doubt that eats you up and stops something from bursting out. Anger, blocked pain. Suppressed feelings that might come out only if they were allowed to.

Quality 1	Quality 2	Quality 2a
Climbing, going up, a kind of a journey. Unclear, blurry.	Uncertainty.	
Continuing because we have to. A permanent doubt that eats you up and stops something from bursting out.		Why?
	Anger, blocked pain.	
Suppressed feelings that might come out if only they were allowed to.		

Improvisation No. 2

Big confusion. Makes me nervous. Something becomes clear, but then gets ruined again. We are back at the beginning. Hooked in an endless circle.

Quality 1	Quality 2	Quality 2a
	Big confusion.	Makes me nervous.
Something becomes clear, but then gets ruined again. We are back at the beginning.	Hooked in an endless circle.	

Improvisation No. 3

Melancholic melody, reminds me of longing. Sometimes there are little dissonances. There is no direction, doesn't go anywhere special, stuck, no air.

Quality 1	Quality 2	Quality 2a
	Melancholic melody.	Reminds me of longing.
Sometimes there are little dissonances.		
There is no direction, doesn't go anywhere special.		
Stuck, no air.		

APPENDIX III
SIMILAR VERBAL THEMES
FROM ALL THREE IMPROVISATIONS

Therapist:

Improvisation 1	Improvisation 2	Improvisation 3
There is an opening. Something is developing here.	I'm getting out of it. I will overcome it.	Starts softer, stronger. There is a motif here. Hoping for good.
Being stuck.	Lower register. Similar attempt as in the higher register before. Here is that scale again. Every time touches and runs away.	There is no way out. Everything repeats itself.
I don't feel anything.	Irksome. Tension. There is no way to change it to something good, because it is not!	It starts to get on my nerves. Why is there no vitality in the music? Why is there no smile? Why is there no joy at all?
Something bad is going to happen. Pressure, Mommy! Alone. Defenseless, helplessness. Growing fear, tension, it is better to hide, to sit quietly so they won't find me.	But it is scary. What's going on down there? Too scary to touch. Tense. Fear. Distressing. Makes me scared. Like a frightened chicken.	

Describer 1:

Improvisation 1	Improvisation 2	Improvisation 3
Someone who is lost.	Someone who is thinking about his life. Thoughtful.	Occupied with his own issues.
He attracts all sorts of difficulties. It is hard for him.		Has difficulties listening and concentrating.

Describer 2:

Improvisation 1	Improvisation 2	Improvisation 3
Melodic. Pleasant. Somewhat harmonic. Interesting.		A bit more melodic.
It is not clear where it is going.	Extremely monotonous.	Boring.
Scary.	Pretty scary. Pressuring. Unconfident.	
	Uncomfortable. Difficult. Oppressive.	Heavy.
	Diffuse. Cold and detached. Childish, hallucinatory. Insane to a certain degree.	Strange.

Describer 3:

Improvisation 1	Improvisation 2	Improvisation 3
Climbing, going up.	Something becomes clear.	
A kind of journey. Unclear, blurry.	Big confusions.	There is no direction. Doesn't go anywhere.
Anger.	Makes me nervous.	
Blocked pain.		Melancholic. Reminds me of longing.
A permanent doubt that eats you and stops something from bursting out. Suppressed feelings.	But then it breaks again, we are back at the beginning. Hooked in an endless circle.	Stuck. No air.

APPENDIX IV

SIMILAR VERBAL THEMES FROM THE DESCRIBERS' DESCRIPTIONS FOR EACH IMPROVISATION

Improvisation 1: Michal

Client	Therapist	Musician	Describer 1	Describer 2	Describer 3
	Checking. Goes around himself. Doesn't come to anything meaningful.	Search. Going around. Hesitation.	Someone who is lost.	It is not clear where it is going.	A kind of journey. Unclear, blurry.
	There is an opening. Something is developing here.	She develops something new. She found something. Enthusiasm. She arrived, positive, song, new motif.	He finds something, gets interested in it, experiences it.	Pleasant. Melodic. Somewhat harmonic. Interesting.	Climbing up.
I have nothing to say about it. It is a pity that I cannot choose another improvisation or write a new song. It is boring.	I don't feel anything.	Angry. Tense. Enough! Hesitation. Scared. Frustration.	He feels sad.		Blocked pain.
	Fast heartbeats. Something bad is going to happen. Pressure. Mommy! Alone. Defenseless, helplessness. Growing fear. Tension. It is better to hide, to sit quietly so they won't find me.			Pretty scary.	Stops something from bursting out. Suppressed feelings. Might come out.

