

Flow and Music Therapy Improvisation

*A qualitative study of music therapists' experiences of flow during
improvisation in music therapy*



Christine Wilhelmsen

"...My sense of being in that experience with the client.... it's almost like that's the magic of music therapy. If I can use that word in a not...you know, cheap way. It's like, actually the meaningful part ...what makes music therapy so distinct" Participant 5

Sammendrag

Flow og musikkterapeutisk improvisasjon

- En kvalitativ studie av musikkterapeuters opplevelser av "flow" i musikkterapeutisk improvisasjon.

Denne masteroppgaven søker å forstå musikkterapeuter sin opplevelse av "flow" (no: *flyt*) i musikkterapeutisk improvisasjon. De teoretiske grunnlagene for studien omfatter teori om positiv psykologi og flow, samt musikkterapi og musikkterapeutisk improvisasjon. Det blir spesielt lagt vekt på forskning innenfor musikkterapi der flow-begrepet trekkes inn.

Gjennom hermeneutisk fenomenologisk tilnærming ble det gjennomført intervjuer med fem musikkterapeuter fra fem ulike land i verden. Deltagerne ble intervjuet i to faser, og metodene som ble brukt for disse innsamlingene var (1) verbalt semistrukturert intervju, via Skype, og (2) skriftlig intervju via e-post. I analyseprosessen ble datamaterialet inndelt i tre tema: *flow*, *terapeut*, og *terapeutisk arbeid*. Diskusjonen utforsker positive egenskaper av flow (fra terapeutens perspektiv), terapeutens muligheter for å fremme flow i musikkterapeutisk improvisasjon, samt potensielle terapeutiske implikasjoner for flow. Disse blir også satt i forhold til eksisterende teori.

De teoretiske grunnlagene og intervjuene som ble gjennomført belyser flere elementer som kan sies å styrke teorien om at flow opplevelser i musikkterapeutisk improvisasjon kan fremme helse og nye handlemuligheter.

Nøkkelord: *Musikkterapi – Improvisasjon – Positiv Psykologi – Flow*

Thank you!

For laughter, and for interesting and inspiring conversations

Tine and Torbjørn

Mats

Helene, Øystein, Julie, Ida and René

My wonderful friends

Studiekoret Sirenene – for magical experiences in music, every week

Simon Gilbertson – for being wise and inspiring

The five participants – for sharing your time and valuable reflections

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1. Introduction

Have you ever experienced being “lost in the tango”? The feeling of being completely absorbed by the music, forgetting all about time, dirty laundry or unpaid bills, if only for a small period of time? As a musician, have you ever experienced the feeling of the music flowing by it self, even though it was you who was producing it? As a music therapist, have you ever experienced that the music is flowing naturally and unconstrained, *grooving* with the client? I know I have, both as a musician and in the music therapy context. I especially remember working with a young client who had problems keeping focus and concentration over longer periods of time. But when we started improvising musically together, we could keep the concentration and a common focus for 20, even 30 minutes. I strongly felt that these sequences were important in our process of music therapy collaboration.

When I first read about flow, it occurred to me that these sequences might have been *flow experiences* – my interest was aroused/awoken.

1.1. Definition of core concepts

Music is a strange and wonderful thing. It has an almost magic way of affecting us; it may change our mood, make us travel back in time to previous experiences, or to places we have never been, it may act as a “ticket” to join a social group, and mark our distance to another, it may act as an motivator for movement or help us relax. These are just some of the various capacities of music. In music therapy we use music experiences to promote health and assist people in increasing and developing their possibilities of action (Bruscia, 1998, Ruud, 1998). One type of musical experience is created through musical improvisation. In this thesis the terms “improvisation in music therapy”, “music therapy improvisation” and “musical improvisation with clients” will be used to describe the application of musical improvisation

in music therapy¹.

“Musical improvisation, under ideal conditions, is an excellent vehicle for the flow experience” (Csikszentmihalyi & Rich, 1997, p. 49).

The Hungarian psychologist Mihaly Csikszentmihalyi introduced the concept of flow with an article in *Journal of Humanistic Psychology* and the book titled, *Beyond Boredom and Anxiety* (Csikszentmihalyi, 1975). Csikszentmihalyi developed the concept through his doctoral research, studying a group of male artists (painters and sculptors). He noticed how they could get completely absorbed into their creative process, going on for hours and hours, completely concentrated on their work. It would seem like the most important thing in the world to them, yet when the work was finished, the artists would typically lose interest in it, and store it in a corner (Csikszentmihalyi, 1975). Csikszentmihalyi (1988b) suggests that flow could be defined as *“(…) those situations in which challenges and skills are both high and in balance”* (p. 368). When this balance is right, Csikszentmihalyi (1975, 2009) proposes, the activity becomes enjoyable. The positive psychology movement started in 1999 (Diener, 2009), and the concept, flow, is now considered a part of this movement.

1.2. Towards a research question

Csikszentmihalyi's (1988b) definition of flow implies that the experience of flow may occur in any activity, so how does flow evolve and take shape in music therapy? How may it inform music therapy? Can we *use* flow actively in our work, and if so: how? Is flow inevitably positive in music therapy? When starting the literature research, it became clear to me that all these questions will not be answered with just one research project (maybe not at all), and the work of concretizing and organizing my thoughts begun. Many music therapy theorists have touched upon the topic (Ruud, 1998, 2010, Aigen, 2005, Stensæth, 2008a, 2008b, Nebelung, 2010, Das, 2011, MacDonald et al., 2012) but only two researchers have previously examined flow in the context of music therapy in extended detail: Joseph Fidelibus (2004) started researching flow in music therapy, and ended up turning slightly towards examining an adjacent concept, keeping the flow as an element when proposing his model of clinical improvisation. Gunvor Nilsen (2010) examined the topic theoretically. Both of these works are very relevant to this study, and will be presented and elaborated in Chapter 3.

¹ The term "clinical improvisation" will appear occasionally. As this study aimed at including participants with different perspectives and approaches to music therapy, it was considered appropriate to use other terms that do not refer to certain approaches in music therapy.

Researching *flow in music therapy* would be a vast phenomenon to study. Because much of the literature on flow in music therapy concerns improvisation, it was decided to include this technique as a step in the process of delineating the research question and, accordingly, the sampling of participants.

My initial project outline took aim at interviewing both music therapists and their clients on their experiences of music therapy improvisation. As the project evolved, it became clear that this was a bigger project than just one master thesis. As a result, I decided to interview music therapists on their experience of flow in music therapy improvisation. This master thesis will thus not provide a comprehensive picture of how flow evolves in music therapy, but may be seen as a step along the way of understanding how flow and music therapy improvisation are related.

The purpose of this study is to explore how music therapists experience flow. The research question was therefore formulated as:

What do music therapists say about experiences of flow during improvisation in music therapy?

Through qualitative research interviews and hermeneutic phenomenology, this thesis takes aim at understanding how music therapists experience flow during music therapy improvisation.

1.3. Structural components of the thesis

Because of the interdisciplinary nature of this research project it was considered necessary to outline the theoretical foundations for this study. In Chapter 2, theory from positive psychology (including theory on flow) and music therapy will thus be presented. This will act as a basis to understand the literature review (Chapter 3), the choice of method (Chapter 4) as well as the empiric data and discussions concerning these (Chapters 5 and 6). Chapter 7 and 8 will present some summarizing and concluding thoughts, limitations of the study as well as implications for future research.

2. Theoretical Foundations of the Study

2.1. Positive Psychology

The last half century, the scientific field of psychology has developed in a large scale. Diagnoses have become more precise, medicaments have become more effective, and

different forms of therapy have been further developed and more effective (Seligman, 2003). The focus has been on *finding* and *repairing the damage* (Seligman & Csikszentmihalyi, 2000, Seligman, 2003, Rolvsjord, 2010). Positive psychology focuses on the opposite; to nurture the positive aspects of life.

Abraham Maslow was a humanistic psychologist who in the 1960's started studying concepts such as "self-actualisation", "peak experiences" and "the hierarchy of needs" (Csikszentmihalyi, 1975, Gabrielsson, 2008). Maslow was the first to use the term "positive psychology" in 1954 (Lopez & Gallagher, 2009), but one can say that the history of positive psychology movement starts in 1999 with Martin E. Seligman (Diener, 2009). He started gathering psychology researchers and practitioners who worked on human strength and positive attributes, and reintroduced the term of positive psychology (Diener, 2009, Lopez & Gallagher, 2009). Seligman (2003) identifies 24 "signature strengths"². Using our signature strengths brings us joy and increases our life satisfaction (Seligman, 2003, Park, Peterson & Seligman, 2004).

It is important to note that positive psychology does not deny that psychiatric illnesses and disorders should be treated. Joseph and Linley (2006) emphasize that positive psychology promotes a holistic perspective to psychology, and seeks to understand the whole width of the human experience. Positive psychology is thus much about *preventing* mental illnesses by fostering the strengths and recourses within the person, both on the individual-, and interpersonal level. Positive psychologists work to reduce the symptoms by reinforcing the positive rather than working directly on the pathology (Seligman & Csikszentmihalyi, 2000, Seligman, 2003, Diener, 2009).

2.1.1. The Concept of Health

World Health Organisation (1948) defines health as "*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*". This attitude towards pathology is also reflected in positive psychology. This definition relates to the so-called salutogenic approach to health (Antonovsky, 1996, MacDonald et al., 2012). Within the salutogenic perspective, health is seen as a continuum, and not as an "either – or state" (the pathogenic approach to health). Antonovsky (1996) connects health to which extent we perceive the world as *making sense*, our "Sense of Coherence" (SOC). People with strong SOC will perceive stressors in life as comprehensible, manageable and meaningful (Antonovsky, 1996). The strength of ones SOC is, according to Antonovsky, a factor in

² See for example the list in Park, Peterson & Seligman, p. 611.

moving towards health (Antonovsky, 1996). The idea of *promoting health* is relevant because people strive to be as healthy as possible (Antonovsky, 1996, Bruscia, 1998). Bruscia (1998) builds on the salutogenic approach when defining health as, “*the process of becoming one’s fullest potential for individual and ecological wholeness*” (p. 84). Health may then be seen as the experience of *wellbeing*, rather than being free from pathology (Antonovsky, 1996, Bruscia 1998, Ruud 2010). The salutogenic approach to health is relevant to consider in relation to flow and music therapy improvisation, and will be further explored.

2.1.2. Applied Positive Psychology

Positive psychologists are interested in the whole spectrum of the human experience, that is to say, both the negative and the positive in life (Diener, 2009). The application of positive psychology has a broad “target area”, as reflected in the definition: “*application of positive psychology research to the facilitation of optimal functioning*” (Linley & Joseph, 2006). Applied positive psychology is more an approach or a perspective than a specific method. According to Linley and Joseph (2006), the difference between “traditional” therapy and therapy in a positive perspective is the objective; not only to function in the society, but also to promote happiness and fulfilment. Cultivating positive emotions (joy, interest, love, etc), instead of focusing on negative, broadens our repertoire of thought and action; it makes us capable of discovering new possibilities of action and wellbeing (Cohn & Fredrickson, 2009). Positive therapy builds in a large scale on Carl Roger’s *client-centred therapy (CCT)* (Joseph & Linley, 2006, Linley, Joseph, Maltby, Harrington, Wood, 2009). A core element in CCT is the assumption that client is expert in the process towards optimal functioning, and this is a fundamental assumption that underpins all application of positive psychology, and something that is supported in recent psychotherapy research (Linley et al., 2009). Because of the vast breadth of methods and approaches, I will but mention some of them: *Client-Centred Psychotherapy, Positive Therapy, Positive Psychotherapy, Positive Clinical Psychology, Well-Being Therapy, Mindfulness-Based Cognitive Therapy, Quality of Life Therapy*, and more³. Positive psychologists also work ecologically at an organizational level and even community level to make people’s daily life and their work more meaningful and enjoyable (Linley et al., 2009). All of the mentioned methods are supported by research, but one still get the impression that this to a great extent is “pioneer work” that needs to be elaborated. It is also necessary to stress the importance of a nuanced understanding of having a positive focus.

³ For a in depth investigation of applied positive psychology, see Linley & Joseph, 2006, and/or Linley et al., 2009.

Extreme focus on the positive and total neglect of negative might be just as damaging as the opposite (Cohn & Fredrickson, 2009).

2.1.3. Critique

A critique presented by Becker and Marecek (2008) draws into focus the *individuality* of positive psychology, and the idea of individual flourishing and self-realization. This is a relevant topic to discuss, because, as they write; “*some segments of the population may “flourish” at the expense of others*” (Becker & Marecek, 2008 p. 596). When the focus is on the well-being and self-actualization of the individual, the context is left in the shadow (Rolvjord 2010, Becker & Marecek, 2008). When everyone is responsible for their own life and flourishing, the people who are for instance victims of social and/or economic injustice, then becomes left in between. There is an “*interplay and an interdependency between the individual and their sociocultural context*” Rolvsjord (2010, pp. 32 - 33), and this should be taken into account. Diener (2009) claims that this is taken into account by positive psychologists, and writes: “*Positive psychology emphasizes not only the actualisation of the individual, but development within the framework of his or her contributions to other people and the world*” (Diener, 2009, p. 8)

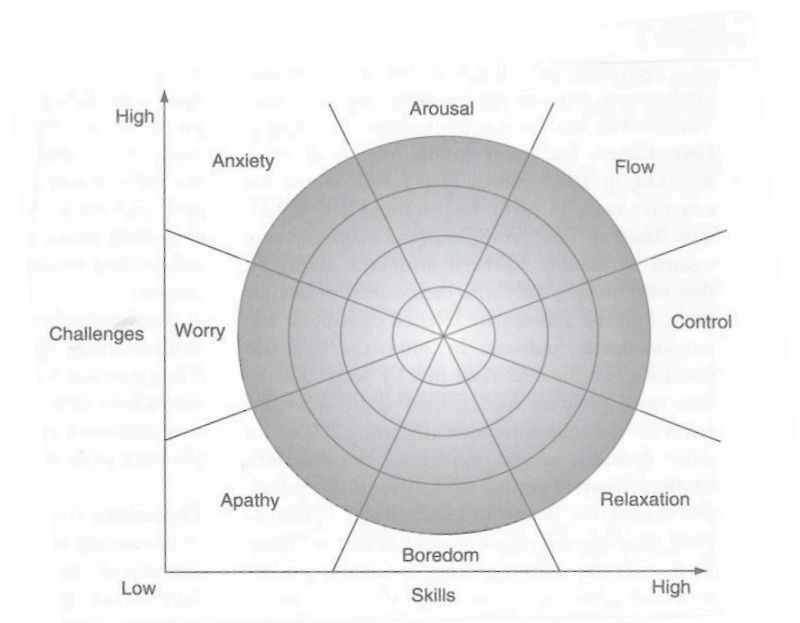
Another critique of positive psychology is that the psychologists have started applying the knowledge before the scientific foundations have been established (Diener, 2009). This is an impression I get when reading the literature – conclusions are sometimes made on unclear foundations. This is connected to another challenge, which has existed since the birth of modern psychology (Madsen, 2010). It is important to make a distinction between “expert” psychology and “self-help” literature or “popular psychology” (Madsen, 2010). We have all seen the headlines “Happy – now!” The authors present their “recipe” and publish as a “psychologist” or “doctor”. This can make the distinction difficult. Sometimes there is a grey area in between the two, and some authors even have one foot in each world, and publish in both “genres” (Madsen, 2010).

