

The Practice of Music Improvisation to Promote Mental Health and Well-Being:  
A Multidisciplinary Grounded Theory

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## **ABSTRACT**

### **The Practice of Music Improvisation to Promote Mental Health and Well-Being: A Multidisciplinary Grounded Theory**

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**Concordia University, 2020**

In this thesis, I employed a constructivist grounded theory methodology to investigate current practices and perspectives among performing musicians, community musicians, and music therapists in order to develop a multidisciplinary understanding of how these practitioners use music improvisation to promote the mental health and well-being of their audiences, community members, and clients, respectively.

Ten participants, recruited through purposeful, snowball, and theoretical sampling, engaged in intensive semi-structured interviews. Of these, seven participants submitted an audio recording of themselves engaging in the practice under study. The musical data were used to guide the interviews for relevant participants. Interview data were analyzed with the support of NVivo software. This involved multidisciplinary, case-specific, cross-case, and theoretical analyses.

The main contribution of this thesis is the development of a substantive grounded theory of music improvisation to promote mental health and well-being as practiced by performing musicians, community musicians, and music therapists. Five grounded theory categories were devised based upon the data. Engaging in the Musical Interpersonal Relationship was identified as the Core Category. The remaining four categories were: (a) Bringing an Understanding of Mental Health and Well-Being; (b) Conceptualizing Links Between Music Improvisation and Mental Health and Well-Being; (c) Applying Intention; and (d) Acting in the Improvisatory Moment. The grounded theory explains that how a practitioner engages in the interpersonal musical relationship with those they are improvising with or for configures their practice of

music improvisation to promote mental health and well-being. Furthermore, the theory identifies Affordances of the Relationship Type According to Discipline as a contingency within the Core Category that distinguishes the practice of music improvisation to promote mental health and well-being among disciplinary lines.

The findings of this research establish music improvisation to promote mental health and well-being as both a cross-disciplinary and discipline-specific practice. This may open new directions for relevant multidisciplinary collaboration based upon a mutual understanding of each discipline's respective potential contributions. Recommendations for future research include inquiry that: (a) incorporates additional related disciplines; and (b) investigates further perspectives (e.g., of audience members, community music participants, and music therapy clients).

## **DEDICATION**

To Valerie, Helen, and Wilma.

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The Practice of Music Improvisation to Promote Mental Health and Well-Being:  
A Multidisciplinary Grounded Theory

**CHAPTER I: INTRODUCTION**

**Purpose Statement and Rationale**

The purpose of the present study was to examine current practices and perspectives among performing musicians, community musicians, and music therapists in order to create a multidisciplinary grounded theory of how music improvisation is being realized to promote mental health and well-being. The term realized is used in this instance to mean both how music improvisation is being used and how it is being conceptualized by practitioners from three distinct disciplines. Creating this grounded theory involved identifying features, qualities, and/or components of music improvisation applied intentionally to promote mental health and well-being in ways that are either similar across these disciplines or unique to a particular discipline. By examining these music improvisation practices in relation to one another, this research addresses previously obscured issues of disciplinary distinctions and commonalities among music-in-health practitioners.

A more comprehensive multidisciplinary understanding of what is being done amongst people who facilitate and participate in music improvisation to promote mental health and well-being may contribute to four main areas, as follows. First, better-quality services for stakeholders, including facilitators, participants, communities, and organizations. Second, more access to services, such as music performances, community music, and music therapy. Third, better-quality services for those who would benefit, such as potential audience members, community music participants, and/or music therapy clients. Fourth, better-quality research based upon shared disciplinary definitions and frameworks.

This chapter introduces the present study. Key concepts are presented first in order to provide the reader with a clear understanding of how the essential terms in the present research are conceptualized. Next, the disciplines of music performance, community music, and music therapy are introduced. This discussion offers the reader relevant knowledge of the three disciplines involved in the proposed multidisciplinary grounded theory. The challenges of creating a multidisciplinary understanding of the topic under study are then presented, and the

need for the current study is reiterated. Next, the research questions are outlined, followed by a brief introduction to constructivist grounded theory: this allows the reader to understand the questions the present study addressed, and the methodology used to do so. Finally, the delimitations of this research are explained, allowing the reader to understand the focus of the work and the rationale for this focus.

### **Defining Key Concepts**

The definitions of key concepts presented here are bound by the western anglophone scholarly culture of which this study is a part, and they are further situated by my identity locators, experiences, and professional and personal perspectives. This acknowledgement serves to honour the diversity of understandings of these concepts and contextualizes how they are defined within the current study.

In this section, a definition is first established for the concept of music improvisation to promote mental health and well-being that is central to the present study. That concept is then broken down into its smaller components and defined in the following order: (a) music improvisation, (b) mental health, (c) mental well-being, and (d) promotion of mental health and well-being.

### ***Music Improvisation to Promote Mental Health and Well-Being***

Music improvisation to promote mental health and well-being can be understood as actively engaging in music improvisation explicitly or implicitly for this purpose. My professional understanding of music improvisation to promote mental health and well-being aligns with the conceptualization and definitions presented here, making them personally viable for me as a researcher.

### ***Music Improvisation***

Music improvisation can be defined as an act of “spontaneous [musical] creativity within [predetermined or inherent structural] constraints” (Berkowitz, 2010, p. 1). It has also been identified as a phenomenon with distinctive psychological features and social qualities, including unique intrapersonal and intersubjective processes (Born et al., 2017; Iyer, 2016; MacDonald & Wilson, 2014).

Given its distinctive properties, music improvisation has become a focal point within the recent upsurge of interest in music, health, and well-being (MacDonald et al., 2012b). More specifically, there has been increasing discussion about how music improvisation may promote mental health and well-being within the contemporary contexts of music performance, community music, and music therapy (e.g., Ladano, 2016; Proctor, 2016; Walker & Paton, 2015; Zarate, 2016). However, little to no cross-disciplinary discussion has happened across these disciplines in relation to this topic.

### ***Mental Health***

When referring to mental health in this study, unless otherwise noted, I adopt the positive psychology notion that mental health is “the presence of sufficient levels of emotional, psychological, and social well-being” (Keyes, 2012, para. 1) and not only the absence of pathology or disease. This definition of mental health aligns with that of the World Health Organization (World Health Organization, 1946) and subsumes both pathogenic and salutogenic<sup>1</sup> (Antonovsky, 1979) paradigms of health.

A positive psychology understanding of mental health is appropriate for the present inquiry, as there is an established precedent of applying this approach to mental health in the literatures of music therapy (e.g. Ansdell, 2014; Rolvsjord, 2010; Solli et al., 2013) and music performance (e.g. Ascenco et al., 2017). While this conceptualization of mental health rests upon three dimensions of well-being (i.e., emotional, psychological, and social), it is also important to note the related concept of mental well-being as distinct from mental health.

### ***Mental Well-Being***

Whereas health can be thought of as a “general trend” contained within one’s self, well-being can be understood as “a subjective and emergent state, a form of identity, and (...) a particular resolution of aspirations, capacities for action, opportunities and self-perception in

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<sup>1</sup> A pathogenic approach to health presents health as an either/or binary, meaning that either a person is healthy or is not healthy (Bruscia, 2014). Contrastingly, in a salutogenic approach, a person’s health is perceived as a dynamic process that exists along a health continuum (Antonovsky, 1979; 1987). In this case, health can exist in the presence of ongoing health stressors (Antonovsky, 1979; 1987). For an in-depth presentation of a salutogenic approach to health, see Antonovsky’s *Health, Stress, and Coping* (1979) and *Unraveling the Mystery of Health* (1987).

real-time and in situations” (DeNora, 2013, Singularity Part 1 section, para. 2). In other words, mental health refers to a concept wherein dimensions may be determined and assessed by stakeholders outside of the person whose health is being discussed, such as organizations, governing bodies, and healthcare personnel. In contrast, mental well-being can be understood to refer to an individual’s personal concepts and self-assessments, and it can be challenging to measure with conventional medical tools (DeNora, 2013; Dodge et al., 2012). Given its subjective nature, questions about how well-being should be defined remain largely unresolved (Dodge et al., 2012).

In this paper, I adopt a definition of mental well-being based upon Dodge et al.’s (2012) work integrating psychology and public health scholarship. Mental well-being means that “individuals have the psychological, social, and spiritual resources they need to meet a particular psychological, social, and/or spiritual challenge” (Dodge et al., 2012, p. 230). This understanding of mental well-being is appropriate for the present study as it is aligned with foundational principles outlined in community music literature related to personal and social well-being (Daykin, 2012; Higgins & Willingham, 2017; Murray & Lamont, 2012).

### ***Promoting Mental Health and Well-Being***

Health promotion is a term first introduced in the 1970s and for which there are numerous definitions and understandings (Cattan & Tilford, 2006; Scriven, 2017). In the current study, mental health and well-being are being situated within a health promotion and prevention framework that supports both individuals and communities to fulfil their personal and collective potentials for quality of life in context (Scriven, 2017; Tilford, 2006). A provider may act to promote the mental health and well-being of an individual or group. For example, different types of musicians may improvise to promote the mental health and well-being of audience members, community music group participants, and/or music therapy clients. An individual or group may also act to promote their own mental health and well-being. For example, individuals may improvise alone or with others to explicitly or intuitively promote their own mental health and well-being. Health promotion can occur at any time, regardless of one’s current mental state. Therefore, music improvisation realized within a framework of mental health promotion and prevention can occur within many different contexts.

## **Situating the Disciplines of Music Performance, Community Music, and Music Therapy**

In addition to defining the key terms of the current inquiry, it is also important to situate the disciplines relevant to the current research. Literature pertaining to the use of music improvisation to address dimensions of mental health and well-being appear within many scholarly disciplines, including music performance, community music, and music therapy (e.g. Aalbers et al., 2016; Adkins et al., 2012; Albornoz, 2011; Beresford & Saunders, 2016; Borgo, 2002; Dobson, 2010; Solli, 2008; Walker & Paton, 2015). While these disciplines share a common interest in making connections between music improvisation and mental health and well-being, this literature illustrates that they tend to maintain distinct disciplinary perspectives on this topic (a comprehensive literature review is presented in Chapter 2).

The disciplines of music performance, community music, and music therapy are introduced in this section. This provides the reader with relevant knowledge of the three disciplines involved in the current study, as well as insight into why they are of interest to the proposed multidisciplinary understanding of music improvisation to promote mental health and well-being. Music performance is presented first, followed by community music, and then music therapy.

### ***Music Performance***

Music performance can be considered the original music discipline to which all other music disciplines are connected and from which they all continue to flow (Small, 1998). As such, it is essential to include this discipline when considering links between music improvisation and mental health and well-being.

The discipline of music performance is characterized by accomplished artists who present live concerts for audiences in a variety of settings, such as stadiums, recital halls or jazz clubs. Performing musicians are self-identified (i.e., they are not credentialed by a professional body per se), and music performance for the promotion of mental health and well-being would generally not be considered as a core component of their work. However, some performers have described transformative mental health and well-being effects that have occurred for both themselves and their audiences via music performance. For example, Sarath (2013) described the music improvisation that occurs during his performances as a “self-organizing interpersonal

relationship” which “through strong communication (...) between partners, spontaneously adapts to challenges and promotes increased well-being” (p. 210).

Western music performance traditions that incorporate improvisation include jazz, blues, hip-hop, and western classical music. Some improvising performing musicians, particularly those performing in the western classical and jazz traditions, have specialized education such as private instrument lessons, conservatory training, and/or university training, and many also have some training in music theory and history (Burkholder et al., 2019). Other improvising performing musicians may be self-taught and not have formal training.

### ***Community Music***

Community music is a rapidly burgeoning discipline with aims that include addressing participants’ health and well-being via group music experiences that occur in various contexts outside of formal teaching and learning situations (Higgins, 2012). Community music is typically practiced in group settings and can sometimes involve public performances, though this component is not required (Higgins, 2012).

In some ways, the emergence of community music as a formalized discipline can be perceived as a response to shifts in both government policies, for example regarding education curriculum, and in the needs of governmental and non-governmental agencies, for example regarding health, education, and other social services (Bartleet & Higgins, 2018). In the United Kingdom, community music emerged as a sub-strand of the community arts scene that flourished in the late 1960s and 1970s (Bartleet & Higgins, 2018). In the United States, advocates who called for music education reform drew on community music and began documenting this work in the late 2000s (Bartleet & Higgins, 2018).

Definitions of community music can be complex and its practices diverse. For example, while some community music practices aim for “social transformation, emancipation [and] empowerment” (Higgins & Willingham, 2017, p. 1), others “are intended to celebrate and entertain” (Veblen et al., 2013, Interconnections section). Soundsense, the professional association for community musicians in the United Kingdom, stated that community music “breaks down barriers between people and cultures. It enables people to take part in social

activities that builds confidence, skills and breaks down loneliness and isolation” (Soundsense, 2017).

A community musician is a “skilled music leader who facilitate[s] group-making experiences in environments that do not have set curricula” with an “emphasis on people, participation, equality of opportunity and diversity” (Higgins, 2012, Chapter 1, para. 6). At the time of this writing, community musicians in Canada do not require specific training and are not yet governed by a regulating body nor a code of ethics (G. Yun, personal communication, August 27, 2019). However, Canadian undergraduate and graduate education in community music was established in 2013 and it appears to be gaining recognition as a scholarly discipline in Canada (Wilfrid Laurier University, 2019).

### ***Music Therapy***

Finally, music therapy’s professional history goes back to the early 1900s when organizations devoted to promoting music therapy were established in North America (Davis & Hadley, 2015). Music therapy emerged as a scholarly discipline in the 1950 and 1960s when diverse music therapy approaches that are still being used today were being developed, including Nordoff and Robbins’ Music Therapy (also known as Creative Music Therapy) (2007), and Priestley’s (1994) Analytic[a] Music Therapy (Davis & Hadley, 2015). In Canada, the Canadian Association of Music Therapists (CAMT) was established in the late 1970s. Music therapy training is currently offered at six universities in Canada.

Music therapy as a discipline subsumes many models of practice and theoretical orientations: for example, Aesthetic (Lee, 2003), Analytical (Priestley, 1994), Feminist (Hadley & Hahna, 2016), Bonny Method of Guided Imagery and Music (Bruscia & Grocke, 2002), Nordoff-Robbins (Nordoff et al., 2007), Psychodynamic (De Backer & Sutton, 2014), and Vocal Psychotherapy (Austin, 2008). Similar to community music, definitions and practices of music therapy are numerous and sometimes contrasting. There are over 100 documented definitions of music therapy worldwide that have been translated to English (Bruscia, 2014), which speaks to the depth and breadth of the profession. In Canada, the CAMT defines music therapy as “a discipline in which credentialed professionals (...) use music purposefully within therapeutic relationships to support development, health, and well-being. Music therapists use music safely

and ethically to address human needs within cognitive, communicative, emotional, musical, physical, social, and spiritual domains” (Canadian Association of Music Therapists [CAMT], 2016). In general, it is understood that music therapists use the unique qualities of music and a therapeutic relationship to address clients’ health and well-being needs, including those related to mental health (CAMT, 2016).

In Canada, a music therapist is a credentialed health care professional with specialized post-secondary training in music therapy (CAMT, 2016, 2019). Professional regulation of music therapists differs across countries. In Canada, music therapists are governed by a national self-regulating body, the Canadian Association of Music Therapists, with an established code of ethics (CAMT, 1999). Additional regulation specific to mental health work in music therapy differs across provinces and territories in Canada. For example, music therapists who engage in psychotherapy work in Ontario are required to register with the College of Registered Psychotherapists of Ontario (College of Registered Psychotherapists of Ontario, 2019). In other provinces, music therapists may optionally register with provincial mental health associations (e.g., BC Association of Clinical Counsellors).

While music performance, community music, and music therapy are unique disciplines with distinct research traditions, associations, and practices, some practitioners within these disciplines share a common interest in using music improvisation to assist in the promotion of mental health and well-being. In spite of this common interest, collaboration among these disciplines has been limited. The following section will identify and explain the challenges that have thus far inhibited the creation of a multidisciplinary understanding of music improvisation to promote mental health and well-being.

### **Challenges of Creating a Multidisciplinary Understanding**

This section presents the challenges of creating a multidisciplinary conceptualization of music improvisation to promote mental health and well-being. An understanding of these challenges situates the current inquiry within contemporary contexts and supports the need for the present study.

As noted above, research regarding music improvisation to promote mental health and well-being is largely limited to disciplinarily insular studies with little interdisciplinary or

multidisciplinary exploration (Turino, 2009). The literature addressing music improvisation to promote mental health and well-being within the scholarly disciplines of music performance, community music, and music therapy thus serves primarily to develop multiple separate understandings of the phenomenon that are bound within and by these disciplines.

Inter- or multidisciplinary investigation itself can be challenging to navigate: some music and health scholars have stated that more research must be done to bridge these gaps (e.g., MacDonald, 2013), while others have urged caution when comparing one way of improvising to another for fear of misinterpretation or distillation of distinct improvisation practices (e.g., Pavlicevic, 2000). Differences of professional jargon, epistemologies, and modes of dissemination among disciplines contribute to the challenge of multidisciplinary inquiry (Swijghuisen Reigersberg, 2017). Additionally, collaboration can be made challenging by a noted tension between community musicians and music therapists regarding the scope of practice of these disciplines and what constitute suitable employment opportunities (Clennon, 2013; Wood & Ansdell, 2018). This scarcity of communication has left the existing knowledge base fragmented and led to confusion and uncertainty about the nature and use of music improvisation to address mental health and well-being (Aigen, 2014b).

Attempts have been made to break down disciplinary barriers through literature and research classified within an overarching music, health, and well-being framework (MacDonald et al., 2012a). However, music, health, and well-being are far from forming a unified field given the diversity of professionals with an interest in the topic—including psychologists, educators, doctors, and musicians—and the range of theories and approaches they take (Stige, 2012). Indeed, despite the growing interdisciplinary interest and awareness in music, health, and well-being, the framework appears to have contributed to the confusion around the use of music improvisation to promote mental health and well-being by not making distinctions among disciplinary specific music improvisation practices. The number of music improvisation practices, and the ontological differences between them, adds complexity to discussions of interdisciplinarity among music disciplines. It is not accurate to discuss music improvisation as a homogeneity of theories and practices, and scholarship that has so conceptualized music improvisation to promote mental health and well-being has added to multidisciplinary

misunderstanding. For example, music psychologists MacDonald and Wilson (2014) conducted a literature review to establish “the parameters of [music] improvisation, the effects on health or wellbeing that are perceived or claimed for it, and any mechanisms understood to bring about these effects” (p. 1). Problematically, although only music therapy literature was used in their review, the authors extrapolated their findings to music improvisation in general. The authors did not account for the distinctiveness of music therapy improvisation from music improvisation in other disciplines such as music performance or community music. Thus, any parameters and mechanisms of music improvisation that may have been distinct to music therapy, such as a private environment or the presence of a therapeutic relationship, were applied to music improvisation contexts and situations that do not include these elements, such as music performance and community music. This study therefore paints an inaccurate picture of music improvisation practices in general and likely adds to misunderstandings among practitioners and other stakeholders about the nature of music improvisation for the promotion of mental health and well-being.

A multidisciplinary theoretical foundation of the practice of music improvisation to promote mental health and well-being was needed to provide clarity around what elements of this practice are common among disciplines, and what elements of this practice are distinct to particular disciplines. The clarity afforded by such a multidisciplinary grounded theory stands to impact all stakeholders, including practitioners (i.e., performing musicians, community musicians, and music therapists), potential and current participants (e.g., audience members, community group participants, and/or music therapy clients), communities, organizations that offer music-in-health programming (e.g., hospitals and community centres), and scholars conducting related discipline-specific and/or multidisciplinary research. The following section outlines the how the current study addressed this need.

### **Research Questions and Methodology**

This section first introduces the research methodology, including the rationale for its use in the present study. An in-depth presentation of the methodology can be found in Chapter Three. The research questions are then presented.

### ***Rationale for the Use of Constructivist Grounded Theory***

A constructivist grounded theory methodology was created with interview and musical data gathered from performing musicians, community musicians, and music therapists, each of whom used music improvisation to promote mental health and well-being. Grounded theory is a methodology that generates theory from the data themselves through the application of systematic methods for collecting and analyzing qualitative data (Charmaz, 2014; Corbin & Strauss, 2015).

A constructivist grounded theory methodology was deemed the most appropriate for the current work because its emphasis on theory generation served the research purpose, which sought to construct a multidisciplinary theoretical foundation of music improvisation to promote mental health and well-being. Additionally, grounded theory is recognized as being “useful when investigating broad questions about poorly understood social phenomena” (O’Callaghan, 2016, p. 542). Music improvisation for the promotion of mental health and well-being is an example of such a phenomenon, as outlined in Chapters One and Two. Finally, grounded theory can be particularly useful where the researcher aims to “have an impact on practice and action within the substantive area” (Bryant & Charmaz, 2012, p. 43), which was an intended outcome of this research.

Adopting a constructivist epistemology in grounded theory involves recognizing that the researcher is embedded within the research process, including making decisions about what data are collected, the analyses, and the resultant findings (Charmaz, 2014). A constructivist epistemology is aligned with my world view, which validates the ways I collect, analyze, and interpret the data in the present study (Edwards, 2012). A detailed account of the rationale for the use of constructivist grounded theory in this research is presented in Chapter Three.

**Extant Grounded Theory Research in Relevant Disciplines.** There is some precedent for employing grounded theory within two of the three disciplines addressed in the current research: community music and music therapy. In contemporary qualitative research practice, researchers may choose to employ a complete grounded theory methodology, or to use some methods particular to the approach without situating their study within a grounded theory epistemological framework.

To the best of my knowledge, grounded theory has been used only once in community music research, where researchers used grounded theory methods of analysis to investigate participant experiences within an improvisational community music group for people with dementia (Smilde et al., 2014). Unlike in community music, grounded theory has a rich history in music therapy, including dedicated scholarship regarding the use of the methodology in the discipline (Amir, 2005; O’Callaghan, 2016). Of particular relevance to the current work, grounded theory methods were used to develop discipline-specific music therapy theory (Daveson et al., 2008); create a theory regarding the value of group music therapy for grieving teenagers (McFerran, 2010); and study music therapy as an anti-oppressive practice in psychiatric residential care (Baines & Edwards, 2018).

### ***Research Questions***

As is customary in constructivist grounded theory, the research questions were created as part of an iterative process with data collection, analysis, and theory creation. Through these processes, and given the purpose and rationale outlined in this chapter, the following primary research question was addressed: What is a multidisciplinary grounded theory of music improvisation to promote mental health and well-being as practiced by performing musicians, community musicians, and music therapists? Subsidiary research questions were: (a) What similarities exist among these practitioners in their practice(s) of music improvisation to promote mental health and well-being? and (b) What distinctions exist among these practitioners in their practice(s) of music improvisation to promote mental health and well-being?

I further focused the present study and its topic through the use of delimitations.

### **Delimitations**

Delimitations can be understood as statements of what will and will not be included in the study (Wheeler, 2016). They are established by the researcher and focus the research by establishing clear parameters at the outset of the study (Wheeler, 2016). This section outlines the delimitations I established to create a focused research project with an appropriate scope.

### ***Music-Centered***

This study was delimited to understandings of music improvisation practices for the promotion of mental health and well-being that were aligned with music-centered theory. A music-centered theoretical orientation “places primary emphasis on musical processes, structures, interactions and experiences” and adopts the notion that the therapeutic process, or the shift towards greater health and well-being, *occur within the music [experience] itself* without the need for extra-musical (e.g. verbal) experiences or processing (Aigen, 2005b, p. xv). Although a music-centered orientation originates from music therapy theory, it appears to be transferrable and applicable to community music and music performance practices of music improvisation to promote mental health and well-being since these practices emphasize the “musical processes, structures, interactions and experiences” (Aigen, 2005b, p. xv). A music-centered orientation therefore provided a common theoretical foundation across which disciplinary comparisons and contrasts could be made.

A theoretical delimitation was needed, as music improvisation can happen within many different theoretical understandings, even inside the same discipline. For example, while some music therapists identify as music-centered, music therapists working from a psychodynamic theoretical orientation may engage in improvisation to access their client’s psyche and open up verbal processing—employing a notion of music improvisation to promote mental health and well-being that, some music therapists argue, is ontologically different from a music-centered one (Darnley-Smith, 2014). This delimitation therefore allowed for comparisons of understandings of music improvisation to promote mental health and well-being that are based upon a single theoretical orientation: in other words, it allowed me to contrast and compare the same thing.

**Music-Centeredness and Methodology.** Music-centered theory prioritizes the essence of the music, musical experiences, and intersubjective musical exchanges that occur in the moment (Aigen, 2005b, 2014a). Music-centered theory is thus resistant to being operationalized and validated by quantitative measures because these measures are not capable of maintaining the integrity of whole musical processes (Aigen, 2005b, 2015). This

delimitation is therefore aligned with the qualitative methodology that the present study employed: constructivist grounded theory.

### ***Dyadic and Group Improvisations***

This research was delimited to examining dyadic and group music improvisation practices. These practices are understood to include music improvisation involving two or more people playing at once, and a solo musician improvising for a live or studio audience. Individual improvisation practices, where someone makes music alone with no intention of sharing the music, were excluded. This delimitation was important because the potential health and well-being benefits are different when someone improvises alone compared to when improvising in a social context (e.g., Canonne & Aucouturier, 2016; Pressing, 1998, 2001; Wilson & MacDonald, 2015). For example, group music improvisation has been found to play a role in identity formation (MacDonald & Wilson, 2005) and to create opportunities for shared social understandings and experiences among improvisers (Wilson & MacDonald, 2017). As with the above delimitation, this further allowed me to contrast and compare the same thing.

### ***Experienced Practitioners***

This study was delimited to the perspectives of experienced practitioners within the selected disciplines: that is, performing musicians, community musicians, and music therapists. Experienced practitioners were defined as those who had five years or more of experience in their discipline. Experienced practitioners are likely to have accumulated more experiences relevant to the present study, and to have had more time to consider these experiences, than practitioners with less experience. Delimiting the study to the perspectives of experienced practitioners affords an opportunity to include the potential depth of their perspectives.

### ***Instrumental Improvisation***

The research was also delimited to primarily instrumental improvisation practices. Vocal improvisation, and singing itself, can carry properties that are unique from instrumental music-making (Austin, 2008). Since music therapy and community music improvisational experiences often interweave vocal and instrumental music-making, it can be difficult to separate these practices. For this reason, consideration of improvisation practices that were primarily instrumental but included some vocalizing was permitted. Delimiting the project to

improvisation that was primarily instrumental allowed me to further contrast and compare the same thing.

### ***Western Music Practices***

Finally, the research was delimited to discussion and consideration of music improvisation practices from within the western music canon, including western classical music and jazz (e.g. free improvisation, jazz, and cadenza work). Given the diversity of global improvisational musical practices and styles that may be used to promote mental health and well-being, this delimitation necessarily focused the research to a reasonable scope. Furthermore, these are the genres of music with which I am most familiar, which I felt would enable my ability to understand and conceptualize the results.

### **Chapter Summary**

This chapter opened by presenting the purpose of the present study: to create a multidisciplinary understanding of music improvisation to promote mental health and well-being for the disciplines of music performance, community music, and music therapy. Next, the potential benefits of such a multidisciplinary understanding were outlined. The notion of music improvisation to promote mental health and well-being was then conceptualized by defining its key terms. Next, the disciplines of music performance, community music, and music therapy were introduced. The challenges of creating a multidisciplinary understanding and the need to do so were then presented, followed by the research questions. Constructivist grounded theory was identified as the appropriate methodology for the current inquiry. Finally, the focus of current research was refined via five delimitations.

## CHAPTER II: LITERATURE REVIEW

As discussed in the previous chapter, the purpose of this study was to create a multidisciplinary grounded theory of music improvisation to promote mental health and well-being as practiced by performing musicians, community musicians, and music therapists. Therefore, the purpose of this chapter is to examine the extent to which issues relevant to the use of music improvisation for the promotion of mental health and well-being have been discussed in the music performance, community music, and music therapy literatures, respectively, as well as to highlight pertinent multidisciplinary or interdisciplinary literature that exists among these disciplines. A review of the following topics is included within each discipline: the role of improvisation, understandings of mental health and well-being, and instances of music improvisation to promote mental health and well-being. The community music and music therapy sections will additionally contain relevant case studies, and research. These case studies are documented examples of the topic under study, but do not constitute formal research and are therefore presented separately. As a discipline where the promotion of mental health and well-being is less overt and less extensively researched, the discussion of music performance will not contain these last two elements. Finally, relevant multidisciplinary and interdisciplinary literature is presented.

### **Music Performance**

#### ***Improvisation in Music Performance Contexts***

A musical performance is regarded as “a distinct and separate goal from the study of music and is almost always set apart by an external formality” such as a concert, recording session, or an audition (Gordon, 2006, pp. 3-4). Improvisation within music performance is typically enacted by a trained musician and perceived as a unique happening that contains elements of unpredictability (Seabrook, 2017). The idea that music improvisation is a meaningful part of many performing musicians’ practices has been well-documented in the literature, both by performing musicians themselves and by music performance scholars researching these phenomena. This includes improvisation practices within jazz (e.g., Borgo, 2002; Cobussen, 2014; Gustavsen, 2010; Nettle, 2013; Oliveros, 2004), free improvisation (e.g., Nachmanovitch, 1991, 2019; Ott, 2015), and western art music (e.g., Berkowitz, 2010).

## ***Connections Between Music Improvisation Performance and Dimensions of Mental Health and Well-Being***

In general, performing musicians and music performance scholars have not formally discussed their conceptualizations of mental health and well-being. This could be in part because music performance does not inherently necessitate an articulated understanding of mental health and well-being due to the nature of their discipline, outlined in Chapter One. Due to this gap, I have organized the music performance literature according to explicit and implicit links that can be made between improvisation and various *dimensions of* mental health and well-being. Recalling that this study's conceptualization of mental health and well-being includes emotional, psychological, spiritual, and social dimensions, this review highlights theoretical, personal, and/or scholarly links made between music improvisation and these dimensions of mental health and well-being by performing musicians and music performance scholars.

**Emotional and Psychological Dimensions of Mental Health and Well-Being in Improvised Music Performances.** This section presents literature where improvising musicians recounted that music improvisation during performance positively impacted their relaxation, self-expression, self-exploration, and/or self-realization, each of which can be aligned with key practices that lead to holistic health and well-being (Cloninger et al., 2016, p. 49). For example, in a qualitative research study that examined autonomy and self-expression in the work of performing musicians, Dobson (2010) interviewed 18 performing musicians, nine of whom improvised regularly in their performances, and analyzed the interview data using Interpretive Phenomenological Analysis procedures. Dobson (2010) concluded that the emotional, psychological, and social elements of mental health and well-being are connected for performing musicians, as her participants reported that audience expectations affected the degree to which performers expressed themselves through their music performance. Improvisation was identified by the researcher as a valued means of self-expression for the performing musicians in that study (Dobson, 2010).

Choral conductor Ott (2015) published her account of including structured and free improvisation experiences during choral rehearsals and, eventually, large-scale choral

performances. Within this account, Ott shared her perceptions of the impacts that this inclusion of improvisation in choral performances had for herself and her choristers. Perceived outcomes included feelings of relaxation and greater autonomy (Ott, 2015). Borgo (2002), a professional saxophone performer and ethnomusicologist, likewise identified relaxation as goal of music improvisation in his discussion of the intersections between improvisation in music performances and African–American history and culture.

Some music performers who improvise also emphasized the links between music improvisation performances and relating with one’s self. Racy, a multi-instrumentalist and ethnomusicologist, presented a scholarly paper on why performing musicians improvise wherein he described improvisation as being an ideal medium for self-expression and a way of facilitating self-exploration (2009). In reflecting upon his own experiences performing as an improvising musician, Racy wrote that he was “expected to undergo a process of introspection that is externalized into the form of evocative musical creations” (p. 316). Professional saxophonist and improvising musician Frisk likewise investigated the link between music improvisation and relating to one’s self (Frisk, 2014). Frisk described how music improvisation within his multinational performance ensemble facilitated his own process of self-exploration and self-awareness, particularly with respect to the affordances of his race and gender (Frisk, 2014). Similarly, improvising violinist and improvisation scholar Nachmanovitch (1991) linked music improvisation with experiences of self in his text *Free Play*. Nachmanovitch (1991) identified music improvisation that occurs as part of rehearsing and performance practices as being concerned with being “fully and originally ourselves” (p. 13) and having a dialogue with our deeper core “Self” (p. 29). A chorister in Ott’s (2015) improvisation-based choir likewise shared that musically improvising as part of their rehearsal and performance processes “expose[d] a truer part of ones’ self” (p. 42).

**Social Dimensions of Mental Health and Well-Being in Improvised Musical Performances.** This section presents performing musicians’ accounts of music improvisation where social dimensions of mental health and well-being were activated. Several noted the intrinsic potential for music improvisation performances to connect people. Born is a cellist and bass guitarist with a rich history as an improvising performing musician, including co-founding

the *Feminist Improvising Group*. In her paper arguing for a “relational musicology” (p. 1), Born named the intrinsic ability of music improvisation performances to connect players and encourage listening between them (Born, 2010, p. 1). Sarath is a music improvisation scholar and performs music improvisation as a trumpet player in jazz and contemporary ensembles. Sarath (2013) likewise emphasized the potential of music improvisation performances to facilitate interpersonal connections in his book arguing for music improvisation as a template for music education and society. Therein, Sarath (2013) described improvisation as a “self-organizing interpersonal relationship” that “through strong communication (...) between partners, spontaneously adapts to challenges and promotes increased well-being” (2013, p. 210). Similarly, Gustavsen, a pianist who performs solo and ensemble concerts involving improvisation, published an account of what he called the “dialectical eroticism of improvisation” (Gustavsen, 2010, p. 7) wherein he discussed the interpersonal elements that are activated in improvisational performing ensembles. When asked for feedback, singers in Ott’s improvisation choir reported that the process of improvising in rehearsals and performance produced “collective growth, “stronger human connection,” and “an appreciation for each other as creators” (Ott, 2015, p. 42).

Performing musicians have also discussed the potential for music improvisation not only to affect personal social well-being, but also to effect social, political, and cultural change (Borgo, 2002; Born, 2010; Racy, 2009). Borgo asserted the capacity of music improvisation to actively address social challenges in his discussion of the role of improvisation regarding the freedom and values of African-Americans, stating that “free improvisation is best envisioned as a forum in which to explore various cooperative and conflicting interactive strategies rather than as a traditional ‘artistic form’ to be passively admired and consumed” (2002, p. 184). Frisk’s (2014) detailing of his search for social equality within his improvising ensemble is another example of how music improvisation performance can be a site of perpetuating, exploring, and/or resolving intersectional power imbalances and tensions (Seabrook, 2019b).

**Spiritual Dimensions of Mental Health and Well-Being in Improvised Musical Performances.** The spiritual dimension of health and well-being is nebulous and perhaps even controversial; this dimension might not exist for some people, while others deem it to be an

integral part of their human experience. Spiritual dimensions of music improvisation arguably fall within the practices of “growing in awareness” and/or “letting go” that may lead to holistic health and well-being (Cloninger et al., 2016, p. 49).

This section presents the account of performing musicians for whom improvising resulted in spiritual experiences, including: feelings of freedom, connecting with intuition, being in the present moment, and/or the transpersonal. Some performing musicians reported their experience of freedom during improvisation as more than an exclusively musical or cultural freedom but rather as a feeling of existential freedom of the self in their explorations of music improvisation (Borgo, 2002; Dobson, 2010; Frisk, 2014; Racy, 2009). Relatedly, Borgo (2002) identified the “feeling of ego loss or collective consciousness” as a goal of music improvisation performance (p. 175).

Gustavsen (2010) and Nachmanovitch (1991, 2019) separately identified that improvising during music performance and rehearsal led to their ability for themselves as the improviser to be fully present and in the moment. Noted American jazz saxophonist Charlie Parker likewise alluded to the spiritual dimensions of mental health and well-being during music improvisation when he described his experience of music improvisation as “not about just picking up an instrument and playing guided by math principles or emotion.” Parker continued, “It is emptying oneself and being” (as cited in Borgo, 2002, p. 175). Sarath (2013) and Nachmanovitch (1991) each noted that the experiences of music performers who improvise extend to the transpersonal. Sarath (2013) stated that music improvisation involves “invoking (...) peak experiences within a real-time, collective format” that includes “players, listeners, and an environment” (Sarath, pp. 207-208). Nachmanovitch (1991) connected the transpersonal with health and well-being when he stated that in improvisation “the person is a vessel or conduit through which a transpersonal force flows,” and that this is a “principle factor in the arts [and] healing” (pp. 32-33).

Performing musicians have identified many ways in which their own improvisation practices interact with elements of mental health and well-being. While these musicians named emotional, psychological, social, and spiritual dimensions of their performance practices, they rarely explicitly named the promotion of mental health and well-being for self or others as a

goal of their performances. In contrast are improvising musicians who explicitly aim to promote the mental health and well-being of audience members through their performances.

### ***Music Improvisation Performances to Promote Audience Mental Health and Well-Being***

Though the practice is not well-documented, some musicians have improvised in a performance context for the explicit purpose of promoting the mental health and well-being of their audiences. In these cases, the audiences were aware that the performance was intended to promote their mental health and well-being. For example, classically trained pianist Tiozzo's website described his improvised "inner healing concerts" (Tiozzo, 2019, Homepage), which involve Tiozzo performing improvised piano pieces for an audience to promote their inner health and well-being.

Although no catalogue of manuals exists with regard to the use of improvisation to promote mental health and well-being in music performance contexts, some instruction is available. For example, Ott (2015) provided an account of how she used a specific "improvisation sequence" (p. 40) based upon Nachmanovitch's (1991) work to promote the relaxation and self-expression of her choir members during rehearsals.

### ***Summary and Conclusions***

This review of the music performance literature revealed that, while mental health and well-being are not often explicitly mentioned in music performance, music improvisation to promote mental health and well-being is being practiced in the discipline of music performance. However, the review has also demonstrated that this is largely occurring in the absence of: (a) a clear conceptualization of the practice and its elements, particularly mental health and well-being; (b) agreement among improvising performing musicians about the practice; and (c) scholarship explicitly pertaining to the practice.

While a music-centered perspective was not mentioned in the literature, since music performances generally invite an experience where the audience's inner experiences and processes occur during the music itself without verbal debriefing by the performer, one or more implicit components of a music-centered approach can be assumed within the publications cited. The many examples improvising performance musicians gave of engaging in music improvisation to promote mental health and well-being, and the lack of dialogue and/or

scholarship explicitly exploring this practice, revealed a need for an investigation of music improvisation to promote mental health and well-being in the discipline of music performance.

## **Community Music**

### ***Music Improvisation in Community Music Contexts***

Improvisation is a recognized form of active music-making used in community music (Murray & Lamont, 2012) and has been identified as an important skill to have as a community musician (Bartleet & Higgins, 2018; Higgins, 2012; Ruud, 2012). Improvising ensembles like the Scratch Orchestra<sup>2</sup> played a role in the development of community music by demonstrating how improvisation could be used to provide accessible music-making opportunities for people without musical training (Higgins, 2012). Similarly, improvisational bands, or jam bands,<sup>3</sup> have been linked to the community music idea that “music making and social activities are intertwined” (Veblen et al., 2013, Chapter 11, para. 5).

While the term “community music improvisation” appears in the literature (Vougioukalou et al., 2019, p. 533) what that term means is not defined. While established guidelines for music improvisation are absent from the community music literature, some publications have addressed the use of music improvisation in the discipline. A number of handbooks have outlined specific methods and techniques for improvisation in community music practices (e.g., Higgins & Campbell, 2010; Moser & McKay, 2005; Stevens, 1985, 2007). While Higgins assessed the collection of such publications as “vary[ing] in content and usefulness” (Higgins, 2012, Significance section, para. 5), no rationale was provided for this assessment. In addition to these handbooks, several community musicians have documented their use of improvisation in various case studies, some including descriptions of approach, style, and/or techniques used (e.g., Beresford & Saunders, 2016; Clennon, 2013; de Quadros, 2018; Smilde, 2018; Smilde et al., 2014), while others did not include specific details (Higgins &

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<sup>2</sup> The Scratch Orchestra was formed in London, UK in 1969 by Cardew, Skempton, and Parsons and included many participants without formal training (Parsons, 2001). The ensemble aimed to break away from musical and social tradition and move towards inclusive music making (Parsons, 2001).

<sup>3</sup> One example of a jam band is the Grateful Dead, whose community of diehard fans have developed a culture and social events around the band, and who refer to themselves as Dead Heads (Veblen et al., 2013).

Willingham, 2017). Ethical considerations have also been discussed for the use of music improvisation in community music, wherein group improvisation in community music is presented as a place that “holds the potential to raise ethical awareness and sensibility” (Lines, 2018). In his discussion, Lines (2018) discusses the potential for positive and/or desired outcomes of group music improvisation and emphasizes that the community musician work to attain these.

