

Jazz Manouche and Reflexivity: An Improvising Musician's Emerging Music Therapist  
Identity

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## ABSTRACT

### Jazz Manouche and Reflexivity: An Improvising Musician's Emerging Music Therapist Identity

Andrew MacDonald

Each music therapy encounter is inherently multicultural as both music therapists and clients bring unique cultural variables, including diverse musical traditions, into the music therapy room. Literature indicates that it is important for music therapists to examine their own musical backgrounds and identities so that they may better understand how their own socially and culturally constructed tastes, assumptions, values, and biases about music are impacting their clinical work. The purpose of this heuristic self-inquiry was to examine the researcher's identity as a jazz manouche musician and gain insight into how this has influenced his emerging music therapist identity. Data collection involved self-reflexive journaling in response to six recorded improvisations—three meant to reflect the researcher's jazz manouche musician identity and three meant to reflect his music therapist identity. The researcher then created two narrative summary descriptions: one outlining the core components of his current jazz manouche musician identity and one outlining core components of his emerging music therapist identity. Further analysis revealed themes that fell within four overarching categories: similarities and differences between the researcher's jazz manouche musician and music therapist identities; how his jazz manouche musician identity is influencing his music therapist identity; and how the latter is influencing the former. Themes were explicated using brief descriptions, journal excerpts, and audio excerpts from the improvisations. The process and results helped the researcher to gain insight into how his unconscious musical assumptions may both complement and conflict with the musical beliefs and preferences of his clients. Furthermore, he realized that continuous striving toward musical reflexivity is an integral part of maintaining his own musical authenticity within the context of music therapy and music performance multicultural encounters. Additional personal, clinical, educational, and research implications of the results are presented.

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## **Chapter 1. Introduction**

As music therapists are working with increasingly diverse populations in a wide range of contexts, they must continuously strive toward achieving multiple understandings of what it means to be a multiculturally-competent practitioner (e.g., Chase, 2003; Darrow & Malloy, 1998; Moreno, 1988; Vaillancourt, 2007; Whitehead-Pleaux & Tan, 2017; Yehuda, 2013). Multicultural competence may be defined as “the ability to engage in actions or create conditions that maximize the optimal development of [unique] client[s] and client systems” (Sue & Sue, 2003, p. 21). Music therapy itself is inherently multicultural because music therapists and clients inevitably bring cultural variables, which include diverse musical traditions into the music therapy room (Hadley & Norris, 2016; Mahoney, 2015; Yehuda, 2013). Music therapists who attempt to integrate knowledge and skills from other cultures without conscious self-awareness of their own cultural practices may create cultural stress for the client, which may threaten the therapeutic relationship or otherwise harm the therapeutic process (Hadley & Norris, 2016). On the other hand, music therapists who take steps to better understand their own cultural backgrounds and values may be able to identify and address ways in which their assumptions and biases are inappropriately influencing the therapeutic process. Furthermore, this heightened awareness may serve as a resource for strengthening the therapeutic relationship (Yehuda, 2013).

Although multicultural competence encompasses a range of issues within the helping professions, multicultural musical competence is a unique and necessary consideration for music therapists (Hadley & Norris, 2016; Young, 2016). Young suggests however, that “it is not a competency that can ultimately be achieved, per se, but rather a way of practicing that requires ongoing re-conceptualization according to each clinical case/client, music therapist, therapeutic relationship, and social-political-cultural-musical context” (p. 127). Several authors also suggest that it is important for music therapists to examine their own musical backgrounds and identities so that they may better understand how their own socially- and culturally-constructed tastes, assumptions, values, and biases about music are impacting their clinical work. This musical self-awareness can help music therapists to co-create more authentic and meaningful cross-cultural music experiences with their clients (Carmelli, 2001; Gonzales, 2011; Hadley &

Norris, 2016; Quinn, 2005; Ruud, 1997). The present inquiry provided me with an ideal opportunity to engage in a musical self-awareness process.

### **Personal Context and Relationship to the Topic**

I grew up in a mid-sized Canadian city as a Caucasian, able-bodied, middle-class, gender-normative, English-speaker, largely unaware of my privilege until I began to travel and pursue advanced studies. My parents are second and third-generation Canadians with Judeo-Christian roots originating in Scotland, England, and Germany. My mother and father work in healthcare and agriculture, respectively.

Since my late teenage years, I have been on a musical journey of self-discovery. From the funk rhythms of Fela Kuti and James Brown to the guitar stylings of Wes Montgomery to Django Reinhardt, much of the music I have listened to and played on guitar, my primary instrument, has varied in musical elements such as style, rhythm, harmony, texture, and timbre. The music I have gravitated towards has differed from the musical cultures of my immediate family members, who prefer popular styles such as folk, classic rock and pop music, with a few exceptions.

*Jazz manouche*<sup>1</sup> is a genre grounded in the recorded work of Romani musician Django Reinhardt (Lie, 2017). I have been a jazz manouche musician (JMM) for 8 years. Since I was first introduced to the genre in 2009, it has become an integral part of who I am as a professional musician. After completing my undergraduate studies in jazz, I focused my passion for music on performance and teaching. I have always believed that public performances and private music lessons were of benefit to those who had access to them, but I also began to feel a strong desire to harness the therapeutic abilities of music and to democratize its accessibility. As someone whose relationship with music has led to an improved self-concept and an improved ability to overcome life-challenges, I believed I was in a unique position to help others use music in this way. This led me to pursue post-graduate studies in music therapy at Concordia University in 2015.

Given my love of jazz manouche along with what I was starting to understand about use of self (i.e., the therapist's incorporation of lived experiences, belief systems

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<sup>1</sup> Capitalization is consistent with Lie's suggestions: "Gypsy jazz uses a capital G to recognize that Gypsy is a proper noun; in *jazz manouche*, the *m* is lowercased to preserve the French orthography" (S. Lie, personal communication, March 22, 2017).

and cultural heritage into the therapeutic process, Dewane, 2006) and about multicultural musical competence in music therapy, I began to wonder about my own musical assumptions and how these might be influencing my role and work as a newly certified music therapist. I aspired toward a reflexive and authentic approach in my music therapy practice. Therefore, the purpose of this research was to examine my identity (i.e., beliefs and assumptions) as a JMM and understand how this may be influencing my emerging music therapist identity.

### **Research Questions**

The primary research question was: How does my identity as a jazz manouche musician (JMM) influence my emerging identity as a newly certified music therapist? The subsidiary research questions were: (a) What are the core components of my JMM identity?; (b) What are the core components of my emerging music therapist identity?; and (c) How do the core components of each of these identities compare and contrast?

### **Key Terms**

There are three key terms contained in the research questions that warrant definition within the context of the present study: identity, jazz manouche, and certified music therapist. *Identity* is defined as an individual's "beliefs about the qualities and attributes that distinguish them from others" (Matsumoto, 2009, p.244). *Jazz manouche* is a musical genre grounded in the recorded work of Manouche (i.e., a French subgroup of Romanies) and guitarist Django Reinhardt (Lie, 2017). The genre emerged in the 1970s when musicians began imitating the instrumentation, repertoire, swing rhythms and improvisational style that Reinhardt originated in the mid-1930s (Lie, 2017). A more elaborate description of the dialogue surrounding the definition and nomenclature of this term will be presented in Chapter 2. Finally, a *certified music therapist* in Canada is an individual who has completed a university music therapy training program recognized by the Canadian Association of Music Therapists (CAMT) in addition to completing their standardized requirements for professional certification. The designation is MTA, which stands for Music Therapist Accredited (CAMT, MTA Credentials & Members, 2017).

### **Chapters Summary**

This self-inquiry has been organized into five chapters. Chapter 1 outlines the significance and need for the present inquiry. The purpose, research questions, and key

terms are also presented. Chapter 2 reviews related literature and is organized into three topics areas that are relevant to the research questions: (a) multicultural musical competence in music therapy, (b) reflexivity in music therapy, and (c) jazz manouche. Chapter 3 presents the study design, rationale for the methodology employed, and issues pertaining to validity. Materials used for the study as well as data collection and analysis procedures are also presented. Chapter 4 presents the results in the form of narratives, categories and themes, which emerged in the explication and illumination phases of the study. Chapter 5 presents my creative synthesis of the results, and discusses the personal, clinical, and other implications of the results. Limitations of the study as well as suggestions for future research are presented.

## **Chapter 2. Related Literature**

Chapter 1 provided an overview of literature that helped to demonstrate significance and need for this inquiry. The purpose of the present chapter is to review what is known about key topic areas that pertain to the study. These topic areas include: (a) multicultural musical competence in music therapy, (b) reflexivity in music therapy, and (c) jazz manouche.

### **Multicultural Musical Competence in Music Therapy**

As noted in Chapter 1, Sue & Sue (2003) defined multicultural competence as “the ability to engage in actions or create conditions that maximize the optimal development of [unique] client[s] and client systems” (p. 21). In the past three decades, there has been an upsurge in research addressing multicultural competence in music therapy (e.g., Bradt, 1997; Brown, 2002; Chase, 2003; Darrow & Molloy, 1998; Hadley & Norris, 2016; Moreno, 1988; Sloss, 1996; Stige, 2002). Calls for multicultural issues to be addressed more comprehensively in music therapy training programs have been numerous (e.g., Bradt, 1997; Brown, 2002; Hadley & Norris, 2016; Mahoney, 2015; Topozada, 1995; Young, 2009). The Professional Competencies and Code of Ethics documents of the CAMT (1999; n.d.), the Certification Board for Music Therapists (2011), and of the American Music Therapy Association (AMTA, 2009; 2013) have given some attention to multicultural issues in music therapy in recent decades. The literature proposes a range of diverse strategies to help clinicians work toward achieving multicultural competency with many authors emphasizing the need for music therapy students and professionals to examine multiple aspects of their own cultural identities, including one’s musical background, assumptions, and experiences (Carmelli, 2001; Gonzales, 2011; Hadley & Norris, 2016; Quinn, 2005; Ruud, 1997; Young 2016). Increased musical self-awareness can help music therapists to have more authentic and meaningful cross-cultural music experiences with their clients, because it allows them to recognize and when necessary, move beyond their own socially and culturally constructed musical tastes and assumptions (Young, 2016).

Although multicultural competence in music therapy is a multifaceted topic area, the present study was delimited to focus specifically on multicultural musical competence in music therapy, an area that until recently, has received limited attention in the

literature. Multicultural musical competence goes far beyond learning music from various cultures and involves working towards deeper understandings of how music is conceptualized or understood within particular cultures (Bradt, 1997; Young, 2016). It is “a way of practicing that requires ongoing re-conceptualization according to each clinical case/client, music therapist, therapeutic relationship, and social-political-cultural-musical context” (Young, 2016, p. 1).

In 1988, Moreno’s article, “Multicultural Music Therapy: The World Music Connection”, initiated an innovative discourse on cultural issues in music therapy and multicultural music. He indicated that many American music therapists tended to be ethnocentric in how they used music with their clients. He argued that music is not a universal language as it is commonly purported to be but rather it is a multicultural phenomenon and a tool for establishing musical communication and rapport with clients from varying cultural backgrounds. Therefore, greater awareness of similarities and differences among unique musical cultures may facilitate improved musical and interpersonal communication with culturally diverse clients. Moreno recommended that music therapists become familiar with a variety of representative world genres including music from north and south Asia, Indonesia, sub-Saharan Africa, North Africa, Latin America, Western folk traditions, and American Indian music.

Since the publication of Moreno’s article, several books, studies, and papers have been published on multicultural topics in music therapy, several of which focus specifically on particular issues related to multicultural musical competence. Darrow & Malloy (1998) examined multicultural perspectives in music therapy by reviewing the literature, national conference programs, and AMTA training program requirements, and by conducting a survey of professional and student music therapists in “culturally diverse areas” (p. 16) of the United States. In relation to the present topic, they found that 68% of respondents felt that course work related to multicultural music was either “necessary” or “very necessary.” However, due to a lack of course offerings in their music therapy trainings, over 75% of respondents reported that their knowledge of multicultural music was gained through clinical experience.

In 2002, Brown published a paper on culturally-centered music therapy practice where she too stressed the importance of music therapists understanding the role of music

within clients' cultures so that interventions are facilitated in a culturally sensitive way. In a literature review related to multicultural music therapy practice in Canada and the United States, Chase (2003) found that "music therapy professionals have a strong interest and high level of comfort in providing multicultural music therapy but feel ill-prepared by their undergraduate training programs (p. 84) and that most professionals gained cultural awareness through their clinical experiences. From the multicultural musical competency perspective, Chase proposed that music therapists need to adapt a more musically flexible way of working by using "a variety of western and world instruments in a variety of ways, and learn to play new and familiar songs in a variety of musical styles, keys, and modes" (p. 87). Chase further proposed music therapists "explore the music and instruments of diverse cultures, giving careful consideration to the role both play in the culture" (p. 87).