2.2. Flow

When there is a balance between *task* (challenge) and *talent* (skills) we experience flow (Csikszentmihalyi, 1975, 1988b, 1990, 1993, 1996, 2009, Mitchell, 1988). As shown in Figure 1, situations with high challenges and low skills will result in worry or anxiety, and the opposite combination in boredom or relaxation.

Figure 1

"Representation of the current model of the flow state" (Nakamura & Csikszentmihalyi, 2009 p 201). Copyrighted figure, reprinted with permission from Oxford University Press (see section 10.1. in Appendix).



The flow experience is distinguished/characterized by *“high levels of concentration, alertness, activity, strength, creativity, freedom and openness”* (Csikszentmihalyi, 1988b, p. 368).

Through his studies, Csikszentmihalyi (1996) elicited nine core elements of the flow experience.

1. ***“There are clear goals every step of the way”*** (Csikszentmihalyi, 1996 p. 111). In contrast to multiple contradictory goals, or no clear goal at all, when experiencing flow one is never uncertain about the intention behind the activity (Csikszentmihalyi, 1996 p. 111). The piano player experiencing flow always *“knows what notes to play next”* (Csikszentmihalyi, 1996 p. 111).
2. ***“There is immediate feedback to one’s actions”*** (Csikszentmihalyi, 1996 p. 111). Any sign - if interpersonal, auditory or visible etc. - will be sensible right away. Playing the piano, one will hear it right away when playing the wrong note (Csikszentmihalyi, 1996).
3. ***“There is a balance between challenges and skills.”*** (Csikszentmihalyi, 1996 p. 111).
4. ***“Action and awareness are merged.”*** (Csikszentmihalyi, 1996 p. 111). When experiencing flow we are completely concentrated on what we do, not thinking about what to have for dinner or what the weather is like that day (Csikszentmihalyi, 1996).
5. ***“Distractions are excluded from consciousness.”*** (Csikszentmihalyi, 1996 p. 112). Flow *“relieves”* us from problems that are irrelevant to the flow activity. The piano

player is not worrying about the unpaid bills waiting at home (Csikszentmihalyi, 1996).

6. ***“There is no worry of failure.”*** (Csikszentmihalyi, 1996 p. 112). According to Csikszentmihalyi, people feel totally in control when experiencing flow, even though they are not. It is just that we are too involved in the activity to even consider the chance of failure (Csikszentmihalyi, 1996). The piano player is not wondering whether the next note will be the right one, he is simply sure he is hitting the right one.
7. ***“Self-consciousness disappears.”*** (Csikszentmihalyi, 1996 p. 112). The self-monitoring “filter” is switched off; there is no room for caring about our appearance while in flow (Csikszentmihalyi, 1996).
8. ***“The sense of time becomes distorted.”*** (Csikszentmihalyi, 1996 p. 113). In a flow state one hour can pass by in what seems like a few minutes, or a short moment stretch out and last many times as long (Csikszentmihalyi, 1996).
9. ***“The activity becomes autotelic. Whenever most of these conditions are present, we begin to enjoy whatever it is that produces such an experience.”*** (Csikszentmihalyi, 1996 p. 113). The activity is worth doing for its own sake, and not because of the result or the reward that follows the activity (Csikszentmihalyi, 1996).

The elements may be seen as conditions. Some of them are internal within the person, some are external, and some are both (Csikszentmihalyi, 1993, Nilsen, 2010). The sociologist Richard Mitchell (1988) presents the concepts *alienation* and *anomie* and places flow in the point of balance between these two. Alienation is a *prevailing certainty* and happens when people are restrained from expressing themselves. This leads to feelings of repression, powerlessness and frustration. Anomie is the opposite, thus completely lawless. Anomie leads to confusion, disorientation and normlessness (Mitchell, 1988, p. 40). Flow is a state of competence and equilibrium, where people perceive themselves as capable of doing what they are allowed or required to do (Mitchell, 1988, p. 44).

Flow entails many positive *rewards* for the people who experience it (Csikszentmihalyi 1975). Firstly, *flow activities* are characterized by *intrinsic enjoyment* and *rewards*. “Intrinsic” means that the enjoyment is in the actual *activity itself*, and not in the result, or the outcome of the activity. For this reason, flow has also been called *the autotelic*

*experience*⁴, from the Greek *auto* = self, and *telos* = goal, purpose (Csikszentmihalyi 1975), opposite to *exotelic* (Csikszentmihalyi, 1996). Any activity that holds the potential for an autotelic experience possible might be called an *autotelic activity* i.e. a flow activity. Csikszentmihalyi mentions the activities *basketball* and *playing chess* as potential autotelic activities (Csikszentmihalyi, 1975). These are games that have a prize in the end. Still, Csikszentmihalyi claims that the activity *itself* provides the players with enjoyment. Intrinsic enjoyment may lead to *intrinsic motivation*. When an activity brings you enjoyment, you would most likely want to carry on with it.

Flow is characterized by “*higher levels of motivation, cognitive efficiency, activation and satisfaction*” (Csikszentmihalyi & Larson, 1984, in LeFevre, 1988 p. 307).

Self-concept is a psychological term describing peoples’ ideas about themselves. The self-concept is constructed both by a person’s beliefs about him or herself and the responses of others (New Oxford American Dictionary). Our sense of self-concept is generally strengthened by the flow experience – we have met a challenge and succeeded. In a study done by Wells (1988) the respondents reported higher levels of self-esteem when having a flow experience. *Self-esteem* has been described as “*confidence is one’s own worth or abilities*” (Concise Oxford English Dictionary (COED), 2006, p. 1305). Wells’ study does not provide answer to whether it is flow that leads to higher self-esteem or self-esteem that leads to flow experiences, but the knowledge is still valuable in the sense that we know that there is a relationship between these concepts.

The health effect of flow is somewhat implicit. The word *health* is rarely mentioned in flow literature. Still it is an underlying factor. Marks and Shah (2004) state “*In terms of health, how we perceive our condition is the crucial factor - our objective health status matters less*” (pp. 9 – 15). Seen in light of the salutogenic approach to health (Antonovsky, 1996), it is relevant to consider the health effect of flow, as it has the potential of bringing people closer to their optimal level of functioning. Flow is per definition a positive experience, and holds elements of enjoyment, pleasure and motivation. Nakamura and Csikszentmihalyi (2009) write that the flow concept is relevant in therapy and is becoming increasingly applied, especially in occupational therapy and psychotherapy. It has been suggested that more research is needed on this subject (Nakamura & Csikszentmihalyi, 2009).

⁴ The flow experience is also frequently called “the optimal experience” (for example in Csikszentmihalyi & Csikszentmihalyi, 1988). In this thesis the terms “flow experience” and “flow state” will be applied.

Flow has a deconstructive side (Stensæth, 2008a), which has been considerably less studied than the constructive side. According to the definition destructive activities such as crime and violence could be categorized as autotelic experiences. This implies that flow may be counterproductive in the human society (Stensæth, 2008a).

Another possible negative implication of flow is the possibility of becoming addicted to the having these experiences. The life in “unflow” becomes meaningless and boring. *Not experiencing flow* may then become a source of stress, and paradoxically inhibit the experience (Csikszentmihalyi, 1990, Nilsen, 2010).

2.2.2. Flow and Music

Music is frequently mentioned in literature about flow as a potential autotelic activity, involving professional musicians and composers, music listening (as relaxation) or music making as a hobby (Rathunde, 1988, Massimini & Carli, 1988, Csikszentmihalyi, 1975, 1988b, 1990, 1993, 1996, 1997). The following will outline research that shows how flow and music is related. Csikszentmihalyi (1990) writes

“Music, which is organized auditory information, helps organize the mind that attends to it, and therefore reduces psychic entropy, or the disorder we experience when random information interferes with goals. Listening to music wards off boredom and anxiety, and when seriously attended to, it can induce flow experiences”
(Csikszentmihalyi, 1990, p.109).

Csikszentmihalyi (1990) argues that musical experiences contain some of the ritual elements, and uses the rock concert as an example (p. 110). I will go deeper into the ritual elements in music experiences in section 2.2.3.

In literature about musicology, music education, and music psychology, flow theory is mentioned in many contexts. One can read that both Mozart and Tsjaikovskij use the word *flow* to describe their creative activity, as well as contemporary musicians and composers (Custodero, 2005). Descriptions as “*I’m in a flow, I’m in the zone*”, “*shift in my consciousness*”, “*my ideas flow*” (Custodero, 2005. p 187), reflect that flow is mentioned when describing positive music experiences. Custodero (2005) examines the indicators for flow in music education⁵. These include

- **Challenge Seeking Indicators** (*Self-assignment, Self-Correction, Quality of movement*),
- **Challenge Monitoring Indicators** (*Anticipation, Expansion, Extension*)
- **Social Context Indicators** (*Awareness of Adults and Peers*) (adopted from Custodero,

⁵ The *flow state indicators* were further elaborated by Kalani Das (2011) for use in the music therapy context.

2005. p 193)

Custodero states that “*Teaching for flow experience means teaching to the possible*” (Custodero, 2005. p 205). This statement finds support in research (O’Neill, 1999). O’Neill found that high achieving music students experience flow more frequently than the average achievers. She challenges music teachers to find new ways of fostering motivation and suggests giving the average achievers “[increased] opportunities for “flow” experiences in music by creating a balance between challenges and skills which are above an individual’s average” (O’Neill, 1999 p. 133).

Another music educator, Elliot (1995) also explores flow in the context of music education. He calls the flow experience a “*class of experiences*”, and claims that “*the musical experience*” is a unique subgroup of the flow experience. He claims that there are specific conditions in which the flow experience arises in music (Elliot, 1995, p. 126). He proposes a concept called ”MUSIC” that suggests that music as a *practice* (to music or *musicing*⁶) that includes music making, listening, and also related actions such as dancing (Elliot, 1995). As I understand it, this concept describes “flow experiences when practicing music”, and this experience has specific and unique attributes that distinguishes it from other types of flow experiences. Elliott proposes (in short) that when a person’s “musicianship” matches the current challenges, *to music* can help constructing values of enjoyment, self-growth and self-knowledge (Elliot, 1995, p. 128).⁷

Adjacent terms as peak experience and peak performance are also relevant to mention. They both share elements with the flow experience. Both Maslow and Privette connect these experiences to music (Privette, 1983). Gabrielsson (2008) explores “Strong Experiences of Music” (SEM) and the meaning of these experiences by interviewing about 950 people. He shows that music is of great importance to people throughout their lives. He connects some of these experiences to flow. He takes notice of the therapeutic properties of SEM, even when there is no music therapist present. In collaboration with Lindström (1995), he classifies the therapeutic properties in eight categories (Gabrielsson & Lindström, 1995, p.200). This is an important observation.

⁶ His thoughts converge to some extent with Small’s concept of “musicking” (see section 2.3.1.).

⁷ This theory will not be further explored in this master thesis, but it is interesting to consider whether this could have implications for another subgroup of flow experiences; flow experiences in music therapy?

Other studies on peak experiences in music include Panzarella (1980 in Gabrielsson, 2008) and Laski (1961, in Gabrielsson, 2008), and these would be interesting and relevant to deepen at occasion.

2.2.3. Flow and Creativity

One essential attribute to music (as well as improvisation in music therapy) is its *creative* nature. What seems to motivate creativity is the intrinsic enjoyment of exploring and discovering something new and defying challenges, i.e. the flow experience (Csikszentmihalyi, 1996, Csikszentmihalyi & Rich, 1997).

“Performance that incorporates flow states and risk taking may in fact hold the key to achieving optimal levels of musical communication (...)” (Kenny & Gellerich, 2002, p. 120).

Sawyer (2007) explores the concept of *group flow*. He presents a model for explaining and fostering group creativity. He developed the term through studying jazz ensembles and musical improvisation.

“In group flow, activity becomes spontaneous, and the group acts without thinking about it first.” (Sawyer 2007, p. 44). Sawyer establishes ten conditions that enables group flow, which to a great extent converge with Csikszentmihalyi’s conditions for flow (see section 2.2.):

1. *“The Group’s Goal”*
2. *“Close Listening”*
3. *“Complete Concentration”*
4. *“Being in Control”*
5. *“Blending Egos”*
6. *“Equal Participation”*
7. *“Familiarity”*
8. *“Communication”*
9. *“Moving it Forward”*
10. *“The Potential for Failure”* (Sawyer 2007, pp. 44 - 54).

Some of these conditions (points 1, 2, 3, 4) are very similar or adapted versions of Csikszentmihalyi’s conditions for flow (see 2.1.1). The remaining conditions (points 5, 6, 7, 9, 10) are specialized for the context of group flow. I will focus on point 5 through 10, and briefly explain them.

Point 5 *“Blending egos”* (Sawyer 2007, p. 49) is about the paradox of being able to concentrate on personal performance or personal *contribution*, in addition to the performance of the other musicians in the group (combining points 2 and 3 above). Group flow is also most likely to occur when all participants play an equal role in the creative process, as described by point 6 *“Equal Participation”* (Sawyer, 2007, p. 50). Possible blockers may be arrogance,

different levels of skills, or lack of interest (Sawyer, 2007). It is also crucial that the participants have a *tacit knowledge* – an unspoken way of *understanding* each other (Sawyer, 2007, p 51). Point 7 is about this “*Familiarity*” (Sawyer, 2007, p. 51), which may arise when the participants know each other well. They develop a way of communicating explicitly and more effectively. According to Sawyer, familiarity may inhibit group flow if the participants know each other too well, because the interaction is no longer challenging (Sawyer, 2007). Group flow also requires “*constant communication*” (Point 8), and constant development of new ideas (point 9 “*Moving it Forward*”) (Sawyer, 2007, p. 53 – 54). If the possibility for novelty is somehow inhibited, the possibility for group flow is also inhibited. In the final condition (point 10). “*The Potential for Failure*” (Sawyer, 2007, p. 54), Sawyer explains how most jazz musicians experience flow only when there is an audience and the risk of failure heightens. The *tension* becomes a resource, a way of pushing the performance to new levels (Sawyer, 2007).

Sawyer states that it is the ensemble that embraces the *tensions* that drive what he calls the “*group genius*”; the creative outcome of the group is more than the sum of the creativity of the participants individually (Sawyer, 2007).

Group flow has similarities to Vygotsky’s theory of the “zone of proximal development”; children accomplish more when instructed by adults than alone (Vygotsky, 1978). The level of a task should not be too low, or there will be no learning. If it is balanced within the zone of proximal development and the child gets the help necessary to succeed, there will be learning and development (Vygotsky, 1978, Tetzchner, 2001).

These theories on flow and creativity are relevant because music therapy improvisation per definition is a creative process (Ruud, 1998). Group flow is relevant to this study because a music therapy process always includes two or more people, i.e. a group situation.

2.3. Music Therapy

Music therapy can be described both as a *discipline*, a *profession* and a *practice* (Ruud, 2010). As a scientific discipline it is a complex and large area of theory, which encompasses elements from medical science, natural sciences, social sciences, psychology, pedagogy and more. This also implies that the music therapist as a professional takes many roles, according to which area of practice she or he works with (Ruud, 2010).

Bruscia (1998) constructed a working definition of music therapy: “*Music therapy is a systematic process of intervention wherein the therapist helps the client to promote health,*

using music experiences and the relationships that develop thorough them as dynamic forces of change” (Bruscia, 1998, p. 20).

