

Exploring Piano Improvisation Experiences as a Music Therapist Self-Care Tool:
A Heuristic Self-Inquiry

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ABSTRACT

Exploring Piano Improvisation Experiences as a Self-Care Tool for a Music Therapist: A Heuristic Self-Inquiry

Karen Tannous

This study investigated the student-researcher's experiences of engaging in referential and non-referential piano improvisations as a tool for self-care. Moustakas' heuristic inquiry (1990) provided a frame for the research process via the six heuristic stages. The data collected consisted of six piano improvisation recordings, of which three were referential and three non-referential, and their corresponding self-reflection journal entries. To gain more insight, reflections were added after listening back to each recorded improvisation. For data analysis, open, axial, and selective coding (Neuman, 2006) procedures were used to identify themes that emerged from the journal entries. Findings were organized into three main categories: (a) setting the tone for beginning; (b) trusting the researcher's inner discourse; and (c) self-care and self-awareness. The creative synthesis consisted of a referential piano improvisation which revolved around the researcher's experience of the whole process of this heuristic study. Implications for personal self-care and personal music therapy practice, as well as for practice of other music therapists, education, and research are discussed.

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Chapter 1. Introduction

Relationship to the Topic

I first learned about music improvisation in a clinical context while completing my undergraduate degree in music therapy in Jordan. I learned different music therapy improvisation techniques such as mirroring, matching, empathic improvisation, and grounding (Wigram, 2004). I practiced improvising with my peers as part of our learning. Using the piano was intimidating for me at the time, as I had trained as a classical guitarist prior to pursuing music therapy. To boost my confidence, I taught myself how to play some basic songs on the piano and took a few lessons to build some basic keyboard skills.

Not long after I graduated, I moved to Montreal, Canada to enroll in the Music Therapy Graduate Diploma program at Concordia University. I continued to work on my piano skills, and I took lessons in various accompaniment styles. Being a classical guitarist, it was interesting to notice that I became more comfortable improvising on the piano than on the guitar. When I improvise on the guitar, I tend to focus on musical elements such as melody, theory, or phrasing, whereas on the piano, I feel that I exhibit a freer and simpler style of expression as I have less training. The more I improvised using the piano, the more I noticed a range of responses within myself, such as the level of comfort I felt while playing—whether I was improvising alone, or with clients in a music therapy context. When practising by myself, I also noticed a difference in how I felt before and after making music, for example, feeling more relaxed, or having more organized thoughts. I began to use piano improvisation as a means to process my internal feelings. It became a tool for self-care.

When I moved on to the Master's degree program in music therapy at Concordia University, I started to develop a thesis topic. For a while I had known that I wanted to focus on piano improvisation, but I was not able to narrow it down further. I also realized that I wanted to focus on free (non-referential) improvisation and themed (referential) improvisation. After months of reading and studying, I learned that there are many ways for music therapists to practice self-care, and for some, making music is a tool that can help foster well-being. I then made a connection between the practice of piano improvisation and the practice of self-care. I decided to focus my research on examining how piano improvisation may be utilized as a self-care experience. In this paper, I will explore my personal experiences of referential and non-referential piano improvisation for the purposes of self-care.

Rationale for the Study

Music therapists use various music interventions in their clinical practice, which fall within four main overarching methods: re-creation, composition, receptive, and improvisation (Bruscia, 1987). Although clinical improvisation is used with a wide range of populations, overarching goals include promoting and maintaining the client's well-being (Cooper, 2010). These goals are similar to what an individual may be trying to achieve when practising self-care.

Improvisation has also been used in heuristic self-inquiry and other first-person studies. In some of these studies, graduate student music therapist researchers used referential improvisation to explore specific aspects of their musical heritage (Bell, 2016), musician identity (MacDonald, 2018), and personal relationship to music (Purcell, 2018). Nordoff-Robbins music therapists¹ mainly use non-referential and spontaneous improvisation to find meaning in the music-making experience itself, as co-created by the client and the therapist (Guerrero et al., 2015). Cooper's (2010) study examined the clinical and musical responses of Nordoff-Robbins music therapists to non-referential improvisation in clinical contexts. She found that improvisation appears to hold promise as a reflective and experiential self-inquiry technique.

Cooper's (2010) findings suggest that a music therapist's self-awareness is of importance both inside and outside of music therapy sessions, as is the use of self-care in their own personal work. Referential and non-referential improvisation might be an important tool of self-care for music therapists, as it allows them to explore predetermined or emerging themes via music, which in turn gives them an opportunity for self-reflection.

After reading the previously mentioned studies (Bell, 2016; Cooper, 2010; Guerrero et al., 2015; MacDonald, 2018; Purcell, 2018), I recognized that as a music therapist with no classical piano training, referential and non-referential improvisation may be an ideal way for me to explore the self-care aspect of piano improvisation. Furthermore, as a new professional music therapist, this type of self-experiential reflection may help me to better understand how referential and non-referential piano improvisation may be experienced, which may enhance my self-awareness and allow me to examine my personal reactions to piano improvisations, whether

¹ Nordoff-Robbins music therapists are trained in the Nordoff-Robbins Music Therapy method, which was developed by Paul Nordoff, a pianist and music composer, and Clive Robbins, a special educator (Guerrero et al., 2015). The method includes using composition and improvisation to facilitate musical interactions, making music the essential component for building the therapeutic relationship between the client and the music therapist (Guerrero et al., 2015).

referential or non-referential. In studying my experiences of referential and non-referential improvisation, I felt I might be able to clarify specific purposes for each type of improvisation within the context of self-care practice. I thought it might help me to distinguish between personal versus countertransference² reactions when engaging in piano improvisations with my clients. Lastly, I believe that this study could help me to understand the reactions I may have when approaching a secondary instrument to improvise on, which in turn could help me to understand how some clients may respond to the experience of engaging in improvisations on instruments with which they have limited experience.

I hoped that this research might inspire other music therapists to consider music making for the purposes of self-care and provide a model which they could follow or adapt. This may be useful as they explore their own reactions and responses to the music, as well as their relationship with their chosen instrument. This could result in increased self-awareness, which may be helpful for music therapists in terms of both personal self-care practices and the quality of their work with clients.

Purpose of the Study

Given my personal relationship to the topic and the above rationale, the purpose of this study was to examine the experiences of a novice music therapist when engaging in referential and non-referential piano improvisation as a tool for self-care, within a heuristic self-inquiry methodology.

Research Questions

The primary research question was: What are the experiences of a music therapist who engages in piano improvisation for the purposes of self-care? The subsidiary research questions are: (1) What experiences are observed when a music therapist engages in referential piano improvisations? (2) What experiences are observed when a music therapist engages in non-referential piano improvisations?

Key Terms

The following terms are used throughout this paper. I have included their definitions for better understanding of the research topic and process.

² Countertransference is a phenomenon that occurs during therapy, when the therapist has a reaction to the client which may manifest as interactions with said client that are similar to interactions that might occur in the client's or the therapist's relationships with other people in their lives (Bruscia, 1998, p. 52).

Experience of improvisation. The experience of music making, which may manifest as emotional or self-awareness responses (Jackson, 2016) which emerge from each improvisation; these responses could be images, feelings, memories, or body sensations.

Clinical improvisation. When a music therapist engages in a musical improvisation (i.e. spontaneously making up music) with an individual client or a group of clients while using improvisation techniques and skills in order to address their needs on a therapeutic level (Wigram, 2004).

Non-referential improvisation. A free improvisation that gains its meaning from the music being created in that moment (Gardstrom, 2007, Referential and Non-Referential Improvisation section, para. 3).

Referential improvisation. An improvisation where the music revolves around a referent, which gives meaning to the improvisation itself (Gardstrom, 2007, Referential and Non-Referential Improvisation section, para. 2).

Referent. For example, a theme, an image, or an emotion that the therapist suggests to the client before playing the referential improvisation, which affects the direction of the music (Gardstrom, 2007, Referential and Non-Referential Improvisation section, para. 2).

Self-care. Engaging in specific activities, such as physical, psychological, and/or spiritual activities (Richards et al., 2010) in order to maintain and promote one's overall well-being and mental health.

Assumptions

I assumed that piano improvisation evokes emotional and imagery responses in me as the person playing them. I assumed that after completing this study, I will know myself better in terms of how I relate to referential and non-referential piano improvisation as a musician and as a music therapist, and that I will feel more comfortable using both of these approaches in sessions. I also believed that it is important to experience piano improvisation as a music therapist in order to increase my self-awareness around managing my potential countertransference reactions, which could lead to working better with clients.