Young (2009) investigated multicultural issues in the context of music therapy supervision by surveying Canadian and American music therapy internship supervisors (N= 104). An overwhelming number of respondents (71%) had not completed a course in multicultural music therapy, and over half (54%) felt they did not have significant experience with music outside their own culture. Several respondents had attended workshops (65%) and at least two concerts (80%) that pertained to music from cultures other than their own. However, only half had learned culturally unfamiliar repertoire (50%), and even fewer had taken lessons (23%) or participated in a performing ensemble (34%) for this purpose.

In 2016, the academic journal *Music Therapy Perspectives* published a special-focus volume on multicultural musical competence in music therapy. This volume contained an editorial, which introduced the topic and contextualized the four articles, each of which contained practical guidance for music therapists seeking to improve their multicultural musical competence (Young, 2016). Hadley & Norris (2016) proposed that transformational learning/unlearning processes and commitment to social justice must be present before a practitioner could achieve multicultural musical competence, which they defined as "the attainment of cultural knowledge, including knowledge of cultural musics and functions of cultural musics" (p. 130). In a study that examined the current discourse of Hip Hop Culture within the context of music therapy, Viega (2015) stressed that music



therapists must be reflexive and grounded in their musical approach before they can achieve competency in clinical contexts. The author also suggested music therapists may improve their competency by learning several specific techniques (including beat juggling and mixing), and by making use of technology (including sampling and mixing). Sadovnik (2016) presented a case study outlining his work with Chasidic teenagers in a self-segregated, ultra-Orthodox community. The author gracefully details how his position as an “outsider” (p. 147) helped facilitate a rapport with his clients, and how he merged traditional approaches to music therapy (e.g., creative music therapy, community music therapy, resource-oriented music therapy) with his understanding of the role of music within their culture. In the final article, Mondanaro (2016) presented five case vignettes of his work with clients from five diverse cultures. He outlined how clinicians may use a multicultural medical music psychotherapy approach to support individuals from culturally-diverse populations who are facing the multifaceted threat of illness. To employ this approach, music therapists must maintain “working knowledge of social and culturally based norms, and of multicultural music and traditional styles, including the use of modes, idioms, rhythm, instrumentation, and song to access patients’ culture and family lineage” (p. 154).

Finally, in 2017, an important textbook entitled *Cultural Intersections in Music Therapy: Music, Health, and the Person* was published. In the preface, editors Annette Whitehead-Pleaux & Xueli Tan pointed out that due to the culturally pluralistic nature of the world, it is becoming “increasingly challenging to define and pigeonhole any one individual into a cultural corner fenced in by myths, assumptions, and stereotypes” (p. xi). As music therapists seeking to develop multicultural musical competence must understand the meaning of music as it pertains to a culture, it is helpful that each contributing author includes a section outlining the meaning and function of music within their respective culture. Estrella (2017) stated that music therapists working with Hispanic/Latino clients should familiarize themselves with various forms Latin repertoire (e.g., Brazilian, Pop Latino, Latin Urban, Regional Mexicano) and Latin rhythms and styles (e.g. bachata, bolero, bossa nova, fado, flamenco, rhumba, salsa, etc.). Kavaliova-Moussi (2017) explained how the role of music in Arab/Middle Eastern cultures differs at home, at work, during Ramadan, and at times of grief and mourning. Similarly, Reed &

Brooks (2017) stressed that the role and function of music in African American cultures is vastly different in religious versus secular musics. Due in part to the history of slavery, gospel music carries deep spiritual significance. As such, secular music has historically signified an intentional distancing from religion for African Americans. Froman & Gombert, 2017 indicated that music from Jewish cultures can be a “tool to convey the meaning of a holiday, teach Hebrew words, and instill Jewish values” (p. 180). While some Jewish music is highly sacred, other music associated with religious holidays such as “I have a Little Dreydl” (a Chanukah song) carry little or no religious significance. The degree of orthodoxy in a Jewish community is also important to note, as more Orthodox Jewish individuals will have expectations that the music follow specific rules. To be safe, the authors suggested starting with “more traditional arrangements of Jewish music [...] and monitor client response.” (p. 180). In the appendix of the chapter, the authors provided a concise Jewish calendar with specific musical suggestions for each holiday/observance. West & Kenny (2017) stressed that for Native America/First Peoples, music often offers a structured social experience, and is not an opportunity for free improvisation or individualistic self-expression (i.e., typical ways of using music in music therapy). The authors encouraged music therapists working with Indigenous clients to “listen, watch and follow” (p. 134), in other words, to be reflexive.

In addition to information concerning the meaning of music in cultures of heritage (e.g., Hispanic/Latino, Arab/Muslim, Native Americans/First Peoples) and cultures of religion (e.g., Jewish), this book also explored the meaning of music from the cultural perspectives of sexual orientation, gender and disability. Hardy & Whitehead-Pleaux (2017) indicated that although LGBTQ individuals come from a variety of cultural heritages, the uniting function and meaning of music is that it can bring the community together. Curtis (2017) distinguished between sex (a biological variable) and gender (a culturally-constructed variable) and noted that although current understandings of gender view it as a spectrum, many cultures adhere to a dichotomous division into strictly male and strictly female. Since gender is more fluid than other cultural identity markers, there is no “single, homogenous body of music or singular meaning or function of music for women as a group; nor is there for men” (p.218). She suggested that music therapists choose music “with careful thought and attention... with an understanding of the

powerful messages about and to women included in such music” (p. 218). Regarding the culture of disability, Humpal (2017) noted that individuals with disabilities are “enveloped by the music of their family’s larger culture” (p. 246). Furthermore, she stressed that in working with the client to deliver effective music experiences for members of this culture, music therapist place their focus on the individual, and not the disability or diagnosis.

While it is clear that multicultural musical competence is gaining increased recognition in the literature as an important topic in the field of music therapy, more work and dialogue is needed to fully understand the ways in which this multifaceted competency can be realized. To view multicultural musical competence from both broad and personal perspectives, it is necessary for individuals to reflexively examine their musical backgrounds, assumptions and biases, as I aimed to do in the present inquiry.

### **Reflexivity in Music Therapy**

Reflexivity is defined in psychotherapy literature as “self-awareness and agency within that self-awareness” (Rennie, 1992, p. 211). Although the idea of therapist self-awareness has been part of music therapy discourse for many years (e.g., Bruscia, 1998; Camilleri, 2001), there seems to be a growing focus in the literature on the need for music therapists to be reflexive practitioners (Bruscia 2014; 2015). In fact, in the third edition of *Defining Music Therapy*, Bruscia (2014) defined music therapy as a “reflexive” rather than a “systematic” process (p. 54). He made this change because he recognized that the word systematic implied that the therapist was in complete control of the clients, the music experience, and the therapeutic process. The term reflexive, on the other hand, “highlights the need for music therapists to continually self-monitor the theoretical, empirical, practical, and ethical implications of their work with clients” (p. 283).

Reflexivity is an umbrella term that encompasses several unique forms of self-awareness including countertransference and authenticity (Bruscia, 2015). However, reflexivity “goes beyond self-awareness, countertransference, and authenticity in that the therapist’s focus extends beyond the ‘self’ to include various other aspects of the therapeutic process” (p.8). Reflexivity in a clinical music therapy context may be defined as “the ongoing and continual focus of one’s consciousness on all aspects of one’s work with clients, along with modification of the work as necessary” (Bruscia, 2015, p. 9).

According to Bruscia (2014), there are five main ways for music therapists to practice reflexivity: self-observation, self-inquiry, collaboration with the client, consultation with others, and supervision (Bruscia, 2014). *Self-observation* is a present-moment analysis of how one's actions are being experienced by everyone involved in a situation, while remaining an active participant in the session. It is similar to "self-hearing" (p. 54), a process accomplished musicians employ in capturing what one sounds and feels like to others while continuing to play and interact. *Self-inquiry* is to "reflect upon, study, or examine what transpired in a previous therapy session" (p. 54) in relation to the therapist's self. *Collaboration with the client* involves empowering the client to play an active role in the goal-setting, planning, running of sessions and evaluation of progress. *Consultation with others* involves the reflexive therapist seeking "valuable information or insights about the client that could help the music therapist in working with the client" (p. 54). The final way of practicing reflexivity involves seeking *supervision* from an experienced music therapist, especially when the therapist is facing challenges. The methodology of the present study incorporated all of these practices with the exception of client collaboration, as I was the sole research participant.

Bruscia (1998; 2015) also proposed specific reflexive strategies for music therapists within experiential self-inquiry and reflective self-inquiry contexts. In experiential self-inquiries, "the therapist uses music or any arts modality to explore countertransference issues through some form of direct experience" (2015, p. 29) including improvising portraits of self and client, making a musical autobiography and improvising one's life story. In reflective self-inquiries, "the therapist uses any form of contemplation or reflexive study aimed at understanding his own attitudes, beliefs, and emotions" (p. 30) including studying client logs (i.e., clinical notes a therapist writes after sessions with a client), reflecting on one's own professional journal (i.e., a personal diary containing private thoughts about one's clinical work), writing a musical autobiography (i.e., dividing one's life into periods and describing what happened musically within each period), and seeking supervision.

Other authors also propose strategies for becoming a more reflexive music therapy clinician. Barry & O'Callaghan (2008) demonstrated how a music therapy student's use of reflexive journal writing throughout the first author's clinical internship

at a cancer hospital led her to have new insights and knowledge. The authors described the model of reflexive journaling employed and illustrated how the process was beneficial for “(a) understanding contextual influences on practice, (b) connecting theory and practice, (c) self-evaluation and supervision, (d) practice development, and (e) understanding the usefulness of music therapy” (p. 55). Borgal (2015) maintained a reflexive journal where she recorded personal reflections about her clinical work as well as responses to audio recordings of her voice that she had created to represent interventions that she had used in music therapy sessions. These strategies allowed her to examine her beliefs, attitudes, and emotions related to her voice and to gain insight and self-awareness about how this might affect her work as a music therapist in end-of-life care. Moran (2017) participated in a 6-week mindfulness meditation training in which he (a) journaled in response to his emerging thoughts, feelings, and insights after meditation sessions; (b) recorded weekly non-referential improvisations; and (c) wrote journal entries following each of those improvisations. These strategies allowed the author (a newly-certified music therapist) to examine insights that emerged. The present study incorporated similar reflective and experiential inquiry components in order to examine my identity as a JMM and understand how this may be influencing my emerging music therapist identity. The ways in which these components were conceptualized will be described in detail in Chapter 3.

It is important to note that musical reflexivity cannot be exercised without musical authenticity, which Yehuda (2013) defined as a musician’s “motivation to identify music for which there is a feeling of emotional belonging and deep mental affinity” (p. 14). In other words, musical authenticity is a musician’s genuine emotional connection to their preferred music. Yehuda suggested that the multicultural musical encounter involves a difficult task for the music therapist, who must engage authentically with the client’s music (which may or may not be to their own taste) while at the same time maintaining a sense of their own musical authenticity. To address this issue, music therapists must develop awareness and insights about their own musical identity and musical authenticity (i.e., identify one’s own musical assumptions). Ruud (1997) suggested that individuals may develop awareness and insights about their musical identity by examining the role of music in their own significant life experiences. As music can produce “memories,

psychological resonances and reflections” (Ruud, 2017, p. 589), musical experiences can become the raw material of the identity an individual performs for others. A deeper understanding of our musical identity “may increase our sensitivity towards our own cultural background and personal history” (Ruud, 1997, p.12), which would heighten one’s sense of musical identity and musical authenticity.

Finally, reflexivity is also an important component of music therapy research. It is “commonly used to describe a responsible, ethical researcher and serves as an actual criterion for ensuring the integrity of the research itself” (Bruscia, 2014, p. 283). While Stige, Malterud & Midtgarden (2009) stressed reflexive dialogue as a key component in evaluating the validity of qualitative research, Young (2013) and Bruscia (2015) both suggested that reflexivity should be the starting point for designing and evaluating all forms of research because “*all* rigorous research requires a careful scrutiny of one’s practices as they relate to the epistemological foundations of the study in question” (Young, 2013, para. 2). Hunt (2016) noted that the use of personal narratives in first-person research raises self-consciousness and promotes reflexivity. I situated the present study within a reflexive first-person research methodology in my endeavour to achieve an authentic understanding of how my JMM identity may be influencing my emerging music therapist identity.