To promote health is central in the music therapists’ agenda. Seen in light of the salutogenic view on health, and Bruscia’s definition on health (quoted in section 2.1.), the music therapist should thus help the client to promote optimal functioning and *wellbeing* in his or her life. Bruscia (1998) describes health as something we do and who we are, instead of something that happens to us, or something we have. Note that *promoting health* is different from “curing illness”.

Music therapists use *music experiences* to promote health. Music experiences vary in form and content, and there exist a great variety of methods and techniques that music therapists apply to create music experiences. Examples of music experiences may be; music listening, musical improvisation, or to rehearse, recreate or compose music (Bruscia, 1998)⁸. The type of music experience that is the focus of this study is *improvisation*.

Relationships are also central in music therapy, and may itself act as a therapeutic agent (Bruscia, 1998, Ruud, 2010). Relations may arise between the actors or elements in the therapy situation: the client(s), the therapist and the music. Other actors may also play an important role: the surroundings, family, the instruments etc. Bruscia (1998) writes the many types of relationships in the therapy context; intrapersonal relationships, intramusical relationships, interpersonal relationships, intermusical relationships, sociocultural relationships and environmental relationships (Bruscia, 1998, pp.127–128).

Some theories on music therapy are related to positive psychology in their foundation in the humanistic perspective (Ruud, 1998, 2010, Rolvsjord, 2008, 2010). I will present some common elements from a music therapy perspective.

2.3.1. Music Therapy and Positive Psychology

A humanistic perspective implies looking at the individual as a “*biological, a psychological and a social being*” (Ruud, 2010, p. 1). It also implies the assumption that the individual acts with sense and intention (nondeterministically) in a specific historical and cultural context (Ruud, 1998, 2010). Humans have the ability to create, understand and act upon symbols, such as language, arts and music. Music is not seen merely as waves of sound that humans react upon, but a symbol that carries meaning (Ruud 1998). The concept of *musicking* captures this in stating that music is a process or something we do, rather than an object we react on (Small, 1998, Ruud 2010). Small’s theory has been warmly welcomed and embraced

⁸ For a more in depth presentation, see chapter 13 in Bruscia, 1998

by music therapists. Small (1998) proposes the definition “*To music is to take part, in any capacity, in a musical performance, whether by performing, by listening, by rehearsing or practicing, by providing material for performance (what is called composing), or by dancing*” (p. 9). Musicking may not be explained by models of cause and effect, but can only be understood through an individual and a context (Small, 1998). No person can predict how another individual will perceive and interpret meaning from a musical experience (DeNora, 2000, Ruud, 2010). These statements are relevant to music therapists, and we can also recognize themes from positive psychology; musicking as a source of *meaning* (Gabrielsson, 2008, Ruud, 2010), *hope* and *happiness* (Ruud, 2010), *self-regulation* (DeNora, 2000), *identity formation* (DeNora, 2000, Gabrielsson, 2008, Ruud, 2010) and *social ordering* (DeNora, 2000, Gabrielsson, 2008, Ruud, 2010).

“*Use of flow allows therapy to be reoriented towards building on interests and strengths, taking advantage of the growth of skill and confidence (cf. Wells 1988) that attends the flow experience*” (Nakamura & Csikszentmihalyi, 2009). Here one can see a clear link to empowerment theory and, resource oriented music therapy (Rolvsjord, 2008, 2010).

Resource oriented music therapy (Rolvsjord, 2008, 2010) draws elements from (among others) the salutogenic health perspective and positive psychology. She points to aspects such as positive emotions and signature strengths (see point 2.1.1) as important in music therapy. Rolvsjord (2010) formulates and defines six characteristics that are *unique* and *essential* when working resource oriented:

- 1 *Focusing on the client’s strengths and potentials.*
- 2 *Recognizing the client’s competence related to her or his therapeutic process.*
- 3 *Collaborating with the client concerning goals of therapy and methods in working.*
- 4 *Acknowledging the client’s musical identity.*
- 5 *Being emotionally involved in music.*
- 6 *Fostering positive emotions* (Rolvsjord, 2010, p. 204).

The connection to positive psychology is clear; the client is expert in the process towards optimal functioning, the therapy is based on collaboration, and it has a strong focus on building and nurturing strengths.

Rolvsjord also states “*Acceptable but Not Necessary Therapeutic Principles*”; performance outside the therapy setting, music *as* therapy and reflecting on problems, and “*Not Acceptable (Proscribed) Therapeutic Principles*”; focusing on pathology, neglecting the clients resources, not collaborating with the client, etc. (Rolvsjord, 2010, pp. 204 – 205). These will not be further elaborated, as they are not considered relevant to this study.

2.3.2. Improvisation

"To improvise means to create or arrange something "here and now", to put something together as you go, from available resources" (Ruud, 1998, p.117). Ansnes and Fjørtoft (1999) write about "our improvisational everyday life", and how we constantly improvise in our daily life in communication and action (translated from Norwegian "*Vår improvisatoriske hverdag*" (Ansnæs & Fjørtoft 1999, p. 212)). Seen from this perspective, we start improvising in the moment we start communicating with the people around us. From the first gestures and pre-verbal sounds we make as a newborn - or even before we are born (Ansnæs & Fjørtoft, 1999, Bannan & Woodward 2009). Human beings seem to be genetically predisposed for musical interaction, and we actively seek communicative interaction from infancy (Malloch, 1999, Bannan & Woodward 2009, Malloch & Trevarthen 2009, Stern, 2010). This predisposition is called *communicative musicality* (Malloch & Trevarthen, 2009)⁹. Many theorists have discussed this topic, and though there are different opinions on the genetics, theorists agree on the point of infants' ability to interact communicatively (Tetzchner, 2001).

Tony Wigram (2004) identifies musical improvisation as "*any combination of sounds and sounds created within a framework of beginning and ending* (Wigram, 2004, p. 37). He then defines music therapy improvisation as "*the use of musical improvisation in an environment of trust and support established to meet the needs of clients.*" (Wigram, 2004, p. 37)¹⁰.

Improvisation in music therapy may be active or passive. Active improvisation implies that both client(s) and therapist are taking part in the improvisation, musically. Passive or receptive improvisation implies that one of the parts is listening to the other and is not involved in the music making (Bruscia, 1987). Music therapy improvisation may be referential or non referential. A referential improvisation represents or refers to something outside of itself, for example a feeling, an idea, a person, an experience etc. A non-referential improvisation does not refer to anything but itself (Bruscia, 1987, p.10).

In the book "Improvisational Models of Music Therapy" (1987), Bruscia presents and describes (on over 550 pages) the different improvisational models. Among the well established improvisational models are *Free Improvisation Therapy* (The Alvin Model),

⁹ For an extensive presentation of communicative musicality, see Malloch (1999) or Malloch & Trevarthen (2009).

¹⁰ Note that Wigram (2004) uses the term "clinical improvisation" to describe music therapy improvisation. This term was nonetheless considered appropriate to apply as it does not refer to a specific model or approach to music therapy.

Analytically Oriented Music Therapy (The Priestley Model) and, *Creative Music Therapy* (The Nordoff – Robbins Approach) (Bruscia, 1987, Wigram, Pedersen & Bonde, 2002).

3. Theory on Flow in Music Therapy: Literature review

At the initial search for literature I searched Bibsys-Ask, PsycLit, Nordic Journal of Music Therapy, Voices and Google Scholar.

Key words I used were *positive, psychology, flow, music, therapy, improvisation, experiences* and different combinations of these.

After doing the initial searches, I used an “*imaginative approach to research*” (Hart, 1998, p. 29), which means that I followed any link or reference that seemed remotely interesting (Hart, 1998). I looked to the literature list and list of content of the key researchers on the field, leading me to other books, chapters, articles and other publications. The greatest challenge then was to evaluate which were the most relevant texts, and knowing when to stop following a “line”. The key is to adopt a “*questioning and critical attitude*” (Hart, 1998, p. 30); what is the publisher or journals reputation? Does the literature list comprehend relevant literature on the topic? Another technique I have used to point out core literature is *citation analysis*; which text do other writers most frequently cite? These *core* works are useful to focus further research towards relevant texts (Hart, 1998).

The initiative search for literature showed that flow theory has already been introduced in theory on music therapy (Aigen, 2005, Stensæth, Ruud, 2010, Nebelung, 2010, Das, 2011, MacDonald et al. 2012), and in theory on music therapy improvisation (Ruud, 1998, Fidelibus, 2004, Stensæth, 2008a, 2008b, Nilsen, 2010). The idea of *optimal experiences* has also been discussed in the context of music therapy (Nilsen 2010), and some examples of adjacent concepts in music therapy publications are *meaningful moments in the music therapy process* (Amir, 1992), *pivotal moments* (Grocke, 1999) and *varme øyeblikk*¹¹ (Ruud, 2001). Kenny’s (2006) descriptions of “The Field of Play” and Bruscia’s (1995) descriptions of the different “Modes of Consciousness in Guided Imagery and Music” may also be described as optimal experiences, though they themselves do not apply this term.

In the following sections, I will present the literature and theory from music therapy that connects flow theory to music therapy improvisation.

¹¹ The English translations “hot” or “warm moments” are in my opinion neither accurate nor adequate, but provides an idea about what Ruud’s moments are about.

3.1. Nilsen: Can Flow Theory Inform Music Therapy, and How?

Nilsen (2010) wrote her master thesis in music therapy exploring theoretically if and how the concept of flow may inform music therapy. In her summary she writes (own translation)

“For music therapists, who meet their clients here-and-now, the theory of flow may be a support and an argument for promoting health by making use of the client's maximum potential. The music therapist can, through conscious use of music and the properties of the interpersonal relationship, work towards making improvisation and music an autotelic activity and promote flow for the client. Examples of such work is to give the client large but manageable challenges, providing balance between clear rules and room for creative expression, as well as taking the client's personal preferences into account, hoping that the client is experiencing the interaction as meaningful. This will not guarantee that the client experiences flow. Therefore, an open and empathic communication with the client verbally and / or non-verbally is required, allowing the client to be active in, and conscious about their own therapy process.” (Nilsen, 2010, pp. 56-57)

Nilsen studied Trondalen's (2004) theory on “significant moments” in music therapy.

Trondalen's (2004) theory evolved from her doctoral studies of music therapy improvisations and how young people with anorexia experience it. She describes these moments as temporally delimited sequences that have distinct attributes that involve embodied musical experiences with high degree of vitality and musical flow. The musical attributes are rhythmical breaks, heightened intensity, and repetition of musical themes on top of a steady rhythmical drive. She emphasizes that the client has the initiating role, and the therapist acts as a support (summary from Trondalen 2004, p. 417, own translation). Trondalen found that experiencing such moments seemed to have positive effects for the participants (Trondalen 2004). She writes about *intersubjectivity* and *thirdness* (Benjamin, 1990, 2004, Trondalen, 2004, 2008, Nilsen, 2010). *Intersubjectivity* may (in short) be described as a relational dimension that exists in the space between two people, and holds qualities such as emotional sharing, mutual recognition, and common focus (Benjamin, 1990, 2004, Trondalen, 2004). In the process of mutual recognition, there may arise a symbolic space that enables attuning and connection between people. This space is called *thirdness*, and takes into account both mutual accommodation and mirroring (Benjamin, 2004, Trondalen, 2008). These aspects will be further explored in chapter 6.

Trondalen uses the words “flow” and “flowing” several times in her thesis without actually referring to flow theory (Nilsen, 2010). Nilsen concludes that the significant moment is not necessarily identical to the flow experience, but points out several elements that they have in common: creation of meaning and coherence, the distorted sense of time, dedication to the activity, enjoyment and motivation. Trondalen writes about playfulness in the

significant moments, and a balance between “safe” structure or framework and room for playfulness, exploration and creativity within these frames (Trondalen 2004, Nilsen, 2010). This indirectly indicates the constant feedback, which is so important in the flow experience (Nilsen, 2010). Nilsen points towards the aspect of balancing the challenges and control. Here, she writes, the flow experience may fall short in that the significant moments per definition is a *shared* moment. This is an aspect that distinguishes significant moments from the flow experience (Nilsen, 2010, p. 53).

Nilsen proposes that improvisation might be an autotelic activity, and that there might be connections between improvisation, play and the flow-experience. She also proposes that an improvisation may offer a sense of *order*, and wonders if the “groove” might work as a marker of this order (Nilsen 2010, p.41).

3.2. Fidelibus: ”The Third Space”

In 2004, Fidelibus completed his PhD titled “Mindfulness in Music Therapy Clinical Improvisation: When the Music Flows”, a qualitative study of ten music therapists who all used music therapy improvisation as primary method in their work with clients (Fidelibus, 2004). The starting point for his study is remarkably similar to the starting point of the present study. But as the work progressed, his focus shifted somewhat to “*the therapists’ conscious process in the musical interaction*” (Fidelibus, 2004, p. 18), and turns towards Eastern philosophy and elements of meditation (Fidelibus, 2004, p. 32). Despite this slight turn in focus, this work is still very relevant to the topic of this current thesis.

Fidelibus’ doctoral work resulted in what he presents as a “*model of clinical improvisation*” (Fidelibus, 2004, p. 204). He introduces new concepts to describe and understand the elements of music therapy improvisation (independent of the therapists’ theoretical perspective). The model is complex, but simplified it comprehends “*three phases of the therapists’ clinical improvisation experience*” (Fidelibus, 2004, p. 35):

1. “*Starting Where You Are*”
2. “*Getting to The Point*”
3. “*The Point*” (Fidelibus, 2004, p. 35)

“Starting Where You Are” encompasses everything that the therapists bring with them into the therapy room; personal and professional experiences from life and music, musical skills, musical knowledge and music identity (Fidelibus, 2004). Fidelibus describes “*music as second nature*”; to be able to let go of technical and harmonic conventions and just *feel* and be *present* in the music (Fidelibus, 2004, p. 50). This requires flexibility and high level of

musical mastery on primary instrument. The therapists describe a form of *interdependency* between focus and skills; “Simon” states “(...) *when my focus is pure and balanced, my skills are available to me in the moment*” (Fidelibus, 2004, p. 48). In short, “Starting Where You Are” creates a picture of elements and thoughts that may enhance or inhibit processes in the improvisation.

“Getting to The Point” is an extension of “Starting Where You Are”, where the unbalanced elements may be explored, negotiated, adapted and tweaked. This is a process of establishing a connection between the therapist and the client (Fidelibus, 2004). “*This musical exploration began to move to a phase where the therapists started to relinquish thinking about what to play, and attend to the subtleties of their clients’ moment to moment movements with greater precision, with an evenly balanced attention*” (Fidelibus, 2004, p. 105).

“The Point” refers to a specific moment in the musical interaction where the experience shifts and becomes qualitatively different, and the creative process takes a different character than previous to “The Point” (Fidelibus, 2004). Attributes to “The Point” (as described by the therapists) include a feeling of being absolutely present in the moment, a sense of the music playing by itself, independently, loosing the sense of time, and a shift in how they perceive the client – pathology is overshadowed (Fidelibus, 2004). The therapists describe “The Point” as having “*time and space dimensions in a metaphysical sense*” (Fidelibus, 2004, p. 111), i.e. it is hard to define what it *really is*. Some of the subheadings are very useful to get an understanding of what “The Point” is: “*In the Space*”, “*Just Listening*”, “*Just Letting Go*”, “*Deeply Involved*”, “*Shifting Perceptions*”, “*The Joy of this Moment*” (Fidelibus, 2004, pp. 127 - 143). Knowing what we do about flow theory (Csikszentmihalyi) and group flow (Sawyer, 2007), there are clear similarities in these subheadings.