Chapters Summary

This heuristic self-inquiry has been organized into five chapters. Chapter 1 presents my relationship to the topic and the rationale for and purpose of this study, along with the research questions, assumptions and delimitations, and key terms. Chapter 2 is a literature review, which

is organized into six sections: (a) self-care, (b) clinical improvisation, (c) piano improvisation, (d) referential improvisation, (e) non-referential improvisation, and (f) countertransference. Chapter 3 outlines the design of the study within the methodology used in this paper. It presents the materials used in this study, as well as the data collection and analysis procedures. Chapter 4 introduces the findings emerging from the data analysis, which are organized into categories and themes: (1) setting the tone for beginning, (1a) routine before playing, (1b) music emerging organically; (2) trusting my inner discourse; (3) self-care and self-awareness, (3a) physical and mental state, (3b) processing of emotions. Chapter 5 presents the creative synthesis stage, limitations of the study, implications for personal music therapy and self-care practices, as well as with implications for music therapy practice, education, and research.

Chapter 2. Literature Review

This literature review explores the research gaps identified with regard to the use of music as a self-care tool for music therapists, whether by listening to music or playing music on an instrument. It discusses the various self-care tools currently used by music therapists and other creative arts therapists, referential and non-referential improvisation, and countertransference reactions which music therapists may experience while improvising with clients. It explores the use of clinical improvisation in music therapy—more specifically, the use of piano improvisation—as experienced by both clients and music therapists, in order to shed light on the possible responses an individual may have when engaging in piano improvisation, for example increased self-awareness, alleviation of symptoms of depression or anxiety, and implications for self-care.

Self-care

Self-care is a concept that should, arguably, be an important part of any helping profession, especially for mental health professionals (Dattilio, 2015), including psychologists, psychotherapists, and creative arts therapists. Some goals of self-care include promoting one's own emotional, physical, and mental well-being (Kuebel, 2019). Maintaining one's overall well-being is especially important for mental health workers, as they can be subject to stress and burnout, which may affect their ability to work therapeutically with their clients (Dattilio, 2015; Moffat et al., 2016; Richards et al., 2010). Mental health professionals may experience burnout in the form of “compassion fatigue” or “emotional exhaustion” (Dattilio, 2015, p. 394), or as a feeling of inadequacy or doubt towards their own work. This may lead to decreased motivation and engagement when working with their clients.

Practising self-care is a subjective experience through which individuals can explore and develop tools to help them achieve a greater sense of well-being. Self-care practices may vary and can include physical, psychological or spiritual activities, or spending time with people who are part of a support system (Richards et al., 2010). Some examples of self-care activities include studying for a new degree, taking care of physical health, practicing meditation and mindfulness, listening to music, or seeking counselling (Buchanan, 2019). Some people exercise self-care in order to gain insight, knowledge, and awareness of their own self (Moffatt et al., 2016), which in turn, may help to promote their well-being. The importance of self-care spans many professions, including mental health as well as other health, education, or caregiving occupations, since

processing internal and external aspects of one's self is integral to a healthy mindset (Moffatt, et al., 2016), which is important in maintaining healthy personal and professional lives.

Self-care for professional musicians. Professional musicians can be subject to mental illnesses such as anxiety and depression (Michael, 2019), possibly caused difficult working environments, money-related problems, and challenges around maintaining relationships (Michael, 2019). These are struggles that many music therapists may face as well, which could be a possible motivation for seeking self-care methods (Trondalen, 2016b). Michael (2019) provides some self-care tips for musicians, such as adopting a healthy lifestyle through better nutrition and physical exercise, and building meaningful and healthy relationships with people they can trust. Michael (2019) also suggests that musicians seek support groups or build a relationship with a reliable therapist (Michael, 2019).

One form of music therapy used by some professional musicians for self-care purposes is the Bonny Method of Guided Imagery and Music (GIM). GIM is a method where the client is invited to relax and listen to classical music chosen by the therapist during the session based on the client's needs. During the process, the client explores imagery and other responses evoked by the music, which in turn may lead to a better understanding of the self (Bonny & Summer, 2002). A modification of this approach is the resource-oriented Bonny Method of Guided Imagery and Music (R-oGIM); (Trondalen, 2016a). R-oGIM focuses on utilizing the client's personal strengths and resources (Trondalen, 2016a). Trondalen (2016a) suggests that musicians use GIM as a resource for creative health through the "strengthening of identity" (p. 14) and the "nurturing of personal and professional resources" (p. 16). These themes emerged from a study conducted by Trondalen (2016a) where she examined professional musicians' and music students' experiences of R-oGIM sessions. Musical improvisation, like GIM, may also lead to a better understanding of the self through imagery responses, as it involves engaging with ideas as they emerge, which can stem from thoughts, emotions, or images. Although Trondalen's study (2016a) shows how GIM can be helpful for musicians, it does not address the use of active music-making as a self-care tool for music therapists.

Self-care for creative arts therapists. Creative arts therapists have not often documented the use of their own modalities as self-care practices in the literature. Phillips (2010), an art therapist, explained how using poetic writing in the context of self-supervision provided both insight into the therapist's work, understanding, and self-awareness, and an outlet

for expression, thus functioning as a tool for self-care. As mentioned above, self-care is different for each individual, and may consist of a variety of experiences depending on the individual's needs.

Lange et al. (2018) examined how creative arts therapist participants were affected by engagement with the creative process. During individual sessions with one of the researchers, the participants chose a creative outlet, such as art making, music playing, using words, or movement as a medium for improvised creation for a duration of eight minutes (Lange et al., 2018). Each participant filled out a questionnaire afterwards, that the researchers analyzed along with their creative expressions and artworks (Lange et al., 2018). The findings suggested a positive effect on the well-being and self-efficacy of the participants after they had taken part in the creative activities (Lange et al., 2018). However, as it was not mentioned whether the participants used their own creative arts modalities during the research, the relevance of these results in terms of creative arts therapists using their own modalities for self-care purposes cannot be determined.

In contrast, Burns (2000) explained how she used drama as a tool for self-care during her drama therapy studies and internship. However, she did not focus her study on her own self-care practices. In her research, she asked art and drama therapists about their use of creative self-care activities, such as art, drama, music, and dance (Burns, 2000). The results indicated that the majority of the participants used self-care activities in order to manage stress and work on emotional balance (Burns, 2000). The most common activities indicated by the participants included "seeing or talking to friends", "walking", "drawing", "painting", and "reading for pleasure" (Burns, 2000, p. 35). Dancing, listening to music, or making music were among the less common self-care practices indicated in the surveys, and only one of the three drama therapist participants used theatre workshops for self-care (Burns, 2000). This study supports a gap in the literature regarding creative arts therapists using (or not using) their own creative modality for self-care practices. This gap can be seen regarding music therapists' specific use of music making or improvising as a tool for self-care.

Self-care for music therapists. Moran (2018) discussed how mindfulness training helped him in many different ways as an individual and as a music therapist, including clearing the mind; gaining insights into the self, one's relationship with music, and one's relationship with music therapy; and learning about the music therapist's relationships with his clients.

Practising mindfulness throughout the course of his music therapy training helped Moran to navigate his learning, and his clinical experiences of practising music therapy (Moran, 2018). Research has shown that practicing self-care may also help prevent burnout. According to Moore and Wilhelm (2019), music therapy students may be susceptible to burnout since music therapy is a helping profession. Moore and Wilhelm (2019) found in their survey that the majority of the participants used activities which involved spending time with their families and friends for self-care, as well as working on gaining self-awareness and achieving self-improvement while keeping up with their education.

While music therapists can access the aforementioned forms of self-care, they may also use their own modality, by either listening to music, playing music, making music through improvisation or composition. Minevich (2018) interviewed four music therapists, who addressed the importance of using music “outside of the music therapy context as a source of inspiration and stimulation” and to help secure “career longevity” (Minevich, 2018, p. 33). Purcell (2018) was able to discover ways to use music for self-care practices involving making and enjoying music, such as singing in a choir, practising and creating music, throughout the heuristic self-inquiry research process in which she explored her musical identity through improvisation.

By combining various self-care practices including meditation, music-making, and spending quality time with loved ones, music therapists may be able to avoid burnout and mental health difficulties. Although only a few music therapists have documented using music-making or improvising for self-care purposes, the literature indicates that music improvisation, and the use of other creative modalities, can promote well-being and mental health (Burns, 2000; Lange et al., 2018; Purcell, 2018).