Exceptionally, *Lifemusic* is an organization with a distinct established improvisational method that can be considered a form of community music according to the definition set out in Chapter One of this research. Lifemusic aims to offer a safe and inclusive space where participants engage in guided music improvisation experiences to promote individual, group, and communal health and well-being (Hodges & Paton, 2018a; Walker & Paton, 2015). Practitioners attend special training (Hodges & Paton, 2018b) and use particular improvisational techniques (Paton, 2011). Similar to Lifemusic, *Music for People* is an organization whose mission is “to encourage an accessible and mindful approach to creative expression through improvisation in a safe, joyful, and nonjudgmental atmosphere” (Music for People, 2019c). Like Lifemusic, Music for People practitioners attend special trainings and facilitate improvisation-based music workshops for people of all musical backgrounds with aims that can be understood as related to mental health and well-being (Music for People, 2019b). Music for People states that “psychologists and music therapists (...) have added personal healing work to the original message of improvisation for self-expression” to the Music for People improvisational method (Music for People, 2019a, Our History section).

It is not possible to determine with certainty which, if any, of the community music publications named in this section are aligned with a music-centered approach, as this term is not explicitly referenced. Exceptionally, Clennon (2013) cited self-identified music-centered music therapists Aigen (p. 3), Ansdell (p. 6), and Skaggs (p. 7) when describing his community music work, demonstrating an awareness and possible integration of a music-centered approach. Similarly, Vougioukalou et al. (2019) clarified in their related community music research that music-making was “not a mere ‘tool’ that delivered benefits” (p. 544) in their work, but had intrinsic value as a form of artistic engagement. Since community music

“attempts to ensure that both product and process are intertwined” (Murray & Lamont, 2012, p. 79), a music-centered approach, or implicit components of this approach, can be assumed within the publications cited.

### ***Mental Health and Well-Being in Community Music***

The purpose of this section is to situate how mental health and well-being is viewed within community music and applied within its practices. Health and well-being are important considerations in community music (Higgins, 2012; Murray & Lamont, 2012), though there is disagreement on the degree of importance placed on health and well-being within the discipline. Four of the eight foundational principles of community music identified by Higgins and Willingham (2017) relate to the definition of mental health and well-being being utilized in the present research study. They are: “Health/Wholeness/Wellbeing,” “Inclusive/[A]cts of ‘hospitality’/[E]mpathy,” “Contemplative practice through mindfulness/Loving kindness,” and “Collaboration building/Respect for diverse perspectives” (2017, p. 5). By way of contrast, Murray and Lamont (2012) placed central importance on health and well-being and identified the two primary orientations of community music initiatives as: “promoting social well-being” and “promoting health behaviour change” (Murray & Lamont, p. 80). Community musicians have also spoken to particular elements of mental health and well-being. For example, Higgins and Willingham (2017) indicated that community music aims for “social transformation, emancipation, [and] empowerment” (p. 3). Higgins also argued that community music extends an “unconditional hospitality” to participants, marked in part by its ability to shatter horizons, welcome, and hold a diverse and un-unified community (2012, Chapter 8, Hospitality section, para. 14). Taken together, this literature signals that considerations of mental health and well-being are important to community music.

Differing approaches to working with mental health and well-being were present in the community music literature. For example, Kushner, Walker, and Tarr noted that some community musicians self-reported that they “do what therapists do” (Veblen et al., 2013, Chapter 3, Social Policy section, para. 3). Moser stated that his work as a community musician involved being “a mix of a social worker and composer” (Moser & McKay, 2005, p. 68). In contrast, in Allan’s community music group for adults in hospital mental health treatment, the

mental health of the participants was not discussed: “there was no mention of mental health, they were simply a drumming group” (Higgins, 2012 , Chapter 6, Buddy section, para. 6). Adding to the complexity, collaboration with mental health professionals and community agencies was presented as a necessary component of responsible practice in some instances where community musicians worked with people with mental health and well-being challenges (Higgins, 2012).

Despite the clear interest in promoting mental health and well-being, there is no information explicitly indicating how mental health and well-being is understood within the discipline of community music, particularly as it relates to improvisation. A review of case studies and research about the use of music improvisation to promote mental health and well-being in community music offers further insight into how mental health and well-being may be conceptualized in community music.

### ***Music Improvisation to Promote Mental Health and Well-Being in Community Music***

**Case Studies.** Case studies have documented the use of group music improvisation by community musicians in mental health care settings, including: drumming groups in inpatient and outpatient hospital mental health care (Higgins, 2012) and improvisational music groups in community mental health settings (Clennon, 2013). Other case studies described the use of improvisation by community musicians to specifically promote elements of mental health and well-being. For example, Beresford and Saunders (2016) noted that residents in two long-term care settings in the United Kingdom experienced enhanced self-expression and positive shifts in their mood during music improvisation in community music groups. Relatedly, Gordon stated that he intended for participants to “genuinely connect with each other and express themselves” during improvisational community music groups he facilitated at two community arts centres in Australia (Gordon, 2018, Background section, para. 4). Samuels and Schroeder (2019) shared three case studies from their groups in Northern Ireland where they explored how digital musical instruments and music improvisation can enhance social inclusion. The authors state that there are “individual and social benefits that can be gained from engaging in music improvisation for individuals with diverse and exceptional abilities” (p. 486) and note that a PhD researcher is working to develop low cost sustainable accessible digital music

instruments due to their group. While Samuels and Schroeder do not identify themselves as community musicians, their description of their group is congruent with the definition of community music in this study.

Lifemusic participants also reported experiences relevant to dimensions of mental health and well-being as defined within the context of this study. For example, Lifemusic facilitators Walker and Paton (2015) sought regular feedback from their group of patients and staff in a forensic mental health setting. The facilitators anticipated that the group would “boost confidence, well-being and self-esteem for all involved” (p. 9) and their compiled feedback indicated various mental health and well-being benefits for all participants that aligned with and went beyond the facilitators’ anticipated targets (Walker & Paton, 2015). Feedback was also compiled from five different Lifemusic groups: “young people, mental health service users, a community choir (...) administrative staff and for the one-day ‘taster’ workshops” (Paton, 2011, p. 116). This feedback indicated that 98% of participants “reported feeling more relaxed, more energized and more alert” after Lifemusic workshops (Paton, p. 116). Thus, these case studies clearly illustrate instances of community musicians using improvisation to promote dimensions of mental health and well-being.

**Research.** Scholarly research on the use of music improvisation for the promotion of mental health and well-being in the community music literature is scarce. Vougioukalou et al. (2019) completed duo-ethnographic analysis of an integrated community music group in Wales to examine the link between improvisation in a community music group and “the integration of refugees, asylum seekers and local residents” (p. 533). Their research found that the incorporation of improvisation in the group led to “increased participant enjoyment” (p. 543) for all group members and “building up [of] confidence” (p. 543) for group members who were refugees and/or asylum seekers. They also found that the use of improvisation allowed “personal and cultural expression” (p. 542). These are all goals that can be understood as related to mental health and well-being.

Similarly, Smilde’s qualitative study set out to examine what happened in eight Music for Life community music workshops that took place for people with dementia living in a long-term care setting (Smilde, 2018). The study concluded that music improvisation in the

community music group facilitated “finding the person behind the dementia” for participants (Smilde, 2018, Empathy section, para. 5). Another project that explored the use of a computer interface to facilitate musical improvisation for two groups of children with physical disabilities found a number of outcomes relevant to mental health and well-being, including “enhanced interaction with others,” “increased independence,” and empowerment (Oliveros et al., 2011, p. 179). While the groups involved in Oliveros et al.’s study (2011) are considered community music groups according to the definition being used in this research, it is relevant to note that the group facilitators and consultants included a music therapist and an occupational therapist in addition to community music facilitators.

### ***Summary and Conclusions***

This review of the community music literature demonstrated that music improvisation to promote mental health and well-being is practiced in the discipline of community music. Some community musicians explicitly aim to promote the mental health and well-being of those they improvise music with/for, but discussions of mental health and well-being are quite limited, and no explicit discipline-specific understanding thereof is apparent. Furthermore, there is disagreement in the literature regarding the role of community musicians when promoting mental health and well-being goals. While there are some case study reports of community musicians improvising to promote mental health and well-being, research pertaining to the practice is largely absent.

Taken together, (a) the fact that mental health and well-being is an area of explicit interest in community music, (b) the many examples community musicians provided of engaging in music improvisation to promote mental health and well-being, and (c) the paucity of scholarship explicitly exploring this practice within community music, all reveal a need for an investigation of music improvisation to promote mental health and well-being in the discipline of community music.

### **Music Therapy**

#### ***The Role of Improvisation in Music-Centered Music Therapy***

The type of music improvisation used in music therapy is sometimes called “clinical improvisation” (Aigen, 1991). This study uses the terminology “music therapy improvisation”

and “improvisation in music therapy” rather than “clinical improvisation” to include all contexts in which music therapists improvise. The music therapy concept of clinical musicianship helps to situate the theory and practices of music improvisation in music-centered music therapy.

*Clinical musicianship* can be understood as the convergence of the art of making music with the craft of making music in the service of therapy (Nordoff et al., 2007). It is “inherently creative, explorative, and resourceful” (Nordoff et al., 2007, p. xiii). Nordoff and Robbins identified skills- and knowledge-related areas essential to clinical musicianship, including music improvisation, the therapeutic process, and *musical awareness*, meaning the “experiential knowledge of music and the understanding-feeling for the expressive dynamics of its melodic, harmonic, and rhythmic components” (Robbins & Robbins, 1998, p. xix). In 1977, Robbins and Nordoff published what became a foundational text on the topic that included recordings of improvisational music therapy and analyses of the techniques and methods therein as they relate to clinical musicianship (Robbins & Nordoff, 1977). An updated second edition of this text was published in 2007 (Nordoff et al., 2007).

Music therapists have identified qualities that distinguish improvisation in music therapy from improvisation that happens in other disciplines. These include that music improvisation in music therapy “occurs within a therapeutic relationship” (Seabrook, 2019b, p. 1) and “is always and inherently in the service of the health and well-being of the client” (Seabrook, 2019a, p. 3). An additional area of distinction is that “the music therapist uses musical techniques and ways of being that are informed by therapeutic frameworks and principles” when improvising with clients (Seabrook, 2019a, p. 3). Mahoney’s 2016 research investigating the current practices of Nordoff-Robbins music therapists found that the use and experience of music therapy improvisation is unique for each client, and there is “there is no one musical answer for any given clinical situation” (p. 10), but instead there is an emphasis on “creating whatever music is needed in the moment as the session unfolds” (p. 15). The therapist’s music can be musically directive, leading the way for the client towards health and well-being, rather than only following the client (Mahoney, 2016). Bruscia elaborated that during music improvisation, music therapists strive to create music of the highest artistic quality, “however they always

accept the client's improvising at whatever level it is offered, whether consisting of musical or sound forms, and regardless of its artistic or aesthetic merit" (Bruscia, 1987, pp. 5-6).

In addition to these qualities that unify music therapy improvisation, it is important to note that there are substantial differences among music therapy models and approaches that affect how music improvisation is realized within them. Bruscia published a foundational text titled *Improvisational Models of Music Therapy* in 1987 wherein he outlined the ways that fourteen models of music therapy conceptualized and used music improvisation. These included differences in how music improvisation was realized among music therapy approaches with respect to: (a) treatment procedures; (b) dynamics and processes; and (c) assessment and evaluation (Bruscia, 1987).

Improvisation is an integral part of music-centered music therapy models and approaches, primarily Nordoff-Robbins Music Therapy, also known as Creative Music Therapy (Aigen, 2014a; Ansdell, 1995; Keith, 2007; Nordoff et al., 2007; Pavlicevic, 1999; Ritholz, 2014), and Aesthetic Music Therapy (Lee, 2003, 2012b, 2015; Lee & Khare, 2001). Music-centered music therapy theorists directly link music improvisation processes to therapeutic processes (Aigen, 1999, 2007, 2008, 2014a; Lee, 2012b; Nordoff et al., 2007). Engaging in music improvisation can in itself be a clinical goal in music-centered music therapy, as it is thought that this engagement inherently activates overall well-being (Lee, 2003; Nordoff et al., 2007). Improvisation is also an important component of music therapy models and approaches where practitioners may temporarily inhabit a music-centered stance: for example, Community Music Therapy (Ansdell & Stige, 2015; Pavlicevic & Ansdell, 2004; Wood, 2016) and Artistic Music Therapy (Albornoz, 2016). In such models and approaches, a music-centered stance may be incorporated when it is deemed to meet clients' needs in context.

Usually, the majority of a music-centered music therapy session involves clinical improvisation (Aigen, 2005a, 2005b; Lee, 2016a). Clinical improvisation may occur as the sole experience in a session, because some therapists perceive it as a self-contained therapeutic event that does not require verbal processing (Aigen, 2005b, 2014b; Lee, 2003; Nordoff et al., 2007). In Nordoff-Robbins Music Therapy, the musical components are considered to be the "active ingredients" (Verney & Ansdell, 2010, p. 12) in the therapeutic process. The therapist

must be acutely aware of what is happening musically and must make precise musical decisions, as Verney elaborated: “we have a responsibility to our patients to be aware of every detail of music experience as it happens. ... It’s not some broad brush, it’s the moment-by-moment articulation of music that has therapeutic effect” (Verney & Ansdell, 2010, p. 12). Similarly, in Aesthetic Music Therapy, the quality of the music impacts the therapeutic process and it is therefore considered imperative that music therapists are skilled and proficient musicians (Lee, 2003).

Researchers have also explored music-centered music therapists’ engagement with improvisation in music therapy. Forinash (1992) conducted phenomenological research wherein she analyzed interviews with eight music therapists two clinical directors at a Nordoff-Robbins music therapy clinic. This research resulted in the articulation of twelve “meaning units” (Forinash, 1992, p. 124) that capture the experiences of Nordoff-Robbins music therapists in music therapy improvisation. The meaning units particularly relevant to mental health and well-being included vulnerability, interplay of intuition and rationality, and self. Similarly, Cooper interviewed five Nordoff-Robbins music therapists to examine their “clinical-musical responses” during music therapy improvisation in her phenomenologically-informed study (Cooper, 2010, p. 86). Cooper found salient themes within the following categories: (a) the therapists’ interpersonal perceptions while improvising; (b) the therapists’ perceptions of the client during improvisation; and (c) the therapists’ awareness of the music while improvising (Cooper, 2010). Relatedly, Mahoney’s (2016) study illustrated how some music-centered music therapists have evolved their engagement with improvisation in music therapy. Mahoney’s (2016) interpretive historical inquiry reviewed literature to determine that contemporary Nordoff-Robbins music therapists have expanded and adapted the original Nordoff-Robbins approach within the topic areas of (a) music; (b) populations served and clinical goals; (c) group music therapy; (d) the roles, functions, and training of co-therapists; and (e) the inclusion of psychological thinking and/or psychodynamic concepts.

As mentioned in Chapter One, the practice of music therapy is governed by a professional code of ethics which depend upon the therapist’s particular location and contexts.

Music improvisation that occurs within music therapy must adhere to these professional understandings of ethical practice.

### ***Understandings of Mental Health and Well-Being in Music-Centered Music Therapy Literature***

Unlike music performance and community music, music therapy is exclusively focused on addressing health and well-being. The main goal of the professional practice of music therapy is for the therapist to “[help] the client to optimize the client’s health, using various facets of music experience and the relationships formed through them as the impetus for change” (Bruscia, 2014, p. 36). The CAMT (2016) likewise asserted that music therapists “use music purposefully within the therapeutic relationship to support development, health, and well-being,” including “cognitive, communicative, emotional, musical, physical, social, and spiritual” domains (para. 1). Considerations of health and well-being, which can be extrapolated to include mental health and well-being, are explicitly articulated in the music-centered music therapy literature reviewed in this section.

Music-centered music therapy is informed by music therapy discipline-specific theory and not by theories from other disciplines (Aigen, 2005b, 2014b). This forms a contrast to some other music therapy models where concepts and theories from other disciplines are imported into music therapy, such as Psychodynamic Music Therapy (De Backer & Sutton, 2014). Conceptualizations of health and well-being within music-centered music therapy are therefore primarily based on an understanding of these concepts developed within the approach, with little imported from outside disciplines.

Of foundational importance in Nordoff-Robbins Music Therapy are the constructs of the *music child* (Nordoff et al., 2007; Robbins & Robbins, 2012) and the *condition child* (Robbins & Robbins). The music child is the “individualized musicality” inborn in every person (p. 3), and it is within this music child where the “core self of the individual” (p. 17) and their “centre of personhood” (p. 17) are manifest (Nordoff et al., 2007). The condition child is a self that one develops over years of living with unaddressed health and well-being challenges: this condition child encases the music child (Robbins & Robbins, 2012). A goal of therapy is then for the therapist to use musical experiences and communications to engage with a client’s music child, through which the client develops a “new nucleus of selfhood” that will extend beyond the

barriers of the condition child (Robbins & Robbins, 2012, Introduction section, para. 5). In this way, a new, more self-actualized and healthier self is formed, and the condition child becomes the old self (Robbins & Robbins). Nordoff and Robbins also referred to Maslow's *Hierarchy of Needs* (1943), including the prioritization of self-actualization, as a tool to understand the health and well-being of their clients (Mahoney, 2016). Nordoff-Robbins music therapists Verney and Ansdell agreed that the "'needs' of a pathology are somehow in tension with this 'core musicality' of a person, and also perhaps with the needs of the 'music itself'" (Verney & Ansdell, 2010, p. 48). Given this tension, Verney and Ansdell aimed to work "with the pathology as well as the person" (2010, p. 51). Thus, Nordoff-Robbins music therapists articulated a belief that a healthy self, or personhood (i.e., the music child), resides intact and independent of pathology or ill-health (i.e., the condition child), including mental health and well-being.

Lee's (2003) Aesthetic Music Therapy model was founded on the premise that "music is intrinsically healing" (p. 7), and that "to be musical is to be therapeutic" (p. 233), directly linking (mental) health and well-being to music. Lee (2003) stated that "in music the client is free and empowered to be healthy and it is through creativity that healing occurs" (p. 233). In contrast to Nordoff-Robbins Music Therapy, Aesthetic Music Therapy positions disability as "a potentially creative force" (Lee, 2003, p. 9).

Contemporary music-centered music therapists may also integrate other notions of mental health and well-being into their work. These include pathogenic (as outlined in Rolvsjord, 2010), salutogenic (as outlined in Aigen, 2014b), psychotherapeutic (e.g. Keith, 2007; Turry, 2010), humanistic (Abrams, 2015), social/ecological (Ansdell & DeNora, 2012; Pavlicevic & Ansdell, 2004), and whole states (Rolvsjord, 2010). Thus, the understandings of mental health and well-being within music-centered music therapy in practice are eclectic, drawing upon a diversity of articulated notions of mental health and well-being—including, but not exclusive to, music-centered ones.

### ***Music Improvisation to Promote Mental Health and Well-Being in Music-Centered Music Therapy***

**Case Studies.** This section highlights case studies where music-centered music therapists described their use of improvisation in their clinical work and the subsequent shifts

in dimensions of mental health and well-being for their clients. While mental health and well-being outcomes are drawn out of these case studies for the purpose of illustrating the relevance of this literature to the current research, music-centered music therapists do not typically separate client health and well-being changes from musical changes. Their view is that “the extramusical presents itself only through the musical” (Epp, 2007) and that the client’s improvised music is where “the kernel of therapy is born and cultivated.” Lee, 2012a, Therapist Concludes section, para. 1). Lee continues, “Improvisation is at the core of (...) therapy” (Lee, 2012a, Therapist Concludes section, para. 1). Thus, the isolation of clients’ mental health and well-being outcomes from their musical experiences for the purposes of this literature review is somewhat artificial.

Case studies where improvisation-based music-centered music therapy promoted dimensions of mental health and well-being are numerous. For example, in one such case study, Lee described how a man grieving the loss of his mother was able to express, address, and transcend his pain (2012a). In another account, Lee documented the process of a musician with AIDS who “lucidly review[ed] his life, working through the inevitable transformation of his death” with support and dignity (2016b, p. 164). Aigen recorded a case of a boy with a troubled family life who, by the conclusion of therapy, showed an interest in reciprocal relationship within the therapeutic context and a cessation of school-yard fighting (Aigen, 1991). Similarly, Mahoney noted the cognitive, emotional, and interpersonal growth during the therapy process with a boy with visual impairment and cognitive delays (Mahoney, 2012). Relevant case studies also provided examples of mental health and well-being benefits for clients with brain injuries, including being more “fulfilled,” “lighter in mood,” and happier” (Robbins & Robbins, 1991, p. 248), and having enhanced confidence and a cessation of self-injurious behaviour (Ansdell, 1995).

Some case studies were specific to mental health care settings. Ansdell (1995) described how a young woman in a psychiatric hospital unit experiencing depression and an eating disorder was able to feel accepted and ultimately make changes through her music therapy process. Another case study detailed a drop-in group community mental health music therapy group where clients reported being “less inhibited and a little more assertive,” feeling

personally empowered, having enhanced self-awareness, and feeling better after sessions (Ansdell, 1995, p. 154). Ansdell (2016) also described the benefits of improvisation for co-facilitated community music therapy mental health groups, including a rich description of an improvisation that “instantly both reflected and created the social-musical shape of the group (...) with freedom, opportunity and a subtle balance between the whole and its parts” (Section 29, Introduction section, para. 4).

In two other case studies, Ansdell (1995) also noted incidents where mental health and well-being benefits existed “while the music last[ed]” (p. 45), meaning benefits which were present during music-making but were not observably transferred outside of the session. One involved a woman with Down Syndrome who experienced moments of joy and freedom, and another involved an older man with Alzheimer’s disease who demonstrated positive engagement and an observed decrease in his frustration, confusion, and delusions.

**Assessment.** Nordoff-Robbins music therapists developed three original formal rating scales to evaluate clients’ processes within the context of improvisational musical engagement and relationship (Bruscia, 1987; Nordoff et al., 2007). These assessment methods are relevant to mention in this literature review because they highlight the ways in which music-centered music therapists used improvisation to better understand, and therefore address, a client’s mental health and well-being. While the original scales can be used to assess mental health and well-being outcomes (Cripps et al., 2016), variations were developed and tested that are particularly relevant for mental health and well-being, including the Music Therapy Communication and Social Interaction Scale (MTCSI) for clients with communication challenges (Bell et al., 2014; Guerrero et al., 2014) and the Music Interaction Rating Scale (MIR(S)) for clients with schizophrenia (Pavlicevic, 2007; Pavlicevic et al., 1994).

Also of relevance to the current study is Gardstrom’s (2007) adaptation of Bruscia’s (1987) Improvisation Assessment Profiles (IAP) for use during group music therapy improvisation. Gardstrom expanded the IAPs for use beyond assessment, reshaping them as a “listening guide and system of description for both the processes and products of clinical improvisation” (Gardstrom, 2007, p. 120)

**Theoretical Discussion.** Theoretical concepts pertinent to the use of improvisation to promote mental health and well-being are discussed in the literature, including therapeutic intersubjectivity (Birnbaum, 2014), interpersonal elements (Brown & Pavlicevic, 1997; Pavlicevic, 2000; Proctor, 1999; Verney & Ansdell, 2010), and client self-expression (Epp, 2007).

Some authors recommended advanced training in Nordoff-Robbins Music Therapy for music therapists seeking to do in-depth improvisational work with people with schizophrenia (McGraw Hunt, 2013) and with clients experiencing stress as a result of trauma and/or personality disorder (Kim, 2013). Conversely, the efficacy of improvisational music therapy models like Nordoff-Robbins Music Therapy has been questioned for adults in acute psychiatric mental health care (Carr et al., 2013). Carr et al. (2013) noted that the model was developed with longer-term depth-oriented care in mind and suggested that it may not suit the needs of clients in short-term mental health care contexts.

**Research.** Research investigating the efficacy of Nordoff-Robbins Music Therapy to promote mental health and well-being exists in the literature. In one quantitative research study, clients with schizophrenia ( $n=20$ ) who attended weekly individual Nordoff-Robbins Music Therapy sessions “showed a statistically significant improvement in their clinical state, as measured by the BPRS [Brief Psychiatric Rating Scale], compared to the control group” ( $n=21$ ) (Pavlicevic et al., 1994, p. 99). In a related matched-control study, 20 participants with multiple sclerosis completed a battery of clinical measurements assessing for self-acceptance, clinical depression, and anxiety before beginning Nordoff-Robbins Music Therapy and every three months thereafter. The effect size statistics comparing the control group and the music therapy group showed a “medium effect size on the scales measuring self-esteem ( $d = 0.5423$ ,  $r = .026$ ), depression ( $d = 0.63$ ,  $r = 0.310$ ), and anxiety ( $d = 0.62$ ,  $r = 0.310$ )” (Schmid & Aldridge, 2004, p. 1).

A 2015 mixed-methods survey of music therapists ( $n = 255$ ) who worked in mental health in the United States found that 202 of the surveyed therapists reported using improvisation in their work (Eyre & Lee, 2015). The surveyed therapists also indicated specific uses of improvisational structure and melody that they noticed promoted mental health and well-being outcomes for their clients (Eyre & Lee, 2015). While the review did not specify the

participants' approaches, some of the music therapists surveyed likely adopted at least a temporary music-centered stance, making it relevant to the present research.

Case study research is “an in-depth empirical inquiry of a bounded system within a real-life setting” and as such is different than a clinical case study (Murphy, 2016, p. 570). Case study research about improvisational music-centered music therapy relevant to the promotion of mental health and well-being also exists. For example, Seabrook investigated experiences of consciousness for a child with mental health issues during improvisational music therapy that included a music-centered approach (Seabrook, 2007; Seabrook & Arnason, 2010). Seabrook found that the themes of (a) time inclusiveness, (b) dichotomy, and (c) perspective through storytelling were central to the client’s experiences of consciousness during improvisational music therapy. In a related study, Kelliher (2019) used an arts-based methodology to examine how songs created from reflexive journals reflect the lived experiences of the therapeutic process. In this study, Kelliher interrogated her experiences as a music therapist with a particular client, wherein she used a music-centered approach involving improvisation and the client presented with persistent depressive disorder, parent–child relational disorder, and a learning disability (2019). Kelliher identified four meaningful themes that emerged for both the music therapist and the client, such as “what I need” (p. 13) and “feeling connected” (p. 15). The findings are encapsulated within two songs that artistically convey the relevant music therapy experiences (Kelliher, 2019).

In another example of single case study research, Carpenite investigated the effectiveness of Nordoff-Robbins Music Therapy within a Developmental, Individual-Difference, Relationship-Based Floortime™ framework in promoting socio-emotional goals for a client with autism (Carpenite, 2012). In this study, the client was assessed according to (non-music therapy) musical and socio-emotional rating scales prior to and after music therapy sessions (Carpenite, 2012). Carpenite reported that after 25 sessions, a comparison of the assessments showed an overall positive change in the client’s levels of musical functioning (t-score of 64.51) and an average increase of 83% across six socio-emotional functioning levels (Carpenite, 2012).

## ***Summary and Conclusions***

This review of the music therapy literature demonstrated that music improvisation to promote mental health and well-being is an integral part of a music-centered approach to music therapy. Since the concept of music-centered practice comes from music therapy, the literature in this review is explicitly identified as being music-centered where appropriate.

The music-centered music therapy literature has much to contribute to a conversation around music improvisation to promote mental health and well-being. There is rich scholarship in the discipline of music therapy around this topic that includes case studies, assessment development, theory creation, and research. Music therapists focus explicitly on supporting the health and well-being of the people with whom they work, and professional associations ensure that music therapists have a cohesive understanding of their roles and responsibilities when engaging in music improvisation to promote mental health and well-being.

However, while music-centered music therapy models have proposed unique notions of health and well-being, and some of these therapists also incorporate other conceptualizations of mental health and well-being, a cohesive understanding of mental health and well-being among music-centered music therapists is lacking. Additionally, research about music therapists' music improvisation practices among music-centered music therapists has exclusively focused on Nordoff-Robbins Music Therapy practitioners and has excluded other music therapists who incorporate music-centered principles into their work. A more comprehensive investigation into the practice of music improvisation to promote mental health and well-being among music-centered music therapists is therefore needed.

## **Relevant Multidisciplinary Collaborations**

### ***Multidisciplinary Research***

To my knowledge, a single example of formal multidisciplinary inquiry relevant to the use of music improvisation for the promotion of mental health and well-being exists among the disciplines of music performance, community music, and music therapy. My performance-creation research explored the intersection between and synthesis of music performance and music therapy improvisation practices while aiming to promote the mental well-being of the audience (Seabrook, 2017). In this work, I found: (a) that performing music therapy

improvisation was a distinct experience from either performing improvisation or music therapy improvisation; (b) areas of relational and material interdisciplinarity between music therapy and music performance improvisation practices; and (c) interdisciplinary tensions regarding the use of self, artistry, and ethics in this role.

### ***Multidisciplinary Theory***

Scholarship relevant to the present study has compared community music and music therapy, particularly with regard Community Music Therapy, a particular music therapy approach (Pavlicevic & Ansdell, 2004). For example, Wood and Ansdell identified music improvisation as a “tool” shared between community music and music therapy to increase engagement (Wood & Ansdell, 2018, Ecological Participation section, para. 2).

**Health Musicking.** Small coined the term *musicking*, which he defined as the verb of “to music,” meaning “to take part in any capacity in a musical performance [or event], whether by performing, by listening, by rehearsing or practicing, by (...) composing, or by dancing” (Small, 1998, p. 9). A central tenet of musicking is that music is an action and a “human encounter” (Small, 1998, p. 10).

Stige, a music therapist, coined the term *health musicking* in 2002 to “communicate that relationships between music and health could be understood as processes where various agents collaborate and negotiate in relation to the agendas, artefacts, and activities of any given arena” (Stige, 2012, p. 184). Health musicking is a concept that explores the intersection of health and music, including mental health and music improvisation, making it relevant to the present study. The concept of health musicking has since been adopted by community musicians and music therapists. For example, community musicians (Goodrich, 2013) and music therapists (Ole Bonde, 2011; Pavlicevic, 2012; Trondalen & Ole Bonde, 2012) have used health musicking as a way of framing their work. With respect to the present research, health musicking can be understood as a theory that encompasses multidisciplinary practices of music improvisation for the promotion of health and well-being, including mental health and well-being. More directly related to the topic of the current study, Seabrook and Nini (2018) discussed how their improvisation practices promoting mental health and well-being—as a music therapist and performing musician, respectively—can be understood as health musicking.

## ***Summary and Conclusions***

This review of the relevant multidisciplinary literature illustrates that very little scholarship exists that examines or describes music improvisation and/or mental health and well-being practices across music disciplines, and that no previous investigations have examined the use of music improvisation for the promotion of mental health and well-being among the disciplines of music performance, community music, and music therapy. More research is required to address these considerable gaps in the literature.

## **Chapter Summary**

The purpose of the present study was to create a multidisciplinary grounded theory of music improvisation to promote mental health and well-being as practiced by community musicians, performing musicians, and music therapists. This literature review indicates that the topic of music improvisation for the promotion of mental health and well-being exists within the scholarly disciplines of music performance, community music, and music therapy. However, there is a scarcity of relevant scholarly discussion and research in the literature, particularly within the disciplines of music performance and community music, where this practice has not previously been formally investigated. While the music therapy literature in this area was plentiful by comparison, more research is required especially because there limited and/or different understandings of music therapists' conceptualizations of mental health and well-being. Finally, the literature review indicated that, despite shared interest in music improvisation to promote mental health and well-being among the disciplines of music performance, community music, and music therapy, very little related multidisciplinary research collaborations have occurred. More specifically, no previous research has investigated similarities and differences among these three disciplines focusing on the practice of music improvisation to promote mental health and well-being.

Overall, the literature review revealed numerous ways in which music improvisation to promote mental health and well-being is widely practiced, yet poorly understood as a multidisciplinary practice among community musicians, performing musicians, and music therapists. A need for a more comprehensive understanding of music improvisation to promote mental health and well-being was clear. A constructivist grounded theory methodology was

selected to address these needs due to its focus on creating a comprehensive understanding, or theory, of a previously poorly-understood phenomenon (Charmaz, 2014). A detailed presentation of the methodology and rationale for its use in the present study is presented in Chapter Three.

The results of the current inquiry could lay the foundations for more informed intradisciplinary (i.e., within disciplines) and multidisciplinary (i.e., across disciplines) dialogues and future research; further, this research could provide much-needed clarity to various stakeholders about the use of music improvisation to promote mental health and well-being across music disciplines.

## CHAPTER III: METHODOLOGY

The present study employed a constructivist grounded theory (Charmaz, 2006, 2009, 2014) methodology to answer the research questions and propose a multidisciplinary grounded theory of how music therapists, community musicians, and performing musicians practice music improvisation to promote mental health and well-being. This chapter proceeds in two parts.

Part One presents an overview of the methodology. It begins by outlining the personal stance and motivations of the researcher in undertaking the study. Next, an overview of constructivist grounded theory methodology is presented, including its epistemological foundations, as well as typical data collection and analysis procedures. A rationale for the use of this methodology is then given.

Part Two details the steps taken. It begins by introducing how computer software was employed in the present study. Next, the use of reflexivity throughout the process is described. The three phases of data analysis are then presented in sequence, being:

1. Data collection and interview analysis;
2. Case-specific and cross-case analysis; and
3. Integration of the grounded theory.

### **Part One: Presentation of Methodology and Methods**

#### **Situating the Researcher**

Sharing my personal stance and the motivations underlying the present research allows transparency regarding the philosophy guiding and informing the study. This transparency helps the reader to understand the rationale underlying my research processes and interpretations. Sharing my professional viewpoints and experiences in this way is also connected to reflexivity, an important concept in constructivist grounded theory (Charmaz, 2014).

*[Reflexivity is] the researcher's scrutiny of the research experience, decisions, and interpretations in ways that bring [the researcher] into the process. Reflexivity includes examining how the researcher's interests, positions, and assumptions influenced [their] inquiry. A reflexive stance informs how the researcher conducts their research, relates*

to the research participants, and represents them in written reports. (Charmaz, 2014, p. 344)

Constructivist grounded theory researchers are required to be reflexive about what they bring to their research projects, including what they see and how they see things (Charmaz, 2014).

Investigating music improvisation, mental health and well-being holds both personal and professional interest for me. I have been an accredited music therapist (MTA) with the Canadian Association of Music Therapists since 2005. In 2007, I completed graduate training in music-centered psychotherapy (Ahonen & Lee, 2011). My eclectic approach to music therapy blends music-centered music therapy (Aigen, 2005), person-centeredness (Rogers, 1980; Rogers, 2011), feminist music therapy (Hadley & Hahna, 2016), and feminist psychotherapy (Nutt Williams & Zerbe Enns, 2012). My clinical work focuses primarily on mental health and well-being. I have done this work in a broad range of settings, including mental health facilities, hospitals, hospice care, public schools, universities, long-term care facilities, and private practice. My current clinical work takes place exclusively in my private practice, where I often engage clients in music improvisation because of what I perceive as its benefits to mental health and well-being. I also identify improvisation in music therapy as an area of my professional expertise, as I have intensely studied, presented, and published about this topic over the course of the past 15 years (e.g., Seabrook, 2007, 2017, 2019a, 2019b).

I will share some of my identity markers to further situate this research—a practice recognized as important by feminist scholars (Haraway, 1988) and included here to enhance transparency for the reader. I grew up in an upper-middle class suburb of Toronto, Canada, and I identify as a white, cisgender, heterosexual, non-disabled woman. I am a music therapy scholar, educator, and clinician, as well as a performing improvising musician (pianist). Acknowledging my privilege and using it to bring critical attention to social justice issues has become an important part of my more recent professional work (e.g., Seabrook, 2019b, 2020; Seabrook et al., 2019).

My interest in multidisciplinary conceptualizations and practices of music improvisation to promote mental health and well-being has been motivated by various perspectives I encountered in the course of my professional activities. For example, after sharing audio

recordings of my clinical work during a conference presentation, one attendee, a performing musician, publicly stated that there was no difference between what they did in concerts or when they were jamming with friends and my clinical work. Another performing musician attendee then suggested that music therapy improvisation was simply “self-effacing” improvisation, implying that it was not informed by scholarly therapeutic theory, but rather represented an insecure way of being. I have also often encountered situations wherein a well-intentioned music colleague who is not a music therapist has described their work facilitating community music improvisation groups to me as ‘music therapy.’ In some cases, when I have attempted to respectfully clarify that these are community music groups and not music therapy groups—in part because my interlocutors are not certified music therapists—the colleague has communicated that they did not agree with this distinction and reiterated that we were doing the same thing.

These and other similar anecdotal experiences revealed what I perceived as a lack of understanding among improvising musicians about what the distinctions and/or similarities were among improvisation practices across music disciplines. I became motivated to explore the distinctiveness of improvisation in music therapy scholarship and practices as compared to community music and music performance. I was prepared to engage in a process that would likely challenge my own assumptions and beliefs about what makes improvising in music therapy contexts a unique and distinct practice. I also suspected that if such confusion exists among musicians working in different professional contexts, then further confusion and misunderstanding likely exist in other spheres, and most troublingly, amongst people who may be seeking guidance on how to engage in music improvisation to benefit their own mental health and well-being. I hoped to find an impartial way to clearly conceptualize how music improvisation is being used to promote mental health and well-being within three different disciplines and to identify the intersections and divergences among practices. Part of my motivation was to enable more fruitful collaborations among practitioners within these disciplines. Another motivating factor was to help other stakeholders make informed choices. These stakeholders include organizations that hire musicians to promote mental health and

well-being and individuals seeking to address their own mental health and well-being via creative means.

### ***Personal Fit of the Chosen Methodology***

It was important that I resonated with the epistemology I chose to investigate the research topic, or in other words, that it be “personally viable” to me (Edwards, 2012, p. 382). This viability allows the researcher to use the methodology successfully by supporting and validating the ways they collect, analyze, and interpret the data (Edwards, 2012). As I follow a constructivist way of understanding the world, a constructivist grounded theory approach was selected for the present study. Adopting a constructivist grounded theory approach affected how the present research unfolded and was understood, including participant recruitment, data collection, data analysis, and reflexive procedures.

### **Epistemological Position**

*Epistemology* is the study of what it is possible to know and how it is possible to acquire knowledge (Wheeler & Bruscia, 2016). The *methodology* of a research study can be understood as a design that guides how knowledge should be gathered (Hiller, 2016; Killam, 2013). In other words, the methodology provides the rationale for using a particular research design (Clough & Nutbrown, 2012). This research is situated within a constructivist epistemology and employs a qualitative methodology.

### **Constructivist**

A *constructivist* epistemology assumes the existence of multiple realities (O’Callaghan, 2016). In a constructivist research project, data collection is an interactive process of co-construction on the part of the researcher and the participants (O’Callaghan, 2016). The data analysis and research findings are contextually bound. A constructivist epistemology acknowledges that the researcher is embedded within the world and the research process, including making decisions about what data is collected and the resultant analyses (Charmaz, 2014). In other words, both the data collection and the data analysis are understood to be constructed by the researcher within their present context. The researcher’s “past and present involvements and interactions with people, perspectives, and research practices” are all part of how they construct their resultant grounded theory (Charmaz, 2014, p. 17). Indeed, the

resultant theory “*depends* on the researcher’s view; it does not and cannot stand outside of it” (Charmaz, 2014, p. 239).

### **Qualitative Research Methodology**

Constructivist grounded theory research is qualitative research (Charmaz, 2014). The goal of qualitative research is to “allow contextually relevant variables (or *realities*) to *emerge* in order to generate theoretical constructs and build theory” (Baker & Young, 2016, pp. 29-30). In constructivist grounded theory, the emergent theory is not an exact or objective picture of the world, but rather an “*interpretive* portrayal” (Charmaz, 2014, p. 17). Qualitative research produces findings that may be transferrable to other similar contexts (Baker & Young, 2016).

The results of qualitative research are understood to be specific to the contexts within which the research occurred, and the researcher must provide details about every step of the project so that readers may determine whether and how the results may “*transfer* into other relevant settings or situations” (Baker & Young, 2016, p. 30). This research approach is aligned with the goals of the current research: namely, to develop a multidisciplinary grounded theory of music improvisation to promote mental health and well-being as practiced by performing musicians, community musicians, and music therapists. Situated within the articulated ontology and epistemology of the present study, this grounded theory is understood to be *one of many possible* conceptualizations of the practice, and not *the definitive* conceptualization of the practice.

### **Constructivist Grounded Theory**

Grounded theory was first introduced by sociology researchers Glaser and Strauss, who defined it as “the discovery of theory from data—systematically obtained and analyzed in social research” (1967, p. 1). After this initial collaboration, differences in their worldviews caused Glaser and Strauss to disagree about grounded theory, and the methodology was fractured (Urquhart, 2013). There are now many approaches and interpretations of grounded theory (Babchuk, 2011)—what some researchers refer to as a “family of methods” (Bryant & Charmaz, 2007, p. 12) or a “constellation of methods” (Charmaz, 2014, p. 14). As previously outlined, the current research adopted the constructivist variation of grounded theory developed by Charmaz (2006, 2009, 2014). In the present study, references will be cited from across

grounded theory literature when describing elements common among all grounded theory approaches. When describing specifically constructivist iterations of grounded theories, relevant literature that takes a constructivist stance will be cited.