In the further reflections, Fidelibus presents the idea of “The Third Space”, where the musical worlds of the client and the therapist merges in “Playing on Being” (Fidelibus, 2004). The Third Space is dependent on “mindfulness” or a “mindful state of mind”. “*To be mindful means that the therapist is directly experiencing the present musical moment. He is directly experiencing himself, the client, the music of the therapy dyad*” (Fidelibus, 2004, p.208). Fidelbus looks to Eastern philosophy and Zen-practise to explain the origin of the Third Space. The third space will last as long as the mindful state of mind ((Fidelibus, 2004).

3.3. Improvisation as ”Play”

Nordoff and Robbins (2007) write about “the music child”, and how humour, playfulness and pleasure plays an essential role in encouraging and motivating the child to engage in music

therapy (Nordoff & Robbins, 2007, Stensæth, 2008b). The play-like character of music therapy improvisation as applied in creative music therapy makes activity seem harmless and enjoyable (Stensæth, 2008b). Stensæth (2008b) emphasizes these elements in her discussion around the Norwegian pun “kjær-leik”. “Kjærleik” is one of the Norwegian words for “love” that translated would hold the English words “dear” and “play”. The children’s play is a *here-and-now* activity, and is directly motivated by the intrinsic joy of the playing itself (Csikszentmihalyi, 1975, 1993, Stensæth, 2008b). Csikszentmihalyi (1975) states that “*play is the flow experience par excellence.*” (p. 37). *Play* allows the actors to step out of the rational world, and embrace spontaneity, the fragmented, the simultaneous, and the impulsive - the “carnival” as Stensæth puts it (Stensæth, 2008a, 2008b). What may seem like chaos is exactly what creates meaning and establishes new relationships (Stensæth, 2008b). Stensæth suggests that (as play) improvisation may be a *venue* for the carnival, that these “carnivalic” elements may have a revitalizing and motivating effect, and therefore a therapeutic value (Stensæth, 2008b, Nilsen, 2010). Stensæth connects music therapy improvisation to flow in their common orientation towards process rather than result (Stensæth, 2008b).

There are some ways in which music therapy improvisation and play are different: In music therapy there is a dichotomy, and a dissymmetric relationship between the client and the therapist. The client is in need of some kind of help or support, and the therapist is there as “the expert” (Stensæth, 2008b, Rolvsjord, 2010). On the other hand, a humanistic perspective implies that the relationship between a client and a music therapist builds on *mutuality* (Stensæth, 2008b, Ruud, 2010). This is also an important aspect when Ruud (1998) discusses improvisation as a *ritual*.

3.4. Music Therapy Improvisation as a *Ritual*

Even Ruud (1998) writes about music therapy improvisation as a *ritual*, a sort of transition that reconstructs social structures¹². He explains:

“Improvisation can also be seen as creating an opportunity for change, transformation, and process to come into focus. In this sense, improvisation means to get not just from one place to another but from one state to another. It means to change one’s relationship with other people, phenomena, and situations – even ones relationship with oneself. Therefore, we can see it as a transitional ritual, a way of changing position, framework, status, or states of consciousness” (Ruud, 1998, p. 112).

¹² Kenny (2006) also writes about music therapy as a ritual, but because the focus in this section is music therapy improvisation, I will not go further into this.

Ruud (1998) introduces the anthropologist Victor Turner and his work on the *liminal*¹³ process or period, which may occur in a transitional ritual (Ruud, 1998, p. 120). The liminal state is by definition an ambiguous state, being “*neither here nor there, betwixt and between*” (Turner, 1974, p. 232). Turner observed that people who experienced the liminal state *together* seem to develop an intense friendship where the differences that existed before or outside the liminal period disappear or become irrelevant (Turner, 1974). This social phenomenon is called *communitas* (Turner 1974, Ruud, 1998, Aigen 2005, Ansdell, 2010), and may occur in musical improvisation (Ruud, 1998, Aigen 2005). Thus, *if* musical *communitas* is created in a music therapy improvisation, it may change the relationship between the client(s) and the therapist. Ruud (1998) suggests that when we experience flow in improvisation, the flow state may provide a “*space without categories*” (Ruud, 1998, p. 122), a “void” that may hold the transformation or the *communitas*¹⁴. Aigen (2005) characterizes this as a potentially essential tool for music therapists. Flow differs from void in its inherent positive properties (Csikszentmihalyi, 1975, Nilsen, 2010). Void implies a *meaningless* state that may hold a crisis. This may be a chaotic and confusing and even frightening experience (Turner, 1974, Ruud, 1998). Nonetheless, void and liminality are interesting and appropriate to consider when studying flow during clinical improvisation, because, they hold aspects that have similarities to the flow experience.

4. Method

4.1. Research Question and Design

The purpose of this study is to explore how music therapists experience “flow”. The research question was therefore formulated as:

What do music therapists say about experiences of flow during improvisation in music therapy?

I adopted a qualitative interpretive approach, as the nature of the subject of interest – *the experience of flow* - invites to a descriptive method. The qualitative interview was adopted as primary method for generating research data.

¹³ from Latin “limen” or “threshold” (Ruud, 1998, p. 120)

¹⁴ To read more on liminality, void and *communitas* in improvisation, see Turner (1974), Chapter 8 (p. 117 - 140) in Ruud (1998), or Aigen (2005)

The research data was generated and collected at two points: first, in an oral semi-structured interview (using “skype”¹⁵) that was audio-recorded and transcribed, and second, in a following written open-ended interview (using email).

Five music therapists were asked to participate based on several criteria of inclusion and exclusion, developed and designed to encompass the topic of interest of this particular study. They signed an informed consent (see section 10.2. in Appendix) where they were informed about implications for participation (practically and personally) as well as potential risks and benefits. This information sheet also included information about the subject of interest to the study.

Thoughts from both phenomenology and hermeneutics were important during the process of doing an Interpretive Phenomenologic Analysis (IPA) of the empiric data.

In the following sections each element in the research design will be presented in depth, starting with some philosophical reflections.

4.2. Qualitative Research

Qualitative research is often presented as the paradigm “opposite” to the quantitative research paradigm, and described by stating the differences between these two (King & Harrocks, 2010). In the scientific field of music therapy, both quantitative and qualitative methods are common, as well as mixed methods (combination(s) of the two approaches) (Wheeler, 2005).

Quantitative researchers seek to capture empiric knowledge by objectively studying measurable concepts and controlled variables (Wheeler, 2005). This paradigm grew from the positivistic view of the world, and the objective is to find the *correct version of the reality*, i.e. that the findings can be generalized from one context to another (King & Harrocks, 2010, Wheeler, 2005).

Qualitative researchers see the collected research data as inseparable from its context. The qualitative researcher seeks to capture empiric knowledge, but accepts that there might be *multiple versions of the reality* (King & Harrocks, 2010). In qualitative research, the empiric knowledge is “constructed” by the researcher subjectively interpreting the collected data, and the researcher is thus the primary instrument of the research (Wheeler, 2005). Essential elements in qualitative research are *description* (of the subject of interest), *interpretation* and

¹⁵ “Skype” is an internet-based communication tool that allows synchronous video interaction at a distance, over the Internet. This is referred to as *remote video technique* in this study (King & Harrocks, 2010). To use “Skype” the way in which this study implies demands a microphone, speakers or headphones and a web camera (the things mentioned are normally built in relatively new lap tops and computers). See www.skype.com.

subjective understanding (Trondalen, 2004). *Understanding* is “inevitably linked to the researchers’ situatedness as a human being” states Stige, Malterud and Midtgarden (2009).

4.3. Epistemology and Methodology

How do we know what counts as “*knowledge*”? The epistemology tells us about the philosophical theory of what knowledge is and how it may be accumulated (King & Harrocks, 2010). The starting point for this study is the participants’ *subjective experience* of musical improvisation, and this points in direction of the phenomenological philosophy of science. Phenomenologists focus on understanding the *essence* of a phenomenon (King & Harrocks, 2010, Alvesson & Sköldbberg, 2009), i.e. making sense of experience (Larkin, Watts & Clifton, 2010).

Phenomenologists have argued that we need to examine two aspects of the phenomenon of interest: “*what do we experience?*” and “*how do we experience it?*” (King & Harrocks, 2010, p 177). Put into the context of this study the questions are “*What do music therapists experience in music therapy improvisation?*” and “*how do they talk about it?*”.

The phenomenologist seeks to *understand* rather than to explain (Ruud, 2005), and claims that - through the analysis - we can deplete the phenomenon of the individuality and find the universal essence, the *invariant structure* (Alvesson & Sköldbberg, 2009, King & Harrocks, 2010). This claim is widely discussed among phenomenologists; to what extent is it possible to “switch off” our preconceptions? (King & Harrocks, 2010). Modern phenomenology takes the *human* aspect of the researcher into account, and pleads that total objectivity might not be possible (Ruud, 2005). Humans are *intentionally*¹⁶ and *inevitably* connected to the world (King & Harrocks, 2010). Yet the phenomenologist emphasizes the importance of being as objective *as possible*. In the process of phenomenological research, the researcher takes a “step back” to identify her conceptions of the phenomenon. This is called the *epoché*, and is essential in working towards setting aside beliefs and preconceptions in the process of collecting and analysing the research data (Grocke, 1999, King & Harrocks, 2010).

With this research project I aim at understanding how music therapists experience a phenomenon, as well as how the words that they use relate to theory about the same phenomenon. The collected research data is the *words* that music therapists use when describing and talking about a subjective experience. It is important to take notice that the

¹⁶ *Intentionality* in the context of phenomenology refers to the notion that we - as humans - at all times are *conscious of something* (King & Harrocks 2010).

collected data is thus the verbal representation of music therapists' experiences. It is already an experience that has been interpreted¹⁷, analyzed and represented in words, and communicated. It is thus a process of many stages of analysis; from the music therapists' experience to the final verbal representation and results.

Hermeneutics is the study, theory and practise of interpretation of texts to understand their meaning (Kvale & Brinkmann, 2009). It closely related to phenomenology in the strong focus on the subject of interest, and finding the essence of it (Kenny, Jahn-Langenberg & Loewy, 2005). One difference between the two is that phenomenologists seek to be as objective as possible, whereas hermeneutics embrace the fact that the researcher is an inseparable part of the research context (Alvesson & Sköldberg, 2009). A main theme in hermeneutics is that "*the meaning of a part can only be understood if it is related to the whole*" (Alvesson & Sköldberg, 2009, p. 92). Martin Heidegger (1889 – 1976) presented a *hermeneutic phenomenology*, claiming that having a preconception is a part of being in the world or being human, and is not something one can step in and out of (Lavery, 2003). One needs to be aware of the preconceptions and account for them in the interpretive process (Lavery, 2003).

The hermeneutic phenomenology is where I recognize my point of view. Hermeneutic phenomenology is – as phenomenology – interested in the human experience as it is lived. In the process of working with this master thesis, to *understand* has been important though all stages - especially in connection to my preconception of the topic. This project incorporated thus six people who all had personal experiences of the phenomenon *flow*. Staying objective in this situation, or claiming to be able to stay completely objective would be unwise and probably impossible. But throughout the project I have tried to be *reflexive* and *transparent* about my preconceptions and methods (Abrams, 2005)

4.4. Purposive Sampling

As this study aimed at understanding/exploring how a certain group of people experience a certain phenomenon, random sampling was not an appropriate sampling strategy. A purposive and somewhat homogenous sample of participants was required. The study therefore aimed to include five participants who all were educated music therapists. This number of participants is appropriate to the chosen method (Larkin et al., 2010). Including five participants would

¹⁷ I often confuse the words *analyzing*, or *analysis*, and *interpretation*. According to Oxford Concise English Dictionary (2006), to *analyze* is to examine something in detail in order to interpret or explain it. An *interpretation* is explanation of the meaning of something (OCED, 2006). My understanding is then that the analysis is the *process* of interpretation.

allow for some to fall out along the way, but possibly have some variety in perspectives on the phenomenon of interest.

The selection of participants was done through several processes. The researcher's thought was to include participants who would represent different perspectives in music therapy; who work with different client groups, from different traditions, different educational institutions etc. Therefore, it was decided to invite/include music therapists from five different countries. After a long process of contacting music therapists around the world, the project finally included participants from Australia, Finland, Canada, USA and Great Britain. None of the participants left the study before it was finished.

The potential participants received a document with information about what their participation would imply, as well as potential risks and benefits associated with the study (see Section 4.8). In hermeneutic phenomenological research it is essential that the participants actually have experienced the phenomenon in focus of the study, in this case *flow* (Lavery, 2003). As described in Chapter 2 and 3, many music therapists, music therapy researchers, musicians and people in general talk about "*flow in music*" or "*when the music flows*". Sometimes the word *flow* is used to describe the musical aspects, and sometimes to describe the experience while listening to or performing music. One can read about *flow* in published literature without any reference to core theorists and publications. This *flow* might be the same as the flow that was theoretically described by Csikszentmihalyi (1975, 2009), but one cannot be sure. Because of this non-theoretical way of talking about flow, some information about flow theory and core literature was included in the information sheet.

Because it was essential that all the participants actually had the possibility of having experienced flow during music therapy improvisation, it was necessary to state some criteria of inclusion and exclusion.

4.4.1. Criteria of Inclusion

There were four criteria of inclusion to this study:

1. The participant is educated and certificated *music therapist*.
2. The participant has worked as a music therapist for five years or more, using *improvisation* as a method in their work with clients.
3. The participant is able to *communicate fluently* in English, both verbally and written.
4. The participant has access to a computer with Internet connection and possibility of using Skype.

4.4.1.1. *Comments on the criteria*

In Norway, *Music Therapist* is not a formally authorized professional title such as Physician or Dentist. This implies that anyone could call himself or herself a music therapist. This is why one of the word “educated” is included in the criterion.

The participant should have experience from several years of work as a music therapist. This criterion is important, to ensure that the music therapist talks out of his or her own *experience* and not only out of assumptions based on literature, or other music therapists etc. This criterion also insured that the participants regularly use improvisation as technique when working with their clients.

As this study aimed at including music therapists from different corners of the world, it was important that the participants understand and can communicate in the English language, though they were not presented to any test.

Criterion number 4 is simply a practical criterion, but it is nonetheless important. As the participants was interviewed from a long distance, it was crucial that they had access to the communication tools that was necessary to conduct an interview when the parts are physically separated by hundreds of miles.

4.4.1.2. *Elements that were not included in the criteria*

The aspect of *age* was not included in the criteria of inclusion. This might at first seem out of place here, however, studies show that age may be one of many factors that affect the frequency of flow experiences. It seems that older people experience flow in a larger variety of activities than younger people (Csikszentmihalyi, 1975, Csikszentmihalyi & Csikszentmihalyi, 1988). As this is an aspect of flow theory that is not studied explicitly, age was not included as a criterion for this study (though one can say that criterion number 1 demands a certain age). Gender and social class are other factors that seem to affect the frequency of flow experiences, but for the same reason as age, these are not included as criteria of inclusion or exclusion in this study.

4.4.2. **Criteria of Exclusion**

It is necessary to include three simple criteria of exclusion, as some participants may fulfil the criteria of inclusion, but would still not be advantageous to include in the study.

1. The participant no longer works as a music therapy clinician.
2. The participant has not used improvisation in his or her work the last five years.
3. The participant has no interest in the concept of *flow* and/or how it may be related to music therapy.