Clinical Improvisation

Music therapy improvisation involves the client and/or the music therapist making spontaneous music using instruments, their bodies, their voices, or other objects present in the room (Eriksson, 2017). It is important to remember that the music notes played in clinical musical improvisation can lead to new developments in the music (Aigen, 2013). If a note does not sound right in the moment, it does not mean that it is ‘wrong’, and it can be used to move in a new direction if that is the clinical need.

Clients' experiences of clinical improvisation. Clinical improvisation is used in music therapy sessions to achieve specific goals, which may revolve around the client's well-being (Cooper, 2010). The literature examines the different reasons for using clinical improvisation in music therapy settings, and the various outcomes of doing so with different populations.

To study the effects of improvisation on clients with depression in music therapy, Aalbers et al. (2017) conducted a study where clinical improvisation was the main focus of the seven weekly individual music therapy sessions offered. The clients were given the opportunity to choose which instrument to play and the music therapist used clinical improvisation techniques to provide structure, to introduce and encourage change, and to have musical or melodic dialogues with the clients depending on their needs (Aalbers et al., 2017). The results of the study showed that the nine clients who participated in music therapy sessions reported a decrease in their experience and observation of depression symptoms (Aalbers et al., 2017).

Shuman et al. (2016) conducted a music therapy research study with children and adolescents using: (1) music listening at an adolescent psychiatry inpatient unit; (2) drum circles at a psychiatric day treatment; and (3) structured music improvisation at an eating disorders unit. Over three years, 352 participants attended at least one group music therapy session, all of whom completed a standardized mood assessment before and after the session (Shuman et al., 2016). The results showed a positive change in mood and energy level for participants at the end of each session in comparison with the beginning.

When working on goals related to psychological diagnoses, clinical improvisation can offer a space within which clients can explore different aspects of themselves and of the world around them through music (Cooper, 2010; Aalbers et al., 2017, Shuman et al., 2016). However, the other person participating in clinical improvisation during group (Shuman et al, 2016) or individual sessions (Cooper, 2010) is the music therapist, who is not only facilitating the improvisation for the client, but is also experiencing it simultaneously (McCaffrey, 2013).

Music therapists' experiences of clinical improvisation. Kroeker (2014) discusses the different archetypal images that may emerge from the psyche during improvisation. Part of his self-heuristic study focused on musical improvisation, and he mentions playing two different musical elements on the piano, one in each hand, each representing an opposing image (Kroeker, 2014). After each improvisation session he documented an increase in his energy levels; he experienced a renewed sense of life energy and wholeness due to the healing aspect of engaging

in creativity throughout this process, and he felt his emotional states and behaviors changed, such as “isolation” and “aggression were transformed [...] into inner confidence” and “re-integrated energy towards a positive vision” (Kroeker, 2014, p. 198). He also mentions that while improvising, when certain images emerged as a threat in his imagination, he was able to respond to them openly by allowing himself to “move past the fear” (Kroeker, 2014, p. 198), allowing for those images to change into new images, which in turn helped him “redirect them” to achieve “a greater sense of wholeness” (Kroeker, 2014, p. 198).

Another study by Cooper (2010) directly examined music therapists’ responses to improvisation. It showed that the main cause of stress for Nordoff-Robins music therapists was the physical and emotional strength and stamina required by an improvisation practice that can meet the client’s needs (Cooper, 2010). Another source of stress was the presence of the co-therapist in the session, which affected the environment of the improvisation (Cooper, 2010). However, they all reported “experiencing musical inspiration and freedom in the session” with “joy, excitement, and curiosity” (Cooper, 2010, pp. 108-109).

McCaffrey (2013) similarly studied the experiences of music therapists during clinical improvisation. Two music therapists who use clinical improvisation were interviewed about their experience of self in clinical improvisation (McCaffrey, 2013), one of whom had used the piano at the same time as his client in one of his sessions (McCaffrey, 2013). Five main themes emerged from the interviews with both music therapists: (1) mindful meeting of equals, in that the music therapists felt a high level of conscious awareness when engaging with their clients; (2) the importance of fundamentals, where the music therapists worked with the basic elements and inputs that the clients presented in the improvisation; (3) flexibility and adaptability were documented as essential qualities to have by the music therapists to be able to play improvisations more freely and interactively with their clients; (4) personal fulfilment, which was experienced as a “sense of joy, excitement, and privilege” (McCaffrey, 2013, p. 309) by one of the music therapists; and (5) balancing the professional and personal musical self, since some music therapists may have a background as musicians before starting to work with clients, and these two identities may affect each other in the way that the music therapists present themselves musically (McCaffrey, 2013). These themes represent the personal experiences of each of the music therapists in this study, in relation to clinical improvisation, through which they were able

to explore many aspects of themselves in working as music therapists, as well as understanding their reactions and their relationships to music in general.

Piano Improvisation

In clinical improvisation, a music therapist may use a variety of instruments to facilitate the client's music-making. The piano is an instrument that can be used solely by either the music therapist or the client, or by both at the same time (Aigen, 2009; Lee, 2000). Depending on the client's goal, the music therapist decides whether to play the piano with the client, to play the piano while the client plays another instrument, or to play a different instrument while the client plays the piano. Since the use of the piano is informed by specific goals, each approach may elicit a different response from the client and from the music therapist. Aigen (2009) explained how a person might experience music in relation to the concepts of verticality³ and container⁴. In music, verticality can be seen as high and low notes, while container can be explained by what is in and what is outside the music, such as which specific notes belong in a certain chord (Aigen, 2009). For a music therapy client, experiencing verticality in the music can be associated with differences in pitch within a melody, and changes in tonality or key modulation, which can be representative of the client's life experiences, while container can be experienced when the client feels a sense of security within the music due to the musical elements which are complementing each other (Aigen, 2009), for example two different instruments playing in rhythm together. With the presence of the piano in a music therapy session, these two concepts can be present on many different levels, such as the high and low register, the ability to play multiple notes at once, the harmonies which either the client, the music therapist, or both, could be playing, or that both the music therapist and the client are in the music together playing at the same time. These aspects of playing the piano can be beneficial for both the client in a music therapy session, and the music therapist experiencing piano improvisation both inside and outside of a clinical context.

Experiences of piano improvisation. Kim (2008) completed a study in which each research participant and the therapist played a free improvisation together on the piano. The

³ Verticality is a polarized concept of describing human affect by associating positive qualities and emotions with the words relating to the "up" end of the polarity, while negative qualities and emotions are associated with words relating to the "down" end (Aigen, 2009).

⁴ Container is the essential developmental notion that the human body is a container with a boundary separating what's inside and what's outside, which introduces the concept of differentiating between the "me" that is inside and the "not-me" that is outside (Aigen, 2009).

therapist played at the lower register while the client played in the higher register. In this research, 30 female pianists were randomly placed in two different groups: the first practiced improvisation-assisted desensitization, which included “(a) a deep muscle relaxation training, (b) a hierarchy of anxiety provoking scenes, and (c) visualization of these scenes while in a relaxed state” (Kim, 2008, p. 169). The second group practiced a pre-recorded music-assisted progressive muscle relaxation and exercising imagery techniques (Kim, 2008). Over six weeks, the participants from both groups were offered music therapy sessions, and participated in lab performances in a controlled environment before and after each session (Kim, 2008, pp. 172-173). This measured their level of music performance anxiety before and after the sessions, and the results showed that the improvisation group experienced a decrease in music performance anxiety, tension, and stress, with no apparent change in level of comfort (Kim, 2008).

One study examined 56 clinical notes written by a music therapist, working with the same client for three years in weekly music therapy sessions, in which piano improvisation and songs were used (Næss & Ruud, 2007). The therapist improvised at the piano alongside the client, a woman who had been diagnosed with paranoid schizophrenia (Næss & Ruud, 2007). Initially, the participant would play with the music therapist for short amounts of time, and would need some encouragement to continue improvising on the piano (Næss & Ruud, 2007). In the client’s second year of music therapy, she would continue to play improvisations for longer periods of time, but would also learn new songs that she would play outside of therapy as well, which helped her in building her communication skills with the inclusion of words in the music (Næss & Ruud, 2007). Over the years the client showed a change in behavior, such as becoming more talkative and expressing herself verbally, which led to an increase in social interactions with staff, which in turn further promoted an improved quality of life (Næss & Ruud, 2007). She was also able to increasingly express her preferences and emotions and recount personal experiences (Næss & Ruud, 2007). It was important at the start of this process for the music therapist to make sure that the client felt secure when improvising, and this was achieved by sharing music with the client to listen to, which led to the client playing improvisations together with the music therapist (Næss & Ruud, 2007).