Grounded theory emerged, in part, due to the need to generate new theories from contemporary data, rather than attempting to force data to fit pre-existing theories (Glaser & Strauss, 1967). The creation of grounded theory also addressed critiques that qualitative research was merely descriptive by engaging qualitative researchers in rigorous and systematic explanation and theory building (Glaser & Strauss, 1967). The goal of grounded theory is therefore to construct theories that are grounded in data; this means that data are collected and analyzed according to particular methods, and a theory is then created from the ground up (Corbin & Strauss, 2015). A constructivist grounded theory study aims for an interpretive understanding of the topic under study that remains contingent upon contextual conditions (Charmaz, 2014).

In general, a grounded theory consists of the following four components (Urquhart, 2013, pp. 5-6):

- 1) “Means of representation”: Grounded theories are often represented in a narrative fashion and/or with diagrams;
- 2) “Constructs”: A grounded theory contains several theoretical categories, including one or two central categories, also known as core categories;
- 3) “Statements of relationship”: The relationships among categories are explicated;
- 4) “Scope”: It is important for the emergent theory to pertain to the area under investigation.

A grounded theory may also contain a *contingency*, also called a “critical juncture” (Fagerhaugh, 1986, p. 141). A contingency is a major turning point within the theory that affects the process being described (Fagerhaugh, 1986).

### ***Substantive and Formal Grounded Theories***

Grounded theory methodology can result in either a substantive or a formal grounded theory. A substantive theory is “a theoretical interpretation or explanation of a delimited problem in a particular area” (Charmaz, 2014, p. 344). A formal theory subsumes and addresses

several substantive areas of study and is a “theoretical rendering of a generic issue or process” (Charmaz, 2014, p. 343). For example, theories of child development are formal theories. Given that the purpose of the current research is to investigate a particular delimited area, the current study is appropriate for the formation of a substantive grounded theory.

### ***Evaluating Grounded Theory Studies***

A grounded theory study can be evaluated based upon criteria of credibility, originality, resonance, and usefulness (Charmaz, 2014). Credibility requires proper adherence to the grounded theory method, including that the research has achieved an intimate familiarity with the setting or topic, and has collected sufficient data to merit the claims (Charmaz, 2014). Originality refers to the ways in which the resultant theory “challenges, extends, or refines current ideas, concepts, and practices” (Charmaz, 2014, p. 337). Resonance means that the categories portray the fullness of the participants’ lived experiences and that the grounded theory makes sense to the people for whom it is applicable (Charmaz, 2014). Finally, usefulness means that something new is contributed to the scholarly knowledge and that it is conveyed in an accessible way to the people with whom it is concerned (Charmaz, 2014). An evaluation of the current study according to these criteria is presented in Chapter Five.

**Ensuring Trustworthiness.** *Trustworthiness* can be described as how a researcher can persuade their audience that their findings are “worth paying attention to, worth taking account of” (Lincoln & Guba, 1985, p. 290) – in other words, that their findings are to be trusted. Lincoln and Guba (1985) outlined how trustworthiness in qualitative research depends upon the credibility, transferability, dependability, and confirmability of a given research study. Trustworthiness is another criterion that can be used to evaluate a grounded theory study. Trustworthiness can be ensured in constructivist grounded theory research by engaging in the following: reflexivity, member checks, researcher journaling, peer debriefing, thick description of sampling and research contexts, data analysis illustrations, and consultation with advisors (Edwards, 2012; O’Callaghan, 2016).

In order to construct theories that meet these criteria, grounded theory methods consist of “systematic, yet flexible guidelines for collecting and analyzing qualitative data” (Charmaz, 2014, p. 1). The following section will outline the methods of data collection used in

constructivist grounded theory that are pertinent to the present study and illustrate components of trustworthiness as outlined above. Part Two of the present chapter will present how these specific methods were used in the present study.

### **Data Collection in Constructivist Grounded Theory**

Gathering rich, substantial data is the foundation of a quality grounded theory study (Corbin & Strauss, 2015). Rich data are “detailed, focused, and full,” writes Charmaz (2014), continuing, “They reveal participants’ views, feelings, intentions, and actions as well as the contexts and structures of their lives” (p. 23). In grounded theory, sample size is connected to the units of data gathered rather than the number of participants (R. Schreiber, personal communication, January 28, 2020). There may be several units of data for each participant included in a study. For example, an interview with a single participant may contain several units of data. Additionally, each musical recording constitutes an additional data unit.

### ***Participant Recruitment***

Potential participants for a constructivist grounded theory study can be identified and approached via various sampling strategies, including purposeful, snowball, and theoretical sampling. *Purposeful sampling* is a qualitative research design strategy (Wheeler, 2016b). In purposeful sampling, potential research participants are specifically selected by the researcher because “there are things that can be learned from them” that have direct relevance to the research question (Wheeler, 2016b, p. 137). *Snowball sampling* is a procedure common to grounded theory (Corbin & Strauss, 2015) wherein the researcher asks current participants to recommend potential participants for the study (Keith, 2016). Unlike purposeful and snowball sampling, which are used in other research methods, theoretical sampling is a hallmark of grounded theory (Corbin & Strauss, 2015; Glaser & Strauss, 1967) and is used exclusively in this approach.

The purpose of theoretical sampling is to collect new data that will further “develop concepts in terms of their properties and dimensions, uncover variations, and identify relationships between concepts” (Corbin & Strauss, p. 134). Theoretical sampling occurs when, after some data analysis, the researcher has arrived at preliminary categories which are not yet robust or focused enough to tell the complete story of the data (Charmaz, 2014). In *theoretical*

*sampling*, the researcher seeks and collects new data that they believe will help them to better understand and refine categories in their emerging theory (Charmaz, 2014). To engage in theoretical sampling, researchers may: (a) revise their interview guide to include focused questions that will elucidate categories; (b) seek new participants from whom they can gather fresh data to elucidate categories; or (c) look to external pre-established theories for inspiration and fit (Charmaz, 2014; Urquhart, 2013).

*Abductive reasoning*, or *abduction*, is used by grounded theorists during theoretical sampling (Charmaz, 2014).

[Abduction] is a mode of imaginative reasoning researchers invoke when they cannot account for a surprising or puzzling finding. Subsequently they make an inferential leap to consider all possible theoretical explanations for the observed data, and then form and test hypotheses [via qualitative means] for each explanation until arriving at the most plausible theoretical interpretation of the observed data. (Charmaz, 2014, p. 200)

During abduction, the researcher makes inferences as to how to account for findings, and “these inferences rely on imaginative ways of reasoning” (Charmaz, 2014, p. 201).

**Theoretical Saturation and Theoretical Sufficiency.** Glaser and Strauss’ (1967) original grounded theory method asserted that for a robust new theory to emerge from the data, *data saturation* must be reached (Charmaz, 2014; Strauss & Corbin, 1990). Data saturation occurs when the acquisition of new data via theoretical sampling no longer sparks novel and relevant theoretical insights, nor does it uncover properties of the theoretical categories (O’Callaghan, 2016). However, there is discussion in the field of grounded theory about the veracity of this concept. For example, Dey (1999) argued that theoretical *saturation* is incongruent with grounded theory because its methods “rely on the researcher’s conjecture that the properties of the category are saturated” (Charmaz, 2014, p. 216). Dey (1999) contended that grounded theorists have categories suggested by data rather than saturated by them and that the term *theoretical sufficiency* represents how researchers conduct grounded theory better than theoretical saturation (Charmaz, 2014).

## ***Types of Data***

Rich data can be collected from a variety of sources. Having multiple types of data for each participant can add to the “thickness” of the data (Charmaz, 2014, p. 23). Many different types of data can be collected for analysis in a grounded theory study, including observational and interview data (Charmaz, 2014; Corbin & Strauss, 2015). Of these, interviewing is the most common form of data collection in grounded theory (Charmaz, 2014).

**Interviewing.** There are several distinct types of interviews used in qualitative research, including intensive, informational, and investigative interviews. *Intensive interviews* are the type of interviews best suited to constructivist grounded theory because in addition to collecting accurate and detailed descriptive data, intensive interviews aim to uncover hidden actions, intentions, and/or practices and their implications (Charmaz, 2014). This is useful for a constructivist grounded theory study, as it ensures that the resultant theory is a comprehensive conceptualization of the topic under study that takes multiple realities and experiences into account. To achieve these aims, intensive interviewers rely on open-ended questions, seek detailed responses, and emphasize the participants’ perspectives, meanings and experiences (Charmaz, 2014). For example, a researcher might ask a participant to define a key concept in their own words to better understand the participant’s intentions and meanings. The researcher is also open to pursuing unanticipated areas of inquiry revealed by the participant during intensive interviews (Charmaz, 2014). This is useful for a constructivist grounded theory study because it allows the participants particular agency in determining which data are relevant and necessary to include in the conceptualization of the topic at hand: that is, the emergent theory is not limited to the researcher’s pre-conceived positions.

How intensive interviews proceed varies with respect to the amount of structure imposed upon them by the researcher. Semi-structured intensive interviews “enable researchers to maintain some consistency over the concepts that are covered in each interview” (Corbin & Strauss, 2015, p. 39), while allowing for flexibility within the structure should the interviewer wish to pursue a particularly fruitful topic of interest. Grounded theorists recommend creating an interview guide for use during interviews and stress that researchers should use this flexibly so that they are free to follow what is emerging as rich data

during the interview (Corbin & Strauss, 2015). It is understood that the interview guide will be revised as the study evolves to accommodate emergent theoretical foci (Charmaz, 2014). Charmaz recommends that researchers create a preliminary interview guide and conduct practice interviews prior to beginning their formal data collection (2014).

This section presented the methods of data collection used in constructivist grounded theory. The next section will outline the methods of data analysis employed in constructivist grounded theory.

### **Data Analysis in Constructivist Grounded Theory**

Grounded theorists use various techniques to analyze transcribed interview data. The researcher decides which techniques to use based upon the needs of the study and the emerging theory (Charmaz, 2014).

#### ***Methods for Coding Interviews in Constructivist Grounded Theory***

All types of coding in grounded theory use *constant comparative methods* (Charmaz, 2014; Corbin & Strauss, 2015). The purpose of constant comparison is to establish analytic distinctions at each level of data analysis. In practice, this means that the researcher begins by comparing like data to find similarities and differences among them (Corbin & Strauss, 2015). For example, when coding interview data, the researcher would compare data from within the same interview and also compare data from across different interviews (Charmaz, 2014). Data that are conceptually similar in nature are grouped together under the same heading to form codes.

Coding in grounded theory also involves the use of gerunds. *Gerunds* are action words ending in “ing.” Coding for actions allows data analysis to focus on what is happening in the data, thereby grounding analysis in what is happening in the data (Charmaz, 2014). Furthermore, coding for actions reduces the tendency to make conceptual leaps before doing the appropriate amount of analysis (Charmaz, 2014).

**Line-by-Line Coding.** In *line-by-line coding*, the researcher matches each sentence of data with a relevant new or pre-existing initial code (Charmaz, 2014; Corbin & Strauss, 2015). Line-by-line coding is a common first step for grounded theory research as it allows ideas to occur to the researcher that they may not have perceived when reading textual data in a more

traditional way (Charmaz, 2014). The number of codes that result from line-by-line coding in grounded theory varies widely across projects; the number can include several hundred codes, and is not an indicator of quality (R. Schreiber, personal communication, January 28, 2020).

**Focused Coding.** *Focused coding* is the “second major phase” in grounded theory coding (Charmaz, 2014, p. 138). During focused coding, initial codes may be combined to create a new focused code or raised to the level of a focused code if they appear more frequently or have more significance than other codes (Charmaz, 2014). Both initial and focused coding are emergent non-linear processes and can continue to be applied for the duration of data analysis (Charmaz, 2014).

**Theoretical Coding.** *Theoretical coding* is a sophisticated level of coding that occurs during theory construction and the development of theoretical categories (Charmaz, 2014). The purpose of theoretical coding is to help theorize the data and to move the research in a theoretical direction (Charmaz, 2014).

### ***Memo Writing***

Writing memos is an integral part of the analysis process in grounded theory (Corbin & Strauss, 2015; Glaser & Strauss, 1967). Memos are a way to preserve the dialogue that occurs in the mind of the researcher during data analysis, including comparisons, pertinent questions, emerging concepts, and relationships between concepts (Corbin & Strauss). Wherever possible, researchers “ground” their memos with examples from the data (Urquhart, 2013). Memos are central to interacting with data and constructing theoretical categories (Charmaz, 2014). For example, a researcher may break off during the coding process to write down a new theoretical insight in a memo. The process of abstraction facilitated by memo-writing is useful to the creative process of theorizing (Urquhart, 2013). Researchers also use memos to raise their focused codes to conceptual categories, including articulating the dimensions of those categories and the relationships between them (Charmaz, 2014).

### ***Category Development***

After determining initial codes and focused codes, the next step in constructivist grounded theory is to develop theoretical categories (Charmaz, 2014). Categories in grounded theory can be understood as conceptual elements in the emergent theory, and they have

distinct dimensions and properties (Corbin & Strauss, 2015; Glaser & Strauss, 1967). Category development in constructivist grounded theory is an emergent and iterative process that can move between coding, data collection, and data analysis, each informing the others (Charmaz, 2014).

To develop categories, the researcher again employs the constant comparative method. At this stage, the codes are compared, and concepts are grouped together to form categories. In some cases, theoretical categories may “subsume[d] common themes and patterns in several codes” (Charmaz, 2014, p. 189). In other cases, a focused code may be raised to the level of a category (Charmaz, 2014). Still other categories may be “explications of ideas, events, or processes in [the] data”: for example, an idea may have come forward in a memo that later becomes a theoretical category (Charmaz, 2014, p. 189). As previously mentioned, category development can also involve theoretical coding.

**Development of the Core Category.** The *core category* is a grounded theory category that “represents what the researcher determines is the main theme of the research” (Corbin & Strauss, 2015, p. 188). The core category is “central for the integration of other categories into a conceptual framework,” and it determines and delimits the grounded theory (Hallberg, 2006, pp. 143-144). Corbin and Strauss (2015) outlined three requirements for a core category. It must:

Be abstract enough to be used as an overarching concept that ties all other categories together;

- 1) “Appear frequently in the data” (p. 189); and
- 2) “Be logical and consistent with the data” (p. 189).

The development of the core category can be an iterative process that occurs alongside theory construction (Corbin & Strauss, 2015).

### **Theory Construction in Constructivist Grounded Theory**

Developing a theory, and/or a grounded theory, is similar to category development in that it is an ongoing iterative process that interacts with data collection, data analysis, memo writing, and participant feedback (Charmaz, 2014). Corbin and Strauss (2015) describe theory building as “a process of going from raw data, thinking about that raw data,

delineating concepts to stand for raw data, then making statements of relationship about those concepts and linking them all together into a theoretical whole” (p. 189).

The development of a grounded theory requires theoretical sensitivity on the part of the researcher (Bryant & Charmaz, 2012; Charmaz, 2014). *Theoretical sensitivity* is “the ability to understand and define phenomena in abstract terms and to determine abstract relationships between studied phenomena” (Charmaz, 2014, p. 161). The researcher uses theoretical sensitivity to discern which avenues to pursue in theoretical sorting, sampling, and theory construction (Charmaz, 2014). The use of theoretical sensitivity, along with the method of constant comparison, allows connections between codes and relationships between categories to emerge (Charmaz, 2014).

### ***Strategies for Theory Construction and Integration***

Theoretical integration is the integration of all concepts together into a cohesive grounded theory (Corbin & Strauss, 2015). Charmaz (2014) names theoretical sorting and diagramming as strategies that can serve theoretical development. In *theoretical sorting*, the researcher sorts, compares, and integrates memos about the categories that they have developed. Charmaz (2014) identified the main steps involved in theoretical sorting, including: (a) “sorting memos by the title of each category” (p. 218); (b) “compar[ing] categories” (p. 218); (c) considering how the order of categories reflects the studied experience; (d) considering how category order reflects the logic of the categories; and (e) “creat[ing] the best possible balance between the studied experience, the categories, and the theoretical statements about them in the memos” (p. 218). Sorting prompts the researcher to compare categories at an abstract level and elucidates relationships among categories (Charmaz, 2014). Likewise, *diagramming*, or creating visual representations of categories and their relationships, can be used to elucidate relationships among categories and to see the power, scope, and direction of the categories (Charmaz, 2014).

Corbin and Strauss (2015) suggest additional techniques to aid theoretical integration. First, consulting with a supervisor or colleague can help the researcher gain a new perspective on their research. Second, researchers can write a “descriptive summary memo” (p. 191) that tells the story line of the data in a few descriptive sentences: this can help researchers

synthesize their data. Third, researchers can write a “conceptual summary memo” (p. 192), which is a synopsis of the research findings wherein “the main ideas are expressed using the categories derived during the research including statements of the relationships between the categories to each other and to the core category” (p. 192).

### ***Finalizing the Grounded Theory***

The following steps recommended by Corbin and Strauss (2015) may be useful in finalizing a grounded theory. They recommend that researchers: (a) review the theoretical scheme for internal consistency and logic; (b) trim concepts that do not fit from the theory; (c) determine how well the theory fits with the raw data, and (d) account for variation (pp. 196-202).

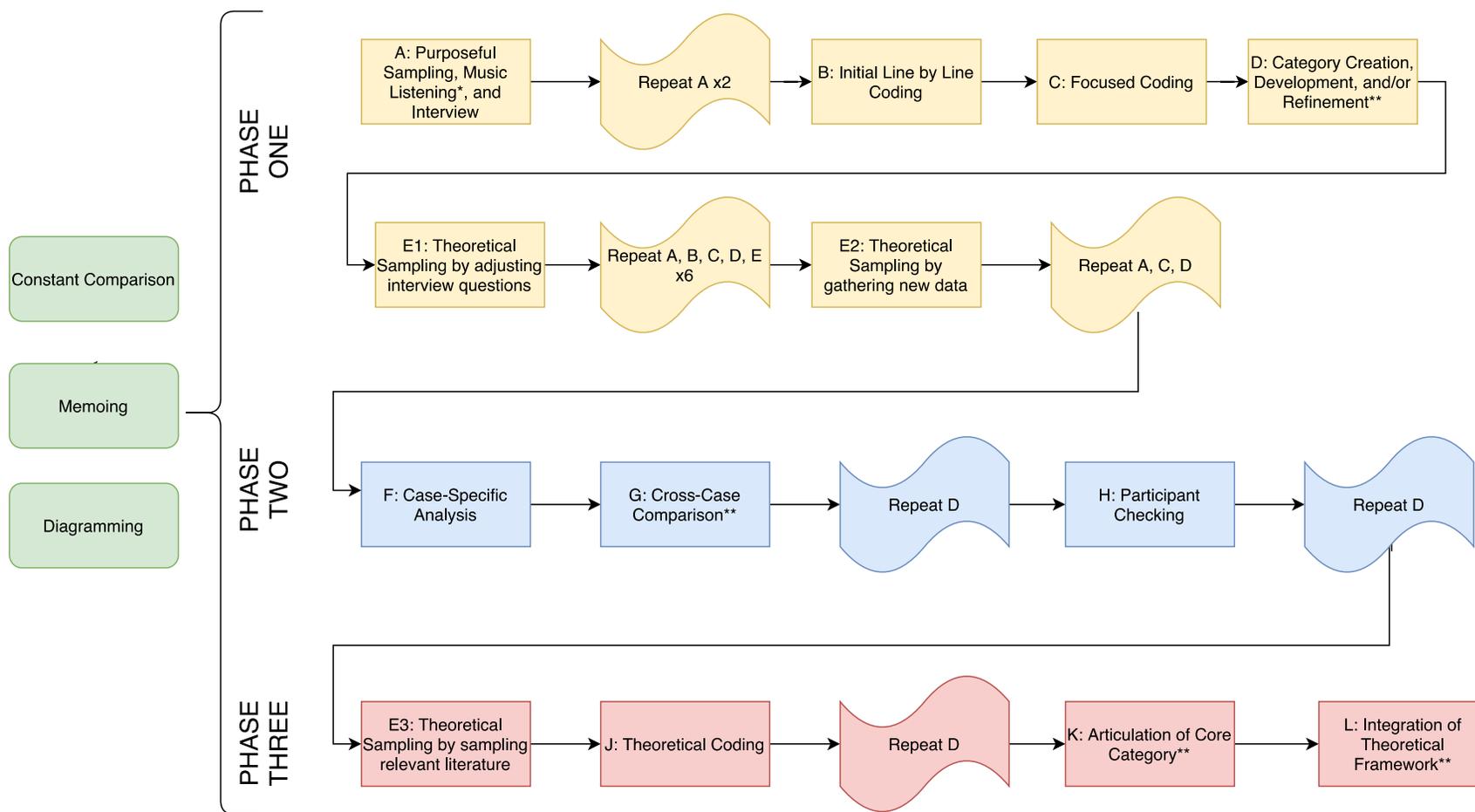
The purpose of Part One was to convey the methodology used in the current research to give the reader a foundation for understanding rationale for the methodological steps taken in the present study. The methodological steps taken will be presented in Part Two.

### **Part Two: Use of Methodology**

The purpose of Part Two is to present the methodological steps taken specific to the current research. These steps are presented within three phases. Where appropriate, the headings from Part One are presented in the same order as the corresponding steps presented in Part Two to provide continuity for the reader. Figure 1 illustrates the methodological steps taken over the course of the research that will be described in Part Two.

**Figure 1**

*Steps Taken during the Data Analysis Process*



\*Music Listening occurred in cases where participants submitted musical data (n=7).

\*\*Involved Theoretical Sorting.

## **Use of NVivo**

I used the qualitative analysis software NVivo 12 for Mac to help transcribe and analyze the interview data as well as to write and store memos. Grounded theorists have noted the benefits of using of qualitative analysis software, including that it allows the researcher to retrace their analytic steps, adding to the transparency of the project (Corbin & Strauss, 2015; Urquhart, 2013). To increase this transparency, I maintained a detailed research log in NVivo for the duration of the study, wherein I recorded a step-by-step account of each data analysis step that I took. Log entries included a date and time stamp, along with the action taken. Examples of logged actions include: “Coded x’s interview,” “Merged code x and code y to create code z,” and “Created memo about x.” This allowed me to look back upon and track each step of my analysis.

Grounded theorists have also noted challenges that researchers can encounter when using qualitative analysis software, including time spent learning the program, and the temptation to allow the computer program to direct the research (Corbin & Strauss, 2015; Urquhart, 2013). To mitigate these challenges, I completed two official NVivo educational courses to ensure that I understood the program and could use it effectively for my research purposes.

## **Reflexivity in the Present Study**

I engaged in reflexive practices throughout this research. One practice was keeping a research journal to acknowledge and process my own responses, biases, experiences, and use-of-self during the research process. My reflexivity was further supported by ongoing dialogue about my research and thought processes with members of my supervisory committee, particularly my primary advisor, with whom I maintained frequent email contact and met regularly. I was also part of the University of Victoria Grounded Theory Community of Practice (Schreiber, 2001) from September 2019 through April 2020, which enhanced my understanding of the method and whose members provided feedback on this work. Finally, I processed my reflexivity and research in informal discussion with my qualitative research peers.

## **Phase One: Data Collection and Interview Analysis in the Present Study**

### ***Participant Recruitment***

This research received approval from the University Human Research Ethics Committee at Concordia University prior to any recruitment or data collection procedures. The Certificate of Approval is available in Appendix A. To ensure quality of the data, participants were required to meet the following inclusion criteria:

- Have at least five years of experience in their respective disciplines. This ensured that participant perspectives were well-informed and based upon relevant experiences.
- Self-identify as using a music-centered approach to music improvisation for the promotion of mental health and well-being. Potential participants did not need to have previously articulated a music-centered approach of their work, only to confirm that this was an element of their work when presented with the definition of music-centeredness in the initial recruitment email.
- Not have a professional or personal relationship with the researcher. This criterion ensured that participants' responses to interview questions and selections of musical material were not influenced by any previous relationship they had with me.

Additionally, I accepted only English-speaking participants due to limited time and financial resources for translation services. Potential participants were contacted via email with a pre-composed formal letter of invitation (see Appendix B).

At the outset of this study, I intended to initially interview two or three participants from each of the following disciplines: music performance, community music, and music therapy, for a total of six to nine participants. I planned to have a roughly equal amount of data from each discipline to ensure a balanced multidisciplinary perspective within the resultant theory. Having an initial range of participants and unknown total number of participants is an integral part of the grounded theory method due to its theoretical sampling procedure (Corbin & Strauss, 2015). Accordingly, there was also an openness for additional participants to be

recruited as the study progressed if they were required according to theoretical sampling (Bryant & Charmaz, 2012; Charmaz, 2014; Corbin & Strauss, 2015).

Purposeful, snowball, and theoretical sampling strategies were used in the present study. I engaged in purposeful sampling by reaching out to potential participants who I believed met the inclusion criteria. This included a total of 19 people whom I knew of as members of my professional networks, authors of relevant scholarly literature, and/or persons whose musical performances I was familiar with. I contacted one additional participant via snowball sampling. Finally, I used theoretical sampling to reach out to seven potential participants. I engaged in abductive reasoning as an integral part of theoretical sampling.

In total, 27 individuals were invited to participate in the research. This total includes participants who were invited via theoretical sampling. Of those, ten people agreed to participate. They were: three community musicians, three music therapists, and four performing musicians. The details of potential participant responses are shown in Table 1.

**Table 1**

*Potential Participant Responses*

|   | Performing Musicians | Community Musicians | Music Therapists |
|---|----------------------|---------------------|------------------|
| <b>Accepted</b> the invitation to participate           | 4                    | 3                   | 3                |
| <b>Declined</b> the invitation to participate           | 1                    | 0                   | 4                |
| <b>Did not respond</b> to the invitation to participate | 1                    | 1                   | 10               |
| <b>Total #</b> of potential participants invited        | 6                    | 4                   | 17               |
| <b>Acceptance rate</b>                                  | 67%                  | 75%                 | 18%              |

***Informed Consent***

When a potential participant expressed interest in participating in the study, I sent them the Information and Informed Consent form (see Appendix C) via email. This form contained detailed information regarding confidentiality as well as the potential risks and benefits of

participating in the research. Potential participants were asked to review the Information and Informed Consent form and were told that I was available to discuss any questions or concerns via email, Skype, and/or Zoom. Two participants had questions regarding confidentiality that were addressed via email. Potential participants were asked to send me their completed consent form via email prior to our interview time. I reviewed the completed consent form with the potential participants during our initial conversation before proceeding to the interview.

Participants were offered a choice of either remaining anonymous or being identified during the research project. Eight participants chose to be identified. Two participants, both of whom were community musicians, chose to remain anonymous. Direct quotations from participant interviews were used to illustrate findings, categories, and codes that emerged from the data analysis. In these cases, the participant's identity was managed according to their choice of being either anonymous or identified. If they chose to remain anonymous, identifying information was removed.

Collection of both musical and interview data began on January 25, 2019 and concluded on May 8, 2019.

### ***Collection of Musical Recordings***

I sought musical recordings of the participants engaging in music improvisation to promote mental health and well-being of others from within their disciplinary contexts as a secondary source of data. For example, I sought recordings of performing musicians improvising with the intention of promoting the mental health and well-being of their audiences, of community musicians improvising with/for a community music group, and of music therapists improvising with/for their clients. These data meet the criteria listed for quality grounded theory data set out by Charmaz (2014). I determined that these data would be useful for category development in that they could provide rich and detailed insights into facilitators' perspectives on and processes around the topic area.

Each participant was asked to submit an audio recording of themselves engaging in music improvisation to promote mental health and well-being within their respective contexts, and the recording was to be current within the past five years. This recording was required to be of a single improvisation within an overall event (i.e., a concert performance, a community

music group, or a music therapy session) and to be between three to seven minutes in length. It was the responsibility of each participant to gain consent from any appropriate parties (e.g. community music participants and/or music therapy clients) to share these recordings.

Submitting musical data was an optional component of this study. Seven of ten participants chose to submit musical data. Of these, one music therapist submitted musical data for the purposes of analysis only and did not consent for the recording to be shared or used in any other way.

### ***Music Listening***

Participants who chose to submit musical data were asked to do so prior to their interview. I engaged deeply with each participant's musical data prior to interviewing them. This involved listening to the music while allowing intuitions and thoughts to arise. I documented my impressions of the music, including how these might engage with the emerging research foci and themes, in memos. When relevant, I allowed these reflections to guide the creation of novel interview questions for particular participants.

### ***Interviewing***

I used semi-structured intensive interviews as my main source of data. This form of interview was ideal for the present study due to its potential to reveal rich data. To establish an effective initial interview guide, I first created a draft interview guide modelled on the example given by Charmaz (2014, pp. 66-67) and in consultation with my advisors. I tested the guide and honed my interviewing skills by completing two practice interviews, one each with a community musician and a music therapist who met the inclusion criteria for my study. It was not possible to complete a practice interview with a performing musician due to scheduling challenges. No data from these practice interviews were included in the research. However, I recorded, transcribed, and critically reflected upon these practice interviews. An initial interview guide was created as a result of these practice interviews (see Appendix D).

**Incorporating Musical Data in Interviews.** After two participant interviews were conducted, separate interview guides were created for participants who submitted musical data and for those who did not submit musical data (see Appendix E for the final interview

guides). Since seven of ten participants submitted musical data, the majority of the interviews incorporated focused discussion about the musical data provided.

**Theoretical Sampling in Interviews.** Interview material changed over time as the theoretical focus evolved and emerged, as is expected in constructivist grounded theory research (Charmaz, 2014). After I began data analysis, I made changes to the interview guide and to my interview approach in order to gather data that would inform the emergent theoretical focus and develop theoretical categories.

Nine of ten interviews were conducted online via Skype or Zoom. One interview with a performing musician was conducted via email because of scheduling difficulties. Additional specific approval to conduct this interview via email was granted by the University Human Research Ethics Committee at Concordia University (see Appendix F). Eight of the nine interviews conducted via Skype or Zoom lasted for 60 minutes. One interview with a community musician lasted for 23 minutes due to that participant's unanticipated time constraints.

### ***Data Management***

Participants submitted musical data electronically through a variety of methods: as an email attachment, through data sharing platforms (i.e., Soundcloud, Dropbox), and as a YouTube video link. Interviews were audio recorded with primary and backup Zoom recording devices. The recordings were then transcribed into electronic NVivo documents and saved on my computer. Musical data and interview recordings were stored on my hard drive and backed up on my external hard drive as password-protected files. To ensure confidentiality for participants who wished to remain anonymous, their recordings were identified via code in their file name (e.g., Recording Participant 1).

### **Data Analysis in the Present Study**

Data analysis began on February 22, 2019, and concluded on September 5, 2019. I began data analysis after completing the first three interviews, as was appropriate given the total number of participants I was anticipating (K. Charmaz, personal communication, February 21, 2019). I employed the process of constant comparison throughout the data analysis processes. I also wrote memos throughout the data analysis process and referred to them

often, particularly when seeking to determine the theoretical direction of the research and emerging areas of focus.

### ***Coding in Phase One***

During this step, all interview data were coded and categorized together using the method of constant comparison described previously.

**Line-by-Line Coding.** Line-by-line coding can “free [the researcher] from being so immersed in [their] research participants’ world views that [they] accept them without question” (Charmaz, 2014, p. 127). This is a particularly important consideration when researchers study members from their own profession (Charmaz, 2014) as I did in this study. Line-by-line coding on the NVivo platform was the initial coding practice for the entirety of the first six interview transcripts. An example of line-by-line coding is provided in Table 2.

**Table 2***Example of Line-by-Line Coding*

| Initial Line by Line Coding   | Excerpt: Jesse, CM  |
|---|---|
| Naming elements that foster well-being<br>Identifying capacity for dialogue<br>Linking improvisation and relationships<br>Identifying capacity not to exploit | But at any rate, if we accept this proposition that improvisation modes of music making allow for the possibility of kind of, more dialogue-based, more, a greater equality between the participants, then I think we can start to see why maybe it would be conducive to some of those things, |
| Linking improvisation, equality, and community<br>Linking improvisation, equality, and friendship   | the idea of community formation and friendship and all of those kinds of things. So, I think that that's... and also, actually, I think even things like  |
| Linking improvisation, equality, and empathy<br>Listening<br>Listening is everything  | empathy, I think all... listening. Listening is so crucial. I think it's crucial in all modes of music-making, but I think it's particularly... well, I don't even know if I could say that, if it's particularly important in improvised music. But I think it is very important.              |
| Listening   | So, actually, really listening to somebody else's point of view, musically speaking, but by extension more generally. To me, all of those things have, I guess a conducive to engendering a sense of positive mental  |
| Listening to someone's music and self   | health and well-being.  |
| Linking improvisation with mental health & well-being   | health and well-being.  |

Additional examples of line-by-line coding are available in Appendix G. At the conclusion of the analysis processes, a total of 254 codes emerged through line-by-line coding.

***Focused Coding.*** While NVivo was a useful tool, I wanted to work with the initial codes in a tactile manner to support the development of focused codes. All the initial codes were thus printed out each on a separate slip of paper, along with the number of times that the code was used, as well as the number of participants to whom each code applied. Having this numerical information helped me better understand the scope of the codes. I spread these slips of paper out on the floor and experimented with various arrangements of the initial codes to see how they might be developed into focused codes.

Some initial codes were turned into focused codes by virtue of the frequency of their appearance and their potential cross-disciplinary theoretical applicability. Other times, focused codes were created as amalgamations of several initial codes. In total, 65 focused codes were created. Nine of the 65 of the focused codes were deemed not relevant to the emerging theoretical categories because they were about tangential topics and were therefore removed from subsequent analysis. For example, the focused code “Describing Family History” contained information about the participant’s personal family histories which was deemed to be outside the scope of the present research, and the code was therefore removed from further analyses. Thus, 56 relevant focused codes remained. Each relevant focused code was defined and critically explored in memos. An example of a focused code memo is presented in Figure 2. It has been left in its raw form (i.e., unedited) in order to illustrate how I used memo-writing to articulate my emergent thinking.

## Figure 2

### *Example of a Focused Code Memo*

#### **Memo Title: FC - Hesitating to Define Mental Health and Well-Being**

**Created on March 4, 2019**

#### DEFINING THE CODE

Hesitating to Define Mental Health and Well-Being are all the ways that I perceive participants hesitating and being uncomfortable when asked to share an understanding of mental health and well-being that resonates with them.

These include hesitations and discomfort that the participants explicitly identify and state (Jesse, Susan, Stephen), and that I perceive and are conveyed non-verbally. Non-verbal hesitations and discomfort include avoiding defining the concepts (Stephen), or hesitating a great deal when sharing their understanding (P1).

#### EXAMPLES FROM THE DATA

One example of a verbal tension is Stephen, who said he doesn't think in those terms at all:  
"Yeah I just don't think of it in those terms at all"

Jesse said that he was very hesitant to define mental health and well-being:

"Yes. I would really hesitate to describe mental well-being. In part because I think we would end up with some kind of normative understanding of mental health, which I think we ought to avoid. And, the shift towards thinking about neurodiversity I think is an important shift. So, I would hesitate to say: This is what, you know, well-being mentally looks like. Because my conception of that may be very very different from somebody else who has lived experiences with neurodiversity, whatever it may be. So, I would really hesitate to frame, to try to define the idea of well-being because I feel as though it would essentialize the idea and always kind of, it would do so in a way that is normative and problematic. And I don't want to do that."

Susan (whose interview I haven't analyzed yet, but that I recall), said that someone's mental health and well-being is subjective and only described her own experience.

#### MOVING FORWARD

There is often a discomfort when I ask people to define how they understand well-being. It seems worth exploring that participants are hesitant to define something that many are purporting to affect. How do they know what they are affecting? This is particularly interesting for music therapists who more overtly aim to affect health & well-being in their professional capacity. Also interesting is that Gary, a performing musician, has had the clearest articulation of well-being thus far.

Some questions are:

Why does this hesitancy exist?

How does this hesitancy serve the participants?

How does this hesitancy inform how they work?

Jesse alluded to dimensions of the tension, by sharing that there are normative ideas of well-being that he doesn't ascribe to. So, the multiplicity of ideas about health and well-being might be one area of tension.

Participants (e.g., Jesse) also talk generally about "well-being" rather than specifying "mental well-being," I think the idea of "well-being" conveys a more general or wholistic idea, whereas "mental health" is more clinical automatically and maybe can stay in the "mental" area. To discuss as well.

#### CONTINUING THE ITERATIVE PROCESS

This code affirms the change to asking directly for personal definitions of mental health & well-being.

The relevant focused codes were used to re-examine data that had been previously analyzed using line-by-line coding. Table 3 illustrates focused coding from the same interview excerpt presented in Table 2. In this example, many of the codes previously used in line-by-line coding have been removed, and one code has been added.

**Table 3***Example of Line-by-Line Coding*

| Initial Focused Coding                                | Excerpt: Jesse, CM  |
|---|---|
| Naming elements that foster well-being                | But at any rate, if we accept this proposition that improvisation modes of music making allow for the possibility of kind of, more dialogue-based, more, a greater equality between the participants, then I think we can start to see why maybe it would be conducive to some of those things, the idea of community formation and friendship and all of those kinds of things. So, I think that that's... and also, actually, I think even things like empathy, I think all... listening. |
| Listening   | Listening is so crucial. I think it's crucial in all modes of music-making, but I think it's particularly... well, I don't even know if I could say that, if it's particularly important in improvised music. But I think it is very important.   |
| Listening   | So, actually, really listening to somebody else's point of view, musically speaking, but by extension more generally. To me, all of those things have, I guess a conducive to   |
| Listening to someone's music and self                 | engendering a sense of positive mental health and well-being.   |
| Hesitating to describe mental health & well-being     |   |
| Linking improvisation with mental health & well-being |   |

Focused coding was also used as the initial coding practice for the final four interviews. The practice of using focused coding in this way is common in grounded theory research (Charmaz, 2014).

Additional examples of focused coding are available in Appendix H. Both line-by-line and focused coding were employed for the duration of the data analysis in an iterative process, as is appropriate in grounded theory (Charmaz, 2014). This meant that I repeated the processes of line-by-line coding for a section of particularly rich-seeming data and then checked and modified the focused codes based upon this line-by-line coding.

### ***Category Development in Phase One***

I used the method of constant comparison to develop categories: this involved comparing data, codes, and/or memos. I also leveraged theoretical sensitivity by drawing on my professional experiences and theoretical knowledge about music improvisation, mental health and well-being to discern which data may be relevant and to inform category development. Some categories were created by “subsum[ing] common themes and patterns in several codes” (Charmaz, 2014, p. 189). In other cases, a focused code was raised to the level of a category. In still other cases, categories were “explications of ideas, events, or processes in [the] data” (Charmaz, 2014, p. 189).

I wrote memos for each potential theoretical category that included the following elements according to Charmaz’s (2014, p. 190) guidance: (a) a definition of the category; (b) an explication of the categories’ properties; (c) the conditions under which the category arises; (d) the consequences of the category and; (e) how it relates to other categories. An example of a theoretical category memo is contained in Appendix I.

### ***Theoretical Sampling: Seeking New Participants***

Theoretical sampling via including new participants was done with the intention of achieving data sufficiency (Dey, 1999). After creating the preliminary categories with data from nine participants, I decided to seek additional data in an effort to further explore emergent themes and categories. I sought additional participants from each of the disciplines under study. With respect to music therapists, I specifically sought music therapists who would be able to share musical data. Additionally, I postulated that data from music therapists who take

a particular approach called Community Music Therapy (Ansdell, 2002) would strengthen the study, given that practitioners who take this approach straddle the intersection between community music and music therapy, and I was interested in this intersection. I conducted online research to identify new potential participants who fit the inclusion criteria. Emails of invitation to participate in the study were subsequently sent to potential participants. This recruitment information is included in Table 4.

**Table 4**

*Responses from Potential Participants Contacted via Theoretical Sampling*

|   | Performing Musicians | Community Musicians | Music Therapists ['Traditional' Approach] | Music Therapists [Community Music Approach] |
|---|----------------------|---------------------|---|---|
| <b>Accepted</b> the invitation to participate                             | 1                    | 0                   | 0   | 0   |
| <b>Declined</b> the invitation to participate                             | 0                    | 0                   | 1   | 1   |
| <b>Did not respond</b> to the invitation to participate                   | 1                    | 1                   | 2   | 3   |
| <b>Total #</b> of potential participants invited via theoretical sampling | 1                    | 1                   | 3   | 4   |

As Table 4 illustrates, one performing musician agreed to participate as a result of theoretical participant sampling. Their data were collected, analyzed, and incorporated into category development.