4.5. Generating Data

As already mentioned, this study adopted the qualitative interview as primary method for generating data. A qualitative interview may take many forms. In this research project, both semi-structured and open-ended interviews were conducted (see Section 10.3. in Appendix for Interview questions).

4.5.1. Semi-structured Interviews

The flow concept was developed through qualitative work, and has been widely studied using semi-structured interview method (Csikszentmihalyi, 1975, 2009). “*The semistructured interview provides a holistic, emic account of the flow experience in real-life contexts.*” (Nakamura & Csikszentmihalyi, 2009 p. 198).

When conducting a semi-structured interview, the researcher has a “shopping list” of questions or topics that she wants to ask the informant (Robson, 2002). The semi-structured form gives the researcher freedom to adjust the question to “fit” the informant, and to ask exploring question to get a precise understanding of what the informant wants to express (Kvale & Brinkmann, 2009). This is also called “probing” (King & Harrocks, 2010). See Section 10.3.1. in Appendix for interview guide.

In the qualitative interview situation, the interviewer may be seen as a *traveller* or a *miner* (Kvale, 2009). When doing a semi-structured interview it is suitable to think of the interviewer and the participant as *fellow travellers*, exploring and reflecting together. In the first round of interviews my position as a researcher matches this description. The road may take unexpected turns, and the travellers may end up in a place that was not planned (Kvale & Brinkmann, 2009).

4.5.2. Using Remote Video Technique in Interviews

The remote video interviews were conducted using Skype, and was audio recorded, using digital audio recorder.

Using remote video technique to do interviews has both benefits and detriments. The required equipment is not at this point available to everybody, and may result in exclusion of participants who might otherwise bring important contributions to the study. It may also propose problems if the Internet connection breaks or is not sufficiently fast. A risk is also that the video or sound quality is not sufficient for the two parts to understand each other (King & Harrocks, 2010). Despite these factors it was considered to be beneficial to use this technique in the current study, as travelling around was not possible. Through living abroad I have countless positive experiences of using this tool for communicating across borders. I

experienced twice that the connection broke for a few minutes, but both interviews were continued and finished. In a few cases I had difficulties understanding the recordings. These are marked in the transcriptions (see Section 4.6).

4.5.3. Written Interviews

The email interviews were conducted after the first interviews were transcribed. The intention was that the researcher would have the opportunity to ask exploring questions to elements that came forth in the first section of interviews. This may thus be considered a step in the process of analysing the empiric data. The research design also allowed the participants to explore and reflect around the topic of the first interview. They even had the possibility talk to friends or read about the topic of interest between the interviews. The participants were not asked about this, and some may not have thought about the topic at all since last time.

The email interview was considered beneficial in the second round of interviews for various reasons. An e-mail (written) interview may generate different aspects compared to an oral interview because of the difference in level of intimacy between the participant and the interviewer. There is evidence that people generally are more self-disclosing about personal information online than face to face (Joinson, 2001). However, the participants' opportunity of to self-censure is greater, and may result in less openness. Undoubtedly, the participants have to a much greater extent the opportunity to think through their use of words and author their answers.

Receiving the interview questions by e-mail allowed the participant to choose when to do it and how much time to spend on it. Concurrently, there is a greater risk that the participants are distracted or multi-tasking when writing their answers (King & Harrocks, 2010). It was also seen as beneficial that this method is much less time consuming for the researcher (organising meetings, transcribing recordings etc.), and the frames for the master thesis did not allow for more oral interviews.

The written interview included three questions of which two of them had sub questions. It was suggested in the information sheet that the participants could spend between 30 minutes and one hour for the second interview. There was no strict time limitations or a required amount of words; the participants were in the email encouraged to use as many words as they found appropriate.

The contrasting idea of the interviewer as a traveller is the *miner*. In this perspective the researcher is revealing knowledge that is already there (Kvale & Brinkmann, 2009). The *miner metaphor* is often connected to the positivistic approach to science, but may also be

seen in connection to phenomenologist's thoughts of searching for the essence (Kvale & Brinkmann, 2009). In the second round of interviews, my position may be similar to the manager of the mine, providing the participants with mining axes and the opportunity to travel into the mines.

4.6. Analysing Procedure

The five Skype interviews were done over a time span of four months. This meant that there was quite a long period of time between the first and the last interview. The interviews lasted between 27 and 67 minutes, and resulted in between 7 and 18 pages of transcribed text. In total: 55 pages of data material (Times New Roman, size 12, single-spaced text). The participants' answers in the written interview varied in length between 63 words and 540 words, and consisted in total of almost four pages of writing.

Each interview was transcribed continuously. The transcription was done at the semantic level; all words and sounds (giggles, "em", "hm" etc.) were included, as well as pauses (Smith & Osborn, 2008). In cases where I had to accept that I did not understand what was being said. I marked the gaps with (...) and named possible words like shown in King and Harrocks (2010, p. 148). In some cases the quotes were edited to aid comprehension. This editing was done with great care, according to guidelines and previous research projects (King & Harrocks, 2010, Krüger, 2012). Where the meaning of the sentence seemed to drown in words like "*kind of*", "*you know*", "*like*", they were replaced with "...". The quotes may still be challenging to read, and sometimes *the way things were said* was in fact important. I also omitted some of my own comments were they seemed unimportant. Comments that possibly may have influenced the participants' reflections are kept in the quotes. As four out of five participants had English as their first language, it was sometimes necessary to correct some grammatical mistakes in the quotes of the remaining participant to secure anonymity. Table 1 will provide an example of original transcription and edited text

Table 1

| |
|---|
| <p>Transcription:</p> |
| <p><i>P2: I think I end up in a state of flow a lot</i></p> |
| <p><i>Int: mhm</i></p> |
| <p><i>P2: em, it's, it's always a very dynamic environment, so for me the flow wouldn't necessarily be within a single musical piece, as a musician, but it might be, you know, transitioning, you know, it's in the bigger picture.</i></p> |
| <p>Edited text:</p> |
| <p><i>P2: I think I end up in a state of flow a lot ...It's always a very dynamic environment, so for me the flow wouldn't necessarily be within a single musical piece, as a musician, but it might be ...transitioning ...it's in the bigger picture.</i></p> |

I adopted the Interpretive Phenomenologic Analysis (IPA) as stance and procedural format for my analysing process (Smith & Osborn, 2008, King & Harrocks, 2010). Because this study involves interviews at two stages, the analysing procedure does not accord completely with the standard procedure. This is how the process of analysis evolved:

1. Reading through all the interviews in chronological order while listening to the recordings, correcting mistakes in the transcriptions.
2. Printing them out in the format of Table 2 (below), giving each column a function. 2nd read through in randomized order. This order was kept the rest of the analysing process and in this thesis. When reading through 2nd time, I took notes in the “Notes” column (see Table 2 below). This time I also sometimes went back to the recordings to check words that were unclear or did not make sense.
3. Reading through the notes and identifying themes.
4. Making mind map number 1, consulting with supervisor.
5. Organising the themes in a new document and adding the quotes that indicated the theme. Sometimes the quotes were present under two themes.
6. Read through and making of mind map number 2, consulting with supervisor.
7. Sending out written questions to the participants.
8. Pasting all written interviews in one document, printing them out, read trough.
9. 2nd read through, underlining words that I found important and interesting.
10. Making of mind map number 3. Some adjustments in the themes.
11. Writing of Chapter 5 and 6; making unknown number of mind maps, discussing with supervisor, moving between the data and theory.

All along I took notes of the course of my steps.

Table 2

| INTERVIEW | NOTES | THEMES |
|--|---|--|
| Transcribed text – participant and interviewer’s words | - Summary of the section - Researcher’s immediate reflections | Some words that describe what the participant is talking about |
| Example: | | |
| <i>P5: so I think absolutely we were relying on rhythm, but it’s not necessarily like now it all has to be in, you know, a certain time signature that’s gonna be a strict tempo. Int: mhm</i> | - Not connected to a <u>certain</u> time signature or tempo - There is always rhythm, but it may | The music |

| | | |
|--|--|--|
| <i>P5: right? I think, em, rhythm is there, but is doesn't have to be quite so structured. And I think even that flow allows us to, to escape that structure a little bit.</i> | be less structured - Freedom within the frames? | |
|--|--|--|

4.7. Evaluation of Method and my Role as a Researcher

The article “Toward an Agenda for Evaluation” (Stige et al., 2009) presents the acronym EPICURE that serves as a checklist for evaluating qualitative research.

The first cluster, EPIC, refers to the challenge of producing substantive stories based on engagement with a phenomenon or situation, processing of empirical material, interpretation of the evolving descriptions, and critique in relation to research processes and products. The second cluster, CURE, refers to the challenge of dealing with preconditions and consequences of research, with critique, usefulness, relevance, and ethics related to social situations and communities (Stige et al., 2009, p. 1507).

I will evaluate this study according to the first cluster as well as ethics here. CUR (Critique, Usefulness and Relevance will be evaluated in Section 8.1.)

Engagement has to do with the researchers' relation to the phenomenon of interest to the study. This relates to *reflexivity* (Abrams, 2005, Ruud, 2010), which is a central theme in qualitative research and sweeps through the whole EPICURE acronym (Stige et al. 2009). It is essential that the researcher is sensitive to and reflects around his or her relation to the different elements in the study; the participants, the context of the research, the subject of interest, as well as personal motives, assumptions, interests etc. (Trondalen, 2004, Stige et al. 2009). In this way the researcher can prevent preconceptions being misinterpreted as findings. I see this point as particularly important for this study, for two reasons: Reason number one: I decided to study the topic of flow because I have experienced flow while engaging in music therapy improvisation, and was fascinated by the flow concept. That is to say, I had a preconception of the topic. I have constantly tried to remind myself that the aim of the research project is not to confirm my preconceptions, but to understand how other music therapists may have experienced the same phenomenon. Reason number two: The roles which I had in the different stages of the research projects were many and I often had multiple roles at the same time. For example in the interview situation, my role in relation to the participant was first of all a complete stranger on a screen, secondly a student interviewing a music therapist, thirdly a researcher interviewing a participant.

Processing refers to the process of accumulating, organizing and analyzing research data (Stige et al. 2009). For this research project, processing encompass everything from

selecting the participants and creating the interview questions, to analysing the material and describing the results. Systematic effort, precision and reflexivity (again) are important elements to the processing of the empirical material, particularly in relation to securing the anonymity and integrity of the participating music therapists. I have done my best to handle every step in the process with care and respect. I have kept a small notebook with me noting my steps in the process, not to forget what I have done (and not done). I tried to be sensitive when creating the criteria of inclusion, the information sheet, and interview guide. The questions in the interview guide were formulated in a non-persuasive way. As an interviewer I tried to be very sensitive to my responses, and ask deepening questions (probes) to make sure I did not misunderstand the participant in favour of my preconceptions.

Interpretation involves the act of identifying the essential elements in the research material (Stige et al. 2009). When analysing the material I had to pay attention to the information that emerged that was not expected. At times I was disappointed by the results, and my views differed from those of the participants. This forced me to reconsider my conceptions and being careful to include all perspectives. This relates to *Critique*. Critique involves both self-critique and social critique. Self-critique is most important to in the current study. Sensitivity and reflexivity towards my preconceptions has been present in my mind throughout the process, and have been a source of many “ups and downs”. When reading and trying to understand critics and contradicting statements, I sometimes had to go back to the start to remind myself why this topic is even interesting or relevant.

Social critique is important if the results or consequences of the study imply social change. If so, it is essential to evaluate whether this is positive and useful to the participants and the community (Stige et al. 2009). The purpose of this study is not to change a phenomenon, but to try to understand it. Usefulness is thus a more relevant discussion than social critique.

Ethics is concerned with the potential risks of a study. Are there any questionable elements in the study? The safety of the participant is always priority number one. In the following section I will consider and evaluate the ethic aspects connected to this study.

4.8. Ethic Evaluation

This process often connected to considering potential risks and discomfort associated with participation assessing them against benefits. There may be risks associated with any study, but the risks were considered minimal in this study. There were no foreseeable risks and/or discomfort associated with participation.

The expected benefits associated with participation were the opportunity to reflect around specific experiences in musical improvisation, and possibly gaining new knowledge about the theory of flow. The participants will also get the opportunity to read the results of the study, and this might contribute to a deeper understanding of their daily work.

Prior to signing the consent declaration (see Section 10.2. in Appendix), the participants were informed of the potential risks associated with their participation. They were also informed that they were free to leave the study at any time, without giving any reason.

The participants' name, personal information, or any information that could reveal the participants' identity was only known to the researcher and (in some cases) her supervisor, and is coded in this master thesis. The participants' gender is not hidden in the presentation of findings (Chapter 5), because it was not considered a threat to the participants' anonymity.

All information that is collected to the study was stored on an external memory stick that was stored in a secure place. When this project is finished, all personal information will be deleted.

There was established one Skype account and one email account only for this project, and this will be deleted when the project is finished, along with its content. This was done to prevent any blurring between personal and professional communication between the participants and the researcher. The participants were not asked to establish their own Skype account for the project, as both the accounts that connected them to the researcher and this study was to be deleted along with their contact information.

The Norwegian Social Science Data Services (NSD) approved the project. The date of completion of the project was changed from 01.08.2012 to 01.01.2012, and was approved 13.08.2012 by NSD (see Section 10.4. in Appendix). The reasons for the postponement were that the process of contacting and including participants took longer than expected, and that the researcher got an opportunity to get additional clinical experience.

There were no conflicts of interest registered in connection with this study.

5. Findings

When considering Interpretive Phenomenological Analysis it is important to get to know the participants and their contexts (Larkin, 2012). Therefore, some information around the participants and their work will now be presented:

Four out of five participants met the requirements of the inclusion criteria. One of the participants had only worked for three years as a certificated music therapist, but had worked

as a music therapist during his studies in music therapy, under supervision from a university professor. The music therapist was still invited to participate, because at the time when this became known the first interview had already started. Nevertheless this may be positive, because this implies that the study includes both long experienced and fairly recently educated music therapists.

The participants had worked between three and sixteen years as certificated music therapists, and they worked in both public and private practices.

Client populations with whom they had previously worked with varied from children and adolescents to adults, elderly and palliative care. Challenges they had met with their clients varied from special needs and developmental delay, autism, learning disabilities, mental and emotional health problems, traumatic brain injury and neurological rehabilitation, addiction recovery, long term and palliative care and dementia. Some of the participants at the time of the interviews worked in mental health care (children, adolescents and adults) and some worked with people with special needs.

All the participants used improvisation in their work with clients (both referential and non referential approaches were represented). Some of the music therapist presented improvisation as their main technique, and others as one of many techniques they would use/apply. They all used other techniques in addition to improvisation. Techniques that were mentioned were song writing, cued and/or structured playing, playing composed music, working towards performance, music listening, vibroacoustic therapy and guided imagery in music (GIM).

All the participants used a variety of instruments (both melodic, harmonic and percussion instruments). They all would most often improvise *with* the client, sometimes playing for the client, and sometimes listening to the client playing. These aspects were not heavily emphasized in the interviews, but are seen as helpful to get an idea about the context in which the participants worked in.

In the following sections, the themes that emerged through the process of analysing the qualitative interviews will be presented and commented. The findings put many elements to light, and they all seemed interrelated. Therefore, the process of differentiating and systemizing the findings was therefore challenging. Some themes that became visible were unique to the participant, but many seemed to be similar. I ended up structuring the data in three main themes with subthemes in all of them. Note that the data from both interviews is included in these themes. After each theme there will be a summary outlining the topics that will be elaborated in Chapter 6 (discussion).