When engaging in an improvisation, the music therapist and the client come together in the music which they co-create, which may lead to a sense of togetherness (Lee, 2000), whether they are improvising on two different instruments, or using the same one, such as a large drum,

or a piano. An occurrence of client and music therapist using the piano simultaneously in an improvisation resulted in the music therapist experiencing a feeling of togetherness, describing how at some points there was no apparent differentiation between what each of them was playing (McCaffrey, 2013). Lee (2000) analyzed an improvisation where he was playing in the lower register while his client played in the higher register on the piano. In his analysis, he and the client were aware of playing in different tonalities as well as pitches, yet they both felt that there was a sense of togetherness, and that they were listening to each other's music as they played (Lee, 2000). The study also shows that the client's need during the piano improvisation was "security" (Lee, 2000, p. 161) when playing in the Pentatonic scale; the client shared that he could anticipate how the music would sound when improvising. The client's experience in this improvisation can be linked to the goal that was set for the music therapy sessions he participated in, which focused on using music to "challenge, support, and hold his musical and life experiences" (Lee, 2000, p. 149).

The use of clinical improvisation—and more specifically piano improvisation—has been well-documented in music therapy literature (McCaffrey, 2013), as well as looking at the different ways music therapists (Cooper, 2010) and clients (Næss, & Ruud, 2007) may experience it. Many of the responses reported outcomes related to promoting well-being, such as alleviating symptoms of depression (Aalbers et al., 2017) and anxiety (Kim, 2008); increasing energy levels (Shuman et al., 2016); improving responses to imagery (Kroeker, 2014), musical (Cooper, 2010), and emotional expression (Næss, & Ruud, 2007); and working on feelings of personal and professional self-awareness (McCaffrey, 2013). These results can be compared to self-care practices in their goal to promote and maintain well-being (Trondalen, 2016b). This goal may be achieved by using either referential improvisation to explore specific ideas, emotions, or images an individual has or would like to examine. An individual can also use non-referential improvisation in order to play more freely by allowing themselves to follow the music, potentially resulting in emerging themes, emotions or images which the individual may experience while improvising. These two types of improvisation will now be discussed.

Referential Clinical Improvisation

Referential improvisation allows for the use of personal experiences as a referent for further exploration through music. Using a referent gives the clinical improvisation a specific direction or meaning (Gardstrom, 2007). A referent can be a variety of elements within the

improvisation; it can be a theme, an emotion, an image, a title, or a story (Gardstrom, 2007). Similarly, in heuristic research, the researcher can explore their personal experiences of a specific phenomenon in music therapy, in order to increase their understanding of that phenomenon (McGraw-Hunt, 2016).

Bell (2016) based her referential improvisations on her experiences of “engaging in the Aboriginal healing practice of smudging” (p. 21) in order to study the influence of her heritage on her work as a music therapist. Similarly, MacDonald (2018) used his jazz manouche musicianship as a referent for the improvisations he incorporated into his self-inquiry study, to examine its impact on his identity as a music therapist. Purcell (2018) used different stages in her life, which she named “Early Stages, Finding My Voice, and Finding My Place” (Purcell, 2018, p. 9) as the referents for the improvisations she played to explore her relationship to music in her heuristic self-inquiry. These three thesis studies show how music therapists may use referential improvisation to explore a specific personal aspect of their life for the sake of understanding themselves as well as understanding the experience itself. After engaging in referential improvisations in the scope of heuristic research, the researchers were able to connect with and accept their identity (Bell, 2016), gain awareness of their “unconscious musical assumptions” (Macdonald, 2018, p. 51), and find tools they can use for self-care purposes (Purcell, 2018). Upon examining these findings, it has become more evident that exploring piano improvisation as a tool of self-care may present similar responses in this heuristic self-inquiry research.

Non-referential Clinical Improvisation

Nordoff-Robbins Music Therapy (NRMT) utilizes improvisation extensively to facilitate musical interactions between the music therapist and the client (Cooper, 2010). Many music therapists trained in the NRMT approach use it in their clinical practice. Most of the time, they use non-referential improvisation (Guerrero et al., 2015), deriving the meaning of each improvisation while it is being played, instead of assigning a meaning to it in advance. Non-referential improvisations can be used to help clients approach music-making with a free and blank base, which may help clients to relax (Keith, 2007), allowing them to express themselves musically without restrictions. In doing so, clients may be able to simultaneously explore both the music-making itself and their responses to it.

In a study by Keith (2007), research participants, with no musical background, were interviewed about six referential and non-referential improvisations that they participated in. The

participants were able to connect more deeply with the meaning of the referents assigned to the referential improvisations, as they may have had a pre-existing connection with the theme being explored, while during non-referential improvisations, they focused and connected more with the music they were playing instead of noticing any emerging themes within the music (Keith, 2007). After speaking with the music therapist/researcher about the non-referential improvisations, they were able to find more meaning in the music, and make more connections with what they had initially played (Keith, 2007).

Some music therapists may undergo a peak experience while engaging in music-making during sessions (Nicholson, 2015). Peak experiences can be described as a significant and rewarding experience, which may affect one or more individuals participating in what may elicit this experience (Nicholson, 2015). Nicholson (2015) described one of his own peak experiences which occurred during a group improvisation with fellow music therapy students in a music therapy class. In his study, he interviewed music therapists in order to gain more information about how they can be affected by peak experiences. The results showed that both music therapists and clients may be affected by a music therapist's peak experience, as it may introduce a "positive change" and connection either "professionally, personally, or therapeutically" (Nicholson, 2015, p. 69). This is a very similar response to what could be defined as a positive countertransference reaction where a music therapist recognizes that they are having a countertransference reaction, identifies what caused the countertransference reaction, and responds to the client and their needs in the present, instead of focusing on what triggered the reaction (Bruscia, 1998).

When playing an improvisation, responses may occur within the music therapist whether the improvisation is referential or non-referential. In a referential improvisation, the music therapist may expect their experience to be based on the referent they chose to explore (although this is not always the case), whereas in a non-referential improvisation, the experience might be relatively unpredictable. In both cases, the music is what affects the direction of each experience. When a music therapist is improvising with a client, their responses to the music might be negative countertransference reactions. These may include "emotional reactions" (Bruscia, 1998, p. 81), "unwarranted or inexplicable reactions" (Bruscia, 1998, p. 86), inappropriate interactions within the therapeutic relationship, the music therapist using music in an unusual way or in a very usual and predictable way and, finally, burnout (Bruscia, 1998).

Countertransference

In music therapy, countertransference is a reaction the music therapist might experience in relation to the client, or to the music the client is playing during the session, or both (Dillard, 2006). Dillard (2006) interviewed music therapists about their experiences with countertransference reactions when making music with their clients. The results state that the majority of the music therapists could not tell the difference between their own personal reactions to the music and their countertransference reactions towards their clients (Dillard, 2006). Dillard (2006) also states that some music therapists described the phenomenon as a merging of both their own personal reactions to music and their reactions towards the clients, while other participants distinguished between the two. In this study, the term “playing music” (Dillard, 2006, p. 211) was used in one of the researcher’s questions, though it is not specified if clinical improvisation was being used by the music therapists when they experienced countertransference. It may be important for music therapists, especially for students and new music therapy professionals, to distinguish between countertransference reactions, and the way they experience music personally, as it may be hard to tell the difference when working with clients, as can be seen in Dillard’s study (2006). By learning the difference between countertransference reactions and their feelings and thoughts in relation to the music they are playing, music therapists may also be better able to facilitate and experience clinical improvisation with their clients.

Conclusion

Many studies have been done on how clinical improvisation, and more specifically piano improvisation, can benefit clients while working on different goals in music therapy. The use of referential and non-referential improvisation may also be used to elicit different responses from clients. This literature review also provides information on music therapists’ experiences of clinical improvisation, piano improvisation, and countertransference reactions. Also, the gap found in the literature surrounding the specific use of improvisation as a self-care tool for music therapists was examined. It discussed the importance of self-care, and how the majority of self-care practices include activities for promoting physical, emotional, psychological, and mental health among creative arts therapists and, more specifically, music therapists.