### **Jazz Manouche**

As the present inquiry involves an examination of how my jazz manouche musician identity may be influencing my emerging music therapist identity, a general understanding of the musical genre will help to contextualize the research. Jazz manouche is grounded in the recorded work of Manouche (i.e. a French subgroup of Romanies) and guitarist Django Reinhardt (Lie, 2017). However, in a process that parallels the ongoing debate over how to define jazz, attempts to define jazz manouche and its English language equivalents *Gypsy jazz* and *Gypsy swing* have been ambiguous for various reasons (Lie, 2017). Some definitions rely heavily on stereotyped notions of Romani people and overly romanticize narrative elements of guitarist Django Reinhardt’s life. For example, Dregni (2008) purported that emotion and virtuosity are inherent qualities of Gypsy music, stating that its “essence glows like the embers within a campfire” (p. 144). Lie (2017) refuted this use of Romani exoticism (emotion, virtuosity,

campfire) and suggested instead that “Django’s ethnicity had little or nothing to do with his musical output and ethnicity should not necessarily determine an individual’s artistic practice” (p. 203). Other definitions have emphasized the technical aspects of the genre, while still others have codified the musical elements of the genre. Lie highlighted that the jazz manouche genre is “simultaneously (and unproblematically) both a subgenre of jazz and a subgenre of Romani music” (p.152). The term ‘jazz manouche’ and its English synonym ‘Gypsy jazz’ first appeared in the mid-1970s (Lie, 2017) and became the recognized terms for the genre around the late-1980s (Givan, 2014).

The social, cultural and political aspects of jazz manouche are integral to its development as a genre. The term manouche refers to the Manouche Romani people, who trace their origins to Northern India and have lived largely a nomadic population in Northwestern Europe since the late fifteenth century (Williams, 1998). The idiom of jazz manouche is practiced by Romani and Gadjé (i.e., the Romanes term for non-Romani people) alike (Givan, 2014). Despite the rich cultural heritage of the Manouche people, fans and players of the genre often have little or no concept of its social, cultural and political underpinnings (Givan, 2014; Lie, 2017). As such, misrepresentation of the genre is commonplace, and the notion of an essentialist racial ideology is knowingly or unknowingly advanced by fans and players.

Belgian born Romani guitarist Django Reinhardt (1910 - 1953) is often considered to be the primary influence on the genre (Williams, 1998; 2000), although this is contended on the premise that there were other individuals who had influence on its development (Givan, 2014; Lie, 2017). The idiom known as jazz manouche did not exist before or during Reinhardt’s life. Rather, “it emerged later, once musicians began imitating the instrumentation, repertoire, swing rhythms and improvisational virtuosity that the guitarist himself originated in the mid-1930s” (Givan, 2014, p.11). Today, jazz manouche is practiced globally by a small but vibrant network of musicians who rely heavily on the internet for the exchange of knowledge and information. In its contemporary format, which has commonalities and differences from the music performed by the purveyors of the tradition, jazz manouche is performed by amateurs and professionals who may or may not identify as Manouche (Lie, 2017). There are *hot clubs* (i.e., ensembles based on Django Reinhardt’s Quintette du Hot Club de France) on every

inhabited continent, and in myriad cities and regions. In Chapter 4, I will describe my personal understanding of the jazz manouche genre, as well as the ways in which I perform my identity as a contemporary jazz manouche musician.

The present chapter reviewed relevant literature in order to give the reader an overview of what is known about the key topic areas that pertain to the present inquiry. These included: (a) multicultural musical competence in music therapy, (b) reflexivity in music therapy, and (c) jazz manouche. In the following chapter, I will provide a description of the methodology used for the present inquiry as well as details pertaining to data collection and analysis procedures.



## Chapter 3. Methodology

### Design

This study was situated within a heuristic self-inquiry design; a unique qualitative, social sciences methodology pioneered by Clark Moustakas in the early 1960s (Hunt, 2016; Moustakas, 1990). Moustakas developed the methodology when he undertook an extensive study of his own loneliness (Moustakas, 1961). Who better to examine a phenomenon than the individual experiencing that phenomenon? Heuristic comes from the Greek word *heuriskein*, meaning “to discover or to find” (Moustakas, 1990, p. 9). Through engaging in self-reflective strategies as Moustakas (1961) did, a researcher can gain new insights and perspectives. The creative and emergent nature of heuristic inquiry procedures made it an ideal methodology for this study as it allowed for personal insights about my JMM and my music therapist identities to reveal themselves in an organic and authentic way.

In order to fit within the scope of a master’s thesis, I imposed some delimitations. Although heuristic inquiry often involves other participants as a way to verify and clarify the experiences of the primary researcher (Moustakas, 1990), this study was delimited to include only my own self-reflective components. In other words, I was the only participant. Data collection was delimited to a 25-day period. Although my cultural and professional identities are comprised of multiple components with many potentially relevant areas to explore, this study focused specifically on my beliefs and assumptions in relation to my identities as a JMM and music therapist.

### Validity

In heuristic research, the researcher is concerned with distilling meaning from personally occurring phenomena. Onus is placed on the researcher to provide truthful, authentic and clear representations of the phenomenon or phenomena being examined. The researcher is therefore considered to be the most qualified individual to evaluate the validity of the data and results (Moustakas, 1990). Moustakas stressed that validity is ultimately derived from the researcher’s “constant appraisal of significance, accompanied by a running act of checking to be sure that I am doing what I want to do, and of judging correctness or incorrectness” (p. 32). In the present study, I continually revisited my written and audio recorded work to ensure that the material still resonated and held

personal meaning for me. My research adviser provided an external perspective and feedback, which constructively challenged me to reflect upon the data in multiple ways and further ensured the trustworthiness of the results.

## **Materials**

Materials used for this study included a professional quality Zoom H4 digital audio recorder, a Selmer-style (i.e. jazz manouche-style) guitar, a BOSS RC-1 loop station, a Rolland AC60 guitar amp, a personal journal, and a computer used to store and analyze data (e.g., themes that emerged from the analysis).

## **Data Collection and Analysis Procedures**

Data collection and analysis procedures aligned with Moustakas' (1990) six phases of heuristic inquiry. In the *initial engagement* phase, the researcher examines their relationship to a question or topic of intense interest. This topic may incite a "passionate concern that calls out to the researcher, one that holds important social meanings and personal, compelling implications" (p. 27). During this phase, I conducted an initial literature review, discussed my topic with professors and peers, and formulated a research question and thesis proposal. I began to reflect upon my beliefs about music and my JMM identity by creating a musical autobiography (which included a reflexive musical component) within the context of a clinical improvisation course. This chronological musical autobiography culminated in a six-foot wall mural timeline of the musical groups and artists which I perceived to have influenced my musical development.

During the *immersion phase*, the researcher comes into intimate contact with the question being examined. "The researcher lives the question in waking, sleeping, and even dream states. Everything in his or her life becomes crystallized around the question" (Moustakas, 1990, p. 28). Throughout this process, any social interaction, meeting, reading, place, person, group becomes "raw material for emersion, for staying with, and for maintaining a sustained focus and concentration" (p. 28). In the present study, the immersion phase took place over a 25-day period where I collected data by engaging in various reflective and experiential self-inquiry processes to explore my identity as a JMM as well as my emerging identity as a music therapist.

To further explore my identity as a JMM, I participated in (i.e., I played guitar) three audio recorded jazz manouche style improvisations that occurred in three different

contexts: small ensemble (public performance), solo (private improvisation session), and duo (private improvisation session). In the first context, I recorded my four-member ensemble performing 14 selections in a 60-minute concert that was part of a jazz festival. This group composes and performs original jazz manouche-inspired music. My musician colleagues readily gave their informed consent to be audio recorded, as this is common practice for our group. They also understood that I would be using this recording as part of my master's thesis research but that I would only be reflecting upon myself and not upon them or their performances in any way. In the solo improvisation context, I audio recorded a private improvisation session that lasted for 60 minutes. In this context, I played a jazz manouche style guitar and used a loop pedal (for looping one or more layers) and a small guitar amp. I felt it was important to use a loop pedal because jazz manouche guitarists typically perform with rhythm guitar accompaniment, and this loop pedal allowed me to accompany myself. During this improvisation, I sought to musically reflect or 'perform' my JMM identity but also allowed myself to be open to whatever emerged as I played. Finally, within the duo improvisation context, I audio recorded an improvised jazz manouche style jam session with a guitarist acquaintance with whom I have previously improvised in both professional and casual settings. This session lasted 65 minutes and consisted of nine improvisations where we discussed our thoughts and feelings between tunes about how each improvisation would proceed, as this is a typical ritual during such sessions. My acquaintance understood that I would be reflecting only upon my own experience of our jam session for my master's thesis research and that the recording would be used for no other purpose.

Within 1 to 4 days of each of the performances described above, I listened back to the recordings and reflected upon how the music and my experience within each context seemed to speak to my identity as a JMM. I recorded my thoughts in an electronic journal, occasionally pausing the recording to flush out an idea as it emerged. Each entry was approximately three single spaced typewritten pages.

During this immersion phase time period, I also was working part time as a music therapist providing individual and group music therapy sessions to adults who lived in two different long term care facilities. Upon arriving home from work on three separate occasions, I reflected upon my emerging identity as a music therapist by improvising in

response to my experience of facilitating a particular session on that day. No client material was used and the music therapy sessions were not recorded. There were no specific criteria for choosing which of my session experiences I responded to other than that I felt intuitively motivated to respond. During these improvisations (the first one 8 minutes, the second one 9 minutes, and the third one, 20 minutes), I actively sought to reflect or ‘perform’ my music therapist identity but also allowed myself to remain open to whatever emerged. I utilized solo guitar and voice for these improvised responses. Although I could have chosen various instruments, I used solo guitar and occasionally voice, which I felt were the mediums that allowed me to respond most authentically. Within one day of recording each improvised response, I listened back to the recording and recorded my thoughts on how each experience reflected and/or spoke to my emerging identity as a music therapist. For the first recording, I typed my response into my electronic journal as I listened back. However, I found that typing the journal entry interrupted the flow of my thought process. Therefore, when I listened back to my second and third improvised responses, I audio recorded my verbal responses, which I later transcribed and added into my electronic journal. Each of the three resulting journal entries was two to three single-spaced typewritten pages.

Finally, during the immersion phase, I also attended the premier the film *Django* (Delbosc, Missonnier, & Comar, 2017), which focused in part on socio-cultural elements of jazz manouche. This inspired me to journal about cultural issues that I should consider when reflecting upon my JMM and music therapist identities. I added a single spaced typewritten page entry to my electronic journal.

During the *incubation phase*, the researcher abstains from the inquiry in order to provide distance from the research and to allow for new insights and developments to emerge (Moustakas, 1990). In the present study, I took a 3-week break from all purposeful engagement with the research topic. Although I still participated in music performance and music therapy duties to make my living, I discontinued my participation in any self-reflective processes and I did not consciously think about my research topic.

During the *illumination phase* the researcher engages in the process of breaking down their tacit knowledge or intuition. This may lead to a “breakthrough into conscious awareness of qualities and a clustering of qualities into themes inherent in the question”

(Moustakas, 1990, p. 32). To initiate this phase, I listened back to my recordings, reviewed all my journal entries, my musical autobiography, and made additional notes. In accordance with *open coding*, the first phase of Neuman's (2006) procedures for coding analysis, I printed out and highlighted those sections of my journal which resonated most strongly for me in relation to my research questions. I entered the highlighted passages into an Excel document where I assigned a code to each highlighted quote. The codes were colour coded and organized accordingly. I laid out all my data on a table so that I could get a visual sense of what was emerging. This included all journal entries, the six-foot timeline of my musical autobiography, and a printout of the colour-coded Excel document. Based upon all of this material, I then created two narrative summary descriptions: one outlining the core components of my current JMM identity and one outlining core components of my emerging music therapist identity.

In the *explication phase*, the researcher enters a process of explication similar to the illumination phase, but attention is placed on achieving new and broader layers of understanding (Moustakas, 1990). I reviewed the narrative summaries and identified themes that related to the third subsidiary research question (i.e., fell under two pre-determined overarching categories): similarities between my JMM identity and my emerging music therapist identity and differences between my jazz manouche identity and my emerging music therapist identity. A third overarching category emerged, related to the primary research question: influences of my jazz manouche identity on my emerging music therapist identity. Finally, a fourth overarching category emerged which I was not expecting: how my emerging music therapist identity is impacting my music therapist identity. Descriptions of the themes incorporated excerpts from my journal entries and audio excerpts from my audio recorded improvisations into the final paper as a measure of trustworthiness that would help to verify my interpretations. This also helped to further explicate and/or clarify the categories and themes.

The final phase involved a *creative synthesis* that is meant to serve as a holistic, aesthetic representation of the findings (Moustakas, 1990). It is important to note that no presumptions were made about the nature of this creative synthesis before the data collection and analysis occurred. Rather, it emerged as a result of engagement with the research topic during the illumination and explication phases. The creative synthesis that

emerged from this study was a reflexively composed piece of music entitled *Pivot Points*. The creative synthesis process will be presented in detail in Chapter 5.

## Chapter 4. Explication

The primary research question I sought to answer in this study was: How does my identity as a JMM influence my emerging identity as a newly certified music therapist? To answer this overarching question, along with three subsidiary questions, I conceptualized my data collection and analysis procedures within Moustakas' (1990) six phases of heuristic inquiry (see Chapter 3). Throughout this chapter, excerpts from my journals are presented in italics, and help to reinforce the trustworthiness of the interpretations. I have also included audio excerpts from two of my six recorded improvisations, which may help to further contextualize the results for the reader. This chapter contains two narrative summaries: the first describes core components of my JMM identity and the second describes core components of my emerging music therapist identity. These summaries are followed by a section that outlines and describes the themes that emerged under four overarching categories.