Figure 2 provides an overview of the themes.

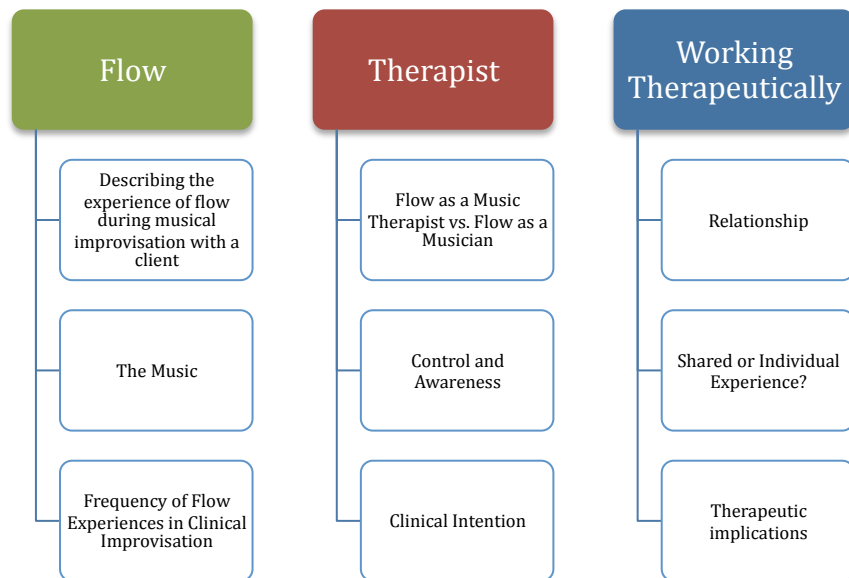


Figure 2 Overview of themes

What the participants *say* is the essential part of this section, as it is part of the research question; *what does music therapists say about flow during music improvisation in music therapy?* It is important that the participants' voice is heard. This section is therefore the longest chapter in the thesis. Some quotes were extensive in length, and considered too long to put in the text. When this is the case it will be marked in the text, and the full quotes from these selected passages may be found in Section 10.5 in Appendix.

5.1. Flow

All the participants had heard or read or even written about flow theory prior to joining this project. In the first interview I asked *“Have you experienced flow during musical improvisation with a client?”* and all participants answered some form of “yes”. This suggests that they felt they could tell if an experience was or was not a flow experience. The participants were asked to describe this experience.

5.1.1. Describing the Experience of Flow during Musical Improvisation with a Client

P5: ...My sense of being in that experience with the client.... it's almost like that's the magic of music therapy. If I can use that word in a not...you know, cheap way. It's like, actually the meaningful part ...what makes music therapy so distinct.

This is an extract of what participant 5 said when asked to describe the experience of flow during musical improvisation with a client.

Participant 4 touched upon many elements when describing flow (see full quote in Section 10.5 in Appendix). He starts out by saying:

P4: ...I suppose, very simplistically, this idea of not being stuck. Of...being carried along somehow, so it's not me deciding what note to play next, but somehow the music happens, and I feel carried along by it ...rather than me doing the music all the time. And a bit of both I suppose.

Int: mhm

P4: does that make sense?

Int: em, yeah...

Being stuck is about being “fixed in a particular position or unable to move or be moved” (COED, 2006, p. 1416). Here he describes an experience by stating what it is *not*. The opposite of being stuck is to be *loose* or *detached*. He continues by saying he feels “carried along”. Being carried implies being supported and/or being moved. Carried “along”, he says - “somehow”. He is supported and moved, and he does not seem to understand exactly how. The music *happens*, or partly *does itself*. I found this interesting and asked:

Int: ...so you're sort of carried away? By the music?

P4: ...Not being carried away but carried along. I suppose it's bit like a river ...and instead of there being no current in the river and you doing all the work, there's all of a sudden some current that helps you progress. I guess.

The metaphor of the river is interesting, and is also mentioned in the literature about flow (Csikszentmihalyi, 1993). Being carried by the current in a river could be frightening, but that is not the impression created here. Participant 4 describes feeling taken care of and no need to struggle to defy the current. The current *helps* him, and he does not seem to completely understand where this current came from. But he is not worried:

Int: ...so you feel like you have sort of control of the situation? As you described it as a river, and not...

P4: I think...I'm not out of control. I'm not, cause that would be scary. It's not ...frightening.

Here participant 4 touches upon an important aspect of the flow experience; it seems like the participants had difficulties describing and defining their feeling of *control* when experiencing flow. This will be further elaborated in Section 5.2.2.

There seems to be some ambivalence connected to more than one of the properties that the participants attribute to the flow experience. This applies to the aspect of control, and also to the aspect of *pleasure* that participant 4 continue to talk about:

P4: But there's a kind of ease, that comes from feeling that I'm part of something more than me somehow, that the music is doing something and I'm enjoying it. There's certainly a pleasure aspect to it.

The aspect of pleasure is central in flow theory, and there is some ambivalence connected to it. In some situations it may be appropriate, or even just what is needed, but can this feeling of enjoyment sometimes be counterproductive? This will be further elaborated in Section 5.2.1.

Participant 4 continues his descriptions:

P4: And sometimes there's a sense of being able to do things you didn't realize you could. Or things are happening that you didn't realize would happen.

Here participant 4 talks about experiencing himself in a different way, expanding his expectations of himself and the music he is able to make. This is a very interesting aspect, and it will be further discussed in Section 6.3. Participant 4 summarizes his reflections:

P4: ...I can think, for me in music therapy, of situations where I've kind of found myself playing in a style, being able to sustain style, which I didn't think I could. And it has something to do with my understanding of flow, because I find myself in this river of ragtime or whatever, and it just kind of happens and it keeps me going rather than me keeping it going.

The participants' descriptions vary in terms of focus. There are elements that are mentioned by several participants, and some that are unique to one of them. We have already seen some of the elements in the flow experience, and they will be systematically elaborated and discussed.

The aspect of time is an important one when trying to describe the experience of flow.

Participant 1 says:

P1: You kind of lose the sense of time in a way, when you are ...very deeply engaged in the music making.

All the participants were asked about the experience or sense of time when in flow, and the answers were somewhat similar. Participant 3 described time as “standing still” or being “frozen”, and others used words as “flexible” (Participant 5), “suspended” (Participant 2), Participant 2 and 4 talked about having a “reduced awareness of time”. Participant 2 proposes that maybe time becomes less important when the focus is very much in the present moment:

P2: ...I think that's because I'm just personally feeling very much in the present and therefore the time sort of becomes irrelevant, because our experience is just happening right now, and that's the focus.

Participant 4 associates the changed sense of time with flow, and also with something generally *musical*. He calls it “a musical experience of time”, and explains:

P4: ...that could work either way. It could be that you feel like you had an amazing experience in a short time, or it could be surprising that you spent twenty minutes in this thing that didn't seem to take that long at all. I think it does change your

perception of time. It's just different from clock time. I guess it's that chronos kairos thing ...the different experiences of time.

“Chronos” and “kairos” describes two versions of time: *Chronos* is the objective time that is measured in seconds, minutes etc. *Kairos* is the subjective experience of time and may be perceived differently from chronos (Trondalen, 2004, Stensæth, 2008a). The distorted sense of time is something that is significant to the flow experience (Csikszentmihalyi, 1975, 1988a, 1993), and supports the assumption that these participants are speaking of the type of flow that was defined by Csikszentmihalyi (1975)¹⁸.

5.1.2 The Music

An interesting question is whether the flow experience during music therapy improvisation is connected to a certain musical style. The music therapists who participated in this study could not point out any specific musical characteristic, rhythm, style, genre or instrument that was more frequently represented when experiencing flow. As participant 4 said, the flow experience seems to “go across” all of these parameters. More than one of the participants said that the music seems to take on a life of its own, and the people involved are just there together, enjoying it.

P4: it's easy and ...takes me along with it rather than me having to think “oh yes I'm going to have to play an F sharp in a minute”. It just kind of comes. And that is the most exiting kind of music making in a way, because it's kind of like you're just observing yourself and this s just happening in front of you. And, and that's why it's exiting.

The music may also be very varied, and change in intensity and quickness. They talked about different episodes playing with clients; grooving, playing chaotically, mellow, harmonic, atonal, fast, slow, even pounding the piano. What all the participants point to as significant is that there is a common understanding about the music or a feeling of *being together, attuned* or *synchronized*. Participant 3 draws connections to improvisational music:

P3: ...you know, it's like jazz. It's just like jazz. You know, people improvise, and they go off in these tensions and all sorts of ways, all sorts of places, but they're all still together.

¹⁸ The distorted sense of time, during music experiences in music therapy, has been described by music therapists (for example Amir, 1992, Aldridge, 2001, Trondalen, 2004, Aigen, 2005, Stensæth, 2007 and more). This will not be further elaborated in this master thesis.

5.1.3. Frequency of Flow Experiences in Music Therapy Improvisation

The participants were asked how often they experience flow during musical improvisation with a client. It might seem difficult to quantify this, but participant 3 estimated it to be one out of four sessions. Another participant states:

Int: ...how frequently would you say you have these experiences?

P4: m...(pause) fairly frequently

Int: mhm

P4: I mean ...not every session ...but it's definitely one of the things I would say I would hope for in working with someone.

One of the participants said that he seems to have these experiences more frequently with the clients he has worked with for a period of time, another one talks about experiencing flow more often with adults than with children, and with certain clients more often than others. What all the therapists who participated in this study agreed on, independent of each other, was that having a flow experience during a musical improvisation is actually special, and does not happen in every session.

5.1.4. Summary

The participants have described some properties of the flow experience. Words that have been used are “*not being stuck*”, “*carried along*”, “*keeps me going*”, and “*being able to sustain*”. To my opinion these words are all related to *motivation*. The participants describe a feeling of “*ease*” and “*pleasure*”. The music becomes “*easy*”, and they don’t have to think as much about what to play – the technical aspect of music. The aspects will be further explored in Section 6.1.

The participants say that the flow experience goes across genres, time signature and harmony. They describe flow as an “*in-the-moment*” experience, and how time is perceived as “*standing still*” and “*becoming irrelevant*”. One participant talks about flow as “*the magic of music therapy*”. These elements represent some of the intangibility of the flow experience, which will be further explored in the discussion (section 6.4.)

It is important to note that the participants say that they do not experience flow in every therapy session – it is *special*.

5.2. Therapist

The last section presented the therapists reflections around the properties of the flow experience. This theme is about the *therapist* in action and awareness.

5.2.1. Flow as Music Therapist vs. Flow as a Musician

Many of the participants talked about a difference in their flow experiences as *music therapists* and as *musicians*. Participant 2 seems to experience flow not just within a piece of music, but in the whole experience of music therapy. That is to say, the source of challenges that he meets is not only connected to the music, but to the overall context of music therapy:

P2: I think I end up in a state of flow a lot ...It's always a very dynamic environment, so for me the flow wouldn't necessarily be within a single musical piece, as a musician, but it might be ...transitioning ...it's in the bigger picture, it's like ...doing a song while I'm attending to different clients and then transitioning that song into another piece ...or just pulling in ...focusing at different clients at different times and sort of try to give people ...each person, cause I have ...I'll have between twelve and eighteen clients in a group ...so I try to make sure ...each client's needs are addressed just up to whatever degree I can. (...) In that regard, yeah I think there's a certain flow ...that I get into

Int: mhm

P2: but it's not just music ...it's the whole experience.

Other participants also talked about this aspect. This participant appears to experience flow both as a musician and a music therapist, at the same time:

Int: you mentioned that you've experienced flow both in music therapy and in music. Is there a difference between them? Or is it sort of the same?

P4: ...There's a difference in why you might want to achieve them, I guess.

Int: mhm

P4: When I am playing music with other people outside of music therapy ...it's much more ...about me enjoying myself, and having a nice time ...and ...I think the flow with other people particularly promotes kind of social relationship or like that stuff. In a music therapy situation I think ...I hope I would be thinking why an experience of sustaining something, or having an experience of doing something more than you can usually do would be useful to this client, at this time, in this situation. So it's more clinical thinking.

Int: mhm

P4: ...but I think the way in which flow happens in music is not any different. But then that's, I mean, in a sense I'm just repeating the Nordoff-Robbins mantra, cause that's ...the Gary Ansdell thing "music therapy works the way music works" and I think that's absolutely true.

These last quotes suggest that there might be two important aspects linked to this theme: roles and goals. *Goals* refer to the agenda of the activity. *Roles* concern the person who potentially will experience flow, and what responsibilities, challenges and abilities this person has.

Participant 5 says:

P5: ...I think that...flow, as a music therapist to experience flow in music therapy, is different than experiencing it...just ...if I was experiencing it as a musician ...you know, jamming with my friends for example. ...Because if I'm jamming with my friends, I can let go completely ...because I don't have a responsibility

Int: ok

P5: what I'm gonna do as a musician to make the music, I guess, but they can carry me for a while if they want. I can let, I can let it go. With a client, we have to always, for myself anyways, I have to always maintain at least some kind of awareness ...that, ok, I have to be aware of where might we be going, making sure this is ...gonna be a positive, or at least helpful experience for the person that I'm working with. ...Sometimes I can, we can, you know of course there's this dynamic of I'm supporting them, sometimes their music is supporting my music and that's helpful, but, well ...I can't let go enough to ...just to make sure that.....they're never always supporting my music ...musically? So ...letting go, yes, but...I can't let go as much as the client

Int: mhm

P5: in music therapy.

Here she talks about the difference between playing music or *jamming* with friends, and playing music with a client. The priorities seem to be different, because of the role and responsibility she has in the context. With friends, the intention of the activity is probably to have a good time, and her role in the context is a participant in a musical interaction. She says she feels no responsibility in that situation. In music therapy, the aim of the activity is to help her client to promote health in his or her life. I am not claiming that jamming with friends could not promote health, but that is a different topic¹⁹. In the music therapy situation the therapist is responsible that the activity is positive and useful for the client. In theory, the differences between these two contexts seem clear and simple, but participant 5 tells us that it might not be a simple matter when you are in the middle of it:

P5: So I don't ...as a musician get wrapped up in "ooh, what a cool chord, where can we take this", where it might go if it was with friends

Int: yeah...

P5: yeah ...but it's hard, it's hard

Int: yeah?

P5: because music will ...just take us away you know?

[...]

P2: So I'm working ...really hard especially during those moments to keep that professional "hat" on all the time

Int: mhm

P2: So ...actually my experience is that the client will have that even more liberating experience of "letting go" ...and for them to be actually in flow. That's what I would hope for them.

Participant 5 says that she is always aware of her responsibility in the interaction, even when having an experience of flow. She *wants* the client to have a different experience than her, a more free experience and to be "taken away" by the music, and as she says; she works *really hard* not to forget her responsibility as a music therapist.

¹⁹ Read for example Small (1998) or Gabrielsson (2008).

Participant 5 also talked about an experience she had during a role-play that she took part in. She played the role of a client struggling with anxiety, and a music therapy student was in the role of the music therapist. They then did a musical improvisation together. She stated that in that context she was able to “*let go*”, and explains

“...it was easier in that moment, also especially cause I was in the client role”

She says that she might have got the more liberating experience when “being” the client.