***Diagramming***

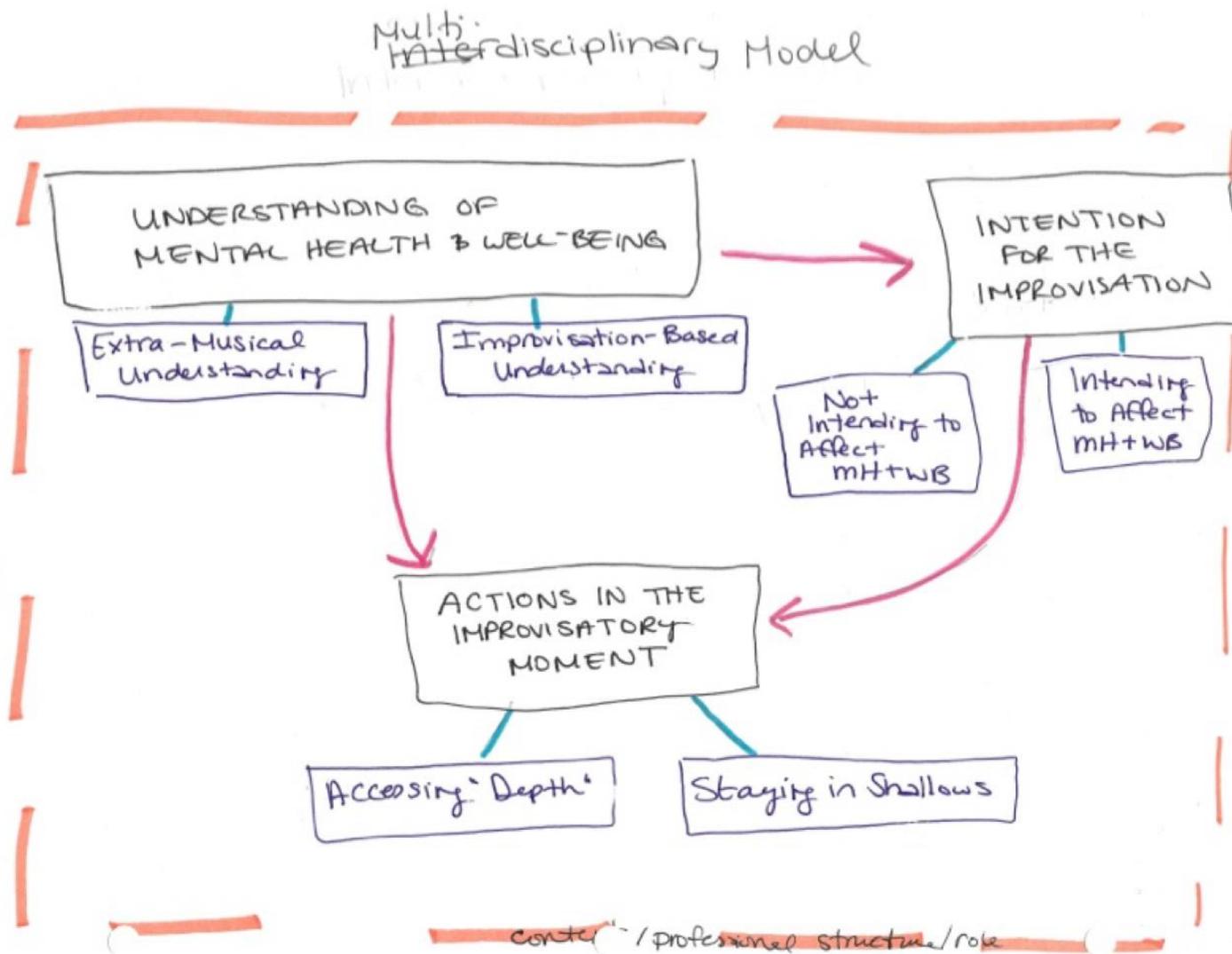
Over the course of the data gathering and analysis phase, I created, re-worked, and re-defined the theoretical categories. This process involved diagramming via various visual representations such as flow charts and word clouds to understand the relationships between potential categories and what the data were indicating with respect to pertinent themes and the connections between them (Charmaz, 2014).

The word cloud presented in Figure 3 is derived from a Word Frequency Query in NVivo wherein all interview data were analyzed and the words that appeared most frequently are presented. Of these, the words that appeared most often are in larger-size text and words that appeared less often are in smaller-sized text. The Word Frequency Query and Word Map presentations in NVivo offered me a different perspective on the data and encouraged me to consider whether and how the emergent theoretical categories were containing the concepts indicated by these words. While grounded theory is generally accepted to employ abductive and inductive reasoning (Charmaz, 2014; Corbin & Strauss, 2015), Corbin and Strauss (2015) assert that the method also involves some deductive thinking. Deduction can be understood as “a type of reasoning that starts with the general or abstract concept and reasons to specific instances” (Charmaz, 2014, p. 342). I primarily employed abduction and induction during this research, however there are some instances when I used deductive thinking. For example, allowing the Data Word Cloud to guide my thinking could be considered to involve deductive reasoning. I rigorously investigated any potential perspectives achieved via deduction through the method of constant comparison.



Figure 4

Experimental Diagrammed Conceptualization of Emergent Categories and Relationships



At the conclusion of the analytical processes up to this point, seven potential categories had emerged, and the relationships among them were articulated. Working with these seven categories and their relationships was an integral part of the process that led to the findings of the present study. While these categories are not entirely representative of the final findings of this research, they are presented here to allow the reader to follow the data analysis process. The seven categories at the time were: (a) Defining mental health and well-being; (b) Elements of mental health and well-being; (c) Understandings of how music improvisation affects mental health and well-being; (d) Intention; (e) Actions in the improvisatory moment; and (f) Accessing depth and playing in the shallows. These categories were framed by the larger category of Context. The category of Context included the following: physical elements of the context; relevant disciplinary and/or professional structures; and the role of the practitioner (i.e., of the performing musician, community musician, or music therapist).

## **Phase Two**

Data analysis in Phase One analyzed data from all participants together and therefore led to categories and an emerging framework representative of the similarities among practices undertaken by all practitioners. Phase One thus addressed one of the subsidiary research questions: to understand and conceptualize any similarities of music improvisation to promote mental health and well-being as it is practiced by among performing musicians, community musicians, and music therapists. Understanding these similarities also contributed to a partial multidisciplinary understanding of the practice. However, any differences among the practitioners in their practices of music improvisation to promote music improvisation for mental health and well-being had not yet been investigated. An understanding and conceptualization of any differences among the practitioners in their practice of the topic under study was necessary in order both to address the relevant subsidiary research question, and to create a comprehensive multidisciplinary understanding of music improvisation to promote mental health and well-being.

Phase Two involved seeking out and illuminating disciplinary distinctions among practitioners by means of case-specific analyses and cross-case comparisons.

### **Case-Specific Analyses: Making Comparisons Across Cases**

Case-specific analysis was undertaken to seek and articulate any discipline-specific conceptualizations of the practice of music improvisation to promote mental health and well-being. More precisely, the goal of the case-specific analysis was to articulate how the theoretical categories and emergent grounded theory that were created from the analysis in Phase One were conceptualized within each discipline.

In this context, a case is defined as a particular type of practitioner according to their discipline. The present research therefore involved three cases: performing musicians, community musicians, and music therapists. As outlined in Chapters One and Two, while these three practitioner types all engage in music improvisation to promote mental health and well-being, there are also significant differences among them. Investigating these differences was necessary to address the purpose and research questions of the present study.

During case-specific analyses, focused codes from within each theoretical category were first reviewed to assess whether any contained data exclusively from a single discipline (or case). If so, that focused code was noted as unique to the relevant category of that discipline and noted as absent from the other two disciplines. Second, focused codes from within each category were assessed to determine whether any contained data from only two of the three disciplines. If so, that focused code was noted as absent from the third discipline where it was lacking.

To do this, I conducted CrossTab analyses in NVivo to reveal the number of times data were coded for focused codes from a single theoretical category within each discipline. While the CrossTab analysis results display numeric outcomes, outside of the complete absence of coded incidents within a particular discipline, the number of times data were coded within any discipline was not the main indicator of interest within this qualitative research study because it is possible for rich data to be coded within a single instance (Charmaz, 2014). Figure 5 is an example of the results of a CrossTab analysis for the category Intention.

**Figure 5**

*CrossTab Analysis Results Displaying Frequency of Focused Codes by Discipline from within Category C: Intention*

| Cross Tab Intention                             |                                    |  |                                       |              |
|---|------------------------------------|--|---------------------------------------|--------------|
| Nodes   | Discipline = Music Therapist (n=3) | Discipline = Performing Musician (n=4) | Discipline = Community Musician (n=3) | Total (n=10) |
| FC-Describing Connection bw Intention & Actions | 5                                  | 8                                      | 7                                     | 20           |
| FC-Intending to Affect Participant MH&WB        | 11                                 | 6                                      | 6                                     | 23           |
| FC-Intending to Affect Participants Not MH&WB   | 3                                  | 10                                     | 9                                     | 22           |
| FC-Playing Without an Intention                 | 0                                  | 6                                      | 1                                     | 7            |
| <b>Total</b>                                    | <b>19</b>                          | <b>30</b>                              | <b>23</b>                             | <b>72</b>    |

Here, the focused code “Playing without an intention” was completely absent from the music therapy discipline but present in both the community music and music performance disciplines, revealing a distinction of this category within the discipline of music therapy. By this, I mean that music therapy was revealed as being unique from the other two disciplines because no music therapist participants reported playing without an intention.

After the search for absent focused codes within each of the three disciplines was complete, all data from within the focused codes of each category were then reviewed and compared within disciplines. The purpose of this step was to ascertain how the focused codes manifested in each discipline. For example, all the music therapy data within the focused codes from the “Intention” category (e.g., the initial codes and relevant coded interview data) were reviewed to gain an understanding of how that category was realized for the music therapist participants. This step was repeated for all focused codes from within each theoretical category for each discipline. During this process, some data were re-coded within the existing focused codes as new ideas emerged.

### ***Memo-Writing***

Memo-writing was also an integral part of discipline-specific analyses. Discipline-specific memos were created for each category. For example, distinct memos were written regarding “Category C: Intention” for each of the disciplines community music, music performance, and music therapy. These memos articulated discipline-specific conceptualizations of each category,

including identifying any focused codes that were distinct to and/or absent from the category as compared to other disciplines. Pertinent data excerpts were also included in these memos.

### ***Combining Categories***

During the process of case-specific analysis, it became clear that the categories “Defining mental health and well-being” and “Elements of mental health and well-being” should be combined into a new category. This category was called “Category A: Understandings of mental health and well-being.” Creating this new category allowed for a comprehensive conceptualization to be created about participants’ understandings of mental health and well-being.

At the conclusion of these processes, the case-specific analysis had revealed how each discipline, or case, conceptualized the categories and grounded theory created in Phase One.

### ***Cross-Case Analyses and the Creation of an Initial Grounded Theory***

The purpose of the cross-case analysis was to reveal what differences and similarities existed along disciplinary lines in their conceptualization of the emerging grounded theory. The cross-case analysis was accomplished by contrasting and comparing the discipline-specific category memos created during the case-specific analyses. For example, I first contrasted and compared how each type of practitioner (i.e., performing musicians, community musicians, or music therapists) conceptualized “Category A: Understandings of mental health and well-being.” Similarities and differences among the disciplines for each theoretical category were recorded in memos. Additions and refinements were made to the discipline-specific categorical memos created during the discipline-specific analysis. In some cases, new memos were created to hold emerging thoughts. The cross-case analysis revealed which elements of each category were consistent across all disciplines, which elements of each category were unique to particular disciplines, and how categories compared with each other among disciplines.

### ***Considering Context: A Precursor to the Core Category***

I had noted in memos throughout the data analysis process to date that context was mentioned explicitly in interview data and implied from the interview and musical data. In my memos to date, I defined context as the physical space where the improvisation occurred, the

role of the improvising musician, and their relationship(s) with the people that they were improvising with/for. Considerations of context permeated all other theoretical categories.

The role of context later evolved into the core category of the present study (Engaging in the Musical Interpersonal Relationship; see Chapter Four), however, at this point of the process I indicated that Context framed and held together the emerging grounded theory, including cross-disciplinary and discipline-specific dimensions. I indicated this frame by drawing a literal boxed frame around the categories and labelling this box “Context” (see Appendix J). This element of Context was part of the summaries included in the participant checking step.

### ***Participant Checking***

I sought feedback from participants about the emergent grounded theory, including cross-disciplinary and discipline-specific dimensions. This type of participant checking is part of conducting trustworthy constructivist grounded theory research (Charmaz, 2014; O’Callaghan, 2016). I prepared three different participant checking documents. Each participant checking document included a summary of the multidisciplinary results and one set of discipline-specific results (i.e., music performance, community music, or music therapy). For example, community musicians received a summary of the multidisciplinary results and of the results specific to community music. Community musicians did not receive a summary of the results specific to music performance or music therapy. This decision was made to avoid overwhelming participants with information and to increase the likelihood that they would read and respond to the information most pertinent to them.

These documents and the proposed related email text were sent to my primary supervisor for feedback. Upon making the suggested edits to these documents, I emailed participants the participant checking document specific to their respective disciplines on July 27, 2019. Participants were asked to submit their feedback by August 12, 2019. See Appendix J for an example of the final participant checking document. See Appendix K for the participant checking email text. Participants were sent a reminder email closer to the deadline date if they had not yet replied. As stated in the email, if a participant did not reply by the deadline date, their feedback was not included, and it was assumed that they had no feedback to offer. Eight

of ten participants replied by the deadline, and their feedback was incorporated into the findings. The remaining two participants did not reply.

As a result of participant feedback, I refined my understanding and articulation of concepts within theoretical categories. This involved updating relevant memos and creating new ones.

### ***An Initial Grounded Theory with Three Variations***

At this point in the process, I had created a multidisciplinary grounded theory that included seven categories (including the role of context), and three variations of these wherein I conceptualized the categories and the role of context according to each practitioner type (i.e., performing musician, community musician, and music therapist). Essentially, I created three discipline-specific conceptualizations of the multidisciplinary grounded theory. This framework and its variations later evolved into the single integrated grounded theory presented in Chapter Four.

### **Phase Three: Integration of the Grounded Theory**

#### ***Seeking Input from Colleagues and Supervisors***

At this point in the process, I shared the findings to date with both my supervisory committee and the Grounded Theory Community of Practice at the University of Victoria. Through these dialogues, I was encouraged to revisit my findings and data analysis to seek out a core category. It was reflected to me by Dr. Susan Tasker that the themes of my emerging theory, and particularly the Context frame, were akin to Common Factors Theory (Lambert, 1992; Wampold & Imel, 2015) from the discipline of counselling psychology. As a brief summary, in common factors theory, the main element that creates change for the client is the therapeutic relationship between therapist and client, not the particular approach (e.g., humanistic, cognitive, behavioural) that the therapist takes (Duncan et al., 2010; Lambert, 1992). This dialogue led to a moment of abductive reasoning wherein I considered that the relationship between the practitioner and the person they are improvising music with or for may be the central category in my grounded theory—and may aid with theoretical integration. The analytic steps I took as a result of this insight are outlined in the remainder of this section.

### ***Theoretical Sampling of Literature***

I conducted theoretical sampling of the literature by reviewing common factors theory, and I wrote theoretical memos, comparing the ideas of common factors theory to my current research findings and categories. While the present research and final grounded theory did not ultimately align with common factors theory, the fruitfulness of this theoretical sampling was that I spent dedicated time considering the role of relationship in the present research. I next conducted further theoretical sampling of the literature by investigating how the relationship between practitioner (i.e., performing musician, community musician, and music therapist) and participant (i.e., audience members, community music participant, and client) is conceptualized within each discipline included in the present study.

### ***Theoretical Coding and the Development of the Core Category***

As a result of the aforementioned dialogues with colleagues and supervisors, as well as the subsequent theoretical sampling, I developed a theoretical code: Engaging in Relationship. I returned to the data and engaged in theoretical coding, wherein I sought out and coded instances where participants either explicitly or implicitly mentioned engaging in relationship with the people they were making music with or for. I contrasted and compared all such coded incidents, maintaining theoretical memos to better understand what engaging in relationship meant for these participants. I raised this theoretical code to the level of a theoretical category and contrasted and compared memos about theoretical categories to understand how this new category might fit into the larger emerging grounded theory.

Through contrasting and comparing theoretical memos about categories, it became clear that this new category, re-named Engaging in the Musical Interpersonal Relationship, was the central category of the emerging grounded theory as it met all the criteria for a core category outlined in Part One of this chapter. I defined the core category, including its properties and dimensions in memos. I also articulated the relationships between this core category and the other theoretical categories. These aspects of the core category are presented in Chapter Four.

### ***Integration of Grounded Theory***

Upon establishing a core category, I moved towards integration of the grounded theory. This involved several steps. First, I recognized that one of my categories, “Accessing Depth and Staying in the Shallows,” needed to be trimmed from the theory. Corbin and Strauss (2015) state that trimming the theory involves dropping categories or concepts from the study that, while they are “nice ideas (...) they don’t seem to fit or add anything” (p. 198) to the overall theoretical foundation. This applied to the category “Accessing Depth and Staying in the Shallows.” This category referred to experiences of consciousness during improvisation, which is a particular area of interest for me; however, the category was not required for the grounded theory, and it did not add anything to the grounded theory. For this reason, I removed this category from the grounded theory.

I then wrote a Descriptive Summary Memo (Corbin & Strauss, 2015), presented in Appendix M. Next, I wrote a Conceptual Summary Memo (Corbin & Strauss, 2015), the majority of which is integrated into the presentation of findings, as is common for such memos in grounded theory (Charmaz, 2014).

Finally, I reviewed the grounded theory for internal consistency and logic. I did this by examining the core category, reviewing my theoretical analysis, and ensuring that it was well-referenced in the data. I then re-assessed each category, ensuring that it was developed in terms of its properties and dimensions, with room for variation built in. Finally, I presented my resultant grounded theory to my supervisors and expert mentors in the Grounded Theory Community of Practice, from whom it received positive feedback. The resultant grounded theory, including its categories and the relationships among them, is presented in Chapter Four.

### **Chapter Summary**

This chapter framed constructivist grounded theory as an appropriate method for the present study due to both the personal stance of the researcher and its suitability to address the research questions. An overview of constructivist grounded theory was then presented. The methodological steps taken were described in-depth. This lays the foundation for the presentation of the findings in Chapter Four.

## CHAPTER IV: FINDINGS

The main finding of this research is the creation of a substantive grounded theory of music improvisation to promote mental health and well-being as practiced by performing musicians, community musicians, and music therapists. The grounded theory comprises five grounded theory categories, including one core category, and the relationships among them. The current chapter begins by presenting profiles of the research participants, which provides context for the results. Next, a summary of the grounded theory is given. Following this summary, each grounded theory category is presented in detail, including a definition and illustrations of the category. Finally, an explanation is given as to how the grounded theory simultaneously conceptualizes multidisciplinary and discipline-specific practices of music improvisation to promote mental health and well-being among the three disciplines under study.

### **Participant Profiles**

Table 5 contains participant information that enables the reader to situate the results. In-text, participants are denoted according to their individual preferences: either by their name or participant number. Where applicable, a designation indicating the participant's discipline will be included: "MP" indicates *music performance*, "CM" indicates *community music*, and "MT" indicates *music therapy*.

**Table 5***Participant Information*

| Name                  | Discipline | Main Instrument    | Submitted Musical Example? |
|-----------------------|------------|--------------------|----------------------------|
| Cristiano Tiozzo      | MP         | Piano              | Yes                        |
| Gary Sills            | MP         | Piano              | Yes                        |
| Markus Stockhausen    | MP         | Trumpet            | Yes                        |
| Stephen Nachmanovitch | MP         | Violin             | Yes                        |
| Jesse Stewart         | CM         | Percussion         | Yes                        |
| Participant One       | CM         | Orchestral String* | Yes                        |
| Participant Two       | CM         | Orchestral String* | No                         |
| Jansenka Horvat       | MT         | Piano              | Yes**                      |
| Joy Willenbrink-Conte | MT         | Voice              | No                         |
| Susan Gardstrom       | MT         | Piano              | No                         |

\*Instrument not further specified to preserve anonymity

\*\*Consent was not given to include the recording in any dissemination of results

As presented in Table 5, musical examples were unevenly distributed among the three disciplines under study and no such music therapy examples were able to be shared beyond the researcher. Recordings of the participants' submitted musical examples are therefore not included as part of the present research document so that the reader may equally consider all disciplines without audio material. A discussion of the distribution of musical examples submitted by discipline in the present study is presented in Chapter 5.

For clarity of expression, participants in the present study will be referred to as *practitioners* going forward. In this context, the term practitioner refers to performing musicians, community musicians, and music therapists who practice music improvisation to promote mental health and well-being. Those with whom the practitioner engages with during music improvisation to promote mental health and well-being will be referred to as the

*participant(s)* for the remainder of this chapter, and in Chapter Five. In this context, participants may include audience members, community music participants, and/or music therapy clients.

### **Introduction to the Grounded Theory**

Data analysis resulted in the conceptualization of a substantive grounded theory of music improvisation to promote mental health and well-being as practiced by performing musicians, community musicians, and music therapists. A summary of the grounded theory is presented here to offer the reader a general understanding of the theory prior to delving into the details of each category and the relationships among them.

The grounded theory is conceptualized via five multidisciplinary grounded theory categories, including one core category, and the relationships among them. The core category contains a Contingency entitled Affordances of the Relationship Type According to Discipline.

The categories are:

Core Category: Engaging in the Musical Interpersonal Relationship;

Category A: Bringing an Understanding of Mental Health and Well-Being;

Category B: Conceptualizing Links Between Music Improvisation and Mental Health and Well-Being;

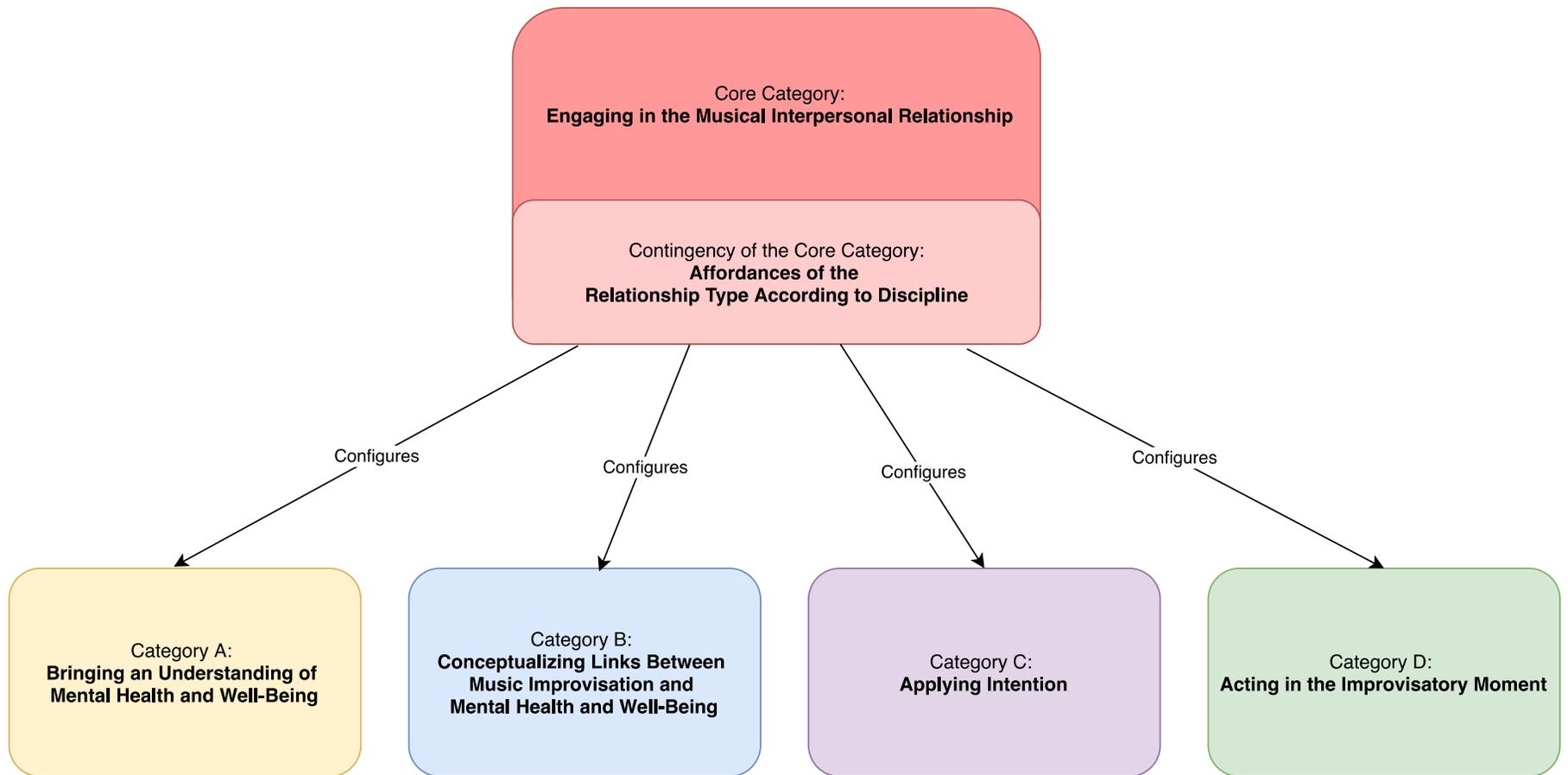
Category C: Applying Intention; and

Category D: Acting in the Improvisatory Moment.

A diagram illustrating the core category and its relationship to other categories in the multidisciplinary framework is presented in Figure 6.

**Figure 6**

*Diagram Illustrating the Core Category and its Relationships to Other Categories in the Grounded Theory*



Within the musical interpersonal relationship, there are distinct relationship types according to discipline. In the case of the present research, these relationship types are: (a) performer-audience relationship; (b) community musician-participant relationship; and (c) therapeutic relationship. How a practitioner goes about Engaging in the Musical Interpersonal Relationship (Core Category) informs how they conceptualize categories A, B, C, and D. The Affordances of the practitioner's Relationship Type According to Discipline (Contingency) plays a particularly strong role in how they conceptualize categories A, B, C, and D. For example, a performing musician engages in a performer-audience relationship with their audience members and conceptualizes categories A, B, C, and D according to the boundaries, requirements, and contexts of that relationship. Likewise, a community musician engaging in a community musician-participant relationship with their participants conceptualizes categories A – D according to the boundaries, requirements, and contexts of that relationship. Finally, a music therapist engaging in a therapeutic relationship with their clients conceptualizes categories A - D according to the boundaries, requirements, and contexts of a therapeutic relationship.

The remainder of the present chapter is devoted to a detailed explication of this grounded theory. First, the core category will be presented, including the contingency of affordances of the relationship type according to discipline. Next, categories A, B, C, and D will be presented. This is followed by an explication of the relationships between categories. Finally, configurations of the grounded theory according to disciplinary relationship type will be proposed.

As stated in Chapter Three, while each grounded theory category subsumes several sub-categories and their focused codes, these theoretical categories are understood to hold more than the sum of their parts. In other words, what the theoretical category conceptualizes is greater than the focused codes it contains.

### **Core Category: Engaging in the Musical Interpersonal Relationship**

#### ***Definition of the Category***

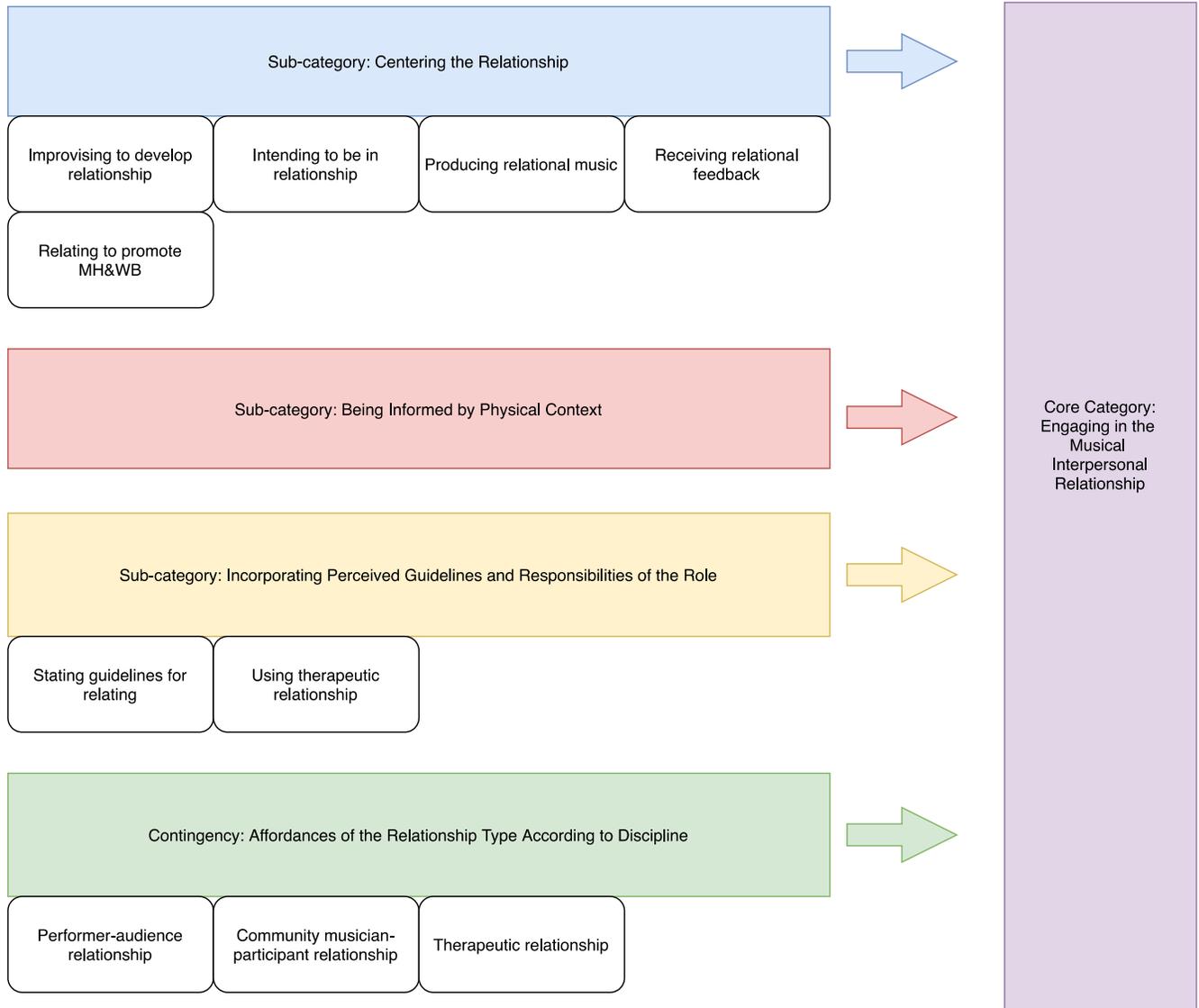
Engaging in the Musical Interpersonal Relationship (Core Category) was found to be central to a grounded theory of the practice of music improvisation to promote mental health

and well-being for practitioners in the current study. Engaging in the Musical Interpersonal Relationship refers to the practitioner engaging in relationship with those they are musically improvising with/for. The word “musical” in the term “interpersonal musical relationship” highlights that the relationship the practitioner has with the person they improvise with or for exists within the music-making process. The word “interpersonal” in the term “interpersonal musical relationship” acknowledges that this relationship is influenced and informed by relational elements that exist outside of music-making.

The sub-categories contained within Engaging in the Musical Interpersonal Relationship are: (a) centering the relationship; (b) being informed by physical context; and (c) incorporating perceived guidelines and responsibilities of the role. The core category also involves one contingency: Affordances of the relationship type according to discipline. As outlined in Chapter Three, the creation of the core category involved theoretical coding. Figure 7 illustrates the theoretical codes that informed each sub-category and contingency of the core category.

**Figure 7**

*Theoretical Codes, Sub-Categories, and Contingency in the Core Category: Engaging in the Musical Interpersonal Relationship*



***Illustrations of the Core Category: Engaging in the Musical Interpersonal Relationship***

**Sub-Category: Centering the Relationship.** Engaging in the musical interpersonal relationship with participants was of central importance to practitioners during music improvisation to promote mental health and well-being. Practitioners explained that the reason they musically improvise is to engage in this relationship: “We don’t improvise for ourselves in that moment, we improvise, if we’re improvising with a client, it’s to be in relationship with

them” (Susan, MT). In addition to identifying engaging in the relationship as being a primary motivator for their practice, practitioners also described music they create during their practice as being relational. This means that the music is informed by, and a product of, the practitioner engaging in the musical interpersonal relationship with their participants. For example, Jesse (CM) described that the music he creates “is produced through real-time collaboration in which people are co-investigating some kind of musical idea”. Jesse continued, “And the music is emergent, it emerges through that collaborative, dialogical process.” Gary (MP) likewise detailed how engaging in relationship with his audience members through “tuning” is fundamental to his improvised performances to promote mental health and well-being. Gary offered this example of what he means by tuning an audience: “When I’m improvising, if somebody’s coughing (...) their personal rhythm is not sympathetic to the rest of the room (...) And so, I will change what I'm doing [to bring them in]” (Gary, MP). Centering the interpersonal musical relationship (sub-category) is integral to Engaging in the Musical Interpersonal Relationship (Core Category).

**Sub-Category: Being Informed by the Physical Context.** The physical context of the relationship refers to where the improvisation occurs. Chapter One outlined the contexts where performing musicians, community musicians, and music therapists generally practice. Elements of physical context include the space in which the improvisation occurs, the relative physical proximity of the improvisers, and whether or not the space is confidential. Table 6 shows locations where practitioners in this study reported improvising to promote mental health and well-being.

**Table 6**

*Locations where Practitioners in the Present Study Described Engaging in Music Improvisation to Promote Mental Health and Well-Being*

|                                  | Performing Musicians | Community Musicians | Music Therapists |
|----------------------------------|----------------------|---------------------|------------------|
| Recording Studio                 | X                    |                     |                  |
| House Concert                    | x                    | x                   |                  |
| Concert Hall                     | x                    | x                   |                  |
| Hospital: Public Space           |                      | x                   |                  |
| Long-Term Care                   |                      | x                   |                  |
| Healthcare Facility: Closed Room |                      |                     | x                |
| Private Practice Space           |                      |                     | x                |

There is a diversity of physical contexts presented in Table 6. These range from public contexts, like a concert hall, to smaller local contexts like a community centre, to private confidential contexts, like a therapy clinic. The distinct nature of the physical context informs how practitioners engage in the interpersonal musical relationship with their participants during music improvisation to promote mental health and well-being. Being informed by the constraints and opportunities afforded by each physical context (sub-category) is integral to Engaging in the Musical Interpersonal Relationship. For example, a performer-audience relationship may be informed by the size of the performance space. Likewise, elements of any particular long-term care facility - such as who is present, lighting, and the ambient noise level - may contribute to the community musician-participant relationship. Similarly, the confidentiality afforded by a private practice space may engender particular attributes of the therapeutic relationship.

**Sub-Category: Incorporating Perceived Guidelines and Responsibilities of the Role.**

Practitioners described how they incorporated established or perceived guidelines and responsibilities of their role as practitioner when engaging in the musical interpersonal relationship. For example, Jesse (CM) shared guidelines that he follows when engaging in relationship during music improvisation to promote mental health and well-being when he is in the role of a community musician: “Trying to be responsive (...) Responsive and responsible.

Trying to be as ethical as I can be, every dealing I have with the people with whom I'm working. Those are some of the unwritten guidelines.” Joy (MT) likewise described how maintaining an awareness of her role as music therapist in the relationship with her clients guides her practice of music improvisation to promote mental health and well-being: “[I’m] trying to be as reflexive and aware as possible of my role so that I can adjust as needed and really kind of maintain a meta-awareness of what's going on and trying to be as responsive as I can be in the moment” (Joy, MT). Incorporating (perceived) guidelines and responsibilities of the role (sub-category) is integral to Engaging in the Musical Interpersonal Relationship (Core Category).

In addition to being informed by these sub-categories, the core category of the grounded theory also involves a contingency.

### **Contingency: Affordances of the Relationship Type According to Discipline**

Engaging in the Musical Interpersonal Relationship (Core Category) is shaped by the type of relationship practitioners enter into according to the discipline they are working within. Affordances of the Relationship Type According to Discipline refers to the affordances of the type of relationship that a practitioner can enter into from within their disciplinary context. As previously stated, there are three relationship types according to discipline in the present research: (a) performer-audience, (b) community relationship, and (c) therapeutic relationship. Information about the disciplines corresponding to these relationship types is presented in Chapters One and Two. Theoretical sampling of the literature revealed that the affordances of the relationship type according to discipline can be informed by a variety of elements, including the following: (a) formal disciplinary guidelines for the relationship; (b) purpose of practitioner’s role within the relationship according to discipline; (c) professional responsibilities according to discipline; (d) established disciplinary codes of conduct; and (e) professional boundaries according to discipline.

*A performer-audience relationship* in this study refers to the relationship that performing musicians engage in with their audience members. The affordances of this relationship type inform how a practitioner engages in the interpersonal musical relationship according to the discipline of music performance. In general, the purpose of the relationship a performing musician has with their audience members is open to interpretation on the part of

the practitioner. This relationship type is not governed by any professional associations or established codes of conduct. There are no discipline-specific formal guidelines for, nor an established purpose of, the performer-audience relationship. The professional responsibility the practitioner undertakes within this relationship is to provide a quality performance. The boundaries of the performer-audience relationship are limited by social conventions and the boundaries of lawful behaviour.

*A community musician-participant relationship* in this study refers to the relationship that community musicians engage in with their participants. The affordances of this relationship type inform how a practitioner engages in the interpersonal musical relationship according to the discipline of community music. There are various understandings of the relationship a community musician has with their participants, and these are largely open to interpretation on the part of the practitioner. Higgins (2012) asserts that the community musician-participant relationship can be described as a friendship, though one that is at once unequal and greater than the sum of its parts.

Community musician-participant relationships are (...) unequal, operating within an asymmetrical structure in which the music facilitator and participant are able to share their world as a gift through intersubjective communication. The face-to face encounter emerges as a friendship, an open, committed, and respectful relationship. As a friendship of fluctuating inequality, responsibility is the bond within the heteronomous encounter, an encounter that cannot be reduced to comprehension. (Higgins, 2012, Chapter 3, Summary section)

From this description, one can extrapolate that one of the purposes of the community musician-participant relationship is to engage the participant in this particular type of friendship with the community musician. In most places, this relationship type is not governed by a professional association with a code of conduct; however, the United Kingdom is an exception to this. In the United Kingdom, the community music association, *Soundsense* (2017) has a non-binding code of practice that speaks to the community musician-participant relationship. However, this document is quite broad, and consequences for non-compliance with the code of practice are not articulated. With respect to formal guidelines, the Soundsense

(2017) code of practice requires the practitioner to “work well with people” (p. 1). It also establishes that the practitioner must “be safe and responsible” (p. 2). While there are some disciplinary and professional guidelines regarding the community musician-participant relationship, these are scarce, and it is largely up to the individual practitioners to establish the boundaries of the relationship.

*A therapeutic relationship* is a relationship that involves a therapist and a client. In the context of music therapy, this means a music therapist and music therapy client. The affordances of this relationship type inform how a practitioner engages in the interpersonal musical relationship according to the discipline of music therapy. The purpose of the therapeutic relationship is to help the client with a “particular health objective by providing a particular kind of service” (Bruscia, 2014, p. 37). The therapeutic relationship is generally governed by a Code of Ethics established within professional associations appropriate to the discipline and location of the practitioner. For example, in Canada, the Canadian Association of Music Therapists (CAMT) has a Code of Ethics that illustrates the bounds, requirements, and responsibilities of the therapist in the therapeutic relationship (CAMT, 1999). Consequences for music therapists in Canada who do not comply with the CAMT Code of Ethics are also articulated. These consequences can include expulsion from the association and, in some cases, legal action.

Formal guidelines for the therapeutic relationship are likewise established by professional associations and are also more generally articulated within disciplinary literature. To enter into a therapeutic relationship, a practitioner must have both the necessary expertise to assume the responsibilities of the role and be “designated by an appropriate authority as having the necessary knowledge and skill” (Bruscia, 2014, p. 38). Professional responsibilities are established by relevant professional associations, and they are also articulated in the disciplinary literature. For example, the CAMT Code of Ethics (2016) articulates how music therapists can meet the professional responsibilities of engaging in the therapeutic relationship. These responsibilities include: (a) minimizing harm to the client; (b) maintaining the client’s confidentiality; (c) responsible record keeping and management; and (d) competence (pp. 9-11). The professional boundaries of the therapeutic relationship are also clearly established. In

a therapeutic relationship, “the client (...) agrees to accept the help and services offered by the therapist and to remunerate the therapist in some way for them” (Bruscia, 2014, p. 37).