In reviewing the literature, the thought of exploring the link between improvisation and self-care emerged. The positive potential outcomes of exercising self-care and of practicing

improvisation are similar, both suggesting an improved sense of self-awareness, self-understanding, and means of processing thoughts and emotions. Due to the similarities of these potential benefits, the thought of using improvisation as a self-care tool also emerged. This idea directly addresses my research question: what is the experience of a music therapist engaging in piano improvisation for the purposes of self-care?

Chapter 3. Methodology

Moustakas (1990) developed heuristic inquiry methodology that incorporates a researcher's own personal experiences in order to examine and understand a specific phenomenon (Jackson, 2016). One phenomenon which Moustakas (1990) examined in his heuristic research was the feeling of loneliness that he, and other adults and their children experienced in medical care situations, which in his case was his daughter's medical situation (McGraw Hunt, 2016). Heuristic research is one of the many terms used to describe various first-person research methodologies, alongside "self-inquiry" and "self-observation" (McGraw Hunt, 2016). By understanding the "meaning, essence, and quality" of their own experiences of the phenomenon, the researcher can gain more insight into the phenomenon itself (Jackson, 2016), which in the case of this research paper is piano improvisation.

Design

Upon reading about different research methodologies, I found that the heuristic model that included the six stages outlined by Moustakas (1990) would be the most appropriate way to study my personal experiences of using referential and non-referential piano improvisation as a self-care tool. Moustakas' (1990) six heuristic inquiry stages, as relayed by McGraw Hunt (2016), were used: initial engagement; immersion; incubation; illumination; explication; and creative synthesis.

In being the sole subject of this research, I was able to experience the research process as a whole by playing the roles of both the researcher and the participant, as well as understanding my thought processes through every stage. In addition, I was able to closely examine my personal reactions, as they were emerging from me as both the researcher and the research subject.

Validity

McGraw Hunt (2016) states that in order for first-person research to be viewed both objectively and subjectively by the audience it targets, the study should be presented authentically and comprehensively. In addition, the data presented should show that the researcher understands both the research process and the resulting findings, as well as being able to communicate these findings to the general public in a relatable and coherent manner (McGraw Hunt, 2016).

Being the sole participant of this research qualified me to best represent and study the data and findings, as they revolve around my own experiences of the research topic, which aligns with heuristic research principles (Moustakas, 1990). In writing a self-reflective journal, as well as creating recordings of my improvisations, I gave myself as much data as possible to fully understand my personal experiences of piano improvisation as a form of self-care. My research supervisor was also available for multiple consultations to ensure the clarity and reliability of my findings, as well as providing a different perspective as a reader for me to keep in mind as I revisited and revised my writings.

Delimitations

As mentioned in the design, I was the only participant in this study. I focused on improvisation using an acoustic piano. I delimited the literature review for this study to the topics of clinical improvisation, piano improvisation, referential and non-referential improvisation, countertransference, and self-care in music therapy and in creative arts therapies, from the year 1998 to the year 2019.

Materials

The materials used for this study included a self-reflective journal to keep written reflections on each of the improvisations, an acoustic piano, and a laptop computer for recording the improvisations.

Data Collection Procedures

Initial Engagement. This is when the topic of interest is discovered and begins to be framed for the research.

During this phase, as I began to consider piano improvisation as my medium of choice, I was intrigued by how easily I could improvise on an instrument which I have only basic skills. While exploring which type of research and methodology I wanted to use to study piano improvisation, I became interested in the referential and non-referential types of improvisation because I was curious to experience each type and see what kind of responses I may have.

Immersion. This stage involved finding relevant literature to read about the topic while forming the research question, then exploring the experiences that are addressed in the research question.

I started to look for any article, journal, or book that related to my topic. I found that the more I read, the more clearly I could conceive of my project. Between discussions with my

supervisor and making adjustments to the initial written portion of this thesis, I experienced a deeper immersion into the topic. The relevance of self-care to the research became clearer during this period of deeper immersion. When I started nearing the data collection part of this phase, I booked one of the classrooms with a piano at the Concordia University Fine Arts building, since I do not own a piano or keyboard myself.

About a week before I started recording the six improvisations I would use as data for this study, I felt intimidated by the thought of recording myself on an instrument I hadn't practiced for the few weeks prior to this phase as I did not have regular access to a piano. I decided I would record a pilot improvisation, to warm up, to awaken my muscle memory a little, and to gain some self-confidence. I recorded two referential and one non-referential pilot improvisations before recording the six ones I later on used for data analysis. The entire recording phase included three consecutive days to record one pilot improvisation on each day, followed by three weeks to record the six referential and non-referential improvisations with varying intervals between each recording, due to the scheduled activities already booked in the same classroom that I booked.

After recording and reflecting upon the pilot improvisations, these three themes arose (a) rigidity in improvising; (b) music therapy experiences with MA internship population; (c) personal experiences of improvisation in music therapy. These themes emerged from journaling about the pilot improvisations and listening to the recordings. I decided to use these emerging themes as my referents for my referential improvisations. From here I felt more prepared to start recording than I did before I recorded the pilot improvisations. Every time I went to record any of the six improvisations used for data collection and analysis, I would practice a few songs I knew beforehand, to get myself in the mindset of playing the piano. The songs I played were mainly pop songs with simple chord progressions that I used to accompany myself singing.

For the three referential improvisations, I sat in silence for a few minutes while concentrating on the theme I had assigned for each one. I tried to visualize the theme, to make it as concrete as possible, before starting to play. I followed similar steps for the three non-referential improvisations, except this time I tried to clear my head as much as I could in order to create a 'blank canvas', allowing the music to evoke thoughts, themes, and emotions. I started the non-referential improvisations by letting my fingers find the keys on their own, without a calculated intention. After each of the six improvisations, I sat in silence for a few minutes,

absorbing everything I had experienced. I then opened a new page in my journal and wrote down my self-reflections. This step helped me process everything that had happened both within the music and the different responses I had while playing.

The same steps were used to record the three pilot improvisations and write in the corresponding journal entries, though since these were used solely to warm up I will not be analysing the data found in those notes and recordings.

Incubation. The time to retreat and move away from the research to make room for new experiences around the topic to emerge.

Following making the recordings and writing the journals that lasted for three weeks, I took a break from the research process for two weeks. During that time, I did not read or write any further material relating to my research topic. I wanted to fully step back from the project in order to have a clearer mind when I continued to the following stages.

Illumination. Gaining a deeper understanding of and insight into the nature of the phenomenon.

Before embarking on the data analysis process, I wanted to revisit each of the six improvisations I had recorded, as well as the corresponding journals. I proceeded to listen to each of the six referential and non-referential improvisations only once. While I listened, I wrote down extra self-reflections to record my listening experience. I wrote down how each improvisation made me feel, whether I had any imagery responses, or if my thoughts revolved around certain themes, such as the referents I used for the referential improvisations (see Appendix A), or what emerged from the non-referential improvisations (see Appendix B for examples for both referential, and non-referential, initial and secondary journal entries). I also included my thoughts on the music itself—how it appeared to me as a listener in comparison with how it made me feel as I played it.

Data Analysis Procedures

Explication. Comparing the similarities and differences of each experience of the phenomenon, in order to construct a better and more thorough understanding of the phenomenon.

I started the data analysis process by transcribing the self-reflective journals into separate documents on my computer. It helped to have the transcripts side by side for reading, comparing, and analyzing the data. I used Neuman's method of open, axial, and selective coding (2006) in

my data analysis, which led to organizing the data I found into themes, which I supported and explained using direct quotations from the journals.

Open coding consists of assigning specific codes to distinguish between themes upon initially viewing the data (Neuman, 2006). In this stage, I had the three referential and the three non-referential improvisation journals open on the same screen. I highlighted the similarities and differences within my data in various colours to help me analyze it more precisely and easily. I then viewed each journal on its own on the screen, assigning phrases and themes to each of the highlighted parts.

Axial coding is the second viewing of the data after open coding, and looks at the emerging themes from the preceding phase in order to find links between them and organize them accordingly (Neuman, 2006). For axial coding, I viewed the initial coding of all the journals simultaneously, grouping them together under overarching categories. I assigned these categories according to the most commonly occurring concepts in the data.