### Narrative Summaries

**The jazz manouche musician.** The story of how I came to want to be a musician began when I switched from piano lessons, which I dreaded, to trumpet lessons, which I looked forward to. I was in grade eight, and despite not yet being a confident trumpet player, I was asked to play an improvised solo in my school's spring concert. When the time came for my solo, I nervously stood up, closed my eyes, and played what I hoped sounded like music. The solo drew great applause, and after the concert I was congratulated by friends and family. The school principal, a man with whom I had had very few positive interactions, approached me and told me he believed I had found my talent. I experienced camaraderie with my orchestra-mates, joy in improvising on trumpet, and acceptance from my friends, family, and school community. What I felt that night was reassuring. If music could bring me camaraderie, joy and acceptance, I wanted more of it.

Ten years later, when I first heard live 'gypsy jazz' being played by improvising musicians, the sun was high in the sky, and the mountains of the French Alps hugged a teal blue lake. Along with my backpack and acoustic guitar, I found myself at a park in the alpine town of Annecy, France. The faint music I heard came into focus as I approached a group of French musicians drinking wine and improvising over Django

Reinhardt compositions. The harmony was simple, the melodies sparkling and the rhythms sparse; I recall hearing the music as simultaneously jovial, mysterious, enchanting and sweet. Perhaps it was mirroring the sense of freedom I was experiencing while on my travels in France, but I still look back at those experiences of discovery as profound. I was excited when I heard the fast burning tempos, and I felt sorrow when I heard the softer ballads. More than anything, the music provoked a strong emotional response, which resonated with my *joie de vivre*. This style of playing resonated with how I experienced the world. When I returned to Canada, I brought with me a hunger for understanding, listening to, and performing what I would eventually come to refer to as jazz manouche<sup>2</sup>. I transcribed Django Reinhardt solos, attended gigs and jam sessions hosted by local musicians, received lessons from out of town players, and started composing and playing gigs with an ensemble of my own. When I looked at my musical autobiography timeline, I realized that most of the music that has influenced my musical development in recent years was made by jazz manouche artists and ensembles. It was clear that the acoustic genre was fast becoming a central facet of my musician identity. La Revolución, also called La Rev, is an eclectic live music venue in Toronto's Junction neighbourhood (Ontario, Canada). Several years ago, during one of many Friday evening performances at La Rev, I put a lead sheet copy of *Nuages* on the music stand shared by our four-piece gypsy jazz ensemble. The music was so ingrained in us by this point that the only cue we took from the page was the title of the 1940 Django Reinhardt composition; the title provided us everything we needed to make music. I counted the song in: "One, two, three... Wait, that's too fast. Let's count it off a little slower. One... Two... Three... Four... One." The violinist played the three-beat pickup cue before the bass and two guitars joined in with a *la pompe*<sup>3</sup> rhythm. And just like that, we were spontaneously co-creating an improvised musical mosaic to accompany the dimly-lit,

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<sup>2</sup> While I once referred to the genre as 'Gypsy jazz' with little understanding of how this might be offensive, I now make an effort to engage others in dialogue about how and why 'jazz manouche' is a more appropriate term.

<sup>3</sup> 'La pompe' is the rhythmic accompaniment of choice for jazz manouche guitarists. It entails a "forceful, brisk right hand downstroke, often accompanied by an upstroke, in a quick-paced swing rhythm." (Lie, 2017, p. 111).



artisan-decorated walls of La Rev. We played the music with great passion and ferocity, listening carefully to one-another for subtleties and integrating the ideas of the collective into our individual solos. It seemed that the path towards a deeper connection with the audience involved inward listening (both to one-self and to the other members of the ensemble) and authentic self-expression. Audiences frequently showed their appreciation for our musical offerings with generous applause. This was the atmosphere of my early encounters with this music. In moments like these, I felt natural, comfortable, and free in performing jazz manouche music. In listening back to the recording of my JMM duo recording, I noted that I still experience similar feelings: *Wow! We are so in-sync. The improvising is fluid and it's clear that this [jazz manouche] style is an extension of our selves [...] We stopped at the same time, we're picking up on one another's musical ideas while maintaining our own original ideas, and we're forging a sense of camaraderie verbally and musically!* I believe that the following musical excerpt demonstrates the musical authenticity (i.e., feelings of mental affinity and emotional belonging) that I experience when I perform jazz manouche music with others. Musical excerpt one was derived from my JMM duo improvisation:

#### LISTEN TO MUSICAL EXCERPT ONE (0:52)

However, I have also noticed that my feelings have started to evolve in that I am now less comfortable with competitive aspects of the genre, or, perhaps I am merely more aware of them. For example, in listening back to the recording of my JMM ensemble recording, I stated: *These [melody] embellishments sound so unnecessary [in the context of this tune]. One-upmanship is such an unfortunate part of the jazz manouche style ☹ [sic].*

The emphasis on skill and technique within the culture of contemporary jazz manouche is occasionally a source of interpersonal conflict for me. In casual and formal JMM performance situations, a social hierarchy sometimes emerges where the player(s) who can play with the most speed and virtuosity establish themselves as the leader(s). Since I do not consider myself to be a musician motivated by playing with bravado, I seldom occupy the position of influence. Often, the emergence of a hierarchy shifts the focus of a casual jam session from a friendly musical exchange to one of competition. For me, this contributes to feelings of insecurity and causes me to withdraw from or avoid

playing. When listening back to my JMM duo recording, I noted: *Oh wow, I came out of the gate running with the sixteenth note triplets at the top of my solo. Why didn't I just listen to the groove for a few bars before launching in? [...] Maybe I was subconsciously showing off my chops and/or jockeying for influence in this jam?* However, while listening to the same recording, I later noted positive feelings about my performance of a similar passage: *this burning-tempo virtuosic passage sounds pretty good, chromaticisms and all! It really serves the music well.*

While listening to my JMM duo recording, I reflected on how perceived authenticity in the jazz manouche genre may be a key source of my interest in the genre: *The word "Gypsy" brings to mind many things... Freedom, weightlessness, mobility, free-spirited, spontaneous, creative, laid back, authenticity, anti-authority, romantic. By identifying as a jazz manouche musician, am I reinforcing some of those stereotypes? Am I piggybacking on the sociocultural traditions established by the manouche pioneers of this music?* This reflection brought to mind the story of my arrival at a small music festival. "Now arriving at Yonge Station. Yonge Station." A robotic subway voice announced the stop and I pulled myself out of the vortex of my phone screen. Twenty minutes later, I arrived at a small venue and took my acoustic guitar out of its case: no modern technology required. Perhaps one reason I gravitated towards this style was so I could be perceived as authentic, unique or different by others. Aside from the authenticity derived from the acoustic instrumentation of the ensemble, the music itself has roots in non-Western traditions, and is therefore less familiar sounding to Canadian listeners.

I sometimes get the sense that I'm floating when I'm improvising a coherent and melodic jazz manouche solo, and this was a frequent occurrence at our La Rev performances. During these performances, the other musicians and I placed great importance on the melodic and aesthetic components of the music. It seemed as though emphasizing melodies and idiomatic aesthetics (see Lie, 2017, Chapter 2: Codes of Practice) was a gateway to connecting with our audiences, who reacted positively to our melodic music-making. While listening to my JMM ensemble recording, the value I have for aesthetics was expressed when I noted: *I feel like I'm floating! This is a great example of a melody that can lead me to transcend the moment. The violin is playing rich long tones underneath the melody being harmonized by two guitars.*

While it is sometimes viewed by players and fans as a technical genre, or one that places emphasis on skill and technique above emotion, for me, playing jazz manouche is increasingly a vehicle for expressing my emotions. I find this to be especially true when playing ballads with other musicians. For example, in my JMM ensemble recording, I noticed that while listening to the ensemble play a ballad, I felt *nostalgia and sadness, even though the ballad playing is in a major key. This music sounds like so much more than a collection of notes: it sounds like I'm converting some deep emotions into music.* I believe that the techniques associated with the jazz manouche genre are important tools for my self-expression.

Overall, my JMM identity epitomizes my love of listening to and performing the music. Jazz manouche music speaks to me in ways that other genres do not. Because of my love of jazz manouche music, I feel that I am most 'at home' when I am playing this style.

**The new music therapist.** The story of how I came to be a music therapist began around the same time I started realizing that listening to and performing music could affect a person's moment to moment experience of their own 'self.' "Do you need me to drive you and your brother to school?" My grandmother was disoriented, agitated, and was once again mistaking me for my father. Although her transition into long-term care had been smooth at first, she seemed remotely aware of the fact that she was losing grip on reality, which scared me; the trend was moving towards resembling her old self less and less. "I don't need a ride to school, but I have some music to play, if you'd like to hear it" I told her. I cued up a CD with some old jazz recordings and played along on trumpet. When the music began, she relaxed into her armchair and hummed along with the familiar tunes. After a few songs, she was starting to seem more like the person I knew; the music seemed to help her reunite with her true sense of self. When I listened to my second music therapy improvisation, my belief that listening to/performing music can lead to an enhanced sense of 'self' felt validated: *A change in the context of the groove (changed from A minor 4/4 to C minor 6/8 feel) gave me a deja vu-like recall of how I was feeling when I played this music. Because it had my musical fingerprint, hearing it provides a grounded sense of... me! In clinical work, I have noticed that clients seem to*

*become more present when they are engaged in musical experiences. Perhaps they too become closer to their 'self' when they are musicking<sup>4</sup>.*

While listening to my third music therapy improvisation, I came to some insights about being authentic and grounded in my musical identity: *The more I examine it, the more I realize that the musical 'shoes' I wear are diverse. The past few minutes of music have featured Bach-like harmony, folk/country strumming, Django-style vibrato, choral cadences, klezmer accompaniment and pop music structure.* Although I am feeling more grounded in my own musical identity, I often play music in sessions that is unfamiliar to me, either due to client musical preferences that differ from my own, or for some other clinical reason. When this occurs, sometimes I struggle to maintain musical authenticity. In these moments, I find that varying degrees of use-of-self will help me succeed in maintaining a musical authenticity. For example, when I play music with a client whose musical beliefs differ from my own, I will gradually and reflexively incorporate some of my own music into the session (i.e., when it is clinically warranted or at least not contraindicated). I feel as though sharing my authentic musical-self in the interest of helping others achieve health and wellbeing goals gives me a purpose beyond serving my own needs. My desire to connect with clients in a musically authentic way felt affirmed when I wrote the following in response to my second music therapy improvisation: *By playing music which is familiar to me, I gain the energy required to be more attentive and attuned to the needs of the client in the moment.* If it is incorporated into sessions reflexively (as described above), this idea may help me to maintain my musical authenticity, even when playing music with clients whose musical tastes are vastly different from my own.

When I was diagnosed with a language-based learning disorder as a teenager, my involvement in music helped me cope with challenging experiences by boosting my self-confidence and helping me make and strengthen friendships. As I went through high school, music became increasingly important to me, helping me to cope with difficult emotions and experiences. When I looked back at my musical autobiography timeline, I

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<sup>4</sup> *Musicking* denotes music as a process rather than as a noun (Small, 1998). The inclusive term applies to all participants of a musical experience.

reflected on how the musical preferences from my teenage years now seemed so full of anger and angst, but I remember that I experienced feelings of catharsis when I listened to it with the volume up. These memories were present for me when I noted the following, while listening to my second music therapy improvisation: *I just had an emotional reaction to hearing these rich chords unfold underneath a single melody note: I feel like I'm being wrapped in a blanket by these chords and that they could really lift me out of a dark place. Just knowing I can revisit music like this (by playing it or listening to this recording) is comforting [...]* In my clinical work, it's a powerful moment when I notice clients having the same type of emotional reaction to music that I'm having – it really affirms that it's the music that's causing the reaction. The following excerpt, derived from my second music therapy improvisation, demonstrates the type of music that produces a rich emotional response for me:

LISTEN TO MUSICAL EXCERPT TWO (0:44)

However, my assumption that others could be helped in the same way as I was by playing and/or listening to music was challenged when I listened to my third music therapy improvised response: *I wonder if perhaps some clients don't resonate as deeply as I would have expected with traditional music. Some don't seem to resonate with music at all!* This reaction was evoked by a segment of improvised music that stylistically sounded like jazz manouche, but which did not produce any emotional response for me. I reflected back on past experiences of clients who did not appear to resonate with music that was traditionally associated with their culture. I also reflected on instances of clients who experienced little or no overt reactions to music.