Although a client remunerates the therapist for the therapist’s services, the therapeutic relationship is not reciprocal—it is entirely in the service of the health and well-being of the client (Bruscia, 2014). Within a therapeutic relationship, the focus is on the client’s material. Therapists only disclose information about themselves when such a disclosure is deemed to be in the best interest of the client’s therapeutic process, and this is done sparingly (Murphy, 2014).

While all practitioners engage in the interpersonal musical relationship, these are largely affected by the affordances of the relationship type according to their discipline.

**Role of the Core Category within the Grounded Theory.** Engaging in the Musical Interpersonal Relationship (Core Category) is central to the grounded theory of music improvisation to promote mental health and well-being as practiced by these performing musicians, community musicians, and music therapists. As the core category, Engaging in the Musical Interpersonal Relationship is: (a) separate from each of the other categories, (b) present in each of the other categories, and (c) uniquely configures each of the other categories. Therefore, how a practitioner goes about Engaging in the Musical Interpersonal Relationship (Core Category)—and particularly the Affordances of the Relationship Type According to Discipline (Contingency of the Core Category)—affects how they conceptualize the remaining grounded theory categories, being: (a) Bringing an Understanding of Mental Health and Well-Being; (b) Conceptualizing Links Between Music Improvisation and Mental Health and Well-Being; (c) Applying Intention; and (d) Acting in the Improvisatory Moment during music improvisation to promote mental health and well-being.

For each of grounded theory Categories A, B, C, and D, the following will be presented. First, a conceptual definition of each category that speaks to its connection to the core category is offered. Second, illustrations of each category via sub-categories, focused codes, and excerpts of data (i.e., quotations from interviews with the practitioners) are provided. Quotations have been selected that illustrate the implicit connection between each category and the Core Category. Third, an explanation of how each category accounts for variability

within it is provided by illustrating variability due to the Affordances of the Relationship Type According to Discipline (Contingency of the Core Category).

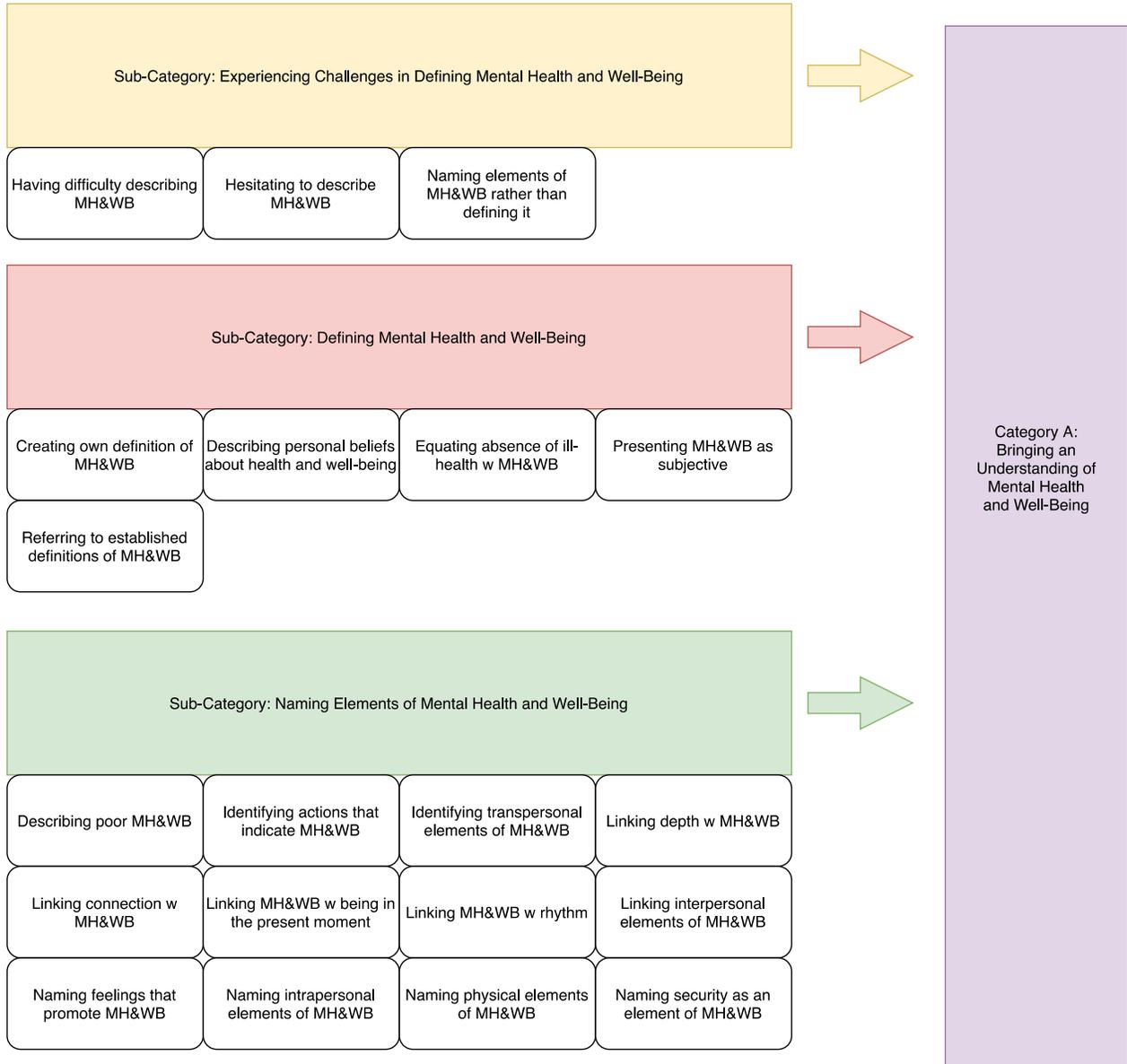
### **Category A: Bringing an Understanding of Mental Health and Well-Being**

#### ***Definition of the Category***

Bringing an Understanding of Mental Health and Well-Being (Category A) was found to be an integral part of a multidisciplinary grounded theory of music improvisation to promote mental health and well-being for practitioners in the current study. Bringing an Understanding of Mental Health and Well-Being refers to practitioners bringing subjective and diverse understandings of mental health and well-being to their practice of music improvisation to promote mental health and well-being. For practitioners in this study, Bringing an Understanding of Mental Health and Well-Being involves: (a) experiencing challenges in defining mental health and well-being; (b) defining mental health and well-being; and (c) naming elements of mental health and well-being. Figure 8 illustrates the focused codes that informed each of these sub-categories. The initial codes that informed this category are available in Appendix N.

**Figure 8**

*Focused Codes and Sub-Categories in Category A: Bringing an Understanding of Mental Health and Well-Being*



***Illustrations of the Category***

**Sub-Category: Experiencing Challenges in Defining Mental Health and Well-Being.**

Defining mental health and well-being was generally challenging for practitioners. Most practitioners who offered definitions of mental health and well-being also articulated or alluded to the difficulties of defining it. Upon being asked to define the concept in her own words, Joy

(MT) stated, “It should be an easy question, but it’s not.” Practitioners identified that mental health and well-being is challenging to define—both because it is subjective and because defining it could be potentially harmful. Jesse’s (CM) response exemplified these reasons for experiencing challenges in defining mental health and well-being:

I would really hesitate to describe mental well-being. In part, because I think we would end up with some kind of normative understanding of mental health, which I think we ought to avoid (...) So, I would hesitate to say: This is what, you know, well-being mentally looks like. Because my conception of that may be very, very different from somebody else who has lived experiences with neurodiversity, whatever it may be. So, I would really hesitate to frame, to try to define the idea of well-being because I feel as though it would essentialise the idea (...) in a way that is normative and problematic.

(Jesse, CM)

Experiencing challenges in defining mental health and well-being (sub-category) is integral to Bringing an Understanding of Mental Health and Well-Being (Category A).

**Sub-Category: Defining Mental Health and Well-Being.** While practitioners generally found it challenging to define mental health and well-being, some practitioners did present definitions of the concept. For example, Markus (MP) stated that, “For me, mental health and well-being simply means that you feel well, no worries, no anxieties, with a hopeful look into the future and with joy in your heart. (...) It is a subjective state of being.” Defining mental health and well-being (sub-category) is integral to Bringing an Understanding of Mental Health and Well-Being (Category A).

**Sub-Category: Naming Elements of Mental Health and Well-Being.** In contrast to defining mental health and well-being, practitioners readily described elements of mental health and well-being and the connections between them. These elements included interpersonal, intrapersonal, physical, and transpersonal elements.

Interpersonal elements of mental health and well-being refer to aspects of the concept that are connected to relationships or communication among people and which take place external to one’s self.

...things like, just being together, friendship, feeling a sense of community, laughing

together, listening to one another. And the act of co-creating something. Creating something together. To me all of those things are beautiful, wonderful activities that I value very much. And so, for me certainly I think they foster a sense of what I think of as well-being, mentally speaking, or emotionally. (Jesse, CM)

In contrast, intrapersonal elements of mental health and well-being refers to those that exist within one person. Self-awareness was one among the many intrapersonal elements of mental health and well-being identified by practitioners. Cristiano (PM) stated that "...mental health is this integrity in the sense of being whole, being able to perceive ourselves without judgement."

Physical elements of mental health and well-being refer to experiences felt in one's physical self. For example, Susan (MT) assesses her own mental health and well-being based upon imbalance that she feels in her body.

If I think about the most basic kind of imbalance that I can perceive it would be in my body, so an embodied experience. (...) So, perhaps muscular tension, perhaps even tension headaches that might arise if something's not quite in balance with the whole person. (Susan, MT)

Finally, some practitioners described transpersonal elements of mental health and well-being, referring to experiences that extend beyond one's self and other humans to encompass wider aspects of life, psyche, and/or cosmos. Transpersonal elements can also extend beyond conventional levels of consciousness. Gary (PM) described how he understands transpersonal elements to be connected with mental health and healing.

I mean, there are many (...) ways, thousands of ways of healing yourself, but the most effective ones that go deep into who you really are (...) it's like a reconnection. And there's nobody out there that needs to create this real person [laughs], it's always existed. It existed when they were born into the world. And on some level, everybody is longing for a connection into that that reality. (Gary, PM)

While practitioners described distinct areas of mental health and well-being (i.e., interpersonal, intrapersonal, physical, and transpersonal), they also identified that the concept involves connections among multiple elements and areas of functioning, revealing complex and

holistic understandings. Participant One (CM) described the connection between physical and intrapersonal elements as foundational to mental health and well-being. “Your mind and your body are very much connected. (...) It [mental health and well-being] is that you’re in touch with how you are (...) but it’s very much mind and body connection, I think.” Naming elements of mental health and well-being (sub-category) is integral to Bringing an Understanding of Mental Health and Well-Being (Category A).

### ***Variation within the Category***

While Bringing an Understanding of Mental Health and Well-Being (Category A) is an integral part of the practice under investigation for all practitioners in the current research, there is variation within this category that can be attributed to each practitioner’s specific discipline. How each practitioner conceptualized Bringing an Understanding of Mental Health and Well-Being (Category A) during music improvisation to promote mental health and well-being was informed by the Affordances of the Relationship Type According to Discipline (Contingency of the Core Category). The case-specific and cross-case analyses (outlined in Chapter Three) were integral to gaining this understanding, as these analyses identified focused codes within the category that are unique to, absent from, and distinctive to each discipline. A table presenting the focused codes in Category A as they relate to each discipline is available in Appendix O. The remainder of this section will summarize the salient variation within the category Bringing an Understanding of Mental Health and Well-Being (Category A) among the three relationship types according to disciplines present in the current study.

**Performer-Audience Relationship.** Practitioners who entered into a performer-audience relationship with their participants uniquely emphasized spiritual/transpersonal elements in their conceptualization of Bringing an Understanding of Mental Health and Well-Being (Category A). Cristiano (MP) described spiritual/transpersonal work as an integral part of mental health and well-being: “true healing for me is when we work with the source.”

**Community Musician-Participant Relationship.** Practitioners who entered into a community musician-participant relationship with their participants distinctively emphasized connecting with others in pragmatic (i.e., not spiritual or esoteric) ways in their conceptualization of Bringing an Understanding of Mental Health and Well-Being (Category A).

Participant One (CM) concluded that mental health and well-being is about feeling “free to connect with other people.” Jesse (CM) likewise stated that “...just being together, friendship, feeling a sense of community, laughing together, listening to one another (...) I think they foster a sense of what I think of as well-being, mentally speaking, or emotionally.”

**Therapeutic Relationship.** Practitioners who entered into a therapeutic relationship with their participants distinctively conceptualized Bringing an Understanding of Mental Health and Well-Being (Category A) in a way that prioritized intrapersonal mental health and well-being. Other elements of mental health and well-being (e.g., interpersonal, physical) were described as important due to their ability to affect intrapersonal mental health and well-being. Music therapists also distinctively defined mental health and well-being as the capacity to function in the world. Joy (MT) stated that mental health and well-being is “...a state where one is able to readily access and activate their own resources to basically encounter and move through the world and their environment.”

***Summary of Category A: Bringing an Understanding of Mental Health and Well-Being***

Bringing an Understanding of Mental Health and Well-Being (Category A) is integral to the grounded theory of music improvisation to promote mental health and well-being as practiced by performing musicians, community musicians, and music therapists. How a practitioner Engag[es] in the Interpersonal Musical Relationship (Core Category), and particularly the Affordances of the Relationship Type According to Discipline (Contingency within Core Category) informs how they conceptualize Bringing an Understanding of Mental Health and Well-Being (Category A).

**Category B: Conceptualizing Links Between Music Improvisation and Mental Health and Well-Being**

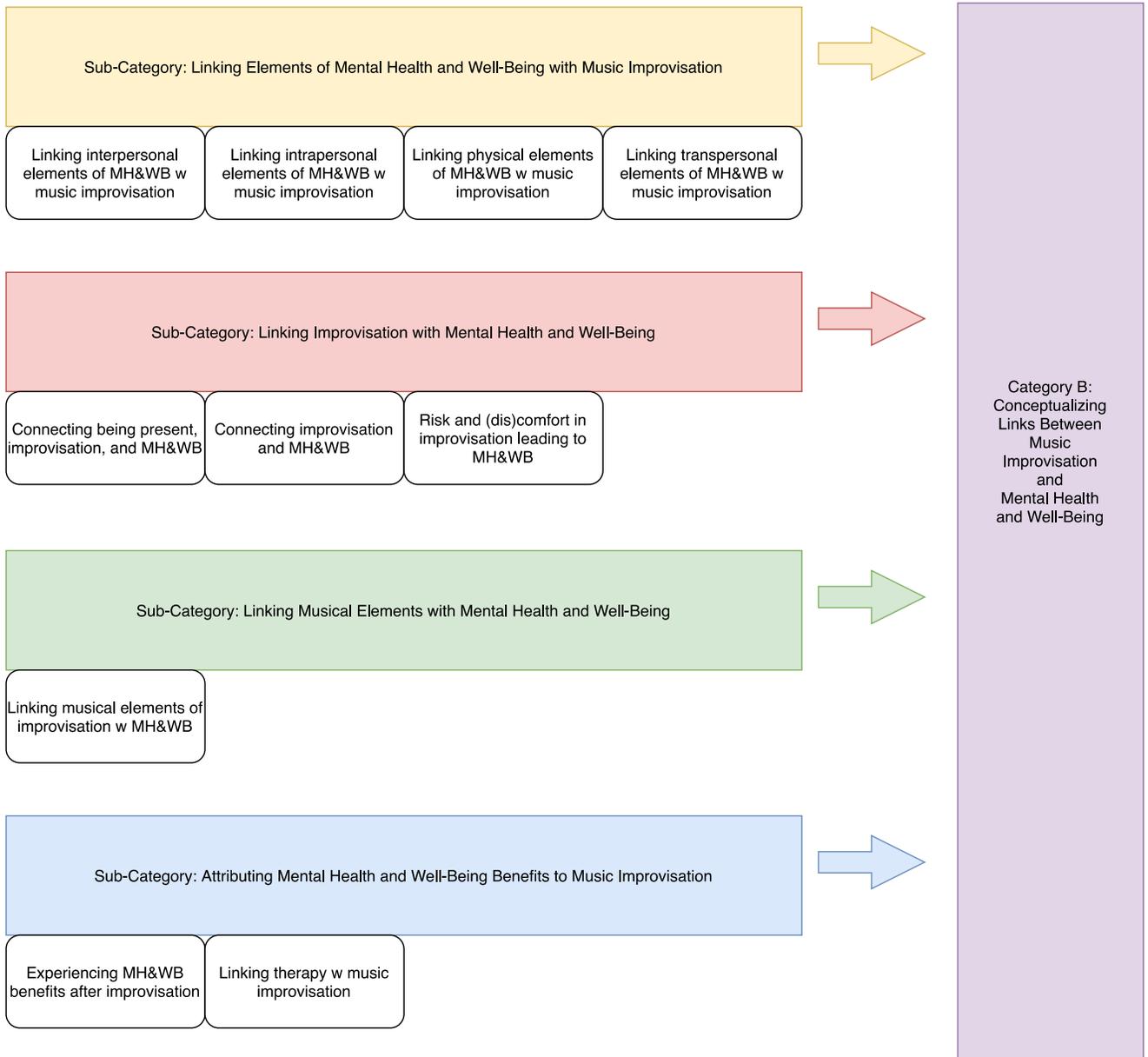
***Definition of the Category***

Conceptualizing Links Between Music Improvisation and Mental Health and Well-Being (Category B) is integral to the grounded theory of music improvisation to promote mental health and well-being for practitioners in the current study. Conceptualizing Links Between Music Improvisation and Mental Health and Well-Being refers to practitioners conceptualizing a diversity of links between music improvisation and mental health and well-being that they bring

to their practice of music improvisation to promote mental health and well-being. All material intrinsically linking mental health and well-being to music improvisation are included in this category rather than Category A. For practitioners in this study, Conceptualizing Links Between Music Improvisation and Mental Health and Well-Being involves: (a) linking elements of mental health and well-being with music improvisation; (b) linking improvisation with mental health and well-being; (c) linking musical elements with mental health and well-being; and (d) attributing mental health and well-being benefits to music improvisation. Figure 9 illustrates the focused codes that informed each of these sub-categories. The initial codes that informed this category are available in Appendix N.

**Figure 9**

*Sub-Categories and Focused Codes in Category B: Conceptualizing Links Between Music Improvisation and Mental Health and Well-Being*



## ***Illustrations of the Category***

### **Subcategory: Linking Elements of Mental Health and Well-Being with Music**

**Improvisation.** Practitioners linked interpersonal, intrapersonal, physical, and transpersonal elements of mental health and well-being to music improvisation and these elements have been distinguished from one another for the purposes of this research. While practitioners discussed these elements of mental health and well-being, there was also overlap between these elements and an overall sense that mental health and well-being was being addressed comprehensively via each element.

In linking interpersonal elements of mental health and well-being to music improvisation, practitioners spoke to the capacity for music improvisation to level the power dynamics among players and mitigate any oppressive power dynamics among them. Jesse (CM) stated, “I do believe that there is the capacity within improvised music to do something else that’s not based on exploitation and domination in the same way that some other, at least in my experience, some other modes of music-making are.”

In linking intrapersonal elements of mental health and well-being to music improvisation, practitioners identified that music improvisation allows people to reveal, express, and connect with their self, which is in turn connected to one’s mental health and well-being. Susan (MT) described the potential for intrapersonal changes during music therapy improvisation.

...with this recognition of how their [a client’s] [music therapy] improvisations have changed over time then, they may again be able to recognize this actualizing self: something’s changing in me. I’m transforming as a human being and I can hear that in my own improvised music-making. (Susan, MT)

In linking physical elements of mental health and well-being to music improvisation, practitioners emphasized the embodied nature of music improvisation. Susan (MT) gave an example of how music improvisation can offer clients struggling with mental health issues embodied evidence of their existence:

It [improvising on a musical instrument] is evidence of our physical self. If we’re actually creating sound on a drum and we feel that, we feel the sensation tacitly, it’s evidence of

our body and space as we feel our movements with the mallets or something on the head of a drum, and we have that sense of our position in space, our movement in space. (Susan, MT)

Finally, linking transpersonal elements of mental health and well-being to music improvisation was unique to practitioners engaged in a performer-audience relationship type. Therefore, this aspect of the performer-audience relationship type will be further explored in the section entitled Variation within the Category. Linking elements of mental health and well-being (sub-category) is integral to Conceptualizing Links Between Music Improvisation and Mental Health and Well-Being (Category B).

**Sub-Category: Linking Improvisation with Mental Health and Well-Being.** Practitioners perceived the improvisational component within the practice of music improvisation to affect mental health and well-being. They highlighted that improvisation's ability to bring people into the present moment interacts with one's mental health and well-being. When asked to share how music improvisation affected the mental health and well-being of his audience members, Gary (PM) replied that "Improvisation allows spontaneous composition, the molding of the music to the specific energy of this very moment."

Participants also identified that taking risks within improvisation can benefit mental health and well-being. Joy (MT) described how the risks that the women with serious mental health issues took when improvising in music therapy promoted their confidence, thereby affecting their mental health and well-being: "[The clients were] experiencing that feeling of: okay I survived this experience and it was okay, I wasn't harmed." Linking improvisation with mental health and well-being (sub-category) is integral to Conceptualizing Links Between Music Improvisation and Mental Health and Well-Being (Category B).

**Sub-Category: Linking Musical Elements with Mental Health and Well-Being.** Participants linked many musical elements with mental health and well-being, including musical structure, aesthetics, repetition in the music, and qualities of musical instruments. Joy described her consideration of how the use of musical structure may impact her client's mental health and well-being: "Do they [the clients] need the [musical] structure to feel safe and to maximize their own potential? Or will the structure inhibit that? And that's a complicated

process to consider.” Linking musical elements of mental health and well-being (sub-category) is integral to Conceptualizing Links Between Music Improvisation and Mental Health and Well-Being (Category B).

**Sub-Category: Attributing Mental Health and Well-Being Benefits to Music**

**Improvisation.** Practitioners attributed mental health and well-being benefits to music improvisation. One way that this dynamic was evident was when participants described that music improvisation experiences continue to affect people’s mental health and well-being after the conclusion of the improvisation. Jasenka (MT) described how engaging in music therapy improvisation helped her client develop a mental health and well-being “muscle” that she was able to bring into the world beyond the improvisation experience:

So that this sort of process from going from being fragmented, uncertain, reluctant, exploring, and going into forming of something that is more kind of connected and formed it’s like a main theme of her [the client’s] improvisations over the time. It’s almost like practicing that muscle that enables this to happen. So that it can be more robust when she goes into [the] outside world. (Jasenka, MT)

Gary (MP) and Cristiano (MP) shared that their audience members often experience shifts in their mental health and well-being after the concert has concluded. Perceiving or attributing mental health and well-being benefits to music improvisation (sub-category) is integral to Conceptualizing Links Between Music Improvisation and Mental Health and Well-Being (Category B).

***Variation within the Category***

While Conceptualizing Links Between Music Improvisation and Mental Health and Well-Being (Category B) is an integral part of the practice under investigation for all practitioners in the current research, there is variation within this category that can be attributed to each practitioner’s specific discipline. How each practitioner goes about Conceptualizing Links Between Music Improvisation and Mental Health and Well-Being (Category B) during music improvisation to promote mental health and well-being is informed by the Affordances of the Relationship Type According to Discipline (Contingency of the Core Category). A table presenting the focused codes by discipline in Category B is available in Appendix O.

**Performer-Audience Relationship.** Practitioners who entered into a performer-audience relationship with their participants uniquely emphasized spiritual or transpersonal elements when Conceptualizing Links Between Music Improvisation and Mental Health and Well-Being (Category B). Performing musicians described sensing the needs of their audience members and improvising music in the moment to meet those needs.

All people who come to listen to music hope for an upliftment of their energy, emotions, psyche, they hope or even know that they will find something important to them. As a sensitive musician you can feel these needs and wishes, even unconsciously, and it stimulates your music making. (Markus, PM)

Performing musicians also distinctively identified musical elements when Conceptualizing Links Between Music Improvisation and Mental Health and Well-Being (Category B). For example, performing musicians made links between tonality, atonality, repetition in the music, and the mental health and well-being needs of their audience members.

Atonal music (...) produces certain structures, certain responses, and sometimes they're really appropriate. (...) We should ask ourselves (... ): how is this music serving in this case, in this [particular] case? How is music responding to an objective need or to a subjective need of the listener? (Cristiano, PM)

**Community Musician-Participant Relationship.** Practitioners who entered into a community musician-participant relationship with their participants uniquely emphasized interpersonal elements such as togetherness when Conceptualizing Links Between Music Improvisation and Mental Health and Well-Being (Category B). Participant 2 (CM) described how her practice of music improvisation to promote mental health and well-being is about “having a way of us all creating in the moment, feeling safe to create in the moment, and feel like we are all a part of the group doing that together. [That] brings well-being to people”.

**Therapeutic Relationship.** Practitioners who entered into a therapeutic relationship with their clients distinctively emphasized the ability of music improvisation to affect intrapersonal change when Conceptualizing Links Between Music Improvisation and Mental

Health and Well-Being (Category B). They described how musical changes in their clients' improvisation are connected to their client's intrapersonal mental health and well-being.

When she [the client] started musically engaging it was very limited, very expressionless, both in content and the dimension of her expressiveness. And so, (...) [now] she's playing this melody that I'm at that point just accompanying, and how expressive that is with taking real risks with this. [She's making] melodic leaps and really asserting [a] quality of: 'This is me. This is me singing, this is my voice'. Being able to both express that out of herself and then being able to tolerate sharing that and trusting another to hold that and be in that with her is [a] huge thing. (Jasenka, MT)

This quotation from Jasenka (MT) reveals the interconnectedness between musical elements, interpersonal and intrapersonal mental health and well-being. Like in Category A, music therapists distinctively described the interpersonal elements of mental health and well-being as important due to their ability to affect intrapersonal mental health and well-being.

The variation within this category is an illustration of the elements of mental health and well-being that these practitioners emphasized in discussing their understanding of how music improvisation affects mental health and well-being. That practitioners who engaged in a particular relationship type emphasized certain elements of how music improvisation affects mental health and well-being does not imply that those practitioner groups did not also engage with all elements of mental health and well-being.

### ***Summary of Category B: Conceptualizing Links Between Music Improvisation and Mental Health and Well-Being***

Conceptualizing Links Between Music Improvisation and Mental Health and Well-Being (Category B) is integral to the grounded theory presented in this study. How a practitioner Engag[es] in the Interpersonal Musical Relationship (Core Category), and particularly the Affordances of the Relationship Type According to Discipline (Contingency within Core Category) informs how they go about Conceptualizing Links Between Music Improvisation and Mental Health and Well-Being (Category B).

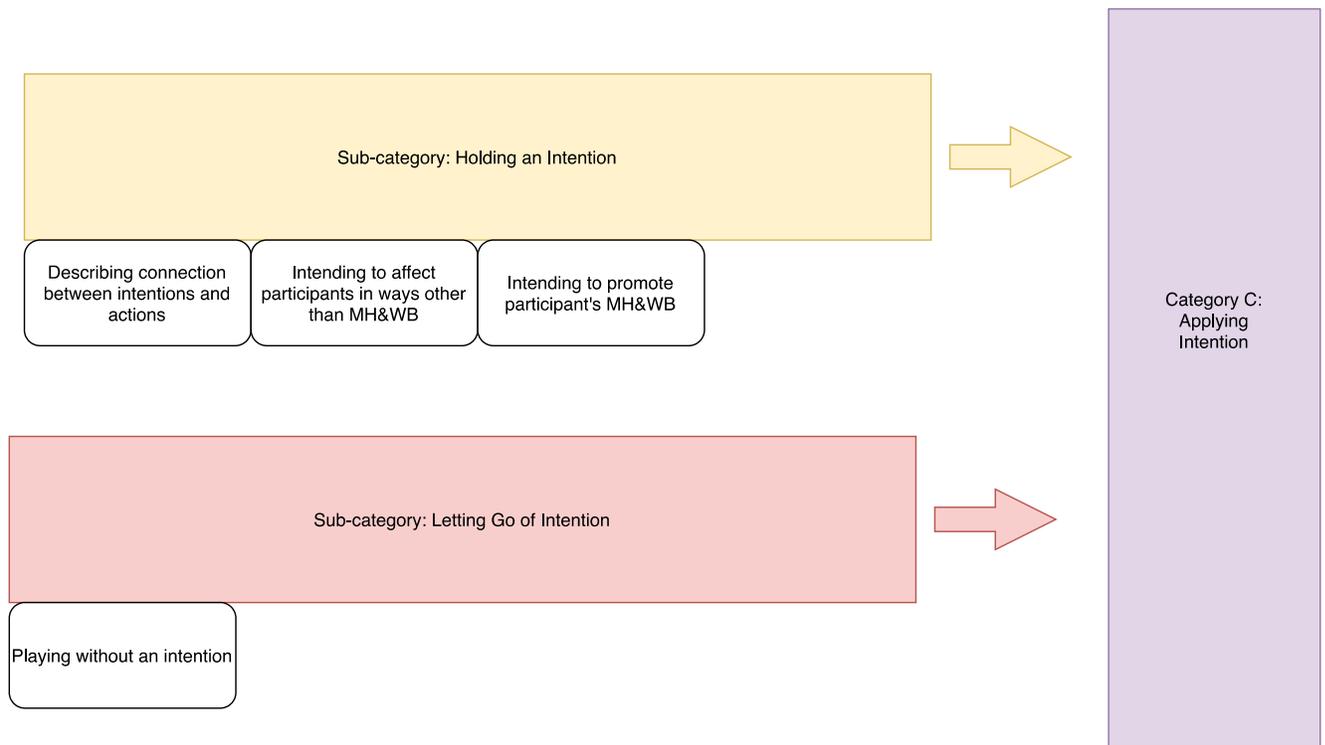
## Category C: Applying Intention

### *Definition of the Category*

Applying Intention (Category C) was found to be integral to a grounded theory of music improvisation to promote mental health and well-being for practitioners in the current study. Applying Intention refers to the intention that practitioners apply during their practice of music improvisation to promote mental health and well-being. For practitioners in this study, Applying Intention involves either: (a) holding an intention or (b) letting go of intention. Figure 10 illustrates the focused codes that informed each of these sub-categories. Unlike Categories A and B, all focused codes in this category are the result of initial codes being raised to the level of a focused code. Therefore, no tables are needed to illustrate initial codes in the category.

### **Figure 10**

#### *Focused Codes and Sub-Categories in Category C: Applying Intention*



### ***Illustrations of the Category***

**Sub-Category: Holding an Intention.** Most practitioners reported holding at least one intention when improvising to promote mental health and well-being. While these intentions varied, practitioners generally described intending to affect elements of mental health and well-being for those they improvised music with or for. These elements included: being in the present moment, enjoyment, happiness, positivity, self-compassion, and self-expression. For example, Participant Two (CM) intends to bring people into the present moment: “To work with what we have in the moment, that’s my intention. That’s always my intention.” Gary (MP) described intending for audience members to direct sympathy towards themselves:

The job is to get beyond that sympathy which is outwardly directed towards me. Get beyond that to more of a sympathy for themselves. . . . in the world of music we seem to really give ourselves permission to be sympathetic to ourselves. . . . And that really is my intention to get in there and, the length of the concert is often, I will just keep playing until I feel that's happening. (Gary, PM)

In contrast to these intentions regarding elements of mental health and well-being, Markus (PM) described holding an intention to create beautiful music: “Your concentration should go fully to the making of the music, to create it as beautiful as possible.” Holding an intention (sub-category) is integral to Applying Intention (Category C).

**Sub-Category: Letting Go of Intention.** While most practitioners practiced music improvisation to promote mental health and well-being with an intention, three performing musicians did not. Working without an intention was unique to the performer-audience relationship type, and will therefore be explored in the “Variation within the Category” section. Letting go of intention (sub-category) is integral to Applying Intention (Category C).

### ***Variation within the Category***

While Applying Intention (Category C) is an integral part of the practice under investigation for all practitioners in the current research, there is variation within this category that can be attributed to a practitioner’s specific discipline. How a practitioner conceptualizes Applying Intention (Category C) during music improvisation to promote mental health and well-being is informed by the Affordances of the Relationship Type According to Discipline

(Contingency of the Core Category). A table presenting the focused codes by discipline in Category C is available in Appendix O.

**Performer-Audience Relationship.** Letting go of intention (sub-category) was distinct to practitioners engaging in the musical interpersonal relationship (Core Category) from within a performer-audience relationship type. Cristiano, Markus, and Stephen reported playing without an intention when improvising to promote mental health and well-being. When asked about his intention prior to a performance, Stephen (PM) stated that “Nothing is on my mind at all. Absolutely nothing.” Markus (PM) and Cristiano (PM) indicated that holding an intention to promote mental health and well-being could interfere with the outcome of the work when improvising to promote mental health and well-being. Markus (PM) stated: “You don’t need to especially concentrate on a positive effect, even better if you don’t.” These performers can be seen as intending to let go of intention.

Cristiano elaborated on why he lets go of any intention for the people he improvises music with/for:

In this, my work is (...) significantly different from the majority of healing work that is prevalent today. Most healers [emphasize] the intention. You put an intention, the intention comes true (...) But the problem with intention, when you have a desire, intrinsically, we have the fear that this desire doesn’t come true. Our mind is immediately divided (...) It doesn’t work for everyone because not everyone has this subconscious agreement where the majority of the subconscious mind says yes.

(Cristiano, PM)

**Community Musician-Participant Relationship.** Practitioners in community musician-participant relationships with their participants distinctively emphasized intending to bring joy to their participants during music improvisation to promote mental health and well-being.

Participant One (CM) described intending to help people be happy and express themselves:

I think my only intention was that she [the participant] would find an instrument that she enjoyed playing. So, it was sort of simple as that. That she would enjoy the sound of, and whether it’s the physical impact of it, and just the actual sound, and the experience of playing an instrument. (Participant One, CM)

Similarly, Jesse (CM) stated “I want everybody, every single person in the place, including the audience, everybody, to feel proud of it and invested in it, and excited about it. I want them to look back on the experience and be filled with positivity.”

**Therapeutic Relationship.** Music therapy is the only discipline wherein all practitioners explicitly indicated their intention to affect the mental health and well-being of their clients during music improvisation for the promotion of mental health and well-being. Susan (MT) described the need for music therapists to have an intention in their work: “We [music therapists] need to be intentional, so we need to have in our mind the clinical intent.” Working with a clinical intention is unique to music therapists. A clinical intention can be understood as an intention that is connected to achieving an established clinical goal within a client’s therapy process.

### ***Summary of Category C: Applying Intention***

Applying Intention (Category C) is integral to a grounded theory of music improvisation to promote mental health and well-being as practiced by performing musicians, community musicians, and music therapists. How a practitioner Engag[es] in the Interpersonal Musical Relationship (Core Category), and particularly the Affordances of the Relationship Type According to Discipline (Contingency within Core Category) informs how they conceptualize Applying Intention (Category C).

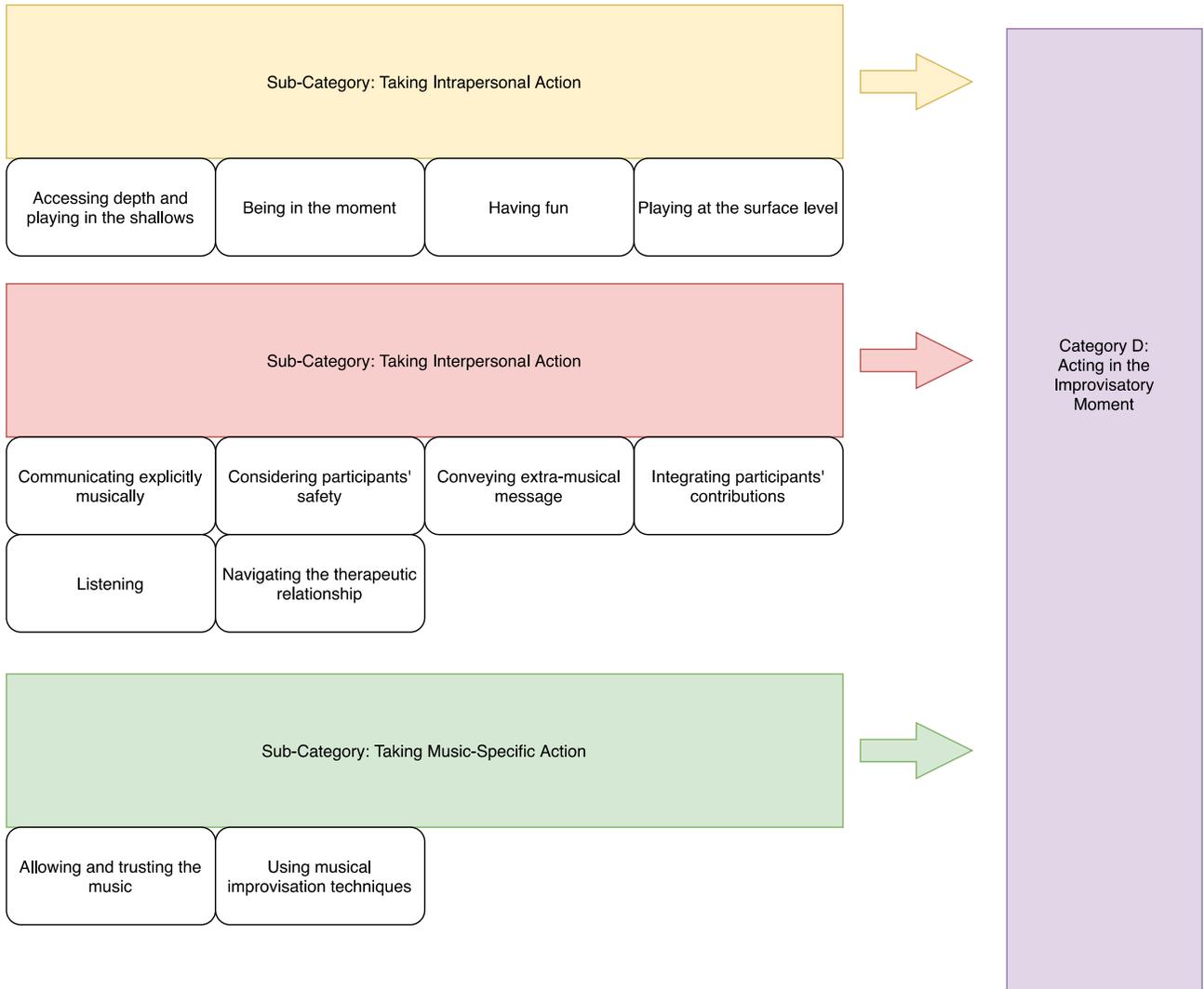
### **Category D: Acting in the Improvisatory Moment**

#### ***Definition of the Category***

Acting in the Improvisatory Moment (Category D) was found to be integral to a multidisciplinary grounded theory of music improvisation to promote mental health and well-being for practitioners in the current study. Acting in the Improvisatory Moment refers to all actions that practitioners reported taking during music improvisation to promote mental health and well-being. For practitioners in this study, Acting in the Improvisatory Moment involved: (a) taking intrapersonal action; (b) taking interpersonal action; and (c) taking music-specific action. Figure 11 illustrates the focused codes that informed each of these sub-categories. The initial codes that informed this category are available in Appendix N.

**Figure 11**

*Focused Codes and Sub-Categories in Category D: Acting in the Improvisatory Moment*



***Illustrations of the Category***

**Sub-Category: Taking Intrapersonal Action.** Practitioners engaged in various means of taking intrapersonal action when improvising to promote mental health and well-being. One way practitioners took intrapersonal action is by accessing depth and playing in the shallows. Accessing depth refers to experiencing a state of consciousness different from one’s regular state during music improvisation. This can be understood as an altered state of consciousness. Accessing depth may involve experiences of flow, transcendence, and/or spiritual connection. As Stephen (MP) described:

We're engaging in this constant layering of communication where there's no inside, there's no outside. There's no you, there's no me. And for that period of time, which is not forever and it's not everywhere, we're able to engage in this kind of participation in a non-linear reality. (Stephen, MP)

In contrast to accessing depth, playing in the shallows refers to remaining in one's typical state of consciousness. Gary (MP) described how he had to "come up for air" and play in the shallows to incorporate an audience member who had arrived late to his concert. Joy (MT) similarly described oscillating between accessing depth and playing at the surface level to meet the needs of her group members during group music therapy improvisation: "...that metaphor of diving into the water and then resurfacing and so, this experience of not only my own improvisation process but also monitoring and connecting with the other women in the group."

Practitioners also described being in the moment when they improvise to promote mental health and well-being. Cristiano (MP) described being present during improvisation to promote mental health and well-being by holding an awareness that: "I'm playing this piano in this moment for these people." Taking intrapersonal action (sub-category) is integral to Acting in the Improvisatory Moment (Category D).