The next step involves selective coding, which is the final viewing of all the data and codes, which makes comparisons between the themes and categories that have been found and seeks to find the most suitable ways to represent the data (Neuman, 2006). I found supporting data in the journals to use for each of the themes I had identified during open coding, and to reinforce the categories I had found in axial coding for the selective coding stage. I also read through all my data and the codes I had found again, to make sure I was conceptualizing the categories and the themes with enough supporting examples and information from my self-reflective journals.

Creative Synthesis. This involved the creation of a composition to depict the overall meaning of the phenomenon as I experienced it, by combining each stage of the research process.

I played and recorded a referential improvisation revolving around my experience of the entire research process, from the beginning until after the data analysis. The recording will not be shared, as it represents my personal experience, including some personal feelings that emerged before and during the recording of the referential and non-referential improvisations.

Chapter 4. Findings

This chapter presents the results of the explication phase of Moustakas' (1990) six phases of heuristic research. The primary research question was: What is the experience of a music therapist engaging in piano improvisation for the purposes of self-care? The two subsidiary research questions were: (1) What experiences can be observed when a music therapist engages in referential piano improvisations? and (2) What experiences can be observed when a music therapist engages in non-referential piano improvisations? To answer the research questions, I organized the data into three main emergent categories; Setting the Tone for Beginning, Trusting My Inner Discourse, and Self-care and Self-awareness. I further organized the similarities and differences between the self-reflective journal entries into themes within each category (see Appendix C). To help further explain the themes, I included quotations and excerpts from the journals corresponding to each of the six improvisations recorded.

Category 1: Setting the Tone for Beginning

As previously mentioned in Chapter 3, in order to start playing and recording the improvisations for data collection, I developed a ritual to get myself in the right mindset, which I would go through before each recording for both the referential and non-referential improvisations. Before I started the improvisations, I played some familiar and favourite songs to warm up my fingers. Then, I either concentrated on a referent for referential improvisations, or completely cleared my mind for non-referential improvisations, before allowing the music to emerge. This ritual came naturally to me, without having planned it prior to starting the recordings.

Theme A: Routine before playing. I did not choose the songs I played to get myself ready to record the improvisations. I simply cleared my head and warmed up my hands to a song that came to mind right as I sat at the piano on that specific day. The first time, it happened spontaneously, with me thinking of a song as soon as I saw the piano. I felt that I needed to play it, to get it out of my head, in order to start the improvisation without any musical influence or inclination. As the effect was relaxing and put me in the right mindset, I decided to do the same thing before every improvisation. I mainly played songs by Coldplay, Dean Lewis, and James Bay. Listening to what my mind and body needed in that moment right before starting to record, the first thought was that I had to play a song. Although these thoughts did not come while playing music, they represent my thought process prior to recording each improvisation.

The ritual also included sitting in silence before starting the improvisations, either to help create a blank canvas for the non-referential improvisations or to think of the specific experiences I had previously assigned as referents (see Appendix A) for the referential improvisations. This step also happened organically after I played the first song, and it felt like a complement to the first step; together, they formed the ritual, and I was able to move on from preparing my mindset to starting the improvisations.

Theme B: Music emerging organically. As I began the referential improvisations, I focused on each of the referents and the reasons why I chose them, with an intent to musically represent each experience I assigned as a referent (see Appendix A). I did not assign any other referents, as I wanted only one variable to be the difference between referential and non-referential improvising. However, I intentionally started each referential improvisation with a specific note or chord, which emerged as I thought about the referent. This can be seen in the following quote from my journal: *“I initially heard a high register C major chord in my head, and I had to play it. It represented how it felt to improvise and feel like I’m doing it right.”* Another example of this is when *“I started to play on the high register”* and accompanied myself using open fifth chords as I *“remembered that this is a technique I used when accompanying my clients”* during my internships.

On the other hand, each non-referential improvisation started in exactly the same way. *“Before beginning to play, I let my fingers hover over the keys, letting them go to wherever felt natural.”* Having no theme to give context to the music, this felt to me to be the most organic way to start to freely improvise. I had no intention of starting with specific keys or modes, as I had cleared my head of any thoughts prior to starting these improvisations. In one non-referential improvisation, I *“start[ed] with thirds”*, in another *“I played an F#m”* chord, and in another, *“I started with a G chord”*.

It is as though the start of each improvisation, whether referential or non-referential, came to me as an image response, as a way to direct me into the music.

Category 2: Trusting My Inner Discourse

Within each improvisation, as I felt myself getting submerged in the music, my thoughts started to surface. The journal entries showed that two major trains of thought were occurring almost simultaneously. The first can be defined as remembering improvisation techniques, while the second revolved around feeling unexpectedly aware of both myself and the music I was

playing. Further analysis of my journals made me realize that in those moments, I was experiencing a developing of trust and confidence in myself and in my musicality.

As the music progressed during both referential and non-referential improvisations, I grew aware that I was using techniques I had previously learned, such as “*chord changes*”, “*consonant and dissonant notes*”, key changes, “*using major seventh chords*”, “*common pop chord progressions*”, different levels of accompaniment structure, and using “*the Celtic guitar tuning*” on the piano. This helped me to fully immerse myself into the music in a way that, for the referential improvisations, almost made me re-live the emotions that I had felt when I first experienced the events I was using as a referent. “*It was almost as though each change in music, especially the more abrupt or unforeseen ones, represented the abrupt or sudden termination I experienced while working with this population at this specific center.*” Another feeling I had while playing the non-referential improvisations was about how the lack of structure was affecting me; in the first non-referential improvisation, I felt uncertain about the direction of the music, while in the second, I decided to modulate to allow the music to evolve.

There were some moments when I experienced some anticipation in the music: I would “*hear the next note in my head before I play[ed] it.*” At other moments, I was aware that I was drawn to specific chords or tonalities, such as playing on “*the black keys*”. At times, I chose to change the key I was playing in, such as when “*I realized I was playing in a very minor lamenting tonality, and something in me didn’t want to stay there nor go deeper, so I made the decision to play the chords in major instead.*” As all of these musical responses were emerging as I played the improvisations, the majority were unplanned, as evidenced by the quotation: “*In that moment, I unintentionally played in harmony, and because I was not thinking about what I was doing, I couldn’t recreate it.*”

These musical elements would pop up in my thoughts as I heard what I was playing. They gave me a sense of direction for the music, but they also kept my thought processes alert. It felt as though I was having a conversation between the mind and the body: my inner voice, or thoughts, were telling me what to play, and my physical body was listening back and responding instantly.

Category 3: Self-care and Self-awareness

Before beginning this research process, I was aware that for me, piano improvisation contained elements of self-care. I was also aware that I experienced a level of comfort when I

improvised on the piano, both mentally and physically. In studying myself, I came to understand why and how I feel comfortable playing improvisations on the piano, as opposed to my primary instrument, the guitar, which is related to the sense of freedom that I feel when playing the piano. In my journals, I wrote about the different emotions I felt while improvising. I also wrote about a lot of my recurring thoughts, which revolved around two different experiences of self-care. The first of these experiences was noticing my physical and mental state relating to the relaxation responses that came with playing the piano, which were induced by the comfortable freedom I felt. The second was recognizing my emotions, and choosing to process and understand them within the music and within myself while playing.

Theme A: Physical and mental state. A recurring theme in most of the journals was noticing the passage of time: it felt like time was either going too fast or too slow while I played, and I only knew how much time had actually passed when I finished each improvisation. I also experienced mental and physical reactions to the music that were not related to the referents in the referential improvisations, nor to the emerging emotions in the non-referential improvisations, such as getting “*more comfortable as I continued to play*”, “*enjoying what I was playing*”, and feeling “*connected to the piano.*” I also felt “*like I wanted to play*” the first referential improvisation again “*as I felt very calm at the end*”. There was also a general enjoyment of playing the non-referential improvisations, as I was “*looking forward to the next non-referential improvisation*” and “*I felt extremely relaxed after I ended*” the third non-referential improvisation. Following that ending, I felt an even higher level of comfort with improvising on the piano in comparison with how I felt at the beginning of the recording process. I felt that “*it was a good way to close up my data collection process, but also a good way to see my capabilities on the piano, which I was doubting a bit as I came into this phase of my thesis*”.