Although involvement in musical experiences has helped me to feel an elevated sense of purpose and to overcome challenges, it has also contributed to my anxiety and evoked feelings of insecurity. Listening to my third music therapy improvisation, my feeling that music can contribute to anxiety emerged when I noted: *Listening to and playing music does not make me immune from experiencing [anxiety] - sometimes it intensifies it. If I examine my thought process when I'm anxious, it's usually when I am being the most self-critical and judgmental towards myself [...]* or when I am concerned about how other will perceive what I'm playing. *I am becoming anxious listening to this improvisation, and all I can think is "Why didn't I leave more space here? Why didn't I*

*take a step back to consider that chord was too dissonant?"* With respect to my emerging music therapist identity, this quote reveals that I have gained new insights into how music is related to my anxiety. These new insights may assist me in exploring strategies that will help me to navigate my anxiety, and may also be helpful in my work with clients who also struggle with anxiety (i.e., help me to assume a more empathetic stance).

As I watched the raindrops from the back seat of the taxi window, I was consciously trying to change my mindset from music therapist to jazz musician. The music therapy session I had concluded earlier that evening had been for five adults with developmental delays. The session involved strumming my guitar slowly and gently as I divided my attention between the music and how it was contributing to the goals set for the group. The music that had been an ideal fit for this session was a world away from the music I was about to play at a jazz club. I thought about the mental changes I would need to make to prepare to play jazz manouche music at a venue where people would be listening carefully to our musical offerings. Instead of being attuned to the clients, the music and myself within a clinical context, I would need to be attuned to myself, the audience and to the intricacies of music offered within a performance context. When I arrived at the jazz club, a musician friend, who was known to devote countless hours to practicing his instrument, was seated near the stage. "Oh, hey man. Are you still doing that musical therapy thing? What's that like?" he inquired. In this moment, I experienced a level of anger and frustration that was far greater than might be expected from this encounter. Was he implying that I wasn't practiced enough to grace this stage? Was he suggesting that I was diluting elements of music for use in music therapy? Did he use the term *musical therapy* as an insult? Did he want me to defend music therapy and tell him why I thought it was a good idea to use music for health and wellbeing? After some dialogue, I realized that my well-intentioned but naive friend had been genuinely interested in my recent music therapy training experiences. While journaling in response to the recordings I made for this study, I came to realize that my anger and the visceral questions I had summoned were related to questions I had for *myself* about my emerging music therapist identity. While journaling in response to my second music therapy session, I wrote: *This improvisation does not sound "serious." It's as if the elements of music have been diluted into their simplest form. Although I recognize that the music*

*would be appropriate for many music therapy settings, all I can think is “what would a jazz musician think if they heard me playing this music?” If music is something that should be taken seriously, am I taking it seriously enough as a music therapist? Does my ‘music therapist self’ neglect or ignore parts of music that my ‘musician self’ cherishes?*

When two or more people play music together, there are myriad opportunities for social bonding. The music becomes a catalyst for a conversation that can ultimately lead to many therapeutic outcomes. A major characteristic of my emerging music therapist identity is my belief that the therapeutic rapport of the musical relationship is of utmost importance in music therapy. When I listened to my JMM duo recording, this belief felt affirmed as I noted: [The other musician] *has said “yeah” twice in less than a minute in response to [my playing]. It seems to be a way of simultaneously validating what the other is playing and encouraging them to keep playing. The sense of camaraderie I get from playing music with another person is unlike anything I experience in other forms of social interaction.* The social bond that happens in musical camaraderie during performance has implications for clinicians. I believe that musicking with clients holds potential to promote a similar type of musical camaraderie I experience when improvising with musicians, and that this type of interaction is one that can lead the client to experience strong feelings of connection with self and others.

My music therapist identity began with my love for music. It has since grown out of my having seen what engaging in musical experiences could do for myself, for others in my life and for clients I have worked with since I began my training. My desire to become a music therapist was and continues to be linked to my belief that music has the potential to help others in the same way it helped me. In my music therapy training experiences, I also discovered that music has the capacity to help people in ways that are markedly different from the way music helped me.

### **Categories and Themes**

After writing the above narrative summaries, I proceeded to extract themes, which were relevant to the research questions. Using axial coding procedures, I placed the themes within four categories. The categories and themes are listed in Table 1. This is followed by summary descriptions of each theme, supported by quotes and musical excerpts from the data.

**Table 1**

*Categories and Themes*

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Category 1: Similarities between my jazz manouche musician and music therapist identities
Theme 1a: Striving toward musical reflexivity
Theme 1b: Need for aesthetics
Theme 1c: Reliance on structure
Theme 1d: Personal and professional insecurities
Category 2: Differences between my jazz manouche musician and music therapist identities
Theme 2a: Music as narrative
Theme 2b: Jazz manouche performance techniques
Theme 2c: Embracing duality and ambiguity
Category 3: How my jazz manouche musician identity is influencing my emerging music therapist identity
Theme 3a: Musical expectations and assumptions
Theme 3b: Striving toward musical authenticity
Theme 3c: ‘Effortlessness’ in performance and clinical practice
Theme 3d: Overcoming adversity
Category 4: How my music therapist identity is influencing my jazz manouche musician identity
Theme 4a: Awareness of self and multicultural issues
Theme 4b: Vulnerability and humility

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**Category 1: Similarities Between my Jazz Manouche Musician and Music Therapist Identities**

**Theme 1a: Striving toward musical reflexivity.** In examining both my JMM and emerging music therapist identities, a prominent theme that emerged was my desire to strive toward musical reflexivity, which may be defined as my ability to express my musical-self while listening to and reacting to what others are playing. As a JMM, this involves acknowledging the biases I am aware of, asking myself which ways of improvising are most relevant to each musical moment and implementing them. The ability to expressively improvise in the context of improvised jazz manouche ensemble playing is one that demands I constantly attune myself to the myriad musical and non-musical elements at play. Musical elements include details such as tempo, rhythm and dynamics. Non-musical elements include listening to my inner-voice, social cues from the other musicians and audience responses. Listening back to my jazz manouche ensemble recording validated that I strive toward musical reflexivity as a JMM: *That’s an*



*important part [of my JMM identity]: listening to others while performing my own authentic self. In a sense, that's happening on several levels. I'm trying to listen to others and perform authenticity for myself but I'm also trying to listen to others and perform authentically within the [jazz manouche] style. I also realized however that at times, I find it difficult to achieve musically reflexive performance practice. While listening to the same recording, I later noted: The bass and rhythm guitar are playing a very subdued accompaniment and I seem to be off in my own world, playing syncopations and extended harmonies.* Musical excerpt three was derived from my JMM ensemble improvisation:

LISTEN TO MUSICAL EXCERPT THREE (0:23)

In this excerpt (as described above), my jazz manouche improvising does not exemplify reflexivity. Hence, my striving toward reflexivity is not always attained in my music performance practice.

I also noted that I strive toward musical reflexivity as a music therapist. While listening to my third clinical music therapy response, my desire to strive toward musical reflexivity was noted: *I'm reflexive to so many environmental, personal, human factors when I'm working as a music therapist. If a new insight is revealed in one moment, I'll be juggling the incorporation of that insight into [the] music in the next moment. Maybe a client's tone of voice changes, or maybe I hear that I'm suddenly playing louder than I need to be, and I make the proper adjustments.* I also realized at times I was practicing the self-listening component of musical reflexivity more than I was noting my reactions to what clients were playing. For instance, I wrote the following while listening to my third music therapy improvisation: *It's important that I try to maintain a constant self-monitoring to ensure that I don't gravitate towards focusing too much on the music (at the expense of the client).* In this entry, I acknowledge that my focus can sometimes drift away from clinical musicianship and move toward performance musicianship. Lee (2003) emphasized the importance for a music therapist of balancing the musical with the clinical. He cautioned that if a music therapist “balances one over the other, or ignores one over the other, [the therapist may be in] danger of providing either a nonmusical dryness or a musical experience with no therapeutic content or direction” (p. 2).

**Theme 1b: Need for aesthetics.** *Oxford Dictionaries* defines aesthetics as “a set of principles concerned with the nature and appreciation of beauty” (“Aesthetics”, 2018,

para 1). My JMM and music therapist beliefs about aesthetics are similar in that I believe my clients, like myself, need to connect with music that is aesthetic for them. As a JMM, my aesthetic tastes are dictated by my beliefs about music and (in live performance settings) by audience expectations. While listening to my solo JMM improvisation, my own need for aesthetic music was illuminated when I wrote: *The improvisatory melody making that ensues is melodious, simple and enjoyable! I'm tapping my feet [as I listen]. A great mix of single note and chordal improvisation, short and long held notes, staccato and legato notes, on-beat and off-beat phrasing makes for a really "hot" swing feel. Hot jazz! It just makes you feel good! It makes you feel. I think it makes you feel much more than it makes you think. Isn't that why anyone is drawn to music? To feel?* An intended consequence of aesthetic music is that it may lead one to experience an emotional connection to the music, as I did while listening back to my solo JMM improvisation. This seems to indicate that a core component of my JMM identity is my need to perform music that adheres to my aesthetic tastes.

A central tenet of discourse on aesthetics is that aesthetic tastes have subjective and culturally-constructed components (Lee, 2003). Therefore, aesthetic tastes between or even within cultures may vary widely. Indeed, Siv Lie (2017) signaled that there are differing opinions of aesthetics within jazz manouche: "Stylistic variations, especially those attributed to geographic region, reveal intra-genre frictions concerning the parameters of "good" taste and aesthetic propriety" (p. 104). If there are differing definitions of what constitutes as aesthetic *within* the jazz manouche genre, differences are inevitable between and within other music cultures.

Aesthetic Music Therapy (AeMT) may be defined as "an improvisational approach [to music therapy] that views musical dialogue as its core" (Lee, 2003, p. 1). As a result of conducting this reflexive study, I realized that I sometimes have imposed my aesthetic tastes on music therapy sessions, which left little space for musical dialogue with clients. For example, while listening to my third music therapy improvisation, I wrote the following: *I perceive this passage to be therapeutic because it is aesthetically pleasing to me, and I think it would be accessible to [clients] from any culture.* The implicit idea here is that aesthetics are a universal concept that transcend cultural boundaries. I realized upon further reflection that this excerpt from my journal reveals my

assumption that other individuals share my aesthetic tastes. Just as music is not a universal language, aesthetics is not a universal construct. If I have strong musical beliefs, it is likely that clients will have their own strong musical beliefs. While I still believe that clients need to connect with music that is aesthetic for them, my concept of how those aesthetics may be conceptualized has grown. Using musical reflexivity, I aim to foster collaborative and authentic musical dialogue with my clients, one that unconditionally incorporates clients' diverse aesthetic tastes into clinical musicking.

**Theme 1c: Reliance on structure.** Reliance on structure emerged as a common theme within both my JMM and music therapist identities. As a JMM, I define structured playing as conforming to the musical structure, repertoire, technique, and instrumentation choices associated with the jazz manouche genre (see Lie, 2017, Chapter 2: Codes of Practice). Despite my reliance on structure as a JMM, I also value spontaneity and unpredictability because I believe they make music more playful, and subsequently more engaging. However, when listening back to my improvised responses, I realized that there is more structure to my music making than I previously assumed. In listening back to my JMM ensemble recording, my tendency to rely on structure was illustrated: *For an improvisatory genre, jazz manouche has a lot of structure and predictability. I'm hearing some lines that sound spontaneous, but if I zoom out, can recognize that they are lines based on patterns – they follow the strict structure of the song's rhythm, harmony, form, timbre, etc. The rigid la pompe rhythm underlies each song, giving it a sense of 'familiar' throughout.* Perhaps part of my need for structure comes from a desire to be recognized as part of the JMM community.

As a music therapist, I also rely on structure. My reliance on structure was revealed when I wrote the following in response to my second music therapy improvisation: *I completely followed the "rules" and "drew within the lines" of this improvised response [...] I like the way it sounds, but it's not how a client would respond – it's far too structured. A client might play unpredictable rhythms; tension notes; unusual dynamics.* I think my reliance on structure comes from my culturally constructed musical preferences. If my musical beliefs conflict strongly with those of the client, my imposition of structure in a music therapy session may impede that client's ability to self-express through music. On the other hand, several authors emphasize the importance of

awareness of musical structure. Aigen (2007) suggests that “because art can reveal the fundamental patterns of existence, it provides a sense of meaning in life” (p. 121). In describing the AeMT approach, Lee (2003) notes that “interpretation of this process comes from an understanding of musical structure and how that structure is balanced with the clinical relationship between client and therapist” (p. 1). Moving forward, I will strive to use structure in music therapy not as an imposition but rather as a flexible framework within which clients can express their own musical aesthetics.

**Theme 1d: Personal and professional insecurities.** A fourth theme that emerged relates to various insecurities I experience in the context of both identities. As a JMM, I have high expectations of how my playing will be perceived by myself and others. Although I consider myself to have a high degree of competency as a jazz improviser, I still doubt my abilities to play well and sound good. In reviewing my journal entries, I found some instances where I acknowledged self-doubt in a healthy and forgiving way, including this excerpt from my journal: *If I’m self-conscious about anything when I listen back to recordings, it’s the time feel – such a tricky thing to get right in the context of this music.* In another excerpt, I offered an observation of how I believed audiences perceived my musical offerings: *I imagine that audiences are easily bored by all-instrumental music.* I also wrote about personal expectations and self-doubt in a more critical sense while journaling in response to my JMM duo improvisation: *Perhaps part of the reason I detuned was to handicap myself enough to not feel bad about the bad sounding improvisation that would no doubt happen on that tune. I guess as a jazz manouche improviser, I want to “sound good.” Yes! I do! I’ve spent so much time practicing and perfecting my technique that others might expect me to play well on any tune.* This may indicate a self-preservation mechanism to avoid the embarrassment I perceived would have resulted from a *bad sounding improvisation*. My tendency to be overly critical about my musicianship is an identifiable component of my JMM identity.