**Sub-Category: Taking Interpersonal Action.** Practitioners took interpersonal action in various ways. For example, Participant One (CM) described encouraging a participant in her community music group:

I started to use the chime bar quite a lot to encourage her to play the tambourine. (...) And actually, she did it, and it made it very intense. So, it actually kind of fitted. So, I suppose that's me knowing how you could use it [music] and encouraging her.

(Participant One, CM)

Practitioners also described integrating participants' contributions in various ways. Jesse (CM) described his thought process when integrating participants' contributions: "Like, oh, there's a new musical idea here. What can I do to support it without duplicating it (...) how can I find ways to welcome this voice into the mix?"

All practitioners emphasized actively listening—to the other people in the room, the music, and/or other environmental materials during music improvisation—to promote mental

health and well-being. Practitioners described listening as essential to their practice of music improvisation to promote mental health and well-being. Stephen (MP) stated, “It’s the thing. (...) Listening is absolutely everything!”. Similarly, Participant Two (CM) stated, “Listening is really, really important.” Jesse (CM) shared that “Listening is so crucial.”

Taking Interpersonal Action (sub-category) is integral to Acting in the Improvisatory Moment (Category D).

**Sub-Category: Taking Music-Specific Action.** Taking music-specific action refers to acting musically in the moment. For example, practitioners reported employing a variety of music improvisation techniques during music improvisation to promote mental health and well-being. Participant One (CM) described using “chunking” and “mirroring” in her improvisational work and offered definitions of each of these techniques. Similarly, Participant Two (CM) described using music improvisation techniques from John Stevens’ book *Search and Reflect* (Stevens, 1985, 2007). Susan (MT) described providing a “musical ground” for clients “harmonically and rhythmically” during improvisation to promote mental health and well-being. Taking music-specific action (sub-category) is integral to Acting in the Improvisatory Moment (Category D).

### ***Variation within the Category***

While Acting in the Improvisatory Moment (Category D) is an integral part of the practice under investigation for all practitioners in the current research, there is variation within this category that can be attributed to each practitioner’s specific discipline. How a practitioner conceptualizes Acting in the Improvisatory Moment (Category D) during music improvisation to promote mental health and well-being is informed by the Affordances of the Relationship Type According to Discipline (Contingency of the Core Category). A table presenting the focused codes by discipline in Category C is available in Appendix O.

**Audience-Performer Relationship.** Practitioners who entered into a performer-audience relationship with their participants distinctively described incorporating the audience into their playing through empathy, telepathy, and/or a transpersonal connection. Cristiano (PM) described incorporating an audience member in this fashion:

A friend of mine arrived late [to] one of my first public concerts of this kind. And I had my eyes closed (...) and I remember in the middle of the piece—I felt it was a soup, like the piece was a kind of a soup with many ingredients—and I felt very immediately, suddenly, a new ingredient was added (...). So, the rest of the ingredients were still there, but there was another ingredient in this kind of soup that was my improvisation. At the end, I was asking myself: Whoa, that’s interesting, [that’s] never happened, what is it? (...) And then I turned, and I saw [my friend] (...) He came during the piece, and then I felt I knew him. And I felt, oh yes, this is about him. Because I knew him, and I knew that that feeling I had extra, that was added, that I was expressing in the music, that type of sonority, that type of rhythm, melody, was very much resonant with his nature. (Cristiano, MP)

Practitioners who entered into a performer-audience relationship with their participants also emphasized allowing and trusting the music. Markus (PM) stated that “It [takes] experience to trust that process.”

**Community Musician-Participant Relationship.** Practitioners who entered into a community musician-participant relationship with their participants distinctively emphasized, having fun in the improvisatory moment. Jesse (CM) recounted his experience during a community music improvisational performance where he and the group members were “... just hanging out, having fun and laughing.” Participant Two (CM) likewise described having fun and playing games with her community music group.

**Therapeutic Relationship.** Practitioners who entered into a therapeutic relationship with their clients distinctively emphasized listening and responding from within a clinical framework. These practitioners described listening for a moment when their clients might be ready to access change, and then responding to that.

Then I listen for the opportunity, rather than me trying to stage her getting out and going into somewhere else, I’m listening for the opportunity for when that might happen for her, when maybe you can sense, yeah, now she’s ready to move somewhere else. (Jasenka, MT)

Susan (MT) referenced Bruscia's (1987) Improvisational Assessment Profiles (IAP) as informing how she listens and responds during improvisation in MT. The IAP is a tool that music therapists can use to assess health and well-being via analysis of a client's music therapy improvisation (Bruscia, 1987).

Practitioners who entered into a therapeutic relationship with their clients uniquely described navigating the therapeutic relationship. Music therapists shared that they are constantly considering their clinical role as the music therapist and what that means as improvisations with clients unfold moment to moment.

I am constantly monitoring my role with the needs of the client, hopefully, to the best of my ability. Not that I'm perfect, but that would be the ideal, that I'm constantly paying attention to what my role should be and adjusting accordingly, [being] responsive to the client. (Jasenka, MT)

#### ***Summary of Category D: Acting in the Improvisatory Moment***

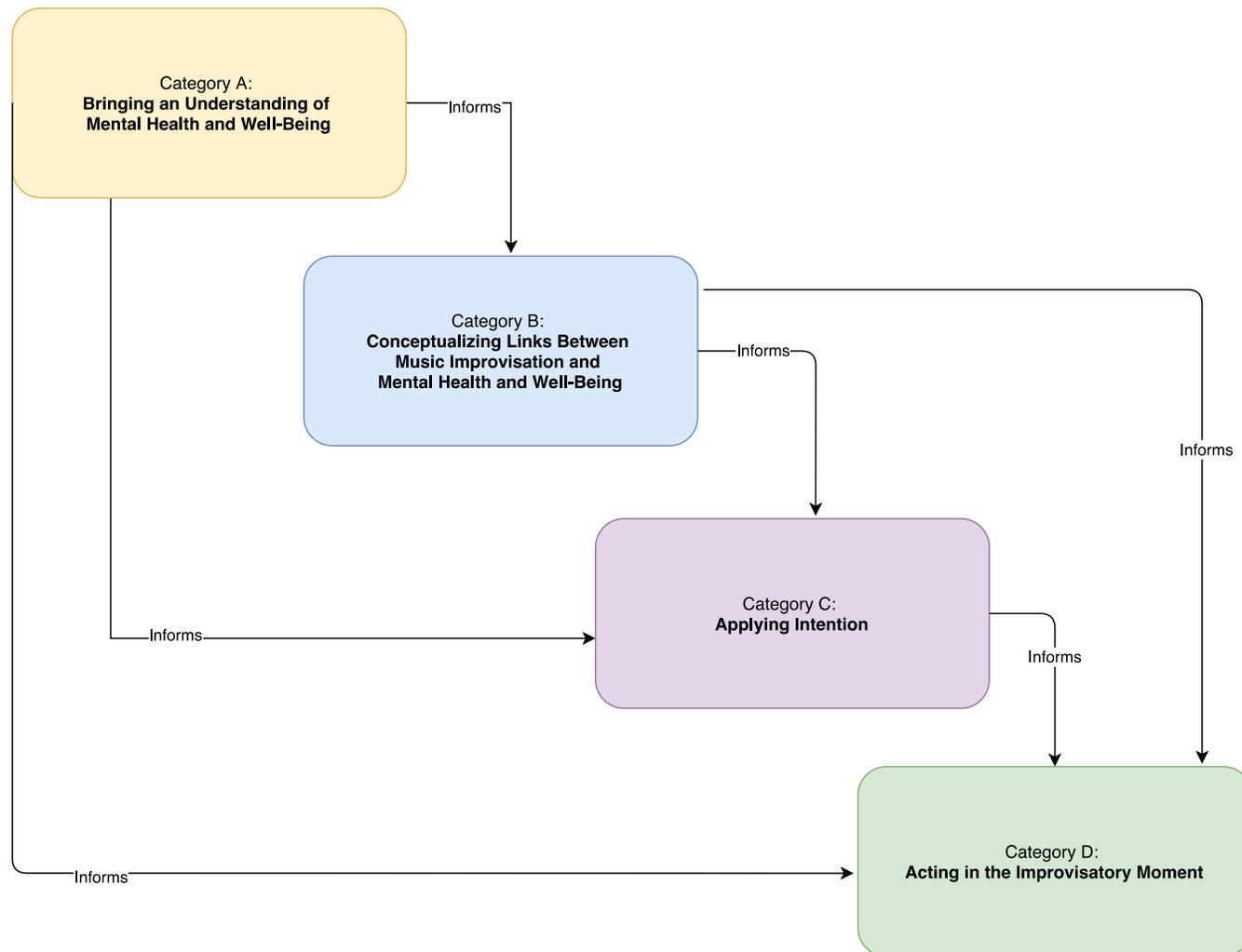
Acting in the Improvisatory Moment (Category D) is integral to the grounded theory of music improvisation to promote mental health and well-being as practiced by performing musicians, community musicians, and music therapists. How a practitioner Engag[es] in the Interpersonal Musical Relationship (Core Category), and particularly the Affordances of the Relationship Type According to Discipline (Contingency within Core Category) informs how they conceptualize Acting in the Improvisatory Moment (Category D).

#### **Relationships between Categories A, B, C, and D**

This chapter has so far articulated how the Core Category, Engaging in the Musical Interpersonal Relationship, affects each of Categories A, B, C, and D through its contingency, Affordances of the Relationship Type According to Discipline. In addition to relationships between the Core Category and each of the other grounded theory categories, relationships also exist among Categories A, B, C, and D. Figure 12 presents the relationships among the grounded theory Categories A through D. A complete illustration of the grounded theory that includes all elements and relationships among categories is presented in Figure 13.

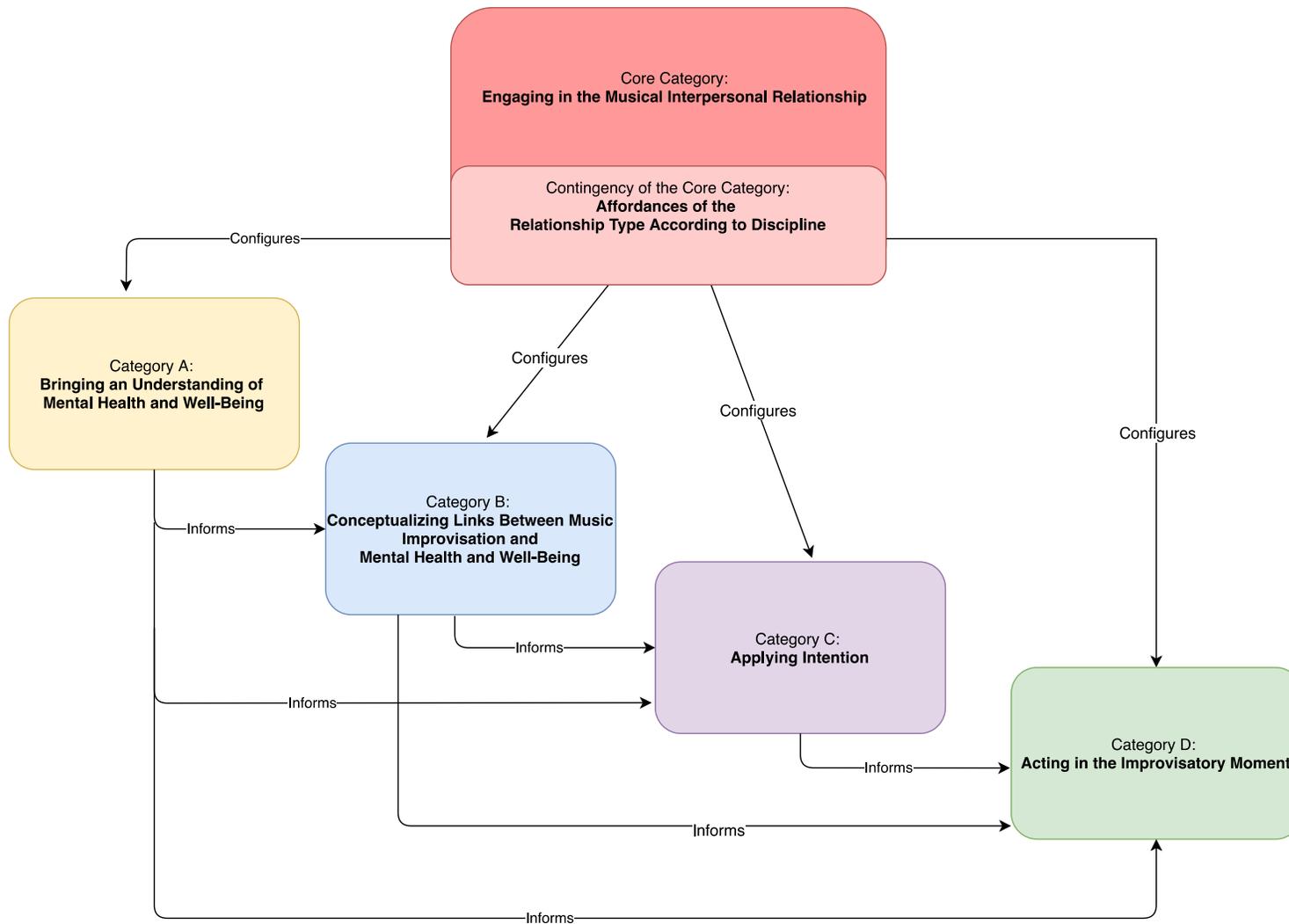
**Figure 12**

*Relationships Between Categories A, B, C, and D in the Grounded Theory of Music Improvisation to Promote Mental Health and Well-Being as Practiced by Performing Musicians, Community Musicians, and Music Therapists*



**Figure 13**

*Diagram: A Grounded Theory of Music Improvisation to Promote Mental Health and Well-Being as Practiced by Performing Musicians, Community Musicians, and Music Therapists*



### **Summary of Discipline-Specific Configurations**

The grounded theory in the present research is multidisciplinary in that it can be applied to the practice of music improvisation to promote mental health and well-being among performing musicians, community musicians, and music therapists. The theory is also discipline-specific in that the Affordances of the Relationship Type According to Discipline (Contingency of Core Category) that the practitioner enters into with their participant(s) (i.e., audience-performer, community music, or therapeutic) conceptualizes the theoretical categories along disciplinary lines.

The present chapter has so far presented each grounded theory category, including illustrations of how the category is conceptualized by the Affordances of the Relationship Type According to Discipline. A synthesis of the primary distinctions in discipline-specific configurations of the grounded theory categories is presented in Table 7.

**Table 7**

*Primary Distinguishing Qualities among Conceptualizations of the Grounded Theory Categories*

|  | <b>Performer-Audience Relationship</b>   | <b>Community Musician-Participant Relationship</b>  | <b>Therapeutic Relationship</b>   |
|--|--|---|---|
| <b>Engaging in the Musical Interpersonal Relationship (Core Category)</b>                              | Relationship is bound by practitioner role, context, and social norms. Parameters largely determined by the practitioner.  | Bound by practitioner role and context. Some guidance from the literature and, in the UK, a professional association. Largely determined by the practitioner. | Bound by practitioner role and context. Specific requirements from disciplinary literature and professional associations (e.g., Code of Ethics, Standards of Practice). |
| <b>Bringing an Understanding of Mental Health and Well-Being (Category A)</b>                          | Emphasizing the spiritual and/or transpersonal.  | Emphasizing interpersonal connection.   | Emphasizing intrapersonal mental health and well-being.   |
| <b>Conceptualizing Links Between Music Improvisation and Mental Health and Well-Being (Category B)</b> | Emphasizing that music improvisation can impact mental health and well-being via spiritual and/or transpersonal avenues.   | Emphasizing that music improvisation can impact positively on interpersonal elements of mental health and well-being.   | Emphasizing that music improvisation can promote constructive intrapersonal change as it relates to mental health and well-being.                                       |
| <b>Applying Intention (Category C)</b>   | Varied. Some practitioners deliberately intending to promote mental health and well-being both in the present moment and/or after the improvisation.<br><br>Some holding musical intentions with and without the intention of promoting mental health and well-being. Others working without intention and found working with intention to be potentially limiting for audience-members. | Emphasize intention of bringing joy to participants in the here and now.  | Intending to meet predetermined and/or emergent clinical aims relating to mental health and well-being both in the present moment, and after the improvisation.         |
| <b>Acting in the Improvisatory Moment (Category D)</b>   | Integrating audience contributions into the music through empathic, energetic, and/or transpersonal means.   | Emphasizing offers of encouragement and support to participants and being in the present moment themselves.   | Emphasizing taking actions that were congruent with their professional role and responsibilities as a therapist.  |

## Chapter Summary

This chapter presented the findings of the present study; namely, a grounded theory of music improvisation to promote mental health and well-being as practiced by performing musicians, community musicians, and music therapists. The chapter outlined the five grounded theory categories that comprise elements of the grounded theory, and the relationships among them, including a visual representation of the complete framework (see Figure 13). Engaging in the Musical Interpersonal Relationship was identified as the Core Category of the grounded theory, meaning that a practitioner's relationship with their participant(s) is the central element of their practice of music improvisation to promote mental health and well-being. How practitioners go about engaging in this relationship configures and informs each of the other elements of their music improvisation practice (Categories A – D). The Affordances of the Relationship Type According to Discipline (Contingency of Core Category) that practitioners enter into with their participant(s) (i.e., performer-audience, community musician-participant, therapeutic) is what distinguishes their practices among disciplinary lines. The implications of these findings are discussed in Chapter Five, along with a presentation of the limitations of the study and suggestions for further research.

## CHAPTER V: DISCUSSION

The present study investigated current practices and perspectives among performing musicians, community musicians, and music therapists in order to develop an understanding of how music improvisation is being realized to promote mental health and well-being across these disciplines. Despite the current interest in music improvisation as a music-in-health practice, clarity about similarities and differences among these disciplines in their approaches to music improvisation to promote mental health and well-being was largely absent in prior literature (see Chapter Two). This study aimed to address this need for greater understanding about the practice among and within the disciplines under study (see Chapter One). The research questions were: What is a multidisciplinary grounded theory of music improvisation to promote mental health and well-being as practiced by community musicians, music therapists, and performing musicians? and What distinctions exist among these practitioners in their practice(s) of music improvisation to promote mental health and well-being? A constructivist grounded theory methodology was used to address the research questions (see Chapter Three).

The main contribution of the current research is a multidisciplinary substantive theory grounded in interview data from 10 participants. Five grounded theory categories were devised based upon the data, including one Core Category entitled Engaging in the Musical Interpersonal Relationship. This Core Category includes a Contingency entitled Affordances of the Relationship Type According to Discipline. The remaining four categories are: (a) Bringing an Understanding of Mental Health and Well-Being (Category A); (b) Conceptualizing Links Between Music Improvisation and Mental Health and Well-Being (Category B); (c) Applying Intention (Category C); and (d) Acting in the Improvisatory Moment (Category D). A grounded theory was developed by explicating the relationships between and among those categories. The theory explains that how the practitioner engages in the interpersonal musical relationship with the person(s) that they are improvising with or for configures their practice of music improvisation to promote mental health and well-being. More specifically, the theory explicates that within each discipline, the relationship between the practitioner and participant(s) is inherently unique and that this is the key distinguishing component among the practices of music improvisation to promote mental health and well-being among the disciplines of music

performance, community music, and music therapy. These findings were presented in Chapter Four.

The purpose of the present chapter is to discuss the meaning, importance, and relevance of the findings. First, the findings will be discussed within discipline-specific and multi/interdisciplinary contexts. This will be followed by revisiting the researcher's stance. Next, the methodology used in this study will be evaluated based upon the criteria presented and defined in Chapter Three. A discussion of the limitations of the present research is then presented. The chapter concludes with recommendations for future research and by summarizing the main findings.

### **Discussion of the Findings**

As outlined in Chapter Four, the core category of the multidisciplinary substantive grounded theory in the present study is Engaging in the Musical Interpersonal Relationship, meaning the relationship that the practitioner engages in with their participant(s) during music improvisation to promote mental health and well-being. In this section, I discuss perspectives on engaging in this relationship from within relevant literatures. The purpose of this discussion is to highlight where the present study's findings are congruent with, contribute to, and/or challenge existing knowledge. The discipline-specific areas of music performance, community music, and music therapy are explored first. Next, relevant multidisciplinary and interdisciplinary perspectives are discussed. The section concludes by examining risk mitigation in the practice under study.

### ***Music Performance***

While discussions regarding the relationship that an improvising performing musician engages in with their audience members are present in the music performance literature (e.g., Brand et al., 2012; Cobussen, 2014; Moran, 2017), such literature as it relates to the promotion of mental health and well-being is scarce. This section will therefore include relevant literature regarding the performer-audience relationship during improvised music concerts relevant to, but not directly addressing, the promotion of mental health and well-being. Theory, research, and relevant first-hand accounts illustrate that there is congruence between the music performance literature and the findings of the current project.

The relationship that a performing musician enters into with their audience members is an integral part of *musicking*, Small's (1998) widely adopted term used as a verb meaning "to music" (p. 9). Musicking makes "no distinction between what the performers are doing and what the rest of those present are doing (...) Whatever it is *we are doing, we are all doing it together— performers [and] listeners* [emphasis added] (Small, 1998, p. 10).

**The Performer-Audience Relationship in Improvised Music.** Scholars have noted the performer-audience relationship unique to music improvisation (Born, 2017; Cobussen, 2014; Moran, 2017). In her discussion of oral and improvising music performance traditions, Moran (2017) identified "a social conception of music, where the responsibility for what material emerges comes from the time and place of the performance, implicating the audience, too, as contributors" (p. 293). Cobussen (2014) similarly regards music improvisation in performance contexts as a complex system composed of different elements, including but not limited to, the relationship between the performer and audience members. However, not all improvising performers are interested in engaging in this relationship. Macdonald and Wilson's (2005) qualitative investigation of the musical identities of 11 male professional jazz musicians briefly mentions the performer-audience relationship, stating that the performers' attitudes towards the audience members "ranged from antipathy to unconcern" (p. 409).

Despite the presence of the performer-audience relationship in improvised music traditions, there is a noted lack of research systematically exploring this relationship in improvised concerts in any depth (Brand et al., 2012). Exceptionally, Brand et al. (2012) investigated the factors that assisted and hindered the performer-audience relationship during 'traditional' live jazz performances. Their qualitative content analysis of interviews with ten audience members and seven jazz musicians indicated that "there is a relationship (...) between jazz musicians and their audience members which they both willingly enter in to" (p. 645). Further, Brand et al.'s (2012) research indicated that both jazz musicians and audience members acknowledged the power of the audience to impact the performance. Their research also uncovered requirements of the performer-audience relationship. These requirements were that the audience members must "not cross a psychological and, at times, physical boundary which the musicians have constructed." The authors continued, "This boundary protects the

musicians' choice of repertoire and interpretation of that repertoire through improvisation" (p. 646).

Brand et al.'s (2012) findings are congruent with the present research in that they affirm both the performer-audience relationship and the ability that audiences have to impact the performance during improvised music concerts. It is important to distinguish between the more "traditional" improvised music performances discussed thus far in this section and improvised music performances to promote mental health and well-being. While some experiences and findings from the former may transfer to the latter, this is not always the case. For example, the fact that the participants in MacDonald and Wilson's (2005) study were not engaging in music improvisation to promote mental health and well-being may be why they did not prioritize the interpersonal-musical relationship.

**The Performer-Audience Relationship in Improvised Music to Promote Mental Health and Well-Being.** The importance of the relationship between performing musicians and their audience members in music improvisation practices connected to elements of mental health and well-being has been noted in first-hand accounts from performing musicians (Sarath, 2013). Sarath (2013) stated that audience members "who are deeply engaged [in the improvised musical performance] can also inform, through deep transpersonal involvement in the performance, the implication fields of artists and on a very subtle level influence musical decisions" (pp. 215-216). This is congruent with findings of the present study wherein performing musicians uniquely integrated audience contributions into the music through empathic, energetic, and/or transpersonal means (Grounded Theory Category D: Acting in the Improvisatory Moment). Sarath (2013) further posited that, in an ideal situation, this relationship between the performer and audience members can enliven "intersubjective or collective dimensions of consciousness" (p. 220) with "profound benefits" (p. 220) for individuals and societies. It is possible that some of these benefits have to do with mental health and well-being.

**Music Therapists Who Engage in Improvised Performances.** A discussion of music therapists who also perform improvised music concerts to promote the health and well-being of audience members is also relevant to the present topic. Arnason (2011) proposed the notion

of musical transparency for music therapists who also perform concerts of improvised music, regardless of if their concerts are intending to promote mental health and well-being or not. Arnason posited that being musically transparent during improvisation would be important to the music therapist/performer in each of their roles, and that individuals who move between these two roles may benefit from additional reflection regarding musical transparency with their client(s)/audience members. This musical transparency involves having the “power to interact, strength to respond, readiness to change, and availability of emotions” (Arnason, 2011). As the present research speaks to the centrality of the performer-audience relationship, the relevance of adopting a musically transparent stance may extend to music performers who improvise to promote mental health and well-being, regardless of if they are not also music therapists.

The research (Seabrook, 2017), wherein I investigated the intersections between music performance and music therapy improvisation practices, is also relevant to the current study. This research-creation project involved the performance of an improvised concert program, which aimed to promote the mental health and well-being of the audience members. I noted my experience of the performer-audience relationship during this performance.

...during *Sounding the Emotional Aesthetic Environment* [a piece in the concert], the ensemble improvised music based upon emotions and/or feelings suggested by the audience. In playing these emotions, I felt a sense of connection with the audience that was returned both tangibly (e.g. when an audience member cheered when their emotion was selected) and intangibly (e.g. the energy in the space). (Seabrook, 2017, Material section, para. 2)

My experience as a performer during this concert is congruent with the present study in affirming the tangible presence of a performer-audience relationship, specifically when performing improvised music to promote mental health and well-being.

This section has discussed music performance literature relevant to the grounded theory presented in the current study. Areas of both congruence and incongruence were discussed with regards to music improvisation performance practices in general and the present research.

## **Community Music**

The relationship that a community musician enters into with their participant(s) is a noted part of community music practice (Higgins, 2012; Higgins & Willingham, 2017; Veblen et al., 2013). Mullen and Deane (2018) identified the “centrality of the relationship” (p. 184) and “the practitioner seeing [themselves] as a person, in relationship with the [participant]” (p. 183) as tenets of community musicians in their role as social pedagogues. Higgins (2012) asserts that an act of hospitality is central to community music. This act involves welcoming participants into open, accessible, and creative music-making thereby inherently emphasizing the community musician-participant relationship (Higgins, 2012).

**The Community Musician-Participant Relationship During Music Improvisation.** The community musician-participant relationship is also discussed in community music literature involving improvisation. For example, regarding their work as community musicians engaging in music improvisation with residents in long-term care, Beresford and Saunders (2016) stated that “the aim of the sessions is to create a space where ‘us’ and ‘them’ cease to exist – we are just people sharing a moment” (p. 9). To my knowledge there is no research exploring the community musician-participant relationship during music improvisation to promote mental health and well-being. Nonetheless, the existing relevant community therapy literature highlights the importance of engaging in the musical interpersonal relationship within community music practices and can be therefore be understood to be aligned with the grounded theory the present research produced.

**‘Boundary-Walking’ in the Community Musician-Participant Relationship.** Community musicians resist defining and formalizing community music, in part due to the inherently subversive nature of the discipline (Higgins, 2012). Deane and Mullen (2013) described community musicians as “boundary walkers”, elaborating that “while denying they are therapists, teachers, community workers or probation officers, they [community musicians] find themselves working alongside these people and *often doing what those professionals do* [emphasis added]” (Social Policy section, para. 3). Deane and Mullen do not describe what community musicians perceive they are doing that is the same as what these other professionals do; however, some light can be shed on this topic from other sources. Literature

pertaining to the use of music improvisation to promote mental health and well-being within the discipline of community music often references music therapy research, and more specifically, the benefits of the *therapeutic* relationship.

The benefits of a therapeutic relationship have been put forward to support community music improvisation practices to promote mental health and well-being (e.g., Beresford & Saunders, 2016; Clennon, 2013; Paton, 2011; Vougioukalou et al., 2019; Walker & Paton, 2015). This is problematic because it erroneously conflates the therapeutic relationship that is present between a music therapist and their client(s) and the community musician-participant relationship that is present between a community musician and their participant(s). It also does a disservice to community music by not accentuating the distinct potential benefits of the community musician-participant relationship.

As the present study illustrates, the relationship one engages in in music therapy improvisation distinctly configures the practice of music improvisation to promote mental health and well-being. Some, but not all, benefits of music improvisation within a therapeutic relationship may be transferrable to other relationship contexts. Conversely, some of the discipline-specific benefits of music improvisation to promote mental health and well-being occur *because* the distinct relationships that are established between practitioner and participant *are not therapeutic* relationships, but instead capture what is afforded within those distinct disciplinary boundaries. For example, a performer-audience relationship allows a performing musician to promote the mental health and well-being of their audience members by sharing details and music about their personal lives, including struggles and other intimate details. This type of self-disclosure is critically considered within a therapeutic relationship (Murphy, 2014) with the therapist proceeding according to their theoretical approach. Similarly, the relationship a community musician has with their participants affords a more equitable rapport and genuine friendship between practitioner and participant than the therapeutic relationship. The act of hospitality is considered to be a distinguishing characteristic of the community musician-participant relationship (Higgins, 2012). Additionally, music therapists' Code of Ethics require them to obtain informed consent from potential clients prior to engaging in a therapeutic relationship with them. This creates a unique context for the therapeutic

relationship that may present particular benefits for clients. However, community musicians and performing musicians are not required to obtain informed consent from potential participants or audience members in the same way. This allows community musicians and performing musicians to potentially provide greater access to care by engaging people in music experiences where obtaining such informed consent might be a barrier (e.g., for children, residents in or long-term care, and/or people encountering language barriers).

By acknowledging the affordances of distinct relationship types, the present research encourages community musicians to consider how they might continue ‘boundary walking’ while both acknowledging differences among disciplinary boundaries and leveraging the valuable unique characteristics of the community musician-participant relationship.

### ***Music Therapy***

Congruent with the findings of this research, the therapeutic relationship is of central significance in music therapy (Bruscia, 2014; CAMT, 2019). Some music therapists have discussed notions of music therapy particularly relevant to the core category of the present research. For example, Trondalen’s (2016) Relational Music therapy approach emphasizes the importance of the music therapy relationship with regards to the process and outcomes of music therapy. The notion of an *Interpersonal Musical Relationship* in the practice of music improvisation to promote mental health and well-being is further affirmed by Silverman (2019), who investigated how music therapists across theoretical stances develop therapeutic alliances with adults in mental health. Through thematic analysis of interviews with eight music therapists, Silverman found that “Music Factors” and “Non-Music Factors” (p. 98) contribute to the therapeutic alliance. Silverman articulated 8 main themes and 14 sub-themes within these factors. Of particular congruence with the present research are the themes “Intentional use of music to target therapeutic objectives” (p. 98) within the music factors, and the sub-themes of “respect through active listening” (p. 98) and “boundaries and self-care” (p. 98) within the non-music factors. Like Silverman’s research, the present study also describes the central relationship as being both musical and non-musical (i.e., interpersonal).

**The Therapeutic Relationship in Music-Centered Music Therapy.** The therapeutic relationship is of vital importance to music therapy improvisation practices within music-

centered orientations (Andsdell, 1995; Aigen, 2005; Garred, 2006; Lee, 2016; Nordoff et al., 2007; Pavlicevic, 2000). Some music-centered music practitioners consider the therapeutic process to be embedded within music therapy improvisation: “music therapy improvisation is the locus of the therapeutic encounter” (Pavlicevic, 2000, p. 270). Research has been done explicitly on the therapeutic relationship in music-centered music therapy improvisation (e.g., Brown & Pavlicevic, 1996; Forinash, 1992; Kelliher, 2019; Mahoney, 2016; Pavlicevic, 2000; Proctor, 1999, 2016). Music-centered music therapists have also observed that the therapeutic relationship is inextricably linked with how the therapist improvises during music therapy (Andsdell, 1995; Forinash, 1992; Guerrero et al., 2015; Lee, 2016; Næss & Ruud, 2007; Nordoff & Robbins, 1971; Proctor, 1999). For some music-centered music therapists, the therapeutic relationship is an innate part of music therapy improvisation, and it is because of this that music therapy improvisation in music therapy facilitates therapeutic outcomes for the client (Brown & Pavlicevic, 1996; Pavlicevic, 2000).

The parameters of the therapeutic relationship in music-centered music therapy encompass all dimensions of musicking within a therapeutic context, as outlined in Chapters One and Four. Garred (2006) presented a dialogical perspective of music-centered music therapy theory wherein he examined the therapeutic relationship. In a section titled *Relating the Interpersonal and the Musical*, Garred writes:

If the therapeutic mode of verbalization, as found in the psychotherapeutic ‘talking cure,’ is replaced with musical improvisation, as in music as therapy, a different dynamic is found. Here . . . we find two implicit relational aspects, belonging to the two different spheres of the interpersonal and the musical. (Garred, 2006, p. 158)

Garred’s (2006) writing is related to the present study in that he explicitly identified the same two relational aspects present within music improvisation to promote health and well-being, interpersonal and musical, as were identified by the core category of the present study. Given the congruence between the present study and Garred’s (2006) work, it may be pertinent to note that I did not become familiar with Garred’s writing until after my data analysis was complete.

Musical engagement may also influence how a music therapist engages in the therapeutic relationship with their client differently than a verbal therapist might. Lee's client, Francis, challenged Lee with respect to his engagement in the interpersonal musical relationship during improvisational music-centered music therapy. Francis stated:

Normally, one would not [emotionally] go with the client because it is not the therapist's role. In music, however, I believe it's different. What is one thing in verbal therapy, is different in music. If you are creating music then of course, if you hold back on your emotional participation, then you are going to fail. (Lee, 1996, p. 87)

This is relevant to the present research in that the parameters of the therapeutic relationship in music-centered music therapy may push against the boundaries of the traditional (verbal) therapeutic relationship, because it is inexorably linked with musicking.

Music-centered music therapy literature supports the resultant grounded theory of the present study, wherein engaging in the musical interpersonal therapeutic relationship is central to the practice of music therapy improvisation.

**Multiple Perspectives Regarding the Therapeutic Relationship in Music-Centered Music Therapy.** While many music-centered practitioners have reflected on and/or investigated the importance of the therapeutic relationship in music therapy improvisation (Brown & Pavlicevic, 1996; Cooper, 2010; Garred, 2006; Lee, 2016; Mahoney, 2016; Seabrook, 2019b), others have questioned the necessity and/or meaning of the therapeutic relationship in this context (Aigen, 2005; Verney & Ansdell, 2010).

In the case of music therapy, the social roles present in concepts of therapist and client that have been imported from medical and psychotherapy frameworks function as an important supportive edifice that allows for musically transforming experiences to emerge in music therapy. However, a foundation of music-centered thinking is that 'the components of the enabling social structure are not themselves the agents of change'. (Aigen, 2005, p. 75)

The grounded theory resulting from the present research complements and expands this notion of relationship in music-centered music therapy by both: (a) agreeing that musicking and being in relationship with the client are intrinsically and inextricably linked, and (b) emphasizing that

the therapist is, by definition, in a therapeutic relationship with their client, which has been demonstrated to be a central element of clinical change in allied fields such as clinical counselling and psychotherapy (Duncan et al., 2010; Wompold & Imel, 2015).

The present research also enters into discussion with music-centered music therapy theory regarding how such music therapists engage in clinical improvisation. Aigen (2005) proposed that in music-centered music therapy, “the primary message from the therapist to the client is I am here to help you make music, rather than I am here to change you, fix you, control you, or heal you” (p. 120). Here, the grounded theory in the present research re-contextualizes the music-centered therapeutic relationship outside of a proposed binary positioning by offering a “yes, and” response. In this case, the grounded theory in the present study affirms that, *yes*, the music-centered music therapist supports the client to engage in musicking, *and* that the music therapist will assist with this music-making, by definition, within a therapeutic relationship. This is congruent with Trondalen’s (2016) Relational Music Therapy approach:

. . . to reject such a thought [the therapeutic relationship] at the practical level does not take into account the deep responsibility involved in being a therapist. Neither the client nor the therapist can walk in and out of a relationship, as the relationship itself frames and possibly expands the interactions between them. (Trondalen, 2016, p. 107)

A therapeutic relationship does not necessarily imply “I am here to change you, fix you, control you, or heal you” (Aigen, 2005, p. 120), and indeed some of those positions, particularly regarding control, can be viewed as harmful. A therapeutic relationship may certainly involve the message that “I am here to help you make music,” (Aigen, 2005, p. 120) but this does not mean that the stated music-making is excluded from the context of the therapeutic relationship, which requires a distinct responsibility and prioritization of the client’s health and well-being.

The grounded theory presented in the current study offers the perspective that while all practitioners in the study seek to involve their participants in some form of musicking during music improvisation to promote mental health and well-being, it is the affordances of the

relationship type according to discipline and its boundaries that distinguish the practice along disciplinary lines.

**The Distinctiveness of Music Therapy Improvisation.** Much has been written regarding whether the music improvisation that occurs in music-centered music therapy is distinct from other forms of music improvisation, and if so, how (e.g., Aigen, 2014; Brown & Pavlicevic, 1996; Pavlicevic, 2000; Seabrook, 2017). The substantive grounded theory resulting from this research contributes to this conversation. Nordoff-Robbins music therapist Pavlicevic (2000) wrote a theoretical discussion piece wherein she explored music therapy improvisation to discuss:

whether there are features characterizing music therapy that are the exclusive domain of music therapists (...) or whether all or any of these [music] disciplines (...) have in common something to do with human communication—which music therapy, perhaps, adapts in a unique way. (Pavlicevic, 2000, p. 270)

Pavlicevic (2000) concluded that music therapy improvisation is unique, in part, because of its aesthetic sensibilities. For example, Pavlicevic (2000) described how a scattered or unpolished aesthetic could be viewed as successful in music therapy improvisation because it emphasizes the therapeutic relationship and by contrast, that the same scattered or unpolished aesthetic would be viewed as undesirable in music performance improvisation. This position has since been convincingly challenged by Aigen (2014), who argued in part that the aesthetics attributed by Pavlicevic (2000) to music therapy improvisation are present in free improvisation and other experimental improvised music making. However, Pavlicevic's (2000) viewpoint remains pertinent to the current study because it illuminates the interest in distinguishing improvisation practices along disciplinary lines.

Pavlicevic's (2000) position also illustrates a common way of thinking in the music-in-health disciplines whereby explorations of disciplinary practices are set up within an *either/or* binary: *either* disciplinary practices are distinct, *or* they are different. The grounded theory resulting from the present research expands this thinking beyond such an either/or scenario by demonstrating how the positions that Pavlicevic (2000) and Aigen (2014) outline are not binary opposites but instead can be considered as occurring simultaneously. First, that music-centered music therapists do indeed have something in common with other practitioners with regards to

human communication: performing musicians, community musicians, and music therapists all engage in the interpersonal musical relationship with their participants during improvisation to promote mental health and well-being. Second, that there are simultaneously characteristics of music therapy improvisation that are the exclusive domain of music therapists: the unique configuration of *how* music therapists go about engaging the interpersonal musical relationship via a therapeutic relationship. This same thinking can be applied to performing musicians and community musicians, affirming that there are *both* commonalities *and* differences among their practices. The results of the current study suggest that fruitful future research will explore *how* rather than *whether* these practices diverge and overlap across disciplines.

***Distinctiveness Within Music Therapy Improvisation Practices.*** The binary *either/or* thinking described with regards to the music-in-health disciplines is also notably present within music therapy discourse about music therapy improvisation. This largely involves arguments polarizing music therapy improvisation as *either* music-centered, *or* psychodynamic (Aigen, 2005; Aigen, 2014; Darnley-Smith, 2014; Sutton, 2019). What this means is that distinct approaches to music therapy improvisation are being conflated, confused, blurred, and misunderstood within the discipline, resulting in a fractured intra-disciplinary dialogue (Darnley-Smith, 2014; Foubert, 2020; Sutton, 2019). To mitigate this confusion, Sutton (2019) suggests a “third position” where music therapists agree that “at the core of our work is a developing relationship with the client, a fundamentally interactive use of music in improvisation” (p. 11). This is aligned with the findings of the present study as entering into an interpersonal-musical relationship is identified as the commonality among all diverse approaches to music improvisation to promote (mental) health and well-being. Sutton (2019) further asserts that this third position affords a “spectrum of practice . . . where varying approaches [to music therapy improvisation] co-exist” (p. 11) and offers us a “stance that requires us to acknowledge when we are caught up in either/or position” (p. 12). Here again this is aligned with the findings of the current research which seeks a conceptualization of practice that accommodates both the commonality and the differences among approaches.