Theme B: Processing of emotions. As can be expected for the referential improvisations, the emotions and thoughts I had revolved around the referents I was exploring. In one journal entry, I wrote: “*the more consonant chords and sounds I played were representing the good moments I’ve had.*” As I mentioned previously, I was almost re-living the initial reactions I had when I first experienced the referents. In the third referential improvisation, for which I used my experiences of improvising in a music therapy setting as a starting point, the music I played represented “*the discomfort I would feel sometimes when playing a wrong note*”,

while ending the music in the key of C major helped to convey *“the overall good experiences I had when improvising in music therapy sessions”*.

By contrast, I found that the journals about the non-referential improvisations observed more emotions, thoughts, and images than the journals about the referential improvisations, as I was not focusing on any specific experience. This was especially evident in the entries where I listened to the recordings. In one entry, I wrote that *“the music feels like an envelope around a floating object or person”*, and how *“the intensity of the music represents the ease with which the person is moving. The softer the music, the more flowing, the harsher the music, the more broken the movements feel”*. Another journal entry mentioned the overall feeling of *“uncertainty”* I felt while playing music with no structure, and this word appeared again in the entry when I listened back to that improvisation.

As I mentioned in the third chapter, to further investigate my experiences of playing the referential and non-referential improvisations, I wrote more journal entries while listening to all of the recordings after an Incubation phase. I did not read the initial journals beforehand, so as to approach my listening without too much bias. When I transcribed the journals for data analysis and coding, I realized that the secondary journals complemented and emphasized the reflections that I had written right after playing each of the six improvisations. To best present this finding, I included an appendix comparing some quotes from the initial and secondary journal entries (See Appendix B).

For both the referential and non-referential improvisations, I wrote about how I felt while listening to the music, and about which emotions the music was evoking in me in the moment of listening. While some thematic images were present as I was listening to the referential improvisations, I was mainly re-experiencing the general emotions each referent was evoking in me while I was improvising, as can be seen in this journal entry: *“you can clearly feel an emotion being evoked in the music, it’s just not clear which one is being represented at any given time. It’s almost as if the emotions I experienced in the program were influenced by each other, and I didn’t just feel one emotion at a time”*. The imagery that appeared to me in relation to these improvisations were closely related to each of my chosen referents. However, the imagery I experienced while listening to the non-referential improvisations was a lot more concrete and representative of the emerging themes in the music. Examples of those images include *“fresh*

breeze, breathing”, “an afternoon, possibly rainy, but not gloomy, just unpredictable”, “dreamy, flowy, bright”.

Conclusion

During this research process, I improvised on the piano by myself. In doing so, I encountered adverse expected and unexpected responses. As a music therapist, this reminded me of the possibility of negative countertransference during a session. At times, I did find some difficulty understanding and processing my countertransference.

By examining my responses in experiencing solo piano improvisation I gained a lot more insight into how I process the music I am playing, the emotions and the thoughts it evokes in me, and the way it affects my well-being. The routine which emerged every time I went to play an improvisation helped me in feeling a sense of security and grounding in terms, which resulted in in me feeling comfortable and relaxed physically, as well as mentally both in listening to my inner voice guiding me through the improvisations and in how I approached improvising on the piano each time. This process also helped me in gaining self-awareness, through which I was able to observe my musical skills, my physical reactions while improvising, my thoughts that emerged as I played and heard the music, and my emotions which I experienced in both referential and non-referential improvisations. I was also able to process and understand these emotions further by continuing to play the improvisations, and then writing in my self-reflective journals, and these two steps combined helped me in identifying this experience as self-care.

Closely observing my own reactions to this process helped me gain more knowledge about myself as a musician and a music therapist, and this increased self-awareness can help me better distinguish between future countertransference reactions and my personal experiences of the music being played.

Chapter 5. Discussion

The work presented aimed to examine my personal experiences of using piano improvisation as a tool for self-care. The findings suggested that using referential and non-referential piano improvisation elicits various musical, emotional, and imagery reactions. The results also showed that self-care responses can be experienced during both referential and non-referential improvisation.

Creative Synthesis

As I was re-reading my self-reflective journal entries during the data analysis in the Explication stage, I felt a pull towards playing another piano improvisation—and when I had finished the data collection process, I felt the urge to improvise on the piano whenever I could. I decided to play and record another improvisation only after I had analyzed all the data, as I did not want it to interfere with the data already collected. However, I decided to keep the recording to myself because I felt that it was too personal for me to share with others, as it is associated with a lot of personal reactions and experiences that I have lived through.

The music started slowly, with a few scattered notes; I played the single notes G3, A3, and F3 separately. Then I started to include the thirds of those notes, without accompanying myself with my left hand. Similar to how it had occurred during the recording process, I would hear the following note in my head, and then play it. This kept happening while I was still experimenting with the music before a rhythm became clear. Once a steady rhythm emerged, it helped me relax and start adding more dimensions to the music. I started to add chords to accompany the motif in the melody. I played an ostinato alternating between open fifths chords in G and F, as seen in *Figure 1*.

Figure 1

Motif and ostinato accompaniment



The overall representation of my experience of this research in the music came about organically, as this improvisation started as a non-referential improvisation and slowly became revolving around the process of this study as a theme/referent. Throughout the improvisation, I experienced responses to the music such as thoughts about the previous improvisations I had recorded, or emotions I had felt while playing them, such as comfort, enjoyment, and a sense of calm. Almost like a meditation, I allowed those thoughts and emotions to be there, and then let them flow into the music. The music became more intricate and structured when I was thinking about the previous improvisations, but became louder and steadier when I thought of the emotions which I experienced throughout this research process. The ostinato pattern gradually increased in number of beats as I processed each stage of this study from start to finish, while the melody was becoming louder. Towards the end of the improvisation, those two aspects started to merge, and slowly became harmonious. The structure and the loudness became a comfortable mix where I was able to move from one phase of this study to the next. The music ended somewhat abruptly because I did not fade out the musical components I was using one by one. I wanted to feel the high volume of the chords until the end.

Upon finishing, listening back to, and reflecting upon this improvisation, I can see that it entailed a lot of the same experiences as when I recorded the referential and non-referential improvisations. It allowed me to process some of the emotions I was feeling towards the research process as a whole, just as I had processed the emotions evoked by my chosen referents for the referential improvisations. I also recognized certain themes that emerged from the music I was playing, such as hearing some notes before playing them and the tonality of the music and how it was making me feel, which makes me think of the inner dialogues I experienced when recording the referential and non-referential improvisations. Another response I observed is the relaxation that left me feeling calm, grounded, and comfortable, which is relevant to the self-care aspect of my findings. The different musical components represented many aspects of the research process I took for this study, for instance, the changes in the ostinato pattern to mirror the different stages of this heuristic inquiry. The emotional responses I experienced were related to this process as well, as I was re-experiencing how I felt during each stage while simultaneously remembering those emotions.

Limitations

Potential limitations of this research include the results being restricted to one person's experiences, one set of data. I was both the researcher and the sole subject of the research. However, I aimed to communicate the process and findings in a manner that would help readers understand my own experiences and adapt the findings to help comprehend their own narratives (McGraw Hunt, 2016).

Another limitation to consider is my skills on the piano, and how effective they are for me to experience the full breadth and potential of the phenomenon—the use of piano improvisation for self-care. As I am not a classically trained pianist, the techniques, scales, and my overall level of expertise are all limited to my training and practising of keyboard skills as a music therapist. This may have had an impact on my general experience of playing and recording the piano improvisations during data collection.

Implications for the Researcher's Self-Care

As self-care is viewed as a tool to improve one's overall well-being (Kuebel, 2019), it entails exploring specific activities a person can use to practice it (Buchanan, 2019). Throughout the time I spent playing and recording the referential and non-referential piano improvisations, I realized that my responses were not limited to what I felt immediately after improvising, and that I was experiencing related responses for days after each recording was made: I felt relaxed, energetic, and a clear headspace. By practising self-care, a person can reduce feelings of stress and improve their overall health and well-being (Dattilio, 2015). In the journal, I reflected on feelings such as comfort, enjoyment, and relaxation, which I felt during each improvisation. In addition, I found that the heuristic research process in itself helped me in having a framework within which to explore my personal experiences. Each of the six phases presented a different perspective from which to view my piano improvisation experiences, especially during the Illumination phase. This is when the researcher gains more insight through understanding the experiences she is studying (McGraw Hunt, 2016) and, indeed, I was able to gain a deeper understanding of myself through this heuristic research process. I also felt an increase in my self-esteem and self-confidence which presented itself in the way I went about my daily activities, but also manifested in the journals as feeling more confident about playing the piano with no classical training. Gaining self-awareness and exercising mindfulness can help a music therapist better comprehend themselves and their relationship with music (Moran, 2018). After finishing this study, I realized that it had, as Moran (2018) pointed out, helped me understand my

experiences with both referential and non-referential piano improvisation. I have gained insights into my emotional responses while I play piano improvisations and found an outlet for processing my emotions.