To summarize: this participant talked about three different roles she had experienced in musical improvisation: herself as a musician, herself as a music therapist and as herself in the role of a client. There are clear differences between the different roles that she had, but still, she expressed some challenges in holding on to her role in the music therapy setting.

Other participants also talked about their role in the therapy context. Participant 2 looks at it from a slightly different perspective, here talking about his *position* in the therapy situation:

P2: so holding on to a position, whether it's me and or you or me as the therapist and you as the client, or me as a certain type of instrumentalist and you as a certain type of instrumentalist, if I'm holding on to those roles I think that I'm ...limiting the experience.

[...] I have to make sure that I can leave my musician person a little bit behind ...and just flow into where they are musically and do what's appropriate for them for that situation.

This participant sees it as essential that he steps out of his position as a music therapist or a professional musician. He explains how this happens in what seems an almost natural way:

P2: I think the beauty of improvisation [...] and what is valuable about improvisation and particularly the state of flow is that for ...moments the roles do melt away and I think there's just a pure connection with another person or ...creative being, or you're both just creative beings, and you're there together as partners ...as equals. And I think that's, that's really valuable in music therapy for establishing ...well for a couple of reasons, one is that it possibly makes the client feel more free, ...unbound by any expectations or requirements.

Holding on, or letting go of the roles in music therapy relates to the aspect of control in the therapy situation, and also to the therapist's awareness of what is happening. This leads us on to the next theme.

5.2.2. Control and Awareness

The word *control* can be attributed both positive and negative properties. A *controlling* person might not be an easy person to interact with, but the feeling of having no control in any given situation may be frustrating and confusing (c.f. Mitchell, 1988, *alienation* and *anomie*). As

described in Section 5.1.1., participant 4 said he does not lose the control - “*that would be scary*”, he said. Participant 1 takes a different perspective and states:

P1: I feel that I'm not in control. I feel that we are creating something ...unexpected together, so that you don't know where it goes. You just have to trust that, that the music kind of carries you both in certain direction or somewhere, but ...I'm not able to control it, I don't feel it that way.

Participant 1 says that when experiencing flow, he cannot predict what is most likely to happen. It is acceptable that the situation is not in control, because the music will carry the people involved to somewhere appropriate. The words of participant 2 concurs:

P2: In other words you have to let go ...in order to allow yourself to be taken where that dynamic will take you [...] Let go ...of expectations and precepts and ...allow the music to dictate you know.

Three of the participants (2,3 and 4) have thus talked about *the music* taking partly or even totally control of the situation, and describing it as positive. The therapists in this study generally do not express fright of the flow experience, as maybe a feeling of total loss of control would do. Participant 3 enlightens a different aspect of the experience:

P3: ...there is no loss of control. It's so, and this, what I, you know, I, I have thought of flow for two years now ...and I, it just puzzles me, really puzzles me that it is so free flowing.... yet...so structured.

Int: mhm?

P3: it is free flowing, yet so constructed ...yeah.

The way which participant 3 talks about this (pauses, choice of words, “stumbliness” etc.) might say something about the intangibility of the experience. She seems to struggle to find the words that would describe what she intend to say. The word *constructed* means to “build or erect something”, and originates from the word “construere”. “Con” means “together” and “struere” means “to pile or build” (COED, 2006). What I read from this quote is that she is saying that the people who take part in the experience more or less deliberately *make* the experience what it is. It seems thus that this is an experience that is constructed by the people involved and contains elements of control, structure, and freedom.

When reflecting around the aspect of control during a flow experience, it might be useful to think about the difference between *loosing* the control, and *letting go* of the control. Is a person *aware* that he or she is letting go of the control? Or did the situation all of a sudden become uncontrollable? The participants were asked about their awareness and focus during the flow experience.

P4: I think, as a music therapist generally I try to cultivate sort of where I am and what I'm doing, but also an awareness of the situation and me in relation to the client,

sort of like an eye looking down or an ear looking down I suppose. And I think in those moments when flow happens you feel ...I'm very aware of both. I'm aware of "oh, I'm doing something I wasn't expecting" but also there is something going on here between us ...which isn't ...planned or deliberate, but something is carrying us along. So I think those, both those bits of awareness happen.

This participant seems to be able to be aware of what he himself is doing and how that feels, at the same time as being aware of what is happening in the interaction, both musically and relational. Participant 1 says that he is able to deliberately move his awareness between different elements in the therapy situation:

P1: I have tried to ...develop my attention skills so that I am able to ...move between different focuses. ...I'm able to go more into the music of client and get some ...stimuli from that, for my playing, but then also in moments, ...I try to be more aware of what happens inside of me when I am with the client and playing together. So I'm kind of moving between being more aware of myself and being more aware about the client's world.

Participant 5 stated that while in a state of flow, the awareness change in quality:

P5: ...like a third person looking down.

The participants all seemed to agree that the awareness changes to this more holistic and complementary quality. Participant 5 talks about the paradox that if you focus too much on having a flow experience, you actually risk losing it:

P5: ...I think to get to this place of flow it involves a certain amount of letting go, so that we can allow music to take us there. So my focus ...is different if we're in that place. I mean ...I'm aware that it's happening when these moments of flow, and these moments of real connection are happening, I'm aware enough to think "wow, this is really special, this is like, really happening". But if I start focusing on what's happening, too much, then it goes away, (giggles) you know? ...It's almost like ...we want to bring ...our clients there, and we, I use, clinical intention and awareness for that. But then when it's happening ...yeah, it transcends like the physicality of the experience, it transcends ... that we're two people in this small room playing the instruments. My awareness is much more about like the whole relationship, the music as a whole.

There seems to be some ambivalence connected to the therapist's role and self-monitoring during a flow experience. From what the therapists say there are elements that the therapists try to balance: being a musician and being a music therapist, keeping control and "letting go", and as shown in the last quote; if you focus too much on the actual flow experience, you risk losing it.

5.2.3. Clinical Intention

In the written interview the participants were asked if they as music therapists *do* anything to make their clients experience flow (see Section 10.3.2. in Appendix for the written interview questions). With this question I tried to find out if the participants deliberately lead their clients into a flow experience. The answers were interesting. Participant 2 writes:

P2: In this context, 'make' is probably a strong word. I would say that I 'encourage' a flow state by guiding my clients through a range of experiences, each with a slightly different challenge level.

Here the therapist acts as a *facilitator* that makes experiencing flow a possible outcome. To facilitate is making something easy or *easier* (COED, 2006). In this context facilitating is providing the circumstances that could enable and promote a flow experience. All the participants in this study try to facilitate the flow experience for their clients. The question is then: How do they do that? Participant 1 wrote in the second interview that he always tries to help the client into “*a mindful state*”, which he believes will help the client to experience flow. His strategy is thus to *prepare* or “make the client amenable” for a flow experience.

Participant 5 uses a similar strategy:

P5: ...I would say that there are things that we as music therapists can offer to prepare the environment for this kind of experience for our clients. For myself, I would like offer a therapeutic setting where the invitation to experience flow is present as a possibility for clients. I find it helpful to prepare myself as a clinician in my mind and in my heart. I try to maintain an awareness of my use of self and therapeutic presence that it is soft, inviting, holding, and authentic. I endeavour to be genuine in my own experience of the music and sometimes allow this to serve as a model to the person I am working with as a way to "let go" and "be in the music."

In addition to the strategy of preparing both herself and the *atmosphere* before the session, she also sometimes uses a technique while interacting in the improvisation: showing the client her genuine experience of “being in the music”. This may act as a model for the client, and help him or her into the flow experience. Participant 3 has another strategy to facilitate flow for the client. She writes:

P3: I make sure they are confident with playing a few basic patterns. Then I would say to them let's play our parts together, you'll play the part that we've just played together, and I'll play my part, I'll let you know which pattern to play. After directing them to play their parts, they get the idea, and often they are confident to play their parts without direction from me. Sometimes we would play our parts together for more than 10 minutes, and up to 15 minutes.

By creating some basic patterns in the musical interaction she provides some structure and a safe basis for the client to start exploring. Exploration relates to risk taking – to dear and do something that you are not completely familiar with. Participant 2 talks about this:

P2: ...achieving a state of flow is about taking risks, because you need to be pushing your boundaries out.

But, how do we encourage our clients to take risks? Participant 2 says:

P2: ...So I think that perhaps by modelling a playfulness and flow experience, which I think models playfulness, it models creativity, you know, it models ...creative problem solving. There's always a sort of forward momentum with flow.

Here participant 2 says many things; flow models playfulness and vice versa. It also models creativity and creative problem solving, he says. But what may be the most important aspects is what he says about “modelling playfulness”. Does modelling playfulness imply facilitating flow?

Participant 2 also mentions specific techniques that he uses in his process of facilitating flow experiences when writing:

P2: Some specifics include; increasing a decreasing tempo, dynamics, technical difficulty, musical difficulty, extra-musical elements, as well as adding non-musical elements, such as interpersonal interactions (talking, providing instructions, asking clients to form partners or small groups, etc.).

5.2.4. Summary

This section presents the therapists’ reflections around their role in the flow experience. The therapists reflected around differences in the flow experience during musical improvisation, in and outside the music therapy context. Achieving a flow state involves a certain amount of “letting go”, and “surrender” a bit to the music and to the musical interaction. There seems to be some ambivalence connected to the balance between “letting go” and attending to the goals and aims of the therapeutic process. The therapists’ awareness seems to change and become more holistic during the flow experience. It is a paradox that if you start focusing too much on your meta-experience, you risk that the flow experience ends. At times it seems that the therapists function as a *flow facilitator*. Some of the therapists mention specific strategies and techniques that they use before and during the session with the intention of facilitating a flow experience. These include preparing the environment (in-the-moment and long term perspective), preparing themselves and the clients, as well as taking use of specific techniques that they think would facilitate flow. This will be further explored in Section 6.2.

5.3. Working Therapeutically

Music therapists try to help clients “to promote health using music experience and the relationships that develop through them” (Bruscia, 1998, p.20). An important part of working therapeutically is thus to establish a safe and trustful relation to the client.

5.3.1. Relationship

The music therapists were asked if the flow experience change their relationship to the client.

P4: I think everything you do with a client can impact on the relationship; if you make them a cup of tea you can change your relationship with them. For good or for bad, basically. But, I think this, you know this feeling of flow which is so hard to get at ...is quite tangible. So I can say, “gosh I really felt sort of pulled along” or “I was surprised how we were able to sustain that” or something. I think when I have that experience, it affects my experience of the client. And when the client has that experience, it affects their experience and expectations of what we can do musically. So I think inevitably it’s a... I think it’s one of the most powerful experiences. I mean we talk a lot about sort of connections and things like that, and in a sense I guess flow is an extended connection ...whether it’s between two people, me and my experience of myself musically, so I think flow is quite big, it potentially has quite an impact on the relationship.

Participant 4 calls the flow experience an “*extended connection*” that holds the potential to effect the therapist’s and the client’s expectations of the therapeutic process. It might effect the expectations they have to themselves and each other and of what they can do together, he says. He also talks about the importance of remembering that anything and everything you do with a client may affect the relationship. A flow experience may well impact the relationships in music therapy, but so will many other elements in the context. This view is shared and emphasized by participant 5:

P5: To be honest I think that I feel like I’ve ...we have a bit more understanding about each other, after these experiences, I think because we’ve shared something, like, meaningful together.

She says that in the flow experience, she and the client shares something meaningful. She mentions it again:

P5: Meaningful, special, like, sometimes transcendent ...so, shared experience, if you share something that matters.

The word *transcendent* or *transcendence* means to “be or go beyond the range or limits of normal or physical human experience” (COED, 2006, p. 1530). This emphasizes the intangibility of the flow experience.

Participant 3 describes what seem to be *two stages* in the improvisation:

P3: ...it would be much, as a musical dyad, [...] and then there is a certain point where we both enter into a union, a communion ...and, it's magic!

A *dyad* is “something that consists of two parts” (COED, 2006, p. 447). A *union* is a “state of harmony or agreement” (COED, 2006, pp. 1578). A *communion* is defined as “the sharing of intimate thoughts and feelings” (COED, 2006, pp. 289). What I think she might be insinuating is that there may be two stages when entering a flow state during improvisation in music therapy: the starting point is two parts doing music or musicking together. Then there is a “point”, and after this point there is harmony, intimate sharing and *magic*.

This is the second time the word *magic* has been mentioned, and it will not be the last. Participant 3 also uses the words “peers”, “equality”, “mutuality” and “meeting”, when describing what happens in the flow experience during musical improvisation. In the psychiatric unit where she works, there is a clear expert – patient dichotomy. In music therapy this dichotomy seems to be removed, she says, and explains:

P3: ...well, as a therapist, I would feel very attentive to the young person, but there is a point, where there is actually mutuality in that interaction, in that dialogue. In so much as... I'm...it is not as though I'm just meeting their needs, they're also meeting my needs, my needs to be matched and mirrored, and ...extended, and to be playful as well. [...] There's a real connection of mutuality.

An important point to make is that she did not claim that the expert – patient dichotomy is removed only in the flow experience. She mentions for example the way in which she presents herself by her first name, and not by the title “Music Therapist”. This and many other elements in the therapeutic context may play important part in removing this dichotomy. But the flow experience during musical improvisation might play a part in “*deepening the relationship*” between the therapist and the client, she says. The word *deep* has to do with something that is beyond the surface of something (COED, 2006). Participant 1 agrees that flow is deep experience, and that it might contribute in developing the therapeutic relationship:

P1: I think those improvisations are quite important in the therapy process, because I think it makes you more connected in an emotional level, with the client. And also this is an ...experience of something which is quite deep...it also makes the therapeutic ...relationship more, more safe and more trustful.

He says that the flow experience makes the people involved *connected* in an emotional level, and that it makes the relationship more trustful.

The last quotes contain a strong intimation saying that the experience of flow is a mutual and common experience. The therapists use words like “union”, “communion”,

“sharing”, “meeting”, “mutuality”, “connection”, etc. This initiates that the flow experience might be a mutual or shared experience. This study is limited in the sense that it only includes the view of the therapist, but if it is a shared experience it is a very interesting question to consider at a later time.

5.3.2. Shared or Individual Experience?

The participants were asked if they think that the clients experience flow when they do. This question is problematic because the therapists cannot be sure what the client is experiencing. Despite this factor I decided to ask the question, because the therapists *impression* of what the client is experiencing, is part of the therapists experience, which is the topic of this study. All the participants were in the first interview asked “*Do you think the clients experience flow when you do?*” This is what participant 5 answered:

P5: ...I most often think so. Because it's a process of, it's a process that comes of collaborative ...thing. If there's two of us playing, then we would need, ideally I think, we'd both need to be there. But (giggles) there have certainly been times, when I've been working with somebody, and I have thought, “wow, this is really amazing, we're getting places. ...in this case I'm thinking of a particular woman with dual diagnosis, with mental health issues, probably in her 40's. And I'm thinking, “wow, this is really significant” and I'm like in the middle of playing, and she'll say “...I got a new purse, did you see it?” ...and I'm thinking “oooh (giggles) ...you're clearly not having the experience I thought you were” ...so maybe ...I don't know if that necessarily is flow or if that's just being engaged at all... so maybe we don't know. ...My hope is, and my sense is that, yes, most often, when I do, this is happening for both of us. But I don't think we can say absolutely yes all the time.