Improvisation 2: Alon

Client	Therapist	Musician	Describer 1	Describer 2	Describer 3
	Lower register. Similar attempt as in the higher register before. Here is that scale again. Touches and runs away.	Starts and stops. Runs away. Stops. Goes back.	Boring.	Extremely monotonous.	Hooked in an endless circle. Back at the beginning.
Sleeping music. A little sad.	Irksome. Tension.	Anger. Insecurity. Boring. Disappointment. Failure.	Leading to nervousness.	Unconfident. Oppressive.	Makes me nervous.
	Chaos.	No structure. Walking at the edge.		Diffuse. Childish, hallucinatory. Insane to a certain degree.	Big confusion.

Improvisation 3: Sarit

Client	Therapist	Musician	Describer 1	Describer 2	Describer 3
	Everything is so black. Frightened/ Starts to get on my nerves. Why is there no vitality? Why is there no smile? Why is there no joy?	Desperation.	Occupied with his problems.	Heavy	Stuck. No air.
Boring.		Every time when she stops she does not know where to go and goes back. There is a wiping out. It is repetitive.	Boring.	Boring.	There is no direction. It doesn't go anywhere special.

APPENDIX V

SIMILAR MUSICAL CHARACTERISTICS IN ALL THREE IMPROVISATIONS FROM THE MUSICAL ANALYSIS

Improvisation 1	Improvisation 2	Improvisation 3
Repeated structure: There is an attempt to develop a stylistic motif. It becomes messy, stops. There is a new beginning.	Repeated structure: There is an attempt to develop a rhythmic motif, the player stops, there is another attempt.	Repeated structure: There is an attempt to develop a melodic motif. The player goes back, wipes it out, begins again.
No definite rhythm or beat.	No definite rhythm or beat.	No definite rhythm or beat.
The harmonic – tonal frame is changeable.	The harmonic – tonal frame is changeable.	The harmonic – tonal frame is changeable.
Use of pedal.		Use of pedal.
There is a split of registers.	There is a split of registers.	There is a split of registers.
Very limited range of dynamics (<i>p – mf</i>) and a general feeling of silence.	Very limited range of dynamics (<i>p – mf</i>) and a general feeling of silence.	Very limited range of dynamics (<i>p – mf</i>) and a general feeling of silence.
Melody is created of small intervals, and made out of scales going up and down.	Melody is created of small intervals, and made out of scales going up and down.	Melody is created of small intervals, and made out of scales going up and down.
Use of ritard.	Use of ritard.	Use of ritard.
Many breaks in melody.	Many breaks in melody.	Many breaks in melody.
Dramatic synchronization – different from general atmosphere.	Chaotic rhythm – glissando – different from general atmosphere.	
All of a sudden there is a melody, rhythm – different from the general atmosphere.	All of a sudden there is a melody, rhythm, harmonic color – different from the general atmosphere.	
After change in playing there is a break and an attempt to come back and start all over again in a soft volume.	After change in playing there is a break and an attempt to come back and start all over again in a soft volume.	
There is a sustain that appears as a repetition of the same rhythm many times.	There is a sustain that appears as a repetition of the same rhythm and same harmonic tones for a long time.	
False notes (notes that are outside the melodic line)	False notes.	False notes.
Hesitant ending.	Music cut off at the end.	At the end there is a desperation.

APPENDIX VI
 CLASSIFICATIONS OF MOTIFS
 BASED ON THE VERBAL THEMES THAT CONSTRUCT
 THEM IN EACH IMPROVISATION

Improvisation 1:

Motifs	Describer 1	Describer 2	Describer 3	Therapist	Client	Musician
Search, No Home		It is not clear where it is going.	A kind of journey. Blurry. Unclear.	Checking. Goes around himself. Doesn't come to something meaningful.		Searching. Going around. Hesitation.
Danger		Pretty scary.	Stops something from bursting out. Might come out.	Fast heartbeat. Something bad is going to happen. Pressure, Mommy! Alone. Defenseless, helplessness. Growing fear. Tension. It is better to hide, to sit quietly so they won't find me.		
Difficulties	Attracts all sorts of Difficulties. It is hard for him.					False. Difficulty.
Arbitrariness			Continuing because we have to. Why?			
Negative feelings	He is lost. He feels sad.	Pretty scary.	Anger. Blocked pain.	I don't feel anything.	I have nothing to say about it.	Angry. Under pressure. I am fed up.