This research has also helped me explore the emerging thoughts and imagery I experienced as I improvised. I feel there has been an overall learning about myself throughout this research process, and I uncovered aspects about myself that I did not expect to emerge. The routine that I followed throughout my data collection phase was in itself a tool for me for self-care, as it helped me to get into the right mindset to begin to improvise, and to feel comfortable physically as well. Prior to this research, I knew that I was more comfortable to improvise on the piano than I am on the guitar, but I was not fully aware of the inner discourse I had when it came to playing music. This might be related to having practiced more keyboard skills for improvisation, however, I did not expect to remember these techniques as vividly as I did while I was recording the improvisations. I was able to explore these thoughts and incorporate them into the music I was playing, which helped me trust myself more in comparison with the self-doubt I was experiencing at the beginning of the recording process.

Finally, my desire to play more improvisations after I had finished collecting the data for this study further shows its potential effectiveness as a tool for self-care. The reason I did not play more improvisations immediately afterwards was because I wanted to concentrate solely on how the initial six improvisations had affected me.

Implications for Practice

As a music therapist, being aware of personal responses and reactions during music therapy sessions is essential to building a healthy therapeutic relationship with clients. Dillard (2006) stated that most of the music therapists she interviewed could not differentiate between countertransference and personal responses. This study shed some light on the difference between the two. Having experienced some countertransference reactions during my music therapy training, and having addressed and processed them in supervision, I was able to distinguish between those and the emotional and imagery responses I felt while improvising alone.

This study also presented some examples of how to use referential and non-referential piano improvisation, which may help other music therapists become more comfortable when using piano improvisation, both clinically and for self-care. The piano is one of many

instruments that can be used for improvisation in music therapy sessions (Aigen, 2009). This study may encourage music therapists to increase their comfort level on the piano, and to consider including piano improvisation in their own self-care practices. They may also use this study to extend their level of comfort in using referential and non-referential improvisations on non-primary instruments, both for clinical work and for their own self-care.

Implications for Education

Heuristic research aims to study a specific phenomenon or experience from the perspective of the participant or, in this case, the researcher as the participant (McGraw Hunt, 2016). Being a new music therapy professional and a Masters student at the time of his study, MacDonald (2018) was able to gain the self-awareness to understand how his identity as a musician and his identity as a music therapist were affecting each other, through referential improvisations on his primary instrument, the guitar.

Music therapy students may use this study to better understand their own personal experiences of improvisation using a non-primary instrument, thus gaining self-awareness around these specific experiences. By examining their responses, students may gain insights on how they relate to non-primary instruments, which in turn can be useful in discovering their strengths and weaknesses when it comes to learning to play a new instrument. They may follow the same steps or adapt the process used in this research in order to study their experiences of improvising on an instrument they may use in music therapy contexts. Furthermore, this model may be used to explore the relationship that student music therapists have with their primary instrument by studying their responses during improvisation. Students may draw comparisons between their experiences of playing their primary instrument and playing a non-primary instrument in order to further increase their awareness of how they use each instrument, which in turn can help expand their clinical musicianship skills for future music therapy work.

Implications for Research

This study addressed the gap found in the literature about music therapists using music-making, or improvisation, as a tool for self-care. It provided information on how piano improvisation may be used as an effective self-care practice for music therapists who want to explore and understand the various reactions and responses that might emerge during improvisation experiences.

By exploring both referential and non-referential improvisation, this study addressed the gap found in the literature about how referential and non-referential improvisation may be experienced. This study allowed me to closely compare the procedures of using referential improvisation and non-referential improvisation, as well as to examine the overall experience of each type of improvisation.

For future research purposes, I would recommend that this topic be further extended by including more than one participant. This may be done within a first-person research scope using the same methodology as this study. Having music therapists as participants would expand upon the same experience that was examined in the research. By combining the data provided by the participants, and locating the similarities and differences, the findings may be more diverse, and therefore applicable to a wider audience. This would allow for a broader insight into using piano improvisation as a tool for self-care for music therapists.

Another iteration of this study could be using clients as the research participants. The research would explore clients' experiences of referential and non-referential piano improvisations, in order for music therapists to better understand how clients may feel when improvising during a music therapy session. They could play piano improvisations with the support and accompaniment of a music therapist (as a clinician), and write their responses to the music they played in self-reflective journals to be examined by another music therapist (as a researcher). The use of self-reflective journals may provide more information about the participants' experiences of piano improvisation than verbal communication, as was the case in my own study, where I noticed myself writing in great detail about my response to the music. By having participants follow this procedure in a research context, music therapists may be able to achieve a more concrete understanding of the potential responses their clients may experience while engaging in referential or non-referential piano improvisation during music therapy sessions, and therefore improve their therapeutic practice.

Closing Thoughts

This research looked into my use of referential and non-referential piano improvisation as a self-care tool. The results showed the different responses that emerged when I engage in piano improvisation, including musical, emotional, self-care, and imagery responses. Throughout the research process, I learned about self-care, piano improvisation, referential and non-referential improvisation and, most importantly, about myself. My intuition and self-awareness have always

been a driving force in my training as a music therapist, which may sometimes be a contraindication, as it can lead to overthinking and being too self-critical when playing music. By studying my personal responses, I was able to differentiate between reactions to the music and possible countertransference reactions I had previously experienced during music therapy sessions with clients. By conducting this heuristic self-inquiry, I was able to better understand myself, which I believe will improve my work with future clients as a music therapist.

Appendix A

Themes for Referential Improvisations

| | Referent |
|-----------------------------|---|
| Referential Improvisation 1 | “Rigidity in improvising” |
| Referential Improvisation 2 | “Music therapy experiences with MA internship population” |
| Referential Improvisation 3 | “Personal experiences of improvisation in music therapy” |

Appendix B

Comparison of Initial and Secondary Self-Reflective Journal Entries

Initial journal entries were written right after recording each improvisation, while the secondary entries were written after listening to the recordings of the improvisations.

| Initial Entry | Secondary Entry |
|--|--|
| “I found myself enjoying what I was playing, and I kept the pedal down, which gave the improvisation a fuller sound.” | “It feels like the more major chords/notes are the breath being drawn.” |
| “Although I relatively stayed in the same key, there were moments when I would play a chord that does not belong to that key, or that sounds a bit dissonant with what I’m playing.” | “The music feels like a linear representation of my experience working with the population I had during master’s studies. Each section had its own ups and its own downs, and both sides of the theme were shown separately.” |
| “After that C major turned into A minor, and also, a lot of dissonant chords and notes were used to represent the discomfort I would feel sometimes when making a wrong note. I ended it in C major to represent the overall good experiences I had when improvising in music therapy sessions last year.” | “There was a sense of vagueness as well as though you can clearly feel an emotion being evoked in the music, it’s just not clear which one is being represented at any given time. It’s almost as if the emotions I experienced in the program were influenced by each other, and I didn’t feel just one emotion at a time, but a cluster of feelings that could be positive or negative.” |
| “I felt a lot more freedom playing freely as opposed to having a specific theme, but I also felt that I had no structure and I didn’t know where the improvisation is going.” | “The music feels like an envelope around a floating object or person.” “The key change invokes a sense of awareness from the person. Awareness of themselves in the space, awareness of the space itself, awareness of the floating.” |
| “I realized I was playing in a very minor, lamenting tonality, and something in me didn’t want to stay there, nor go deeper, so I made the conscious decision to play them in major instead.” | “Feeling some kind of despair, trying to make sense of something. The sun creeps out from behind the clouds, giving off a glimmer of understanding, suddenly things make sense.” |
| “Suddenly and out of nowhere, the guitar tuning for the Celtic tuning DADGAD popped in my head, and I started to improvise in it on the piano. Maybe it was my brain telling me you can use this from the guitar.” | “Confident Strong Knowing A sense of security in the unknown” |

Appendix C

Categories and Themes of Findings

| Categories | Themes |
|-----------------------------------|--|
| 1. Setting the tone for beginning | a. Routine before playing b. Music emerging organically |
| 2. Trusting my inner discourse | |
| 3. Self-care and self-awareness | a. Physical and mental state b. Processing of emotions |

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