As a music therapist, I am insecure about my ability to project a warm affect. When I listened back to my third music therapy improvisation, I wrote: *I don’t see myself as having natural charisma or a warm approach / affect or warm first impression that other music therapists seem to have. (With anybody they meet, they seem to naturally light up the room).* This entry is less critical in its tone than the entries related to my

musician identity. There is nonetheless a degree of self-judgement and comparison in this excerpt from my journal. When listening to my second music therapy improvisation, I noted: *Since completing my undergraduate studies in jazz, I have felt a strong desire to be perceived by others as a musician (i.e. someone who makes a living from music related work). When I tell others that I make a living from music, the undertone is that I am a “true musician”. But perhaps this urge to identify as a “true musician” is masking deeper insecurity.* In music therapy settings, I don’t always feel like a “true musician” because I’m not able to engage music that is self-expressive and genuine for me. In the above excerpt, it is clear that my desire to be perceived as a professional musician and professional music therapist may stem from insecurity. Furthermore, I feel insecure about the idea that my emerging music therapist identity may be perceived as a departure from my musician identity.

As music therapists can model constructive ways of being for their clients, it is important that the therapist maintains an ongoing awareness of this in sessions. Through this research, I became aware that I hold insecurities in relation my personal and professional identities. My awareness of these insecurities is a first step in working towards the type of self-acceptance that would serve as both a healthy way of being in my own life, and as a positive model for clients.

## **Category 2: Differences Between my Jazz Manouche Musician and Music Therapist Identities**

**Theme 2a: Music as narrative.** Music “is subject to the meanings ascribed to it by listeners, performers, and composers. If music has meaning, it can convey a narrative” (Lichtenberg, Lachmann, & Fosshage, 2017, p. 89). While I believe that the ability of music to convey narrative has important implications for both my JMM and music therapist identities, it serves a different purpose in each respective context. This difference is due to the fact that I explicitly offer narrative context in performance situations, whereas in music therapy sessions I aim to collaborate with clients on interpreting and creating the narrative context for the music. Aside from the verbal context I provide audiences as a JMM, I also recognize music’s capacity to transmit meaning and narrative, and this belief is central to my JMM identity. This part of my JMM identity was elucidated when I wrote the following while listening to my JMM

ensemble recording: *When I emcee a set [...] I try to embellish the music by telling stories to put things in context for audiences. [...] Perhaps some of the identity I “perform” as a jazz manouche musician [...] is wanting to tell clear stories through music (including verbal banter, etc.). Yes, that’s true. I think that a jazz manouche musician (ANY musician for that matter) is most successful when they are telling clear stories, and that is what engages and captivates audiences.* This excerpt from my journal demonstrates my belief that one of my roles as a musician is to enthrall and captivate audiences musically and verbally. The root word of ‘captivate’ is captive, meaning “one who is enslaved or dominated” (“Captive”, 2017, para 1). While music performers likely do not wish to hold their audiences captive literally, this image is worthy of consideration when contrasting the roles of musicians and music therapists. If a musician engages their audience in a generally pre-determined musical narrative, music therapists seek to co-create emergent narratives with their clients.

In a music therapy context, my understanding of music as narrative was similar to my JMM conception in that I recognized it to be an important tool for emphasizing meaning. However, I reject the idea that it is my role to dictate musical context to clients. Instead, I believe that as a music therapist I have a responsibility to provide opportunities for clients to collaborate in creating and interpreting musical context. A client may collaborate with the therapist to create musical context by offering up a personal story to serve as the narrative content for a musical creation. Similarly, a client and therapist may collaborate to extrapolate a subjective narrative interpretation from a piece of music. For all music therapy clients (including non-verbal clients), co-creation of narrative construction may occur naturally when the client feels free to play music.

**Theme 2b: Jazz manouche performance techniques.** As a JMM, I value the use of performance techniques associated with the jazz manouche genre. These techniques include “emphatic vibrato, multiple ornamentations and virtuosic traits” (Williams, 2010, p. 411), and they embody “virtuosic speed, conformism, and imitative fidelity” (Givan, 2014, p. 27). Listening to my JMM duo recording affirmed that I value and utilize many of these techniques: *Unlike many other genres, [in jazz manouche] there’s a strong emphasis on performance technique and virtuosity [...] When I play jazz manouche, I often feel an innate need sneak up on me to play with the fast flourishes that have come to*

*be associated with this genre. I just played a 'Djangoe-esque' chromatic run up the neck at the end of the bridge, and it really seemed to serve the music.* Although my valuing of these techniques felt affirmed here, the same performance techniques were a source of apprehension when I listened to my solo JMM recording: *Ahhh! Too many notes! I tend to 'overplay' sometimes and it's a fine line between playing expressing myself using these techniques and just regurgitating notes.* Lie (2017) warns of the dangers of overplaying when she states that performers “who are deemed to be show-offs by playing dizzying sequences of notes at breakneck speeds are thought to be missing the point of musical expression” (p. 185). Musical excerpt four, derived from my JMM duo improvisation, is an example of a passage where I overplayed and lost sight of my musical expression:

#### LISTEN TO MUSICAL EXCERPT FOUR (0:20)

As music therapists must be attuned to the evolving needs of their clients (Bruscia, 2014), jazz manouche performance techniques would typically have less significance in clinical settings than they do in non-clinical settings. As such, I make less use of these techniques in clinical settings. When I listened back to my third music therapy improvisation, I noted a contrast between my JMM and music therapist identities: *Playing really fast and playing with good [jazz manouche] technique are not qualities which have very much relevance in music therapy, yet these qualities have tremendous relevance in jazz manouche.* In addition, while listening back to my second music therapy improvisation, I noted: *Music therapy is NOT concerned [in a traditional performance sense] with technique, virtuosity, prowess etc... Actually, in some situations it could be a major impediment.* The subtext of this excerpt from my journal is that an overemphasis of my jazz manouche musicianship in clinical contexts is often contraindicated. While it is evident that jazz manouche performance techniques would in most cases be less relevant to my music therapist identity, they are nonetheless an important component of my clinical musicianship. If jazz performers invoke emotional attunement similar to the emotional attunement invoked by music therapists (Aigen, 2013), using jazz manouche techniques, such as empathic listening and rhythmic attunement among band members, may be beneficial to the therapeutic process.

**Theme 2c: Embracing duality & ambiguity.** Several dualities (i.e., two seemingly opposing ideas coexisting) and ambiguities (i.e., open to having several

interpretations) emerged throughout my data collection and analysis processes. As a JMM, I hold beliefs that stem from several sets of contrasting ideas. While listening to my JMM duo improvisation, I noted some polarities: *Gypsy vs gadjé; caravans vs houses; nomadic vs sedentary; bands vs orchestras; playing by ear vs reading; improvised music vs pre-composed music; Jimmy Rosenberg vs Jon Larsen; Django Reinhardt (self-taught) vs Stéphane Grappelli (music school); [...] virtuosic guitar arpeggios vs graceful violin melodies; dissonant vs harmonious; tension vs release; ugly vs beautiful; unknown vs known; marginalized, oppressed and vulnerable vs educated and privileged*. Since I am a gadjé living in a sedentary home, I can easily situate myself in relation to some of the above sets of ideas. For others, I feel like I inhabit a sort of ‘in-between’ space, or fluctuate along the continuum. When I am performing jazz manouche, I can accept and embrace the duality and ambiguity inherent in the music. For example, I am equally comfortable playing improvised music by ear and reading precomposed music, or any combination thereof. I can be at ease when I fluctuate between dissonant and harmonious music or when I visit known and unknown musical ideas. As a JMM, I feel I can simultaneously embody the spirit of Django’s ‘virtuosic’ guitar and Grappelli’s ‘graceful’ violin.

As a music therapist, I struggle to accept the ambiguity of the ‘in-between’ spaces of certain constructs. For example, when I re-listened to my second music therapy improvisation, I noted: *That F# melody note suspended over the F chord is really irritating me! I mean, yes, it is introducing tension to this section, but I can’t hear it as the kind of tension that is beautiful in the context of the release that follows. Similarly, I find I sometimes have difficulty interpreting dissonant client gestures as aesthetic and creative. If it sounds ugly to me, I struggle to hear the intent that may lay behind it*. As a JMM, I can easily interpret another musician’s dissonant musical gestures as aesthetic. However, when a client plays with too much dissonance and tension, I have difficulty accepting it as anything other than a chaotic occurrence. In a chapter about atonality, Lee (2003, pp. 159 – 173) suggests music therapists listen for the clinical intent and aesthetic reality embedded in their clients’ musical gestures. By doing so, the therapist will gain a greater understanding of the client’s needs.



While listening to my JMM duo recording, I referenced the previous list of polarities when I wrote: *Perhaps some of these polarities apply to music therapists and clients as well? For instance, with the therapist on the right side of the page; [therapists tend to be] educated, economically stable, privileged, not marginalized in comparison to their clients, who might have a lower SES, be less privileged and more vulnerable.* After reading this journal entry, I continued to wonder how I can help clients whose musical cultures differ markedly from my own. Although I feel that I am becoming more reflexive in my practice, the duality of accommodating a client's (potentially incompatible) musical preference with my own is a scenario I continue to struggle with.

### **Category 3: How my Jazz Manouche Musician Identity is Influencing my Emerging Music Therapist Identity**

It's not a stretch to say that the guitar is an extension of my self-concept. I wrote the following while listening back to my second music therapy improvisation: *When I'm holding the guitar, the guitar is an extension of my body.* Due to the fact that I use my jazz manouche guitar as my primary instrument in clinical music therapy sessions, it is often difficult to separate my JMM identity from my music therapist identity. However, in order to be a reflexive music therapist, insight into this issue is important and as such, I have attempted to delineate how my JMM identity is affecting my emerging music therapist identity in the three themes listed below.

**Theme 3a: Musical expectations and assumptions.** The data I collected for this research paints a picture of my JMM and music therapist identities. Although many illuminations of my musical expectations and assumptions were subtle, some were forthright. While listening to my JMM solo improvisation, I noted: *The counterpoint line I just played reminds me that the music I was exposed to as a child (at church, on the radio, in film) is rooted in Bach and other western composers. Bach composed perfect music! Each note, chord and rhythm is perfectly placed in context of what came before it and what comes next.* When I re-read this journal entry, I was struck by my use of the word 'perfect'. Do I really believe that perfection is an attainable ideal in music? Aigen (2013) reminds readers that in improvised music, "mistakes are not considered departures from pre-existing perfection (the score) but can instead be treated as opportunities to take the music in new directions" (p. 192). If I construe western musical forms as 'perfect', I

am biased towards preferring western music, and hold an assumption that good music will follow western patterns.

I have seen the world through musician lenses for many more years than I have seen the world through music therapist lenses. Given this, it is inevitable that many of my JMM musical expectations and assumptions have been influencing my music therapist identity. While listening to my first music therapy improvisation, I noted: *I can comfortably listen to this solo improvisation because I played it, so it is meeting many of my musical expectations. The F7 resolves to a Bb, and the rhythms fit in the grid provided by this music's pulse. The harmonic structures, rhythms and melodies of jazz manouche all follow the "rules" of Western music.* If a therapist can never succeed in being a 'tabula rasa' (Yehuda, 2013), I must acknowledge my musical biases and understand how they can become tools and barriers for facilitating the therapeutic process.

**Theme 3b: Striving toward musical authenticity.** As noted in Chapter 2, musical authenticity may be defined as musician's genuine emotional connection to their own music. As a JMM, I strive towards being musically authentic by playing music which is emotionally significant for me. Listening back to my solo JMM improvisation, I noted: *As the improvisation continues to unfold, I drift into a wave of nostalgia and longing. It makes me think back to carefree times. Playing and listening to this music loosens the wheels of connecting to myself on a deeper level.* This excerpt reflects my motivation to be musically authentic. At times, I referred to authenticity in a different sense. For example, when listening to my JMM ensemble improvisation, I noted: *Jazz manouche musicians and fans are very concerned with authenticity – I, like many other jazz manouche musicians have gone as far as learning Django solos with two fingers [as Django would have played them] in an attempt to be as authentic to the genre as possible. One of the characteristics of the jazz manouche genre is that it is 'meant' to be played a certain way.* This type of authenticity, in contrast to the more personal authenticity Yehuda refers to, might better be referred to as the musician's adherence to a style or tradition.