			Suppressed feelings.		It is a pity that I cannot choose another improvisation or to write a new song.	Hesitation, fear. Anger. Frustration.
Circle of Distress	Lost.			Being stuck.		The improvisation stops, gets cut off, comes back to a repeated scale, the same as before. Gets stuck and fades out.
Loneliness & Rejection						
Insanity						
Hope	Finds something. Experiences it. Gets interested in it.	More pleasant. Melodic. Somewhat harmonic. Interesting.	Climbing. Going up.	There is an opening. Something is developing here.		Something new is developing. She found something, arrived at something. There is enthusiasm, something positive. A song. New motif.

Improvisation 2:

Motif	Describer 1	Describer 2	Describer 3	Therapist	Client	Musician
Search, No Home	Someone who is thinking about his life.			Finished? Not finished?		Explores. Tries to develop. Starts a new search.
Danger		Scary. Feels pressured. Uncomfortable.		Tense. Scary. What's going on there? Too scary to touch. Distressing. Fear.		Extremity. Something needs to be released. Bursting out.
Difficulties		Difficult.	Breaks down again.			Wrong note.
Arbitrariness						
Negative feelings	Boring. Nervousness.	Scary. Offensive. Unconfident.	Nervous.	Irksome. Tension. No way to change it to something good.	Sleeping music. A little sad.	Scared. Unconfident. Boring. Disappointment, failure.
Circle of distress		Extremely monotonous.	Back to the beginning. Hooked in an endless circle.	Similar attempt as before. Touches and runs away.		Starts and stops. Runs away. Stops and goes back. Stops.
Loneliness & rejection	Someone is walking.	Cold and detached.		Suddenly ends.		Cut off at the end.
Insanity	Dreaming until suddenly he comes back to reality.	Diffuse. Extremely monotonous. Childish, hallucinatory. Insane to a certain degree.	Big confusion.	Chaos.		No structure. Walking at the edge.
Hope			Something becomes clear.	I will overcome it.		Something new is starting to develop. Rhythmical. Happy, like a children's song. Discovers harmony.

Improvisation 3:

Motif	Describer 1	Describer 2	Describer 3	Therapist	Client	Musician
Search, No Home			No direction. Doesn't go anywhere special.		I can do many other things.	Searches. Starts. Explores.
Danger						
Difficulties	Has difficulties listening and concentrating.		Dissonances.			Forgery. Difficulty; wrong note. Cutting; experiments which don't really succeed. Interruption
Arbitrariness						
Negative feelings		Heavy. Boring.	Melancholic melody.	Gets on my nerves. Everything is black. Why is there no vitality, no smile, no joy?	Boring.	Despair.
Circle of Distress			Stuck. No air.	Everything repeats itself. There is no way out.		Each time she stops and does not know how to continue, she returns back, repeats herself. Returns back. Repetition.
Loneliness & rejection						Cuts off at the end.
Insanity		Strange.				
Hope		A bit melodic.		Starts softer, stronger. There is a motif here. Hoping for good.		Plays with confidence. Trying to fix and starts again, trying to create, maybe finds something. She is brave, courageous.