**Community Music Therapy.** Community Music Therapy (Ansdell, 2002) is a “context-based and music-centered [music therapy] model that highlights the social and cultural factors

influencing music therapy practice, theory and research” (p. 109). Community music therapy represents “an attempt to create a treatment framework for music therapy practices that currently lie (...) in the boundary area between traditional music therapy and community music” (Aigen, 2005, p. 154). While traditional music therapy takes place in private spaces, as is the case with the music therapy participants in the current research, in a community music therapy approach, music therapy may take place outside of these clearly defined boundaries in contexts that may be more common to community musicians in the current research (Ansdell, 2002; Pavlicevic & Ansdell, 2004). Music therapists may move in and out of a Community Music Therapy approach depending on the perceived needs of their clients, meaning that some music therapists may sometimes adopt a Community Music Therapy approach and at other times adopt a more ‘traditional’ approach (L. Young, personal communication, March 12, 2020).

Community Music Therapy blends two distinct relationship types: the community music-participant relationship and the therapeutic relationship. As such, this approach is pertinent to a discussion of how engaging in the musical interpersonal relationship may be distinguished along disciplinary lines. While it might logically follow that therapists who take a community music therapy approach would engage in a traditional therapeutic relationship with their clients due to their status as therapists, community music therapy relationships “are as equal as possible and are mediated primarily *by moral guidelines rather than professional ones* [italics added]” (Aigen, 2005, p. 155). The grounded theory resulting from the current research does not speak directly to music therapists who adopt a community music therapy approach as they were not included in the study; however, it is interesting to consider how the current grounded theory may apply to these practitioners.

Given that community music therapy is a blend of music therapy and community music—and that these disciplines were included in the research—it seems that at this level, the grounded theory may relate to community music therapy practices. However, the proposed substantive grounded theory distinguishes between disciplinary practices by the affordances of the relationship type according to discipline. While practitioners who adopt a Community Music Therapy approach are music therapists (i.e., via their credentials), the literature reveals that therapists who adopt this approach may engage in the interpersonal musical relationship

differently than therapists who adopt more “traditional” music therapy approaches, such as Nordoff-Robbins Music Therapy. The grounded theory in the present study therefore encourages community music therapists to consider how they go about engaging in the musical interpersonal relationship, and how this might configure their practice of music improvisation to promote mental health and well-being. Recommendations for future research with respect to community music therapy are discussed later in the present chapter.

### ***Multidisciplinary and/or Interdisciplinary Conceptualizations of Music-in-Health Practices***

The grounded theory created in the present study speaks to areas of overlap among music-in-health disciplines. As such, it contributes to the discourse regarding multidisciplinary conceptualizations of music-in-health practices.

**Music, Health, and Well-Being.** MacDonald et al. (2012b) published their edited book *Music, Health, and Well-Being* aiming to “integrate a number of related disciplines that all utilize music for reasons of positive outcome” (p. 7). In that text, the authors proposed a conceptual framework for music, health, and well-being and it was later updated by Macdonald (2013). The most recent (Macdonald, 2013) illustration shows a Venn diagram of four circles of equal size intersecting in the middle. The four circles are labeled: Everyday uses of music, Music Education, Music Therapy, and Community Music. A fifth circle, labeled Music Medicine, intersects only with the Music Therapy circle. This conceptual framework is congruent with the grounded theory in the current research in illustrating the presence of both areas of distinction and areas of overlap among music-in-health practices. In addition to this congruence, the grounded theory of the current research both challenges and clarifies the conceptual framework proposed by Macdonald et. al (2012b) and Macdonald (2013).

The grounded theory in the present study includes the discipline of music performance and the distinct affordances of the relationship type according to that discipline, the performer-audience relationship. In MacDonald’s (2013) framework, this discipline is subsumed into the “Everyday uses of music” circle - an area that also involves listening to music in “real-world informal settings” (MacDonald et al., 2012, p. 8), such as while driving and/or doing housework. Including music performance in this circle does not allow for the distinctiveness of the performer-audience relationship as it was experienced by participants in this research project.

One possibility that the present research therefore proposes is that the “Everyday uses of music” circle in MacDonald’s (2013) work be further unpacked, with circles for music performance and other specific everyday uses of music that can allow for the representation of distinct and diverse components of various relationship types within these music, health, and well-being experiences.

**Health Humanities.** *Health humanities* is an emerging field that examines the ways that the arts and health intersect (Crawford et al., 2015). Crawford et al. (2015) prioritize the relational element within the health humanities via the following logic: “Art, in any form, is a uniquely human phenomenon. As such, any essential attributes of the performing arts must be consistent with the essential attributes of being human. One of the most fundamental bases of humanity is *relationship*” (p. 83). This emphasis on the relationship is congruent with the grounded theory from the present research.

**Abrams’ Relation-Based Theory of Music Therapy.** Abrams (2012) proposed a relation-based theory of music therapy based upon a health humanities perspective prioritizing the intersecting qualities of music and health. While Abrams identified his theory as a music therapy theory, it potentially provides a framework for many types of musical engagement other than music therapy, including music performance and community music. A discussion of Abrams’ theory is therefore included in this section as it makes sense of different types of music-in-health practices and disciplines.

Abrams’ theory understands music therapy as “the practice of promoting healthful, temporal-aesthetic ways of *being in relationship*” (Abrams, 2012, The Proposed Theory section, para. 1). He states, “given that music therapy is a therapy based upon music, and that music is intrinsically relational, it follows that music therapy is based upon *relationship*” (Abrams, 2012, Premise 3 section, para. 1). This logic can also be applied to all disciplines involved in the current research project: since both music performance and community music are based upon music, and music is intrinsically relational, it similarly follows that, like music therapy, music performance and community music are also based upon relationship. Abrams’ logic is aligned with the findings of the present research, which also center the relationship.

Like music-centered music therapy, Abrams' (2012) definition of music therapy "locates *relationship* in the musicality of the work itself" (Premise 3 section, para. 3). Abrams (2012) presents a model that he asserts "is not an explanation for how music therapy works; rather, it illustrates where the practice of music therapy is located, according to certain defining features" (A Relationship-Based Model section, para. 2).

The three disciplinary practices investigated in the current study can be found in Abrams' relationship-based model for understanding music therapy. Music therapy practices of music improvisation to promote mental health and well-being can be located within both/either of the areas "Sound and Therapy, inside of Music" (Abrams, 2012, Primary Intersection Two section, para. 5) area and/or the "Therapy and Music, outside of Sound" (Abrams, 2012, Primary Intersection Three section, para. 5) area. While community music and music performance improvisation practices to promote mental health and well-being can be located within the "Sound and Music, outside of Therapy" area (Abrams, 2012, Primary Intersection Two section, para. 5).

The grounded theory from the current study and Abrams' (2012) theory can be understood as complementary to each other, both in their conceptualization of the relationship at the core of music-in-health practices, and in the ways they distinguish between music-in-health disciplines. The current grounded theory and Abrams' (2012) theory highlight that music-in-health practices prioritize what the current grounded theory refers to as Engaging in the Interpersonal-Musical Relationship and what Abrams calls "Being-in-Relationship" (2012, Primary Components section, para. 5). Abrams (2012) articulates how his relationship-based theory of music therapy "clarifies the expertise belonging uniquely to music therapists, in relation to an array of related but different practices" (Reflections section, para. 4). Where the grounded theory in the current study articulates that differences exist along disciplinary lines in the realization of particular music improvisation practices, Abrams' (2012) theory proposes clarity regarding where disciplinary expertise lies.

**Interdisciplinary Applications of the 'Music Therapy Triangle'.** Garred (2006) presented a diagram of an isosceles triangle wherein each point is labeled one of either: music, client, or therapist. Garred called this diagram the "music therapy triangle". Garred (2006) used this

conceptualization to illustrate that: (a) the relation between the therapist and client is mediated by music; (b) the therapist mediates the client's relation to music; and (c) the client mediates the therapist's relation to music. By naming the interpersonal musical relationship as its core category, the present research is congruent with Garred's (2006) work. Further, the current study suggests that this triangle could likewise be applied to the practice of music improvisation to promote mental health and well-being as practiced by performing musicians (with the points being labelled as performer, audience, and music) and community musicians (with the points being labelled as community musician, participant, and music).

**Considerations for Future Multidisciplinary and Interdisciplinary Work.** As previously discussed, stakeholders in the field of music, health, and well-being, including scholars from within the disciplines included in the present study, have applied research to their practices without careful consideration of the distinctions among music-in-health disciplines, including discipline-specific relationships. More fruitful multi- and interdisciplinary collaborations, including theorizing, research, and practices, will acknowledge the areas of distinction among the music-in-health disciplines and practices. The grounded theory resulting from the present research contributes to such collaborations by offering a conceptualization of a particular music-in-health practice that is at once multidisciplinary and discipline-specific, thereby inviting multi- and interdisciplinary work that acknowledges discipline-specific boundaries.

While each discipline brings a rich perspective to considerations of music, health, and well-being, Stige (2012) asserts that music therapy may have a "special responsibility" (p. 183) in this area "since it is an established discipline with bridging of the subjects music and health [and well-being] as its main focus, while health [and well-being] is only one of many topics of study for other disciplines of music" (p. 183). As Peters et al. (in press) state, "this special responsibility is not intended to suggest that music therapy has a monopoly on the field of music, health, and wellbeing" (Conclusion section, para. 5). Indeed, the current research has emphasized the distinct and meaningful contributions that music performance and community music make to music-in-health. While the present research offers some clarity about the roles of particular disciplines in the practice of music improvisation to promote mental health and well-being, "how members of diverse disciplines navigate roles and responsibilities within the

multidisciplinary context of music, health and wellbeing will likely require ongoing collaboration and negotiation” (Peters et al., 2012, Conclusion section, para. 5).

Each discipline-specific way of practicing music improvisation to promote mental health and well-being is distinct and contributes to the music-in-health landscape. The existence of these distinct practices is an advantage for stakeholders, including those seeking to use music improvisation to promote their mental health and well-being, because this diversity means that health and well-being can be promoted across a range of needs and contexts. However, it is with respect to disciplinary boundaries and their distinctions that the tensions noted in Chapter One have arisen between music-in-health practitioners, particularly between music therapists and community musicians (Clennon, 2013; Wood & Ansdell, 2018). I also noted my professional experience with such tensions between performing musicians, community musicians, and music therapists in Chapter Three. The present research directly addresses these tensions by providing a substantive grounded theory that explains the similarities and differences found among these disciplines according to discipline specific practitioners who use music improvisation to promote mental health and well-being. It is my hope that this will serve as a foundation for a common understanding and clarity among practitioners regarding distinctions among disciplines and practices and lead to better services for stakeholders.

### ***Mitigating Risk in Practices of Music Improvisation to Promote Mental Health and Well-Being***

Engaging in musical experiences, including music improvisation, is not innately healing or even benign for those participating. For example, there is scholarship surrounding the use of music to adversely affect people, for example: playing fast and/or loud music so that restaurant patrons eat faster (Robson, 1999), attempting to prevent homeless persons from gathering in certain spaces by playing music assumed to be contrary to their liking (Oreskes, 2019; Prisco, 2019), and in torture (Friedson, 2019). Even when there is an intention to promote health and well-being, engaging in music improvisation involves risk.

[Music improvisation] involves considerable risk. At every moment, something can go in an unwanted direction. . . . The improviser is constantly confronted with the risk of [musical] failure and the limits of [their musical] capacity. In addition, there is always a risk of meaninglessness. (Bruscia, 2014, p. 145, cited in Trondalen, 2016)

While engaging in music improvisation can promote mental health and well-being, it can also cause harm: for example, by perpetuating the oppression of marginalized identity positions (Born, 2017; Frisk, 2014; Seabrook, 2019b). Scrine (2016) described how participation in music-making can stabilize gender-based oppressions by preserving an insidious “male dominated gender order” (Abstract, para. 1), thus problematizing the notion that musicking is inherently equitable and inclusive. Community musicians Samuels and Schroeder (2019) observed the following in their improvisational music groups that use digital instruments: “...when working with musicians with diverse ways of interacting with musical instruments and music technology we are aware of how specifically digital technologies, which many disabled musicians rely on, can easily exclude people in a music-making context” (p. 479). Music therapists Hiller and Gardstrom (2019) articulated some risks related specifically to music improvisation for clients with mental health issues:

Whereas improvising on percussion instruments in a group session may promote a sense of cohesion among adults seeking mental health treatment, for people whose connection with reality is tenuous, repetitive rhythmic sounds hold the potential to evoke psychotic reactions. And, while improvising with their voices, clients may experience various levels of emotionally-charged self-consciousness. Beyond embarrassment from using their voices and words in this expository way, the experience may evoke long-buried, unconscious memories and associations of an unpleasant or even traumatizing nature. (Hiller & Gardstrom, 2019, para. 4)

Responsible practices of music improvisation to promote mental health and well-being that mitigate the potential for harm are essential, particularly when working with vulnerable populations. Discussions regarding practitioners’ responsibilities and requirements regarding risk mitigation vary among music performance and community music disciplines.

**Mitigating Risk within the Performer-Audience Relationship.** Scholars discussing music improvisation performance practices to promote health and well-being have articulated the need for a mitigation of risk (Crawford et al., 2015; Warren, 2008). Crawford et al. (2015) conclude that “ethical thinking in implementing performing arts as health practices should come naturally, with relative ease, for practitioners” (p. 105), since ethics and the arts are both

humanities. While it is tempting to concur with this view, there are issues with the above statement. First, that there are risks to vulnerable populations posed by performers for whom ethical thinking does not come easily when engaging in performing art as health practices. Second, that performers engaging in performing art as health practices may not have a comprehensive awareness of what the risks of their practices are for their audience members. As described in Chapter Two, there is little literature regarding the practice of music improvisation to promote mental health and well-being in music performance settings. As this performance practice develops, it would be useful for practitioners and/or scholars to investigate: what risks may be unique to the performer-audience relationship and how these risks could be mitigated during music improvisation to promote mental health and well-being.

**Mitigating Risk within the Community Musician-Participant Relationship.** Like performing musicians, community musicians have also expressed the importance of practicing in ways that mitigate risk when engaging in a community musician-participant relationship (Lines, 2018; Samuels & Schroeder, 2019). To this end, Lines proposes a “critical questioning approach” within which community musicians can “begin to question the nature and value of their work from a critical and ethical perspective” (p. 395). Within this approach, Lines (2018) outlines meaningful in-depth considerations for community musicians around the ethical use of music, including considerations of the broader community, cultural, and anti-oppressive systems that contextualize the community music encounter.

While the literature reveals a discussion about mitigating risk within the community musician-participant relationship, there is a lack of discussion regarding how community musicians might assess whether or when a referral should be made to a music therapist or (other) mental health professional, nor how a community musician may engage in self-reflection to ascertain if they are equipped to safely manage participant material. Consider that Vougioukalou et al. perceived the following in their community music group for refugees, asylum seekers and local community members:

there are many areas of synergy in the practice of music therapy and music improvisation [in community music] with refugee groups since both involve a process of asking participants to express emotion and tell their story through the creation of music.

*Experiences of trauma* and empowerment are pertinent and address the desired outcome of wellbeing and integration [emphasis added]. (Vougioukalou et al., 2019, p. 544)

The grounded theory emerging from the present research affirms what Vougioukalou et al. (2019) assert: that there are indeed areas of synergy in improvisation practices of music therapy and community music. However, the findings of the present research also distinguish between these practices along disciplinary lines. What are the areas of overlap between music therapy and other disciplines wherein music-in-health practitioners, like community musicians, can safely and ethically “boundary walk”, and which areas must be left to therapists who are trained to mitigate risks—when engaging people’s trauma, for example? As with music performance, it would be useful for community musicians to explore what risks may be unique to the community musician-participant relationship and how these risks could be mitigated during music improvisation to promote mental health and well-being.

**Mitigating Risk within the Therapeutic Relationship.** As described in Chapters One and Four, formalized mechanisms exist to mitigate the risk to the client inherent within a therapeutic relationship. These include disciplinary entry requirements, adherence to a professional code of conduct, and the necessary purchase of liability insurance which may serve to protect both client and therapist within the relationship. However, even within these carefully constructed boundaries there are areas regarding risk management in the therapeutic relationship that merit closer examination. For example, are there instances wherein engaging in a therapeutic relationship may present a greater risk to potential clients/participants than engaging in a community musician-participant or performer-audience relationship? Each person has a unique journey toward health and well-being and each journey is differently culturally situated. Are there cases when a community setting would be inherently “safer” for potential clients/participants than a clinical setting, such as when a particular trauma is culturally shared within a community or for persons who have experienced systemic oppression within formalized systems? It would strengthen the discipline of music therapy to critically consider the affordances and risks of a therapeutic relationship within a multidisciplinary

health-and-wellbeing landscape and if/when a referral to other music-in-health professionals may be appropriate.

The results of the present study may allow practitioners to better understand how members of their discipline conceptualize their practice of music improvisation to promote mental health and well-being. Given the centrality of the relationship within that practice, this research also makes a case for practitioners from all disciplines to further investigate their scope of practice—and the distinct affordances and bounds of the relationships that they enter into with participants. The grounded theory in the present research encourages practitioners to honour the distinct type of relationship that they engage in with their participants, including its potential affordances, boundaries, and limitations. It is hoped that such clarity may mitigate some of the tensions that have arisen between the music-in-health practitioners, lead to more fruitful collaborations among practitioners, and result in greater outcomes for stakeholders.

### **Revisiting the Stance of the Researcher**

As I outlined in Chapter Three, this research project has significance for me in my role as a music therapy educator, clinician, and scholar. I was motivated, in part, to undertake this study because I wanted to better understand how music therapy improvisation compared with and contrasted to other music-in-health improvisation practices.

Based upon my professional experiences, it was affirming to understand that the practice of music improvisation to promote mental health and well-being contains both discipline-specific and cross-disciplinary practices. The cross-disciplinary element of the resultant multidisciplinary grounded theory explains how such practices could sound and/or look similar across disciplines, which is my experience. The discipline-specific aspect of the framework relates to the differences that I have experienced and perceived among practitioners. Finally, the core category Engaging in the Musical Interpersonal Relationship, affirms the reason I am so passionate about and humbled by music improvisation as a means to promote mental health and well-being. It is through this practice that I am afforded the opportunity to musically meet people from diverse lived experiences in genuine and creative ways. I continue to be shaped and transformed by these meetings.

### ***Privilege and Diversity in the Present Study***

I outlined my social locators in Chapter Three. I experience privilege due to the majority of my social locators, more specifically because I white, straight, able-bodied/non-Disabled, and university-educated. I also simultaneously experience oppression because I am a woman. My social locators influenced the process of the present research in a number of ways that merit discussion. This section will address the following areas in turn: (a) the lack of participant demographic data; (b) diversity within the participant pool; (c) further situating the results; and (d) my professional bias.

**Lack of Participant Demographic Data.** I did not explicitly collect demographic data from the participants, such as each participant's race, culture, gender, age, country of residence, and/or ability/Disability. Unfortunately, I did not recognize the value of such data to the present study at its outset. Once the value of such demographic data to the present research became clear to me, collecting this data would have extended the present study beyond the timeline agreed upon by myself and my committee. Upon reflection, I likely did not initially recognize the importance of this data to the study due to of my relative privilege. More specifically, my white privilege may have obscured my understanding of the importance of collecting participants' demographic data. Conversely, my experiences of oppression as a woman are likely what led me to attempt recruiting a participant pool with some gender diversity. However, these efforts were mitigated by not explicitly collecting demographic information. Collecting participants' demographic data would have allowed greater contextualization of data and the results of the present research, as well as a better understanding of the transferability of the substantive grounded theory.

**Diversity Within the Participant Pool.** Given that I did not collect demographic data from participants, it is not possible to accurately assess the diversity in the participant pool. However, an assessment based upon my subjective knowledge of the participants indicates a relative lack of diversity. For example, the gender disparity in music performance research investigating improvisation that I have reviewed in undertaking the current project where participants are exclusively or overwhelmingly male appears to be mirrored in this study with regards to the music performance participants.

It is worth noting my professional experiences wherein I perceive the majority (though certainly not all) of my clinical and/or academic music therapy colleagues to be white. This raises questions around: who is providing services regarding music, health, and well-being; how social locators shape one's access to becoming a bona-fide "service provider" (via education and/or accreditation, for example); and how understandings of music-in-health practices may be shaped by particular social locators.

**Further Situating the Results.** As outlined in Chapter Three, as a constructivist substantive grounded theory, the results of the present research propose a theory of music improvisation to promote mental health and well-being – one that is grounded in the experiences and perspectives of the particular participants and myself as the researcher. Further to this, it is important to note that the theory resultant from the present research is grounded in the responses of a group of people with identity markers that appear to be largely similar to my own.

**My Professional Bias.** The perspectives I brought to this research - including who I selected to interview, how I analyzed the data, and where I focused the discussion - are based upon my primary professional location as a music therapist. While I am also a performing musician, performing is not central to my professional identity. I noted the tension that exists between community musicians and music therapists in Chapters One, Two, and Five. The process of the current research addressed some aspects of these tensions within my own professional understanding.

Undertaking the present research allowed me to encounter the depth of meaning that music improvisation practices have in music performance and community music, as well as the care, creativity, and skills of the practitioners from those disciplines. I now have a richer understanding of the distinctly valuable ways that performing musicians and community musicians contribute to the music-in-health landscape. This expansion of my perspective allows me to dialogue with my colleagues in other disciplines in ways that acknowledge our unique disciplinary strengths. For example, as a music therapist I now have a better sense of when I might refer a potential client to a performing musician and/or a community musician who uses improvisation to promote mental health and well-being. It is perhaps this implication that most

excites me: that the present research may likewise open up this understanding for other practitioners so that we may collectively move beyond our disciplinary biases and toward greater multi - interdisciplinary understandings. The fruit of these understandings may be a mosaic of different, and equally valuable, music-in-health practices to better meet stakeholder needs.

### **Contextualizing the Substantive Grounded Theory in the Present Study within Music Therapy Theory Creation**

Bruscia (2005) identifies that two *purposes* of theory within music therapy research are to “define or delimit practice or knowledge so as to gain greater clarity on boundaries” (p. 540) and (b) “describe practice or knowledge in a way that changes perspectives on them” (p. 540). The grounded theory presented in the current research defines and delimits the practice of music improvisation to promote mental health and well-being among performing musicians, community musicians, and music therapists – all of whom define themselves as being music-centered. In doing so, the present grounded theory aligns with the first purpose listed above, in that it offers greater clarity on disciplinary boundaries. The present grounded theory also aligns with the second purpose listed above. In conceptualizing the practice of music improvisation to promote mental health and well-being as both multidisciplinary and discipline-specific, it offers a new perspective on the practice.

Aigen (2005) identifies three types of music therapy theory, one of which is “bridging theory” (p. 26).

Bridging theory establishes connections between terms and constructs from different disciplines. Explanatory constructs from other areas are combined with those specific to music therapy. The external ideas can be used to form music- or music therapy-specific constructs and the purpose is to illuminate through analogy without making the constructs of one discipline more fundamental or important than any other. (Aigen, 2005, p. 26)

The grounded theory in the current study can be viewed as a bridging theory in that it bridges practices of music improvisation to promote mental health and well-being across several disciplines. All disciplines are equally important within the grounded theory in the current

study. Aigen (2005) goes on to state that bridging theories “can be accessible both to music therapists and to professionals and scholars from other disciplines” (p. 27) where a use of a common language “helps to establish a common area of discourse between music therapy and other professions” (p. 27). Here again, the grounded theory in the present study is aligned with a bridging theory as it uses language that is applicable to performing musicians, community musicians, and music therapists, allowing the grounded theory to be understood and applied by practitioners across these disciplines. Aigen (2005) continues, stating that a bridging theory “enlarges the domain of application of their constructs while simultaneously demonstrating (...) the unique contributions that music therapy can make” (p. 27). Here again, the grounded theory in the present research can be understood as a bridging theory, in that it highlights the unique contributions of the disciplines involved in this inquiry to the practice of music improvisation to promote mental health and well-being.

#### ***A Music-Centered Grounded Theory***

As the grounded theory in the present study is grounded in music-centered practices, it can be considered a music-centered grounded theory. Aigen (2005) states that “the real question concerns the way in which the non music-based elements in the theory are being used, and if their function in the theory either undermines its music-centeredness or complements it” (p. 43). It is possible to examine the present grounded theory with respect to this statement. The central element of the present grounded theory is the interpersonal musical relationship. This relationship turns on the interconnectedness between the musicking and interpersonal relating that occurs during music improvisation to promote mental health and well-being. The primary element of the theory (Core Category) is music-centered, and the other elements (Categories A-D) can be seen as complementing its music-centeredness.

#### **Meeting the Criteria of Constructivist Grounded Theory**

The findings of the present research are particular to the contemporary context presented in Chapters One and Three, wherein misunderstanding and confusion among music-in-health practitioners is high despite abundant interest in multi-and interdisciplinary research and practices in the field of music, health, and well-being. Given the constructivist orientation of the methodology, the findings of this study are specific to the participants and the researcher

involved (Charmaz, 2014). Information about these individuals is presented in Chapters One and Three. The findings have thus led to the development of a substantive grounded theory that is particular to this context and these individuals. The remainder of this sub-section revisits the criteria for constructivist grounded theory, as presented in Chapter Three.

### ***Credibility***

Credibility in constructivist grounded theory is about links between the theory and the data (Charmaz, 2014). As described in Chapter Three, the present research achieved familiarity with the topic through the collection of musical and interview data, the analysis of interview data, and the application of theoretical sensitivity due to the researcher's familiarity with the topic. Systematic comparisons between data and categories were made in the creation and refinement of the theoretical foundation. Consulting outside experts and comparing the data to the literature helped to form the basis for the central category. Strong logical links exist between the elements of the grounded theory and the data themselves, as presented in Chapter Four.

### ***Originality***

Originality in constructivist grounded theory refers to whether the findings of the study offer new insights into the topic under investigation (Charmaz, 2014). The current study claims to be of significance in part because the practice of music improvisation to promote mental health and well-being had not previously been studied from a multidisciplinary perspective. Nor had the topic been studied in discipline-specific contexts as it relates to community music or music performance. The finding that the practice of music improvisation to promote mental health and well-being hinges on the practitioner engaging in the musical interpersonal relationship with their participant(s) provides new insight about the practice on both cross-disciplinary and discipline-specific levels.

### ***Resonance***

Resonance in constructivist grounded theory refers to how the results of the research make sense to the participants and/or to the people who share their circumstances (Charmaz, 2014). The current study used theoretical sampling: data collection and analysis for this study were conducted in an iterative process in order to verify early themes and categories and to

shape subsequent data collection (see Chapter Three). Participant checking affirmed that the participants resonated with the categories, and changes were made to accommodate participant feedback. Additionally, as a music therapist and performing musician who engages in music improvisation to promote mental health and well-being, I resonate with the results.

### ***Usefulness***

The usefulness of a constructivist grounded theory study refers to how the work contributes to knowledge and can be applied to everyday life (Charmaz, 2014). A particular reason for using constructivist grounded theory was to learn how individual practitioners engaged in the practice of music improvisation to promote mental health and well-being, and to create a grounded theory that accounted for any similarities and distinctions among these practices. This research can be used by students, practitioners, and other stakeholders to better understand the practice of music improvisation across music-in-health disciplines. Specific implications and the usefulness of the study are discussed earlier in this chapter.

### **Limitations**

While the present study met criteria for credibility, originality, resonance, and usefulness, it nonetheless has a number of limitations which merit discussion. The limitations of the current project are as follows:

First, the number of participants was smaller than is typical of a work of grounded theory. While sample size is defined by units of data, not number of participants, as discussed in Chapter Three, and Charmaz (2014) asserts that smaller sample sizes can yield meaningful results, it is likely that the inclusion of additional participants via theoretical sampling may have achieved greater data sufficiency and thus yielded a more robust substantive theory. The PhD thesis did not provide the scope or resources to include additional participants. Such a project could be pursued in future research.

Second, no music therapists who take a Community Music Therapy approach participated in the study. As previously outlined in this chapter, a Community Music Therapy approach straddles the intersection of community music and music therapy. Therefore, including the perspectives of music therapists who take this approach could be particularly interesting for the topic under investigation. While music therapists who take a Community

Music Therapy approach are music therapists, and the possibility of their inclusion was therefore technically possible via the initial participant sampling, this perspective was not specifically sought out until theoretical sampling. Unfortunately, none of the potential participants who take this approach were able to participate in the study. Future research could investigate how the therapeutic relationship is conceptualized within a community music therapy approach to music improvisation for the promotion of mental health and well-being.

A third limitation of the present research concerns the collection of musical data from music therapist participants. Seven participants submitted musical data and of these, only one music therapist participant submitted musical data. That music therapist specified that the music could not be shared in the dissemination of the current research to protect her client's confidentiality. The implications of this were twofold. First, as the researcher, I did not have a sense of the music created by the other music therapist participants, but this limitation was somewhat mitigated by my knowledge and experience of music therapy improvisation in my own professional practice. Second, not being able to share recordings of improvisation in music therapy with multidisciplinary practitioners and interested stakeholders may contribute to confusion about, and the occlusion of, music therapy practices. This is similar to what I have observed in my professional experience: that music therapists are unable to share recorded examples of their work with colleagues for reasons of client confidentiality and/or consent. As in the present study, this dynamic can result in music therapy being misunderstood and conflated with other music-in-health disciplines—particularly those who are able to publicly share their work, such as in music performance or community music. When presenting my results in person, I will mitigate this limitation by playing excerpts of music-centered music therapy improvisation to promote mental health and well-being from other published sources, so that music therapy practices are musically represented in the same way as music performance and community music practices.

Finally, as discussed in this chapter, this work is limited by the lack of substantial demographic information from the participants and the lack of diversity within the participant pool. Collecting demographic data would have allowed greater contextualization of data and the results of the present research, as well as a better understanding of the transferability of

the substantive grounded theory. Future research in the area of music improvisation (to promote mental health and well-being) could be more inclusive and transferrable. Some ways that this could be achieved are by collecting explicit demographic data from participants and actively seeking to diversify the participant group.

### **Recommendations for Future Research**

Recommendations for future research based upon the findings of the present study are as follows.

First, subsequent studies could build upon this substantive grounded theory to create a formal grounded theory of music improvisation to promote mental health and well-being (the differences between substantive and formal grounded theories are presented in Chapter Three). As previously stated in this chapter, such a study would further explore *how* rather than *if* these practices diverge and overlap across disciplines.

Second, future research examining areas of disciplinary intersection and difference among music improvisation to promote mental health and well-being practices could focus on participant perspectives, meaning music performance audience members, community music participants, and music therapy clients. These perspectives would complement the current research, which focuses on practitioner perspectives. A comparison and integration of the two perspectives could offer valuable insight into the practice.

Third, either of the above suggested studies could include practitioners from additional relevant music-in-health disciplines such as medical ethnomusicology, music education, music medicine, and expressive arts therapies. This expansion could cultivate clarity and promote meaningful dialogue among a greater number of music-in-health practitioners and disciplines.

Fourth, this project compared and contrasted music-centered music improvisation health promotion practices from across various disciplines. A similar project would examine, compare, and contrast music improvisation practices to promote mental health and well-being across various models of and approaches to music therapy. The diversity of music therapy models and approaches encompass significant differences in theory and practice. For example, each model and approach conceptualizes the therapeutic relationship in slightly different ways. Such an investigation may provide clarity to music therapists and stakeholders about the

similarities and differences among specific approaches to music therapy improvisation to promote mental health and well-being.

### **Closing Statement**

The research presented in this dissertation contributes a substantive grounded theory explaining music improvisation to promote mental health and well-being as a multidisciplinary practice that simultaneously contains both cross-disciplinary and discipline-specific elements. The grounded theory identifies the practitioner's experience of engaging in the musical interpersonal relationship with their participant(s) as both central to the practice and as the element that configures the practice along disciplinary lines. This research contributes to debates and conversations on the roles of diverse music-in-health disciplines by re-conceptualizing this practice in a multidisciplinary context, thereby opening new directions for fruitful multi- and interdisciplinary collaborations based upon a mutual understanding of each discipline's respective potential contributions.

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Appendix A  
Certificate of Ethics Approval



CERTIFICATION OF ETHICAL ACCEPTABILITY  
FOR RESEARCH INVOLVING HUMAN SUBJECTS

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Name of Applicant: Deborah Seabrook  
Department: Faculty of Fine Arts\Creative Arts Therapies  
Agency: N/A  
Title of Project: Toward an Interdisciplinary Understanding of Music  
Improvisation for the Promotion of Mental Health  
and Wellbeing  
Certification Number: 30010586

Valid From: **January 11, 2019** To: January 10, 2020

The members of the University Human Research Ethics Committee have examined the application for a grant to support the above-named project, and consider the experimental procedures, as outlined by the applicant, to be acceptable on ethical grounds for research involving human subjects.

A handwritten signature in cursive script, appearing to read "Shannon Hebblethwaite".

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Dr. Shannon Hebblethwaite, Vice Chair, University Human Research Ethics  
Committee

## Appendix B

### Letter of Invitation to Potential Participants

Dear [Potential Participant's Name],

I hope this finds you well. I am writing with an invitation to participate in my doctoral research project which explores music improvisation practices for the promotion of mental health and well-being across the disciplines of community music, music performance and music therapy.

This research study is being done in partial fulfillment of the requirements for the Individualized Studies PhD program at Concordia University and has received ethics approval from Concordia University's Human Research Ethics Committee (protocol #30010586).

The inclusion criteria for all participants is they are English-speaking with at least five years of experience in their respective disciplines and who self-identify as having engaged in music-centered music improvisation for the promotion of mental health and well-being. For the purposes of this study, music-centeredness is understood to be a theoretical orientation that adopts the notion that shifts within one's mental health and well-being can occur within the experience of music improvisation itself without the need for extra-musical (e.g. verbal) experiences or processing. This study adopts the positive psychology notion that mental health is a subjective state that includes sufficient emotional, psychological and social well-being.

If you are comfortable doing so, I would ask you to spend a short time in conversation via Skype or Zoom with me to answer some questions regarding your ideas about music improvisation for the promotion of mental health and well-being. This conversation would be audio recorded, transcribed, and analyzed. You would then be asked to review and comment upon the preliminary group results. I would also invite you to optionally share a short audio recording of your work that we could refer to during our conversation.

I will be collecting and analyzing data as well as disseminating research results following the ethical guidelines set by the Government of Canada's Tri-Council Research Policy. As a professional member of the Canadian Association of Music Therapists (MTA# 0334), I must also abide by the CAMT code of ethics.

You would have the choice of participating anonymously or being identified in the study

according to your preference. I really would appreciate your participation. Perhaps you might let me know a convenient time when we might talk to discuss the possibility of your participation?

With thanks and warm regards,

Deborah Seabrook, MMT MTA PhD Candidate

Appendix C  
Information and Consent Form



**INFORMATION AND CONSENT FORM**

**Study Title:** Toward an Interdisciplinary Understanding of Music Improvisation for the Promotion of Mental Health and Well-Being

**Researcher:** Deborah Seabrook, MMT MTA PhD Candidate

**Researcher's Contact Information:** [deborah.seabrook@concordia.ca](mailto:deborah.seabrook@concordia.ca)

**Faculty Supervisor:** Dr. Laurel Young, MTA

**Faculty Supervisor's Contact Information:** [laurel.young@concordia.ca](mailto:laurel.young@concordia.ca)

**Source of funding for the study:** n/a

You are being invited to participate in the research study mentioned above. This form provides information about what participating would mean. Please read it carefully before deciding if you want to participate or not. If there is anything you do not understand, or if you want more information, please ask the researcher.

**A. PURPOSE**

The purpose of the research is to move toward an interdisciplinary understanding of music improvisation for the promotion of mental health and well-being by exploring relevant community music, music performance and music therapy practices.

**B. PROCEDURES**

If you participate, you will also be asked to engage in a semi-structured interview via Skype or Zoom with the researcher regarding your thoughts about music improvisation for the promotion of mental health and well-being. If you participate, you will be asked to identify a time to conduct the interview that is mutually convenient for you and the researcher. You will also be asked to review and comment upon preliminary group findings from this research.

If you participate, you will also have the option (i.e., it is not mandatory) to share with the researcher a short (5 minutes maximum) audio recording of your improvisation practice for the promotion of mental health and well-being. Sharing this audio recording is optional and not required to participate in the study. You may only submit recordings of improvisations for which you have permission to use for public presentations or other scholarly purposes.

In total, participating in this study will take approximately 1.5 hours.

### **C. RISKS AND BENEFITS**

The potential risks of this research are minimal. This research requires participants to reflect upon about their own beliefs and practices in relation to music improvisation to promote mental health and well-being. This type of self-reflection may be mildly uncomfortable for some.

While this research is not intended to benefit participants personally, you may experience some benefits. These potential benefits include a deeper understanding of your professional work, and having your thoughts heard and valued. Another potential benefit is the knowledge that you are contributing to the scholarly literature which may have constructive implications for various stakeholders in the music, health and well-being community.

### **D. CONFIDENTIALITY**

The researcher will gather the following information as part of this research: recording and transcription of your interview (required); your feedback on the study's preliminary group results (required); audio recording you submit of your professional work (optional).

Electronic communications may not be entirely secure. Please be aware that if you are using your personal Skype/Zoom/email accounts to participate in this research, this information may appear on your computer's history. Please ensure that you delete this information should you wish to do so.

Direct quotations from interviews will be used to illustrate themes that emerge from data analysis. Identifying information will be removed from these quotations for participants who choose to keep their identity confidential. Participants who wish to be identified will have their name appear beside their remarks.

The researcher will not allow anyone to access the information, except people directly involved in conducting the research (e.g., the researcher's supervisors). The researcher will only use the information for the purposes of the research described in this form.

To ensure confidentiality for participants who wish to remain anonymous, all information gathered will be coded, meaning that the information you provide will be identified by a code. The researcher will have a list that links the code to your name.

The researcher will protect the information by using passwords to electronically secure all documents containing identifying information and the computer itself. Five years after the data collection, all raw data (audio recordings and transcribed interviews) will be destroyed.

The researcher intends to publish the results of this research. Please indicate below whether you wish to be identified in the publications:

I agree that my name and the associated information that I provide may appear in publications of the results of the research.

Please do not publish my name as part of the results of the research.

The researcher intends to include the audio examples participants submit of their work in the publication of the results of this study and in other forms of dissemination (e.g. musical performance).

I agree that the audio recording I provide of my professional work may appear in whole, in part, and/or as part of an artistic rendering (e.g. performed composition) to disseminate of the results of the research.

Please do not use the audio recording that I provide of my professional work in the dissemination of results.

I will not provide an audio recording.

## **F. CONDITIONS OF PARTICIPATION**

You do not have to participate in this research. It is purely your decision. If you do participate, you can stop at any time. You can also ask that the information you provided not be used, and your choice will be respected. If you decide that you don't want your information used, you must tell the researcher no later than one week after you submit your feedback on the preliminary group results of the research.

There are no negative consequences for not participating, stopping in the middle, or asking the researcher to not to use your information. If any participant withdraws from the study prior to the deadline, all data collected pertaining to that participant will immediately be destroyed.

**G. PARTICIPANT’S DECLARATION**

I have read and understood this form. I have had the chance to ask questions and any questions have been answered. I agree to participate in this research under the conditions described.

NAME (please print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

If you have questions about the scientific or scholarly aspects of this research, please contact the researcher. Their contact information is on page 1. You may also contact their faculty supervisor.

If you have concerns about ethical issues in this research, please contact the Manager, Research Ethics, Concordia University, 514.848.2424 ex. 7481 or [oor.ethics@concordia.ca](mailto:oor.ethics@concordia.ca).

I would like to be informed via e-mail when the final results are available via SPECTRUM – Concordia University’s open access research repository

**Circle one:** Yes or No

Please provide your email: \_\_\_\_\_

I would like to be informed me via e-mail when the results are available via academic publications

**Circle one:** Yes or No

Please provide your email: \_\_\_\_\_

Appendix D  
Initial Interview Guide

1. To begin, would you please tell the story of a time within the past five years that you used music improvisation during a performance to promote mental health and/or well-being?

*The next few questions ask for more details about the experience you just shared:*

2. Would you describe the ways that you communicated with your audience during the example you just shared?
  - a. Would you describe a moment from your example where this communication happened musically?
3. Would you describe your internal processes during this example?
  - a. Would you describe a moment when those internal processes were audible in the music and/or happened musically?
4. Would you describe the links you perceive between the music in your example and the mental health and well-being of your audience (and/or yourself)?

*I'm now wondering about the musical example you shared with me.*

1. How would you describe the connection between improvisation and mental health and well-being on the musical example you shared with me?

*We'll now move on to some questions to help me better understand your work more generally:*

1. How would you describe the mental health and well-being needs of the people you perform music for?
2. [OPTIONAL IF TIME – PERHAPS SKIP] What role does improvisation have in your work as a performing musician?
3. Why do you use improvisation to promote mental health and well-being in your performances?
4. What would you say are the essential qualities of how you practice improvisation for mental health promotion as a performing musician?

5. Could you share with me any guidelines that you might follow in your work as a performing musician when you use music improvisation to promote mental health and well-being?
6. What skills or training, if any, would you say are required to practice music improvisation for the promotion of mental health and well-being in the way that you practice it?