In music therapy, it is important for the therapist to strive toward achieving musical authenticity in the context of their client's musical culture. Although learning

culturally-diverse music is a recommended strategy for improving multicultural musical competence (Moreno, 1988), the task of learning music from other cultures in an authentic manner is perceived as difficult (Yehuda, 2013). Furthermore, a therapist who attempts to be musically authentic while playing music from their client's culture may risk losing their own musical authenticity (2013), an "essential tool [...] in the therapeutic mission" (p. 165). In other words, a therapist may find it difficult to engage musically with a client whose musical preferences are different from their own (2013). While re-listening to my second music therapy improvisation, I noted my initial difficulty in playing Jewish music in a musically authentic way: *Here is some Django inspired-Klezmer! The first time I played Jewish music in a session was very awkward for me. I did not connect with the music and wasn't sure if I ever would. In those early sessions I was infusing my own musical ideas into the sessions with far greater frequency. After learning more about the music/culture from musicking and conversing with Jewish clients (and researching authentic recordings of Jewish songs), I feel more connected to the music.* My ultimate goal is to feel musically authentic when playing music from a client's culture, as this may help strengthen the therapeutic relationship. When this is not possible, I carefully introduce aspects of my own musical-self while reflexively monitoring how this is received by the client. If the introduction of my musical-self to the client's music culture is not well received, I confine the music to their music as possible and make additional effort to understand that musical style. It's important to note that the use of my musical-self is not meant to be a way of avoiding playing other styles. Rather, when employed with reflexivity, it is one way of allowing the therapist to feel more grounded when playing with clients. It also is a form of musical self-disclosure, which can help the therapeutic relationship when used appropriately.

**Theme 3c: 'Effortlessness' in performance and clinical practice.** The feeling of 'effortlessness' I experience in performance and clinical settings is directly related to my sense of musical authenticity. I feel that the most successful concerts I have performed, the concerts in which audience members and performers were satisfied, have felt effortless to me. In many instances, the effort required for a good performance is far less than the effort required for a mediocre performance. I feel this phenomenon has little to do with the complexity of the music, and more to do with the degree to which I feel

authentic playing it. While journaling in response to my solo JMM recording, I wrote: *The playing sounds [as if playing it were] effortless, and I remember having a feeling of effortlessness when I played it, and I get the same feeling listening back to it. Having this sensation when I'm playing gives me a great deal of energy and stamina. I instantly recognize my 'musical fingerprint'. The layered guitar tracks seemed to lock in with one another, the way a flock of geese seem to effortlessly lock into a V formation.* The following musical excerpt was derived from my solo JMM improvisation and consists of layered guitar improvisations. Musical excerpt five resonated strongly with me as it seemed to express a salient part of my musical identity:

LISTEN TO MUSICAL EXCERPT FIVE (0:34)

Effortlessness emerged as a theme in my music therapist identity as well. In listening to the improvised response to my third music therapy session, I wrote the following in my journal: *I felt a sense of ease with the client [...] I think it's because I was playing music that was familiar and comfortable to me, which in turn helped me establish a rapport with the client and in turn allowed the successful achievement of clinical goals.* In rereading this excerpt from my journal, I wondered whether this effortlessness might be the result of my own avoidance of playing music that is less culturally familiar to me. If I am naturally more at home playing my own music, does playing less familiar (but clinically indicated) music require more effort? When I re-listened to the audio recording of the improvisation, my suspicions were reaffirmed. The improvisations seemed to reflect my musical identity, and when a musician makes use of their self in music, it should follow that their music making would require less effort.

I strive toward being able to approach all musical styles with a similar sense of effortlessness that is inherent in my preferred musical style. This in turn would allow me to place less focus on my own musical issues, and more focus on the client's clinical issues. Through researching and experiencing other musical styles and ways of playing, through collaborating with clients (when possible) to learn about their music, and through practicing with reflexivity, my goal is to experience musical effortlessness at large which may lead to improved clinical processes and outcomes.

**Theme 3d: Overcoming adversity.** As outlined in my narrative summaries, my relationship with music has helped me to overcome significant personal challenges. In

listening to my second music therapy improvisation, I described how my relationship to music has helped me to face challenges: *Listening to this improvisation is distracting me from having pessimistic thoughts. But the music is doing more than just distracting me from those thoughts. It's making me feel good, and it's putting those pessimistic thoughts to sleep.* This journal excerpt demonstrates that in jazz manouche music has helped me to overcome the challenges of negative thought patterns.

I also feel that my JMM identity has helped me overcome significant life challenges. At the age of 18, after Django Reinhardt (the central figure in the development of jazz manouche) suffered a burn that severely injured his left hand, he spent a year retraining himself to play guitar (Williams, 2010). In the face of overwhelming adversity, I believe it was Reinhardt's relationship with music that led him to overcome his disability and find success as a jazz musician. In listening to my first music therapy improvisation I noted: *I just played a one fingered chromatic run up the neck of the guitar.*<sup>5</sup> *In adapting his performance techniques to overcome the burn injuries on his fingers, Django simultaneously overcame his disability and invented a new way of playing [the one fingered chromatic run]. I overcame my disabilities, a learning disability and low self-esteem, in part through deepening my relationship with music.* My music therapist identity has been shaped by the fact that I overcame significant life challenges through strengthening my musical identity. Namely this experience helped me to see how clients may likewise overcome significant life challenges by deepening their relationship with music that speaks to them.

#### **Category 4: How my Music Therapist Identity is Influencing my Jazz Manouche Musician Identity**

**Theme 4a: Awareness of self and multicultural issues.** Throughout my music therapy training experiences, I developed a deeper understanding of multicultural issues and how they may play out in the therapeutic process. I also became astutely aware of my own social locators, and how these locators may affect my interactions with others. My awareness extended to my JMM identity in that I deepened my awareness of hierarchical

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<sup>5</sup> Reinhardt's way of playing fast chromatic runs with his index finger was developed after the guitarist's ring and pinky fingers were disfigured due to severe burns (Williams, 2010).

power structures in jazz manouche and of issues of cultural appropriation in jazz manouche. For example, while listening to my JMM ensemble recording, I noted the following: *These [melody] embellishments sound so unnecessary [in the context of this tune]. One-upmanship is such an unfortunate part of the jazz manouche style ☹ [sic]. In general, I try to avoid any competitiveness.* When listening to my JMM duo recording, I also noted: *Maybe I was subconsciously showing off my chops and/or jockeying for influence in this jam?* These excerpts from my journal demonstrate my emerging awareness of hierarchical power structures in jazz manouche. When I later re-listened to my JMM duo recording, I added the following: *In all performance situations, but especially in jam sessions, I now try to continually ask myself: who is the most vulnerable person here? How can I change the dynamic so that this vulnerable person can feel empowered?* Due to my developing reflexivity in music therapy contexts, I now make an effort to equalize power dynamics in both casual and formal jazz manouche situations. In Theme 4b, I will revisit the concept of vulnerability in my JMM identity.

Cultural appropriation may be defined as the act of taking “something that belongs to someone else for one’s own use [...] Appropriation happens when a cultural element is taken from its cultural context and used in another” (IPICHP, 2015, p. 2). During my music therapy training experiences, I came to understand the guiding principles of cultural appropriation, and often contemplated the extent to which my identity as a JMM consisted of cultural appropriation. For example, after attending the premiere of a film entitled *Django* (Delbosc, Missonnier, & Comar, 2017), I wrote the following in a journal entry: *In a musical genre so widely adopted by gadjé (i.e. non-Gypsy) people like myself, there is a lack of conversation on the topic of oppression endured by musicians like Django. Do musicians have a responsibility to talk about and acknowledge the circumstances that led to the development of a style?* Later, when listening to a jazz manouche piece with distinctive elements of ‘manouche’ in my JMM ensemble recording, I asked tough questions of myself: *Is it ok for four Canadian-born Caucasians to compose and perform music of this style at a TD bank sponsored jazz festival without talking about where the tradition comes from? We received reimbursement to play at this festival, so by that measure, perhaps we have an obligation to share our fees with those who invented the style? [...] Then again, isn’t music and*

*culture meant to be expanded on? Where does one draw the line between cultural appropriation (disrespectful) and culturally appropriate (respectful)?* The reader should note that the author and another emcee of this performance did mention the sociocultural aspects of the jazz manouche genre while addressing the audience of the concert being discussed. This involved briefly informing the audience of Django Reinhardt's ethnic heritage, and how his music has come to inspire this group's composition and performance practices.

Lipski (2014) recommended merging an ethnomusicological perspective with music therapy, so that practitioners may practice music therapy with an understanding of the cultural significance of the music. While IPICHP (2015) stressed the importance of learning to recognize and avoid misappropriation, Young (2008) distinguishes between cultural appropriation (objectionable) and cultural exchange (unobjectionable), defined as “temporary reciprocal exchange of representatives, students, or artists between [cultures], with the aim of fostering goodwill and mutual understanding” (“Cultural Appropriation”, 2018, para 1). As both a music therapist and JMM, I strive toward cultural exchange.

**Theme 4b: Striving toward vulnerability and humility.** Vulnerability involves “the quality or state of being exposed to the possibility of being attacked or harmed, either physically or emotionally” (“Vulnerability”, 2018, para 1). Carmelli (2001) stressed that by accessing vulnerable places, music therapists may better relate to their clients. Humility may be defined as “freedom from pride or arrogance: the quality or state of being humble” (“Humility”, 2018, para 1). Bruscia (2015) reminds readers that reflexivity inherently requires humility: “Reflexivity is not the quality of a therapist who is self-impressed” (p. 10). Part of my emerging music therapist identity is that I strive toward vulnerability and humility, which has impacted my way of being and my way of seeing the world in jazz manouche settings. I have begun to approach jazz manouche performance situations with more vulnerability and humility. In response to my third music therapy journal, I wrote about feeling vulnerable while playing music: [I allow myself to be more] *vulnerable when [I am] playing ballads. In ballads, [I] tend to improvise expressively and lyrically by making use of techniques like bends, slides, tremolo etc. [...] Bends and vibrato seem to mimic crying or moaning – maybe that's why I feel they communicate emotion and feeling.*” Musical excerpt six, derived from my third

music therapy improvisation, demonstrates the type of vulnerability and humility that I aim to use in music therapy sessions:

LISTEN TO MUSICAL EXCERPT SIX (0:47)

The approach to playing used in this excerpt (in which I was improvising in response to a music therapy session that had occurred earlier that day) is an approach I had a limited grasp of prior to becoming a music therapist. As noted in Theme 4a, my emerging music therapist identity allowed me to become more aware of the social hierarchies and power structures that emerge in jazz manouche jams and performance settings. I now make a conscious effort to promote equality through modelling vulnerability and humility to other musicians. Hence, my emerging music therapist identity has influenced my JMM identity to have access to more vulnerable ways of being in my overall approach to music.

Upon re-reading Chapter 4, it occurred to me that I am able to be more vulnerable in my JMM identity than I am as a music therapist. Given that I have been a JMM for much longer than I have been a music therapist, it makes sense that I am able to feel less guarded in JMM contexts. However, I need to continue to strive toward practicing music therapy with vulnerability and humility, as these qualities may help me to better relate to my clients, and subsequently improve clinical outcomes.



## Chapter 5. Discussion

The final stage of Moustakas's (1990) heuristic inquiry methodology involves a creative synthesis. The creative synthesis involves the "researcher as scientist artist developing an aesthetic rendition of the themes and essential meanings of the phenomenon" (p. 72). This fifth and final chapter summarizes the creative synthesis process and includes supplementary audio and visual material to support its explication. Potential limitations of the study are highlighted. Finally, personal implications are followed by implications for music therapists, for musicians, for education and training, and for research.

### Creative Synthesis

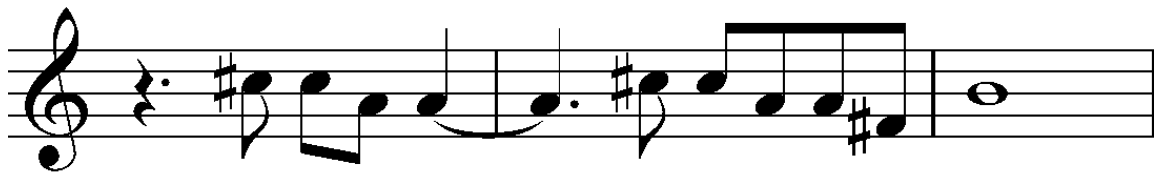
The saying "writing about music is like dancing about architecture" has been attributed to Thelonious Monk, Elvis Costello and Frank Zappa (Biron, 2011). Regardless of who first uttered it, the phrase seems to suggest that writing about music is a fruitless endeavour. The words I have already written for this thesis hopefully will convince readers that I do not fully endorse this idea. However, I do feel that the addition of a musical component to this study of musical reflexivity will greatly complement the explication of the themes described in Chapter 4.