APPENDIX VII
 CORE MOTIFS OF ALL RESEARCH PARTICIPANTS FROM
 ALL THREE IMPROVISATIONS

Motifs	Therapist	Client	Describer 1	Describer 2	Describer 3	Musician
No Home (Search, danger, difficulties, insanity)	<u>Checking, goes around</u> himself, doesn't come to an ending. <u>Doesn't come to something meaningful</u> (1) Finished? Not finished? (2)	I can do many other things in one minute (Sarit)	Someone is walking and thinking about his life (2)	<u>It is not clear</u> where it is going (1)	A kind of a journey, <u>unclear</u> , blurry (1) Uncertainty (1)	<u>Explores</u> (3) <u>Going around, search,</u> hesitation (1) <u>New search</u> (2) <u>Search, keep searching</u> (3)
	<u>Fast heartbeats,,</u> <u>Something bad is going to happen</u> (1) <u>Pressure</u> , defenseless, Mommy! Growing fear, helplessness, it is better to hide, to sit quietly so they won't find me (1) Tense, distressing, what's going on down there? Too <u>scary</u> to touch, frightened chicken. The fear is still there. <u>Makes me scared</u> (2)			<u>Pressuring</u> and uncomfortable (2) <u>Pretty scary</u> (1) <u>Scary</u> (2)	<u>Stopping something from bursting out; might get out</u> (1)	<u>Something needs to be released.</u> <u>Outburst</u> (2)
			Attracts <u>difficulties</u> (1) He is occupied with his problems; it is <u>difficult</u> for him to listen and to concentrate	<u>Difficult</u> (2)	<u>Dissonances</u> (3)	<u>Difficulty</u> (1,3) <u>Forgery;</u> <u>wrong note</u> (2,3); cutting; experiments which don't really succeed, <u>interruption</u> (2)
	<u>Chaos</u> (2)			Childish, hallucinatory, insane (2)	<u>Big confusion</u> (2)	<u>No structure,</u> walking at the edge (2)

Motifs	Therapist	Client	Describer 1	Describer 2	Describer 3	Musician
Circle of Distress (Arbitrariness, negative feelings, loneliness and rejection)	<u>I don't feel anything</u> (1)	<u>I have nothing to say about it.</u> It is a pity that I cannot choose another improvisation or to write a new song (Michal)				
		<u>Boring</u> (Michal & Sarit)	<u>Boring</u> (2)	<u>Boring</u> (3)		<u>Boring</u> (2)
	Irksome. No way to change it to something good. Tension (2). Everything is so black. Why is there no smile? Why is there no joy?(3) Alone (1)	Sleeping music, a little <u>sad</u> (Alon).	Lost, he feels <u>sad</u> (1)	Uncomfortable. Bullying. Unconfident (2) Cold and detached (2) Heavy (3)	<u>Anger</u> (1) Blocked pain. Suppressed feelings (1). Melancholic melody, reminds me of longing (3).	<u>Angry</u> . Tense/ <u>Enough! I'm fed up</u> . Hesitation. Frustration. Fear (1) <u>Anger</u> . Insecurity. Disappointment. Failure (2). Despair (3)
	<u>It starts to get on my nerves</u> (3)		<u>Nervousness</u> (2)		<u>Makes me nervous</u> (2)	
	<u>Everything repeats itself</u> (3)			<u>Extremely monotonous</u> (2)	<u>Continues because it must, why?</u> But then it gets ruined again, <u>we are back at the beginning</u> . <u>Endless circle</u> (2) There is <u>no</u> direction, doesn't go anywhere special (3)	
	No way out (3) <u>Being stuck</u> (1) Each time <u>touvhes and runs away</u> (2)				<u>Stuck</u> . No air (3)	<u>Being stuck</u> and fades out. Starts and stops. <u>Runs away</u> , stops, <u>goes back</u> (1)
	<u>Suddenly ends</u> (2)					The end is cut off (2) Cut end (3)

Motifs	Therapist	Client	Describer 1	Describer 2	Describer 3	Musician
<p>Hope</p>	<p>There is an opening, <u>something is developing here</u> (1) I'm getting out of it. I will overcome it (2) Softer, stronger. There is a <u>motif</u> here. Hope for good (3)</p>		<p>He <u>finds something</u>. <u>Gets interested</u> in it, experiences it.</p>	<p>Pleasant and melodic. Somewhat harmonic. Interesting (1) A bit more melodic (3)</p>	<p><u>Climbing up</u> (1) Something becomes clear (2)</p>	<p><u>Something new is developing</u>. <u>She found something</u>, arrived at something. There is enthusiasm, something positive. A <u>song</u>. New <u>motif</u> (1). <u>Something new is developing</u>: rhythmical joyful, like a children's <u>song</u>. <u>Discovers harmony</u> (2). Plays with confidence. Trying to fix and start again, trying to create, maybe <u>finds something</u>. She is brave, courageous (3).</p>