*We're now moving to the end of the interview, I'd like to ask two closing questions.*

1. Is there something else you think I should know to better understand your practice of music improvisation for the promotion of mental health and well-being?
2. Is there anything you would like to ask me?

Appendix E  
Final Interview Guides

**Final Interview Guide for Participants who Submitted Musical Data**

**Opening Question**

1. So, for this research, I'm interested in well-being and mental well-being in particular. As I shared in my email I know that can mean different things for different people. I'm wondering if you could share with me how you understand mental well-being?

**Questions About a Specific Experience**

1. Can you please tell me about this recording?
2. Could you share any conscious intentions that you had for the improvisation before you started playing?
3. Could you describe what was going on inside of you during that experience, for example body sensations, thoughts, feelings?
4. Could you share how you see improvisation as positively affecting the mental well-being of the listeners/client(s)/participant(s) in this example?

**General Questions**

1. What would you say are any essential qualities of how you improvise to positively affect someone's mental well-being?
2. Could you share with me any guidelines that you follow when you improvise music to positively affect someone's mental well-being?
3. What links do you see between music improvisation and mental well-being as you defined it in your work as a performing and recording musician?
4. Could you describe any well-being needs you perceive of the people you improvise music for as a performing musician?

**Closing Questions**

1. Is there something else you think I should know to better understand your music improvisation practice as it relates to mental well-being?
2. Is there anything you would like to ask me?

## **Final Interview Guide for Participants who did Not Submit Musical Data**

### **Opening Question**

1. So, for this research, I'm interested in well-being and mental well-being in particular. As I shared in my email I know that can mean different things for different people. I'm wondering if you could share with me how you understand mental well-being?

### **Questions About a Specific Experience**

1. Can you please tell me about a time when you used music improvisation to positively affect someone else's mental health and well-being in your work as a [community musician] [music therapist]?
2. Could you share any conscious intentions that you had for the improvisation before you started playing?
3. Could you describe what was going on inside of you during that experience, for example body sensations, thoughts, feelings?
4. Could you share how you see improvisation as positively affecting the mental well-being of the listeners/client(s)/participant(s) in this example?

### **General Questions**

1. What would you say are any essential qualities of how you improvise to positively affect someone's mental well-being?
2. Could you share with me any guidelines that you follow when you improvise music to positively affect someone's mental well-being?
3. What links do you see between music improvisation and mental well-being as you defined it in your work as a performing and recording musician?
4. Could you describe any well-being needs you perceive of the people you improvise music for as a performing musician?

### **Closing Questions**

1. Is there something else you think I should know to better understand your music improvisation practice as it relates to mental well-being?
2. Is there anything you would like to ask me?

## Appendix F

### University Human Research Ethics Committee Approval of Email Interview

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Deborah Seabrook

Mon 2019-06-10 6:07 PM

Sent Items

Mark as unread

To:  Oor ethics compliance;

Cc:  Laurel Young;

Dear Researchers at the Research Ethics Unit,

I hope that this note finds you well. I am writing with a question regarding my research project and am cc'ing my principal supervisor, Dr. Laurel Young.

My project has received ethics approval to conduct individual interviews with research participants and ask participants to optionally submit an audio recording of themselves engaging in improvisation.

I am finding the audio recordings very helpful to illustrate emergent findings of the research. However, most music therapist participants have not been able to submit an audio recording due to the confidential nature of their work.

I am writing to you as I would reach out to the music therapist participants I have already interviewed and ask if they could submit a recording of themselves improvising in a clinical style outside of a confidential setting.

Please let me know if this request would fall within my current ethics approval from your perspective or if an additional application would be required.

With thanks and warm regards,

Deborah

Deborah Seabrook, MMT, MTA, PhD(C)  
Music Therapy Clinician, Educator, Researcher  
PhD Candidate: Music Improvisation, Health and Wellbeing  
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<https://www.linkedin.com/in/debseabrook/>

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**From:** Oor ethics compliance  
**Sent:** April 24, 2019 3:19 PM  
**To:** Deborah Seabrook  
**Cc:** Karen Gregg; Monica Toca; Laurel Young  
**Subject:** RE: 30010586 / Seabrook / Fully Approved + Ethics Certificate

Hi Deborah,

Thank you for your email. Since your protocol received approval for participant checking (which includes validating information and data with participants), then you may go ahead and move forward with sending the participants the questions via email, as this falls under participant checking.

Thank you.

**Andrew Khoury**  
Coordinator, Research Ethics  
Concordia University  
Office of the Vice-President, Research and Graduate Studies  
(514) 848-2424 ext. 8048  
[Andrew.Khoury@concordia.ca](mailto:Andrew.Khoury@concordia.ca)

*We are currently in the process of updating all our forms.*

***A new version of the Summary Protocol Form (SPF) is now available for download and will become mandatory for all new submissions as of April 1, 2019. The SPF can be found on our [website](#).***

## Appendix G

### Additional Examples of Initial Line-by-Line Coding

Table G1

*Example of Line-by-Line Coding*

| Initial Coding  | Excerpt: Susan (MT)   |
|---|---|
| Linking improvisation with health or well-being                             | So, I think about that spontaneous creation and how important that is in terms of what I believe is every human being's desire and urge to create. At a very foundational level, as human beings, we have to create, it's that proclivity and that need that we all have. So, we create in a lot of different ways, we create children, babies, we create food, we create aesthetic forms, so I think about music as an aesthetic form and I think about improvisation as really helping every individual be able to access this natural human tendency to create aesthetic forms. And that that can, that's a piece of a larger part of the self, and those various constituents that I talked about earlier, relative to mental health. So, when we're not creating, maybe things are out of balance for us. Maybe we're not feeling as healthy when we're not creating, actively |
| Linking improvisation, creativity, health & well-being                      |   |
| Linking improvisation, human instinct, health & well-being                  |   |
| Linking improvisation and creativity  |   |
| Describing universality of improvisation                                    |   |
| Linking improvisation, creating aesthetic forms, mental health & well-being |   |
| Linking improvisation and creativity  |   |
| Linking creativity with mental health & well-being                          |   |
| Equating being balanced with mental health & well-being                     |   |
| Linking creativity with mental health & well-being                          |   |

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|                                      |  |
|--------------------------------------|--|
| Linking improvisation and creativity | creating. And so, one of the affordances in improvisation is this, again, this space and time for an individual to really create a unique and idiosyncratic creative aesthetic form. So that's fundamental, I think. |
|--------------------------------------|--|

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Table G2

*Example of Line-by-Line Coding*

| Initial Coding  | Excerpt: Gary (PM)  |
|---|---|
| Describing intention                                  | Well I think I do want to be quite clear that that is my intention. Is, when I play, I will change what I'm playing if I think that it will move us closer to that sense of well-being. And so, it's so experiential that it can only be done on the fly, as stuff's coming up. And when I become aware of the audience is really only in those moments with the cougher for example, or where I feel that I've lost part of the audience. I've never felt that I've lost all of it [L] because they're sympathetic to begin with, you know, the job is to get beyond that sympathy which is outwardly directed towards me. Get beyond that to more of a sympathy for |
| Intending to affect well-being                        |   |
| Changing music to affect well-being                   |   |
| Linking improvisation with mental health & well-being |   |
| Doing in the moment                                   |   |
| Perceiving the audience                               |   |
| Being aware during improvisation                      |   |
| Experiencing sympathy from audience                   |   |
| Affecting the audience                                |   |
| Describing audience experience                        |   |
| Directing sympathy to self                            |   |

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Being sympathetic to self

Linking music and sympathy for self

Describing intention

Persisting towards goal

Creating atmosphere of receptivity

Describing intention

Intending to affect well-being

Having difficulty describing their improvisation  
practice

---

themselves. Which is, uh, normally a very difficult thing to have. But in the world of music we seem to really do give ourselves permission to be sympathetic to ourselves. And so, I am shamelessly playing on that. And that really is my intention to get in there and, the length of the concert is often, I will just keep playing until I feel that's happening. And really, that's maybe a quarter of the way into the performance, so we still have three-quarters of our time where we're all of us can be in this atmosphere. So, it is quite intentional. But it is very hard to put into words.

## Appendix H

### Example of a Memo about a Focused Code

#### **Memo Title: FC - Hesitating to Define Mental Health and Well-Being**

##### DEFINING THE CODE

Hesitating to Define Mental Health and Well-Being are all the ways that I perceive participants hesitating and being uncomfortable when asked to share an understanding of mental health and well-being that resonates with them.

These include hesitations and discomfort that the participants explicitly identify and state (Jesse, Susan, Stephen), and that I perceive and are conveyed non-verbally. Non-verbal hesitations and discomfort include avoiding defining the concepts (Stephen), or hesitating a great deal when sharing their understanding (P1).

##### EXAMPLES FROM THE DATA

One example of a verbal tension is Stephen, who said he doesn't think in those terms at all:  
"Yeah I just don't think of it in those terms at all"

Jesse said that he was very hesitant to define mental health and well-being:

"Yes. I would really hesitate to describe mental well-being. In part because I think we would end up with some kind of normative understanding of mental health, which I think we ought to avoid. And, the shift towards thinking about neurodiversity I think is an important shift. So, I would hesitate to say: This is what, you know, well-being mentally looks like. Because my conception of that may be very very different from somebody else who has lived experiences with neurodiversity, whatever it may be. So, I would really hesitate to frame, to try to define the idea of well-being because I feel as though it would essentialize the idea and always kind of, it would do so in a way that is normative and problematic. And I don't want to do that."

Susan (whose interview I haven't analyzed yet, but that I recall), said that someone's mental health and well-being is subjective and only described her own experience.

#### MOVING FORWARD

There is often a discomfort when I ask people to define how they understand well-being. It seems worth exploring that participants are hesitant to define something that many are purporting to affect. How do they know what they are affecting? This is particularly interesting for music therapists who more overtly aim to affect health & well-being in their professional capacity. Also interesting is that Gary, a performing musician, has had the clearest articulation of well-being so far.

Some questions are:

Why does this hesitancy exist?

How does this hesitancy serve the participants?

How does this hesitancy inform how they work?

Jesse alluded to dimensions of the tension, by sharing that there are normative ideas of well-being that he doesn't ascribe to. So, the multiplicity of ideas about health and well-being might be one area of tension.

Participants (e.g., Jesse) also talk generally about "well-being" rather than specifying "mental well-being." I think the idea of "well-being" conveys a more general or wholistic idea, whereas "mental health" is more clinical automatically and maybe can stay in the "mental" area. To discuss as well.

#### CONTINUING THE ITERATIVE PROCESS

This code affirms the change to asking directly for personal definitions of mental health & well-being.

I will listen for participants' hesitations in defining mental health & well-being and gently ask participants about this hesitation if it comes up in future interviews.

## Appendix I

### Additional Examples of Focused Coding

Table I1

*Example of Focused Coding*

| Focused Coding   | Excerpt: Jasenka (MT)  |
|--|--|
| <p>Promoting mental health in flow<br/>Intending to affect well-being</p> <p>Not letting mind get in the way<br/>Facilitating being in the moment</p> <p>Allowing music to emerge</p> <p>Allowing music to emerge</p> <p>Being in flow</p> | <p><i>Deborah: And then just staying for a moment with that flow idea. For you as a clinician in this case, with this woman, is it I'm curious, is it your intention to bring her into that state? Is that part of what you're hoping will happen in the improvisation?</i></p> <p>Well I think yes, but I'm not kind of thinking: right, this is what I'm going to do, and this is how I'm going to do it. It's that sort of trying to, with what I musically do and how I am, to facilitate this process as fully as possible. So, then there is possibility for it to happen. Paul Nordoff says that your main task as a music therapist is not to get in the way of music and I think that for me makes sense. That you need to work very hard to enable music to do what music can do for us. And I think for her to be able to be in that state of flow that she is so fully and purposefully engaged is really beneficial. So that the hope is that once she experiences that in this medium that the mechanism of it would</p> |

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Transferring experiences from improvisation to world

somehow translate to other  
circumstances out of the therapy  
process.

---

Table 12

*Example of Focused Coding*

| Focused Coding   | Excerpt: Cristiano (PM)  |
|--|--|
| Assessing participants' needs  | So, music is service first of all, and so I was for many years a really detached myself by all these concepts, I became completely uninterested in all these concepts of progress in music, like theoretical progress, which doesn't mean that I don't like atonal music, but we should reframe the question in terms of what is needed when? and how? Atonal music which kind of atonal music, produces certain structures, certain responses, and sometimes they're really appropriate. So, it's not a generic idea of progress for whole humanity. This is, I think, is really bringing music in a direction that is so detached from its purpose. We should ask ourselves, we should, and I think there would be a great direction, where is music, how is this music serving in this case, in <i>this</i> case? How is music responding to an objective need or to a subjective need of the listener? This is a very interesting phenomenon for instance. |
| Naming guidelines  |  |
| Assessing participants' needs<br>Meeting subjective need with subjective music |  |

## Appendix J

### Example of a Memo about a Theoretical Category

#### **Theoretical Category:** Intention (Practitioner Intentions)

**Definition:** The category Intention (Practitioner Intentions) captures the practitioners' stated intentions about their improvisation practices for the promotion of mental health and well-being. This includes intentions for their participants, themselves, and their actions.

**What it Tells Us:** This category can tell us about the facilitator's stated intention, what they are aware of about their intention, and also what they are comfortable and willing to share about their intention.

**What it Contains:** This category contains two prongs as relevant for this research: either intending to promote participants' mental health and well-being or playing without an intention to promote participant's mental health and well-being.

This category contains the following Focused Codes:

Describing connection between intention and actions

Intending to promote participant's mental health and well-being

Intending to affect participants in ways other than mental health and well-being

Playing without an intention

#### **How it Relates to Other Categories:**

This category relates to the sub-categories Defining Mental Health and Well-Being, and Elements of Mental Health and Well-Being, and the larger category Understanding of Mental Health and Well-Being. Practitioners intentions seem to be directly connected to what they articulated about how they understand mental health and well-being. Since this category is about intention, it could seem that this category influences *all* other categories, however this category is *influenced by* the category Understandings of Mental Health & Well-Being.

This intention category connects the categories Understandings of Mental Health & Well-Being and Practitioners in the Improvisatory Moment.

Intention relates strongly to the category Practitioner Actions in the Improvisatory Moment. What facilitators intend to do and intend for the participants is linked to their actions in the improvisatory moment. Some of the same concepts can be found between these two categories.

Facilitators' Intentions also relates to the sub-category of "Playing Deep and Surface-Level Playing" as some of the Facilitators' intentions relate to playing deep and/or surface-level playing.

Maintaining the "Not having an intention" path within this category is important to capture the practitioners who state that they don't have an intention.

## Appendix K

### Participant Checking Document: Community Music

Deborah Seabrook Dissertation Research

#### DISCIPLINE Participant Checking

##### **Research Questions**

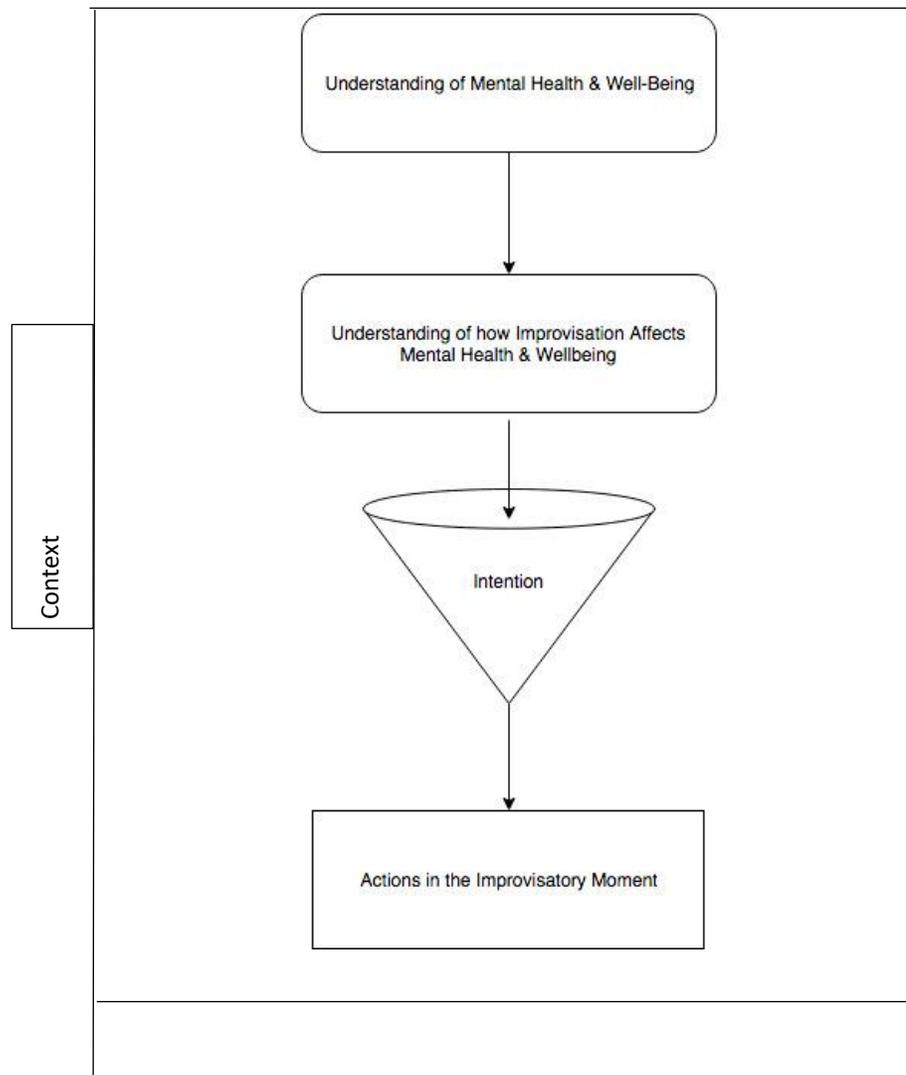
How can a multidisciplinary model of music improvisation for the promotion of mental health and well-being be conceptualized for the disciplines of music therapy, community music and music performance?

**Research sub-question.** What commonalities and differences exist across these disciplines?

##### **Preliminary Results**

A practitioner's actions in the improvisatory moment are informed by their: understanding of mental health and well-being, understanding of how improvisation affects mental health and well-being, intention for the improvisation, and context.

Diagram: A Multidisciplinary Facilitator Model of Improvisation for the Promotion of Mental Health & Well-Being



## Understanding of mental health & well-being

### MULTIDISCIPLINARY

- A practitioner's understanding of mental health & well-being is comprised of a definition of mental health and well-being and/or elements of mental health and well-being.
- Practitioner's unique individual understandings of mental health & well-being affect their intentions for the improvisation, and the actions that they take in the improvisatory moment.

### DISCIPLINE-SPECIFIC

- Community musician participants were more comfortable describing elements of mental health and well-being than they were offering a definitive definition of it.

- Community music participants spoke to many elements of mental health and well-being. Most of these elements were shared with practitioners in other disciplines.
- The elements of mental health and well-being that these community musicians prioritized were: 1) Connecting with others, and 2) Being present in the moment.

### **Understanding of how improvisation affects mental health & well-being**

#### MULTIDISCIPLINARY

- A practitioner's understanding of how improvisation affects mental health & well-being includes their personal and professional experiences and philosophies/theories.

#### DISCIPLINE-SPECIFIC

- Community musician participants shared many elements of music improvisation affecting mental health and well-being. Most of these were shared with practitioners in other disciplines.
- These community musicians emphasized the following in their understanding of improvisation affecting mental health & well-being: 1) Power, and 2) Connections between facilitator and participant experiences of mental health and well-being during music improvisation.

### **Intention for the improvisation**

#### MULTIDISCIPLINARY

- Practitioners either intend to affect the mental health and well-being of those they are improvising with/for, or they improvise without holding this intention.
- There is variation between disciplines with regards to intention and variation within some disciplines as well.

#### DISCIPLINE-SPECIFIC

- Community musician participants each shared an intention for their improvisation that aligned with something they described as an element of mental health and well-being.
- Rich intentions of these community musicians were to facilitate: 1) Enjoyment, and 2) Being in the present moment

## **Actions in the improvisatory moment**

### MULTIDISCIPLINARY

- Practitioners take various actions in the improvisatory moment. Some actions appear richly in one or two disciplines and not in a third, while other actions appear across disciplines.
- Two rich actions in the improvisatory moment were: Accessing depth and Staying at the Surface

### DISCIPLINE-SPECIFIC

- Community music participants described numerous and various actions that they take during their improvisation practice for the promotion of mental health and well-being. Most of these actions were shared with practitioners in other disciplines.
- An action exclusive to community musicians was: Having fun.
- Rich actions from these community musicians were: 1) Doing something with an extra-musical intention (e.g., providing encouragement, trying not to harm), and 2) Listening.
- Other meaningful actions were: 1) Using specific music improvisation techniques, 2) Trusting the music, 3) Being in the moment, 4) Musical communication

## **Accessing depth and staying at the surface**

### MULTIDISCIPLINARY

- **Accessing depth means** that the facilitator and those they are playing with/for experience a state of consciousness different from their regular state, some may describe this as an altered state of consciousness. Accessing depth may involve experiences of flow, transcendence and/or spiritual connection.
- **Staying at the surface means** that the facilitator and those that they are playing with/for remain in their regular state of consciousness while improvising. This regular state of consciousness does not preclude them from feeling present, enjoying themselves, or benefiting from improvisation.

### DISCIPLINE-SPECIFIC

- The community music participants spent little time describing accessing depth or playing at the surface. Nonetheless, accessing depth was an important theme for one community music participant, and another very briefly described staying at the surface.

## **Context**

### MULTIDISCIPLINARY

The context within which practitioners improvise influences the actions in the improvisatory moment.

### DISCIPLINE-SPECIFIC

These community music participants described working in hospitals, concert venues, and long-term care settings. The literature defines community musicians as someone who self-identifies as such, and is a skilled music leader who “facilitate(s) group-making experiences in environments that do not have set curricula” with an “emphasis on people, participation, equality of opportunity and diversity” (Higgins, 2012, Chapter 1, para. 6).

## References

Higgins, L. (2012). *Community music: In theory and practice*. New York: Oxford University.  
<https://doi.org/10.1093/acprof:oso/9780199777839.001.0001>

## Appendix L

### Participant Checking Email Template

Dear [Name],

I hope that this note finds you well and enjoying the summer. Thank you again so very much for participating in my dissertation research project. I enjoyed speaking with you and learning about your work.

I'm writing to share the preliminary results with you and to ask for your feedback on them - I'll then integrate this into the final results. Please review the attached document and share your written comments, either in-text, in comment bubbles, or in a separate document.

Please return your comments to me before August 12<sup>th</sup>. After August 12<sup>th</sup> I will no longer be able to accept feedback, as this was the deadline set in collaboration with my thesis committee.

It's important to me that you feel your work is appropriately represented within the context of my research. I would really appreciate your thoughts on these preliminary results.

With thanks and warm wishes,

Deborah

Appendix M  
Descriptive Summary Memo

**Descriptive Summary Memo – December 28, 2019**

The main story here is about identifying what unites music improvisation to promote MH&WB as a multidisciplinary practice, and also what distinguishes the practice within each discipline.

First, what unites the practice across disciplines. Practitioners from each discipline enter into relationship with the people that they are improvising with/for. How practitioners engage in this relationship via music improvisation to promote MH&WB is influenced by their own understanding of what MH&WB is. It is also influenced by their own understanding of how music improvisation affects one's MH&WB. Together, these understandings, along with the relationship, determine the practitioner's intention for the music improvisation. This intention, along with the relationship, informs the actions that the practitioner takes in the improvisatory moment. This theory of music improvisation to promote MH&WB is applicable for all practitioners, regardless of their discipline.

Conversely, this theory also highlights disciplinary differences among practitioners. The foundational element of the practice of music improvisation to promote MH&WB is the interpersonal musical relationship between the practitioner and the person that they are improvising music with/for. The boundaries imposed by these relationships and their contexts determine how the other elements are configured. This means that someone in a therapeutic relationship would have a configuration of the elements that is quite different from someone in a performer-audience relationship, vs someone in a community musician-participant relationship with the people that they are improvising music with/for.

This theory therefore explains how two individuals from different disciplines both have understandings of MH&WB, Intentions, Understandings of how music improvisation impacts MH&WB, and take actions in the improvisatory moment to promote MH&WB. When we factor

in the relationship, it is the relationship that conceptualizes these elements and thus distinguishes practitioners from different disciplines from each other.

This theory does not imply superiority of any one discipline. These are simply all different ways of using music improvisation to promote MH&WB. A diversity of approaches is important so that stakeholders, including people looking to engage in music to promote their MH&WB have options. Clarity about the differences among approaches is also important. This research says that looking at understandings of MH&WB, intention, actions, are not what defines different disciplines. Instead, stakeholders need to look at the relationships that potential practitioners enter into with the people they improvise with/for to determine what the best fit for their needs might be.

Appendix N

Initial Codes and Focused Codes from Sub-Categories in  
Grounded Theory Categories A, B, and D

**Table N1**

*Initial Codes and Focused Codes from Sub-category: Experiencing Challenges in Defining Mental Health and Well-Being*

| Initial Code                                      | Focused Code |
|---|--------------|
| -Having difficulty describing MH&WB               |              |
| -Hesitating to describe MH&WB                     |              |
| -Naming elements of MH&WB rather than defining it |              |

**Table N2**

*Initial Codes and Focused Codes from Sub-category: Defining Mental-Health and Well-Being*

| Initial Code  | Focused Code   |
|---|--|
| -Defining MH&WB w ability to move through world                       | Creating own definition of mental health and well-being              |
| -Connecting MH&WB w other elements of health                          |  |
| -Believing a problem comes with a solution                            | Describing personal beliefs about mental health and well-being       |
| -Believing people have a natural inclination to health and well-being |  |
| -Believing people have the resources they need                        |  |
| -Believing that healing comes from working with source                |  |
| -Describing difficulties of achieving MH&WB                           |  |
| -Drawing on their own MH&WB   |  |
| -Disagreeing with western notions of MH&WB                            | Referring to established definitions of mental health and well-being |
| -Integrating Disability studies                                       |  |
| -Pathologizing  |  |
| -Sharing psychotherapeutic notion of MH&WB                            |  |
| -Understanding MH&WB beyond pathology                                 |  |
| -Using WHO definition of MH&WB  |  |
| -Equating absence of ill-health with MH&WB                            |  |
| -Presenting MH&WB as subjective                                       |  |

**Table N3**

*Initial Codes and Focused Codes from Sub-category: Naming Elements of Mental Health and Well-Being, Part 1 of 2*

| <b>Initial Codes</b>   | <b>Focused Codes</b>   |
|--|--|
| -Finding balance = MH&WB<br>-Linking a calm mind w MH&WB<br>-Linking creativity w MH&WB<br>-Linking expressing feelings w MH&WB<br>-Linking expressing needs w MH&WB<br>-Linking flexibility w MH&WB<br>-Linking forgiveness w MH&WB<br>-Linking spontaneity w MH&WB     | Identifying actions that indicate mental health and well-Being     |
| -Expanding as human beings<br>-Integrating subconscious and unconscious<br>-Linking grace and MH&WB<br>-Linking meditation and MH&WB<br>-Understanding the mind as multi-dimensional   | Identifying transpersonal elements of mental health and well-being |
| -Describing depth<br>-Linking flow w MH&WB<br>-Linking health and depth  | Linking depth with mental health and well-being                    |
| -Discussing society & interpersonal<br>-Linking being listened to & accepted w MH&WB<br>-Linking breaking isolation w MH&WB<br>-Linking receptivity w WB<br>-Linking relating with others w MH&WB<br>-Linking valuable activities w WB<br>-Linking WB and being together | Listing interpersonal elements of mental health and well-being     |

**Table N4**

*Initial Codes and Focused Codes from Sub-category: Naming Elements of Mental Health and Well-Being, Part 2 of 2*

| <b>Initial Codes continued...</b>  | <b>Focused Codes continued...</b>                             |
|--|---|
| -Describing emotional component of MH&WB<br>-Equating feeling no worries w MH&WB<br>-Linking being happy w MH&WB<br>-Linking confidence to WB<br>-Linking feeling free to MH&WB<br>-Linking feeling hopeful w MH&WB<br>-Linking feeling joyful w MH&WB<br>-Linking sense of achievement w MH&WB  | Naming feelings that promote mental health and well-being     |
| -Being aware of inner dialogue<br>-Describing a healthy self<br>-Including psychological component of MH&WB<br>-Linking health and identifying inner world<br>-Linking health and self-actualization<br>-Linking inner communication w MH&WB<br>-Linking inner integrity w MH&WB<br>-Linking integrating self w MH&WB<br>-Linking self-observation w/out judgement w MH&WB | Naming intrapersonal elements of mental health and well-being |
| -Describing physical indicators of MH&WB<br>-Linking breath w MH&WB  | Naming physical elements of mental health and well-being      |
| -Describing self-protection<br>-Implying safety is a MH&WB need<br>-Naming security and stability as WB need   | Naming security as an element of mental health and well-being |
| -Linking MH&WB w rhythm  |   |
| -Describing poor MH&WB   |   |
| -Linking connection w MH&WB  |   |
| Linking MH&WB w being in the present moment  |   |

**Table N5**

*Initial Codes and Focused Codes from Sub-category: Linking Elements of Mental Health and Well-Being with Music Improvisation*

| <b>Initial Codes</b>  | <b>Focused Codes</b>  |
|---|---|
| -Being in relationship<br>-Being empowered<br>-Connecting with others<br>-Describing group supporting client<br>-Describing process of validation<br>-Experiencing safety with others<br>-Linking being accepted in improvisation w MH&WB<br>-Linking improvisation, creating w others, and MH&WB<br>-Not being judged<br>-Trusting others  | Linking interpersonal elements of mental health and well-being with music improvisation |
| -Actualizing self<br>-Being heard<br>-Being more fully formed<br>-Bringing self into balance<br>-Connecting parts of self<br>-Connecting to and developing inner resources<br>-Connecting w emotions<br>-Describing catharsis<br>-Describing reflective process<br>-Discussing self-expression<br>-Experiencing new self in relation to others<br>-Experiencing self-awareness beyond pathology<br>-Feeling the music<br>-Grounding self<br>-Having evidence of self<br>-Hearing future self in playing<br>-Hearing the healthy part of self or other<br>-Integrating experience<br>-Linking non-judgement of self w MH&WB in music improvisation<br>-Not losing self in group<br>-Putting genuine self in music<br>-Releasing internal distress<br>-Restoring identity<br>-Revealing participant's ability<br>-Sounding the self<br>-Trusting self | Linking intrapersonal elements of mental health and well-being with music improvisation |
| -Being embodied<br>-Interacting with a physical instrument<br>-Linking playing an instrument with being heard<br>-Linking playing an instrument with self-expression<br>-Linking playing an instrument with Voice   | Linking physical elements of mental health and well-being with music improvisation      |
| -Describing telepathic communication, improvisation, and MH&WB<br>-Dissolving of identities<br>-Linking frequencies, improvisation and healing<br>-Sharing notions of timelessness  | Linking transpersonal elements of mental health and well-being with music improvisation |

**Table N6**

*Initial Codes and Focused Codes from Sub-category: Linking Improvisation with Mental Health and Well-Being*

| <b>Initial Codes</b>  | <b>Focused Codes</b>   |
|---|--|
| -Linking improvisation, being present, and MH&WB                    | Connecting being present, improvisation, and mental health and well-being      |
| -Linking staying with the difficult parts, improvisation, and MH&WB |  |
| -Acknowledging MH&WB symbolism in improvisation                     | Connecting improvisation and mental health and well-being                      |
| -Articulating affordances of improvisation for MH&WB                |  |
| -Linking improvisation, human instinct, and MH&WB                   |  |
| -Linking improvisation to health or well-being                      |  |
| -Perceiving simplicity of improvisation for MH&WB                   |  |
| -Promoting MH&WB regardless of goal or diagnosis                    |  |
| -Thinking about improvisation, MH&WB                                |  |
| -Feeling uncomfortable after improvisation                          | Risk and (dis)comfort in improvisation leading to mental health and well-being |
| -Going outside comfort zone   |  |
| -Taking and surviving risk  |  |

**Table N7**

*Initial Codes and Focused Codes from Sub-category: Attributing Mental Health and Well-Being Benefits to Music Improvisation*

| <b>Initial Codes</b>  | <b>Focused Codes</b> |
|---|----------------------|
| -Experiencing mental health and well-being benefits after improvisation |                      |
| -Linking therapy with music improvisation                               |                      |

**Table N8***Initial Codes and Focused Codes from Sub-category: Taking Intrapersonal Action*

| <b>Initial Codes</b>                                   | <b>Focused Codes</b>                        |
|--|---|
| -Accessing depth                                       | Accessing depth and playing in the shallows |
| -Being aware during clinical improvisation             |   |
| -Being in flow   |   |
| -Considering clinical options                          |   |
| -Experiencing entrainment                              |   |
| -Following intuition                                   |   |
| -Interpreting events with therapeutic theories         |   |
| -Listening to gut                                      |   |
| -Not thinking during improvisation                     |   |
| -Questioning what to do                                |   |
| -Wanting to not think about music during improvisation |   |
| -Being in the moment                                   |   |
| -Having fun  |   |

**Table N9***Initial Codes and Focused Codes from Sub-category: Taking Interpersonal Action, Part 1 of 2*

| Initial Codes  | Focused Code  |
|--|---|
| <ul style="list-style-type: none"> <li>-Accepting participant</li> <li>-Addressing participants' discomfort</li> <li>-Assessing need of participant</li> <li>-Attending to the client</li> <li>-Balancing needs of all group members</li> <li>-Bearing witness</li> <li>-Bringing audience in to creativity</li> <li>-Considering external elements</li> <li>-Conveying there is no wrong</li> <li>-Creating safe(r) space</li> <li>-Creating the atmosphere for receptivity</li> <li>-Encouraging being free</li> <li>-Encouraging exploration</li> <li>-Engaging what a client brings in</li> <li>-Facilitating an opening for people</li> <li>-Facilitating dialogue</li> <li>-Facilitating new perspectives</li> <li>-Following lead of participant</li> <li>-Hearing others</li> <li>-Holding space</li> <li>-Inviting audience in</li> <li>-Not judging</li> <li>-Perceiving the audience</li> <li>-Providing access to improvisation</li> <li>-Receiving permission</li> <li>-Recognizing client's need</li> <li>-Repeating process</li> <li>-Sharing a loving experience</li> <li>-Staying with difficult material</li> <li>-Staying with the process</li> <li>-Supporting the participant</li> <li>-Taking time for others</li> <li>-Treating people well</li> <li>-Trying not to harm</li> <li>-“Tuning an audience” (Gary’s term)</li> <li>-Using body information</li> <li>-Welcoming players</li> <li>-Working with people’s strengths</li> </ul> | <ul style="list-style-type: none"> <li>Conveying extra-musical message</li> </ul> |

**Table N10***Initial Codes and Focused Codes from Sub-category: Taking Interpersonal Action, Part 2 of 2*

| <b>Initial Codes continued...</b>                     | <b>Focused Codes continued...</b>   |
|---|-------------------------------------|
| -Considering participants' safety                     |                                     |
| -Communicating musically                              | Communicating explicitly musically  |
| -Conveying being with clients                         |                                     |
| -Conveying people are valued                          |                                     |
| -Conveying that others are heard                      |                                     |
| -Conveying there is no wrong                          |                                     |
| -Musically referencing participants' MH&WB            |                                     |
| -Collaborating musically                              | Integrating participants'           |
| -Giving space for someone to say something            | contributions                       |
| -Integrating participants' music                      |                                     |
| -Making music that wouldn't happen without the client |                                     |
| -Making others sound good                             |                                     |
| -Not taking someone's place in the music              |                                     |
| -Playing at the same time as participants             |                                     |
| -Listening  | Listening                           |
| -Listening extra-musically                            |                                     |
| -Listening and responding                             |                                     |
| -Listening to someone's music and self                |                                     |
| -Being in therapeutic relationship                    | Navigating therapeutic relationship |
| -Experiencing countertransference                     |                                     |

**Table N11***Initial Codes and Focused Codes from Sub-category: Taking Music-Specific Action*

| <b>Initial Codes</b>                     | <b>Focused Codes</b>                   |
|--|--|
| -Allowing and trusting the music         |  |
| -Accompanying                            | Using musical improvisation techniques |
| -Chunking                                |  |
| -Considering consonance and dissonance   |  |
| -Considering spaces between notes        |  |
| -Considering timing                      |  |
| -Creating accessible music               |  |
| -Creating musical cohesion               |  |
| -Enhancing and expanding motives         |  |
| -Grounding                               |  |
| -Modelling                               |  |
| -Playing with structure                  |  |
| -Providing musical foundation            |  |
| -Providing steady rhythm                 |  |
| -Referencing something                   |  |
| -Reflecting or mirroring                 |  |
| -Repeating ideas                         |  |
| -Staying in the same key                 |  |
| -Stopping playing                        |  |
| -Using elements of a specific instrument |  |
| -Using specific techniques               |  |

## Appendix O

### Focused Codes by Discipline for Categories A, B, and D

**Table O1**

*Focused Codes by Discipline in Category A: Bringing an Understanding of Mental Health and Well-Being*

| Focused Code  | MP          | CM          | MT          |
|---|-------------|-------------|-------------|
| Creating own definition of mental health and well-being                 |             |             | Distinctive |
| Describing personal beliefs about health and well-being                 | Distinctive |             |             |
| Describing poor mental health and well-being                            |             |             |             |
| Equating absence of ill-health with mental health and well-being        | Absent      |             |             |
| Having difficulty describing mental health and well-being               |             |             |             |
| Hesitating to describe mental health and well-being                     |             |             |             |
| Identifying actions that indicate mental health and well-being          |             |             |             |
| Identifying transpersonal elements of mental health and well-being      | Unique      | Absent      | Absent      |
| Linking connection with mental health and well-being                    | Distinctive | Distinctive |             |
| Linking depth with mental health and well-being                         |             | Absent      |             |
| Linking mental health and well-being with being in the present moment   |             | Distinctive |             |
| Linking mental health and well-being with rhythm                        | Unique      | Absent      | Absent      |
| Naming elements of mental health and well-being rather than defining it |             |             |             |
| Naming feelings that promote mental health and well-being               |             |             |             |
| Naming interpersonal elements of mental health and well-being           |             |             | Distinctive |
| Naming intrapersonal elements of mental health and well-being           |             | Absent      | Distinctive |
| Naming physical elements of mental health and well-being                |             |             |             |
| Naming security as an element of mental health and well-being           |             |             |             |
| Presenting mental health and well-being as subjective                   |             |             |             |
| Referring to established definitions of mental health and well-being    |             |             |             |

**Table O2***Focused Codes by Discipline in Category B: Conceptualizing Links Between Music Improvisation and Mental Health and Well-Being*

| Focused Code  | MP          | CM     | MT          |
|---|-------------|--------|-------------|
| Connecting being present, improvisation, and mental health and well-being               |             | Absent |             |
| Connecting improvisation and mental health and well-being                               |             |        |             |
| Experiencing mental health and well-being benefits after improvisation                  |             | Absent | Distinctive |
| Linking interpersonal elements of mental health and well-being with music improvisation | Absent      |        | Distinctive |
| Linking intrapersonal elements of mental health and well-being with music improvisation |             |        | Distinctive |
| Linking physical elements of mental health and well-being with music improvisation      |             |        | Distinctive |
| Linking therapy with music improvisation  | Absent      | Absent | Unique      |
| Linking transpersonal elements of mental health and well-being with music improvisation | Distinctive |        | Absent      |
| Linking musical elements of improvisation with mental health and well-being             | Distinctive |        |             |
| Risk and (dis)comfort in improvisation leading to mental health and well-being          |             |        |             |

**Table O3***Focused Codes by Discipline in Category C: Applying Intention*

| Focused Code   | MP          | CM          | MT          |
|--|-------------|-------------|-------------|
| Describing connection between intention and actions                              |             |             |             |
| Intending to promote participant's mental health and well-being                  |             |             | Distinctive |
| Intending to affect participants in ways other than mental health and well-being |             | Distinctive |             |
| Playing without an intention   | Distinctive |             | Absent      |

**Table O4***Focused Codes by Discipline in Category D: Acting in the Improvisatory Moment*

| Focused Code                                | MP          | CM          | MT          |
|---|-------------|-------------|-------------|
| Accessing depth and playing in the shallows |             |             |             |
| Allowing and trusting the music             | Distinctive |             |             |
| Being in the moment                         |             |             |             |
| Communicating explicitly musically          |             |             |             |
| Considering participants' safety            |             |             |             |
| Conveying extra-musical message             |             | Distinctive |             |
| Having fun                                  | Absent      | Unique      | Absent      |
| Integrating participants' contributions     | Distinctive |             |             |
| Listening                                   |             |             | Distinctive |
| Navigating the therapeutic relationship     | Absent      | Absent      | Unique      |
| Using musical improvisation techniques      |             | Distinctive |             |