As the creative synthesis "encourages a wide range of freedom in characterizing the phenomenon" (Moustakas, 1990, p. 30), I opted to compose and audio record a musical piece, where I played electric guitar, jazz manouche-style guitar and upright bass. The title of the piece, *Pivot Points*, is a reference to my gradual development of reflexive practices; each progressive step involved a reflexive pivot to ensure that I was maintaining reflexivity to the best of my ability. In an attempt to refuse categorization, I minimized my use of jazz manouche instrumentation and codes of practice. The creative synthesis process took 3 weeks and involved being open to working on the project whenever inspiration struck. I began by writing the themes that emerged on separate pieces of paper and affixing them to a blank canvas. In my first composition session, I tried to simulate the idea that all clients arrive at their first music therapy encounter with unique and unpredictable cultural variables. To simulate this, I randomly selected four notes out of a drum with the intention of composing a melody for the piece using those notes. I placed twelve flash cards (each displaying one of the twelve chromatic scale

tones) in a buffalo drum and shuffled them around. I then selected four notes and placed them on a music stand in the order I selected them. This process was daunting for me, and I had to make myself vulnerable in order to be open to composing with a combination of potentially incompatible notes. The notes I selected were: C#; A; F#; and B, respectively. I then composed a three-bar melody, which became the primary melody for the remainder of the composition (see Figure 1).

**Figure 1**

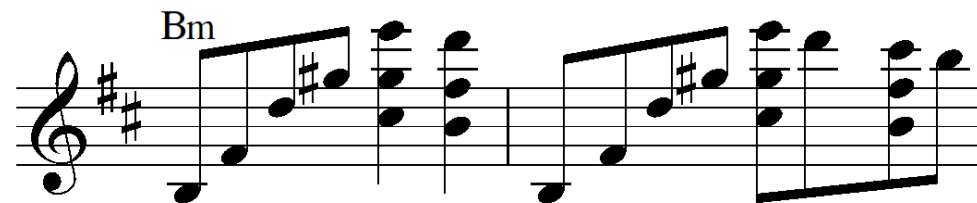
*Primary melody of Pivot Points*



Recognizing that these notes created a sense of harmonic ambiguity (the melody could be in D major, A major, B minor, F# minor, etc.), I experimented until discovering that B minor felt like the most authentic fit in that moment. The ostinato I composed provided a strong underlying structure for the piece, and felt aesthetically moving for me. It contextualized the melody to sound like B minor (see Figure 2).

**Figure 2**

*Accompaniment ostinato of Pivot Points*



However, I wanted to exploit the ambiguity of the melody and present it to listeners with various harmonic perspectives to show how it could have different significance in different contexts. I restated the melody several times in the contexts of B minor, G major, E minor and finally E7, which for me, had the effect of providing a broad emotional pallet. Listening back to the recording, the B minor statement of the

melody made me feel slightly lethargic, whereas the G major and E7 iterations gave me feelings of adventurousness. The composition develops by presenting two more contrasting sections, each of which features guitar improvisations, and concludes with a playful restating of the original melody.

I believe that this piece is a fitting synthesis of my JMM and music therapist identities because it reflects aspects of the themes which emerged in this study: musical authenticity, musical reflexivity, aesthetics, and structure. Upon completing the project, I noted that in contrast to other compositions of mine, elements of the jazz manouche genre were largely absent. For reasons I will discuss later on in this chapter, it seems fitting that I created an aesthetically-moving piece that went beyond the idiomatic constraints of the jazz manouche genre. The following is a recording of the creative synthesis that emerged from this study (also see Appendix for a copy of the full score).

LISTEN TO MUSICAL EXCERPT SEVEN – *PIVOT POINTS* (3:04)

### **Limitations**

There were several limitations of the present study. Firstly, I am relatively new music therapist and researcher. I have only been practicing as a professional music therapist since February, 2017, and I have limited prior experience conducting graduate level first person research. Secondly, this study involved comparing my JMM identity, which I have inhabited for 8 years, to my professional music therapist identity, which I have inhabited for 1 year. This resulted in a disparity in the volume and clarity of data collected related to each identity, which in turn impacted the study's convergent validity. As noted in Chapter 3, the heuristic inquiry methodology involves the researcher distancing themselves from the research material for a period of time during the incubation phase. Since I earn my living through musical activities, I was unable to separate myself from music during the incubation phase of this research, which may have affected my interpretation of the data. Finally, while there are elements of the findings of this study that may have transferability, the reader should keep in mind that the interpretations are grounded in my unique experiences and perspectives. Other individuals may draw their own inferences based on their unique experiences and perspectives.

When I began this study, I held a number of assumptions which also could be

viewed as limitations, as they may have influenced how I collected and analyzed the data. I assumed that my connection to jazz manouche was influencing the music therapy clinical work I had done up to that point and that I was both aware and unaware of specific influences. I assumed that heightened musical self-awareness would help to shape my emerging identity as a music therapist, which would subsequently have a positive impact on my clinical practice. I also assumed that journaling in response to recorded improvisations I made for this study would reveal significant insights into my JMM and music therapist identities.

### **Personal and Professional implications**

As a result of this study, I have gained an increased awareness of some of my unconscious musical assumptions. With this increased awareness, I will personally challenge myself to understand why I hold certain unconscious assumptions and endeavor to listen to music that clashes with these in an effort to better understand them. I am also inspired to continue to improve my awareness of other (non-musical) unconscious assumptions. In conducting this study, I identified some of the ways in which my unconscious musical assumptions were inappropriately influencing the therapeutic process. Sometimes, I was imposing my musical assumptions on music therapy clients. Moving forward, I will monitor the music I bring into music therapy sessions to help ensure that my assumptions are not conflicting with the musical values of the client. For example, if I am assessing a client whose musical tastes are vastly different from my own, I will employ reflexivity in my musical assessment process by being consciously open to learning more about that client's musical culture.

I also gained insights into my insecurities and how they were affecting my life and practice of music therapy. Understanding these insecurities has helped me to start moving beyond them, which in turn has allowed me to strengthen relationships with friends and family. In my personal life, I am inspired to further examine and explore these insights through self-care and personal therapy. In music therapy sessions, I will use this increased awareness to ensure that the countertransference that may be created by my insecurities does not negatively impact the therapeutic process. Furthermore, music therapy clients may struggle with the ill effects of health problems that cause their personal identity to be compromised in some way (Rickson, 2010), and my awareness of

my own insecurity may help me to better empathize with clients. This in turn could lead to improved outcomes in therapy.

Writing narrative summaries can be a “powerful way to understand professional life and [...] the uniqueness and complexity of human experience” (McCorquodale & Kinsella, 2015, p. 312). Conducting this research made me more aware of the similarities and differences between my JMM and music therapist identities and gave me a stronger sense of my overall identity as ‘Andy Mac’. I will continue to work on synthesizing my JMM and music therapist identities by being open to both identities influencing one another. Doing so may lead to improved clinical processes and outcomes for clients, and enhanced overall job satisfaction for myself. Additionally, I will continue to work on embracing the intersectionality of cultures that clients bring into music therapy sessions by reflexively exploring how their intersectionality manifests in their musical beliefs and values.

### **Potential Implications for Music Therapists**

If a music therapist’s task is to illuminate a client’s authenticity without compromising their own (Bruscia, 2015; Yehuda, 2013), music therapists need to be well grounded in their own musical authenticity. Bruscia (2015) emphasized that “as musicians, music therapists feel the need to have an authentic bond between themselves and their music” (p. 31). The current research may motivate other music therapists to initiate their own processes for examining their musical identities and musical authenticity and subsequently initiate changes in their practice that would help to facilitate more authentic cross-cultural music therapy processes for clients (Ruud, 1997; Yehuda, 2013; Young 2016).

Music therapists may gain a clearer understanding of how to improve their own multicultural musical competence, starting with their development of musical reflexivity. Musical reflexivity may help music therapists to understand how musical

countertransference<sup>6</sup> is at play in the therapeutic process and to make adjustments to ensure it is not a negative influence.

### **Potential Implications for Musicians**

Just as myths, assumptions and stereotypes have the adverse effect of pigeonholing complex individuals into cultural corners (Whitehead-Pleaux & Tan, 2017), categorization of musical genres may have the effect of reinforcing oppressive narratives. This research may inspire other musicians to become aware of ideological values embedded in the jazz manouche genre or in other musical genres, which may in turn inspire them to move beyond musical categorization. For example, a musician may decide to not adhere to the stylistic constraints of a genre, as was exemplified in the creative synthesis of this study.

This study may encourage musicians (including music therapists) to embody cultural exchange and recognize how this is different than cultural appropriation. For example, they may be inspired to collaborate and seek advice from a person from a different musical culture to ensure they are being respectful in their use of this music. The caveat here is that each individual musician is ultimately responsible for putting forth the effort required to practice in culturally appropriate ways.

### **Potential Implications for Education, Training and Research**

Music therapy training programs or those who facilitate continuing education opportunities may be inspired by this study to implement more learning opportunities that promote learners' development of musical authenticity, musical reflexivity and multicultural musical competence. This could come in the form of musically self-reflexive assignments such as musical autobiographies. Professional associations could offer experiential continuing education workshops aimed at providing music therapists with tools or approaches that would help them to uncover their musical biases and develop strategies on how to address them.

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<sup>6</sup> Musical countertransference is “the sound patterns that reflect or evoke feelings, thoughts, images, attitudes, opinions and physical reactions originating in and generated by the music therapist” (Scheiby, 1998, p. 214).

As the present study has had vast implications for myself, I would encourage any novice or established music therapist to undergo a heuristic inquiry of this nature to gain insight into how their own musical assumptions are impacting their practice. At a minimum, I would encourage music therapists to complete a musical autobiography (Ruud, 1997). Future research on the complex topic of musical reflexivity may be improved by conducting a larger scale heuristic inquiry in which the perspectives of multiple music therapists are compared and contrasted with the experience of the primary researcher. Another useful study might be to survey music therapists on their use of musical reflexivity in clinical practice.

### **Coda**

Fish don't know they're in water. In musical terms, music therapists are often unaware of the unconscious musical assumptions they hold. This heuristic self-inquiry allowed me to examine the water I swim in and come to conclusions about how some of the biases I carried were influencing the therapeutic process. It's important to note that although I did not eliminate my musical biases, by becoming more aware of them, I better understand how to navigate them as they emerge in music therapy contexts.

Those wishing to conduct a similar study should be ready for difficult feelings to emerge throughout the process. At some points, I confronted uncomfortable personal realizations that went beyond the scope of this study. Engaging in reflexive dialogue with my research adviser and accessing other support systems (including personal therapy, mindful meditation practices, and supportive family/friends), allowed me to explore the research question on a deep level. Completing this inquiry within an academic setting provided the formal framework and oversight that I needed to ensure my own personal wellbeing. I would caution anyone considering this research methodology outside of an academic setting to ensure they have proper self-care practices and support systems in place prior to beginning the process.

Throughout this research, I have attempted to ask how my JMM identity is influencing my emerging identity as a newly certified music therapist. While there are no straightforward answers to this question, this research has helped to stratify the insights I have gained into personal themes and meaningful implications. Along the way, I

developed a heightened awareness that will allow me to engage more authentically in therapeutic relationships.



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## Appendix

### Score of Pivot Points

### Pivot Points

$\text{♩} = 90$

Andy Mac

Melody

Accompaniment

Bass

**A** Bm

3

7 G Em

11 Bm

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<sup>2</sup> 13 **B**

17 **G** **E7(sus4)**

21 **Bm** **C** **G**

24 **E7(sus4)** **Fin** **A E/B C° A7/C#**



**D**

28 D Solos (Open) Gm

32 D Gm

36 Gm F#7 Bm

**E**

40

Detailed description of the musical score:  
 - Measure 28: Treble clef, D major key signature. Bass clef has a whole note D. Treble clef has a whole rest. Chord: D.  
 - Measure 29: Treble clef has a whole rest. Bass clef has a whole note D. Chord: D.  
 - Measure 30: Treble clef has a whole rest. Bass clef has a whole note D. Chord: D.  
 - Measure 31: Treble clef has a whole rest. Bass clef has a whole note D. Chord: D.  
 - Measure 32: Treble clef has a whole rest. Bass clef has a whole note D. Chord: D.  
 - Measure 33: Treble clef has a whole rest. Bass clef has a whole note D. Chord: D.  
 - Measure 34: Treble clef has a whole rest. Bass clef has a whole note D. Chord: D.  
 - Measure 35: Treble clef has a whole rest. Bass clef has a whole note D. Chord: D.  
 - Measure 36: Treble clef has a whole rest. Bass clef has a whole note D. Chord: Gm.  
 - Measure 37: Treble clef has a whole rest. Bass clef has a whole note D. Chord: Gm.  
 - Measure 38: Treble clef has a whole rest. Bass clef has a whole note D. Chord: F#7.  
 - Measure 39: Treble clef has a whole rest. Bass clef has a whole note D. Chord: Bm.  
 - Measure 40: Treble clef has a whole rest. Bass clef has a whole note E. Chord: E.

42 Bm G#m7

D.S. Al Fine