All the participants agreed that *their perception* or *sense* is that flow very or even *most* often is a shared experience. But not always, and one cannot guarantee that if one part is experiencing flow, the other part(s) are as well. Like the last quote showed, sometimes it is very clear that it is not a shared experience. The client gave a clear sign that she was not having the same experience as the therapist. This is not to say that she was not enjoying herself, or that the experience was negative, the therapist perceived the client's experience as different from her own. Participant 1 talked about an experience when the client “*got deep into the music*”, and he as a music therapist felt that he was not able to go into his “*world of music*”. “*Maybe the client was more interested in just being there by himself*”, he explained.

Other participants talked about how the clients sometimes verbally tell them things that could imply that they have had a flow experience. Participant 3 tells that her clients had said “*thank you for meeting me in the music*”, and “*you heard me*”. She interpreted those phrases as implying that they had shared the flow experience. Participant 4 shares this view:

P4: I think there's some evidence, in the sense that ...for example if you're working with people ...who habitually are very preservative, and they become much less preservative ...if you work with people who can only be ...pulse based, and they can become more ...melodic or phrase based. So you can hear the changes in what they can do, in that time in the music, then... my sense in that something is happening. The only direct thing is when people say something at the end. So, people might say "wow, that was amazing", or they may comment on how much time we've been playing, they can't believe that the our is over, because it feels like we've just been playing for ten minutes, things like that.

From what he is saying there are more that one way we could potentially get an impression about the clients' experience. Sometimes the clients' subsequent comments suggest that they had a flow experience. Other times the way they act or play can imply that they are experiencing flow.

Participant 2 actively uses the earlier mentioned *flow state indicators*²⁰ to get an idea about the client's experience:

P2: From what I can observe ...I think some of them, cause what I'll see is...clients that are ...trying new things, sometimes ...I'll see them like with their eyes closed and ...they're playing, so ...that tells me is that they feel comfortable

Int: mhm

P2: yes, their eyes closed and they're playing, and I, the look on their face is like they're, they're in that zone, you know, for them ...Or you know ...that study about flow state indicators

Int: yeah?

P2: and I thought that was really interesting and I ...do relate to that a lot, like I'll look for those. Like the social monitoring, self-monitoring and completing things ...increasing their challenge. ...If somebody's got one shaker and ...they pick up another one, or they're socially interacting with somebody ...and they're trying to figure out a way to use a scarf ...in a different way than they have before. Whatever they're doing ...that tells me that, yeah maybe they are in a state of flow at that time, because they are ...playing with elements, and they're expanding it ...and ...they're monitoring their own challenge level, so ...I think in a simple way that's, that's all we need to know, if ...we define flow you know, in that, using that criteria.

From what these therapists say we may gain the impression that there are both verbal, non verbal and physical signs the therapists receive that may indicate whether the clients experience or do not experience flow. One participant talked about an experience where a nurse who sat passively in a corner in the music therapy room experienced flow with the therapist and the client. This was a specific situation where she felt very clearly she had a flow experience (see Section 10.3.2. in Appendix):

²⁰ see Section 2.2.2., Custodero (2005) or Das, 2011.

P3: ...in the improvisation, or in the session that we have together, a nurse is usually sitting in the back

Int: ok

P3: ...And a number of times...they experience flow, with us! You know, it's quite amazing, like, they would say to me, "oh, I was so caught up with you", you know, "Oh, my goodness, you know, so lost in that!". ...and, what is amazing is that that they don't only remember that this young person, oh, was no longer psychotic, they were amazed to see this young person in a different light. So they tell me "oh my goodness, I've never seen him or her this way!" And even for them, something has changed inside for them.

Int: ok

P3: so here's a third party, not involved in the musical dyad, but yet, the nurse was...yeah...which then has made me to ask the question as a flow experience, must it really...how interactive, how active must the other person be? Or can a bystander actually experience flow as well?

This is a question demanding attention. As participant 3 says, the nurse had a renewed impression of the client after this experience. The nurse was not physically involved, she was actively observing and listening to the musical interaction, but however possibly sharing the flow experience with the client and the music therapist.

The participants say that they feel that flow is most often a shared experience, but it may also be an individual experience. Maybe both shared and individual flow experiences are valuable at times, maybe not. We will now focus more on the value of these experiences and by doing so, one question arises: Do we want our clients to experience flow in music therapy?

5.3.3. Therapeutic Implications

What are the therapeutic implications in relation to the experience of flow during musical improvisation in therapy? The participants were asked in both interviews if the flow experience is a goal in their therapeutic work. In the written interview, three out of five of the therapists stated that they flow experiences are a goal in their therapeutic work. The therapists wrote that the flow experience is not *always* a goal; it depends on the client, the treatment program and the phase of the therapeutic process. Participant 2 writes:

P2: If I feel that being in a state of flow will serve the therapeutic goals, either in the short or long term, I will facilitate that.

One therapist (participant 3) wrote "no it is not an aim or a goal in my therapeutic work".

Participant 5 writes:

P5: My main goals in clinical work have not (yet) explicitly involved flow. However, upon consideration perhaps there is some overlap. Given that clinical aims always change depending on the client and context of the work, I do find myself often working with people towards "experiencing a meaningful connection in music"; "experiencing self-efficacy"; "experiencing feelings of safety and wellbeing". I think that it is

possible that these aims can be achieved by being in experiences of flow... perhaps "by experiencing flow" would therefore be an objective as one way of reaching the aims I listed.

Here, participant 5 mentions some goals in her work: experiencing a meaningful connection in music, self-efficacy, feelings of safety and wellbeing, and she speculates whether these are properties of the flow experiences. Are there other properties of the flow experience that may serve the therapeutic goals? Participant 4 writes:

P4: As a music-centred music therapist, I conceive of the work of music therapy as very much to do with helping clients to gain and sustain new experiences of themselves musically.

To experience oneself in a new way may imply many things. Many of the participants linked the potentially therapeutic implications to this explorative aspect of flow. Participant 1 also connected the flow experience to playfulness and creativity (see Section 10.3.2. in Appendix):

P1: ...in my mind ...I link it to the, this idea that the client is able to, to go in this playful state, ...and ...if we believe in Winnicott's idea that people, when they are able to play they are feeling better and kind of find their ...original ...need to be playful and ...exploring things. I think ...this flow experience is very strongly related to playfulness and exploration.

Participant 1 connects the flow experience to Winnicott's ideas about playfulness in connection to children's development.

Participant 4 mentions people who struggle with Obsessive Compulsive Disorder (OCD) talks about being able to sustain a musical interaction:

P4: I mean I can think of clients for example for whom the difficulty of ...being continuous is so great ...that they work in very fragmentary bits. I mean ...I can think of people I've worked with, with OCD for example, obsessive-compulsive disorder ...who's experience of everything in life ...is very limited because of their kind of repeated behaviours. So people who kind of spend half an hour trying to get through a door cause they can be either this side or that side. ...Who might try to play a musical instrument, but just, to use a Nordoff-Robbins jargon, sort of persevere ...just get stuck on a little fragment going round and round and round.

Int: mhm

P4: ...and I suppose in that situation I really want to offer them an experience of something like flow, of actually flowing and not getting stuck all the time. And part of that is them ...kind of surrendering to the experience of it.

He also mentions people with dementia and wonders whether a flow experience during music might help the moments of "lucidity" (as he says) grow and be sustained (see Section 10.3.2. in Appendix for the full quote). He continues:

P4: People, children with autism even, as well, who might be kind of open for momentary emotional contact, and then need to withdraw, you can help them to kind

of flow in that emotional contact for a bit longer than might be possible otherwise. So I think almost across the board ...it's one of the key things that music therapy can offer to people.

Participant 3 reflects upon the elements of connectedness, mutuality, happiness, and how these are properties she connects to the flow experience. She is wondering whether that makes all experiences that have these properties - in and out of therapy - flow experiences? She continues:

P3: ...I don't know. Yeah, certainly it is therapeutic.

Int: ...What is it about flow you think might be therapeutic?

P3: (long pause)...I think for the young person ...seeing them experience a sense of wellness ...of being intact of being healthy, without the psychosis, without ...the hallucinations. Yeah. And ...I know when we are coming out of it, and when they turn to face me, there is such a sense of...their eyes tell me...they're experiencing peace. That ...they have not experienced in a long time.

In the continuation (see Section 10.3.2. in Appendix for the full quote) she explains that she does not think that the flow experience inhibits the psychosis or hallucinations, but she thinks that the clients relate to their psychosis in a more healthy way during the flow experience. That these normally negative symptoms might become meaningful. Participant 2 talks about the *meaningful present*, and how the experience of living solely *in the moment* might be positive for people. In our society, he says, people tend to worry about the past and the future. Giving the present a bit more *substance* and *volume* might be therapeutic he says. He continues:

P2: ...I think it has other benefits, like it can help develop a sense of ...self-esteem, you know, creativity ...it can give you positive feelings because you're again you're, you're taking risks and trying new things, and sometimes ...that can often feel good. So it can feed into your ...self-concept. You know?

Here participant 2 talks about exploring and mastering new territories, and thus getting a positive experience of oneself and a feeling of mastery, leading to strengthened self-esteem and self concept.

Participant 2 also talks about indirect physical benefits of the flow experience, that the feeling of flow might act as a motivating factor to prolong ones ability to sustain a physically demanding task. An example he presents is "*breath oriented music making*", where playing a wind instrument or singing might strengthen the breathing ability.

None of the participants had experienced flow to be negative. But when asked if they could think of a situation where it might be negative, some of them proposed some reflections:

P2: Well of course it depends on the context. ...I guess that's hard to answer ...I mean it depends on of course ...what is the objective, what's the goal. I think if ...you're for example, if the goal of the session is to increase social interaction, and somebody's in their own flow state, but they're not interacting with anybody ...then that's not working towards the goal ...They might be really interested in ...their own, what they're doing, and especially with people in the autistic spectrum you might see ...people in a group, but of course they're not interacting with each other

Int: m

P4: part of our goal is to create ...social awareness and ...social skills. So perhaps in that situation ...it could lead to somebody being a little more isolated, perhaps

Int: yeah

P4: but then ...that's just hypothetic

Participant 1 talks about another client group:

P1: I would say I wouldn't try to go in that state with for example psychotic patients. Because it, it might be a risk if you have a problem in reality testing that if you go very deep in something, eh, of your inside world, then it might become difficult to come back to the reality.

This brings to light an important point. Participant 3 had experiences of flow being positive for people in psychosis. As this is a qualitative research project, it can say nothing of the statistics regarding the possible benefits of the flow experience. It might be positive to some people and negative to other people, even though they are in the same situation. As a therapist it is crucial not to take the therapeutic benefit for granted just because other people may have benefited from a similar experience.

5.3.4. Summary

The participants seem to agree that the flow experience most often is a shared experience, but sometimes it is mutually exclusive. The therapists interpret if the clients have experience flow through verbal, non-verbal, and physical signs.

The therapists say that flow may affect the relationship in multiple ways. It may affect the therapists' experience and expectations of the client, and potentially also the clients' experience and expectations of themselves and music therapy. The therapists say that the relationship becomes deeper and more trustful. The therapist and the client become equal in the interaction, developing an *extended connection* that holds sharing something *meaningful* and *special*. The therapists also indicate other therapeutic implications. These implications and the relational aspects will be further explored in the discussion (Section 6.3.). The therapists also mention specific client groups that could possibly benefit from the flow experience, but to discuss all of these is not possible within the frames of this master thesis. Accordingly, I chose to focus on the mentioned implications.

One participant describes the music therapy improvisation as sequence with two stages, and there is a “*Point*” that marks the transition between the stages. Before the point there is a musical dyad, and after the point there is “*union*”, “*communion*” and “*magic*”. This is an interesting observation and it will be discussed in Section 6.1.

6. Discussion

In the current chapter, the therapists’ reflections will be discussed, as outlined in the summaries, and linked to existing theory. I find it important to emphasize that the following discussions are all based on *the therapists’ perspective*.

The first section of this chapter (6.1.) will explore the therapists’ reflections around the properties of the flow experience during music therapy improvisation, and whether the music therapists’ experiences of flow while improvising with clients may be considered beneficial.

The therapists talked about acting as a *flow facilitator*. This will be discussed in Section 6.2., what they do practically, but also how their awareness and their role shift during the flow experience and what this demands of the therapist.

The therapists reflected upon how the relation to the client is changed during the flow experience, and outlined some potential therapeutic implications are connected to these experiences during music therapy improvisation. This will be discussed in Section 6.3.

6.1. Qualities of the Flow Experience during Music Therapy Improvisation – from the Therapists Perspective

Words that have been used to describe the properties of the flow experience are “*not being stuck*”, “*carried along*”, “*keeps me going*”, and “*ease*”, “*pleasure*”. Experiencing flow during music therapy improvisation seems to provide a sense of mastery, pleasure and motivation. This supports Nilsen’s (2010) suggestion that music therapy improvisation may be understood as an autotelic activity. In relation to categories suggested by Csikszentmihalyi (1996), the therapists are experiencing intrinsic enjoyment and intrinsic motivation (see Section 2.2). Within this understanding the feeling of mastery has its basis in the impairment of self-consciousness. This is a paradox, because in any situation there is a risk of failure, but in the flow state the self-monitoring “*filter*” is switched off and there is no space for worries about failure (Csikszentmihalyi, 1996).

In the context of music therapy the feeling of mastery comes to light in more than one way. The therapists feel competent in their music making, and the music “*comes easy*” to them. They do not worry about their technical skills or playing in a style that they normally do

not use. The therapists say they feel that the flow experience has its source not in the music itself, but in the whole experience of music therapy; interacting with the client and attending to the therapeutic goals. The flow experience seems to give them some sort of motivation to “keep going”. A motivated therapist is perhaps a committed therapist, and by nature of the phenomena, it not possible to “fake” a flow experience. Thus, a music therapist who experience flow may be considered to be genuinely motivated. Mastery itself has been connected to concepts as self-esteem, self-efficacy and fostering of social capital (Rolvsvjord, 2010). As described in Section 2.2., our self-esteem and self-concept can be strengthened when having a flow experience (Wells, 1988). These may be considered constructive resources that can allow a music therapist to have additional energy attend to the client’s needs, and the relational aspect.

The motivational aspect of the flow experience is also related to its pleasurable nature. The pleasure aspect in therapy seems to be connected to a bit of ambivalence. Is it acceptable for a therapist to take pleasure when working with our clients? Would that mean that we are neglecting the client?

Wheeler (1999) studied her own experiences of pleasure when working with severely disabled children. She found that the moments she found most enjoyable occurred when the *client* was active and emotionally expressive. These moments were high on “*Intentionality, Emotionality, Communication, Mutuality*” (Wheeler, 1999, p. 74, Wheeler, 2006). As described in Section 5.3.2., there is no guarantee that the flow experience is shared by the people involved in the activity. It is also important to note that Wheeler’s work was with clients whose level of function was relatively low. I am not claiming that Wheeler necessarily was experiencing flow, but her research indicates that there is a connection between the therapist’s experience of enjoyment and the level of activation in the client. The participants in the present study said that the flow experience and thus the feeling of enjoyment have its source in the whole experience of music therapy, not just the music. If the therapist gets too focused on enjoying *the music*, allowing being “taken away”, there is a risk of neglecting the client. I stress thus the importance of being attentive to the client, so that the needs of the client are always considered to be the most significant priority.

Participant 3 described two stages in the improvisation. In the first stage there is a musical dyad, and when this dyad moves through a certain “point”, the relationship is transformed, and there is harmony and intimate sharing. This description does have similarities to Fidelibus’ model of clinical improvisation, moving from “Starting Where You Are” and “Getting to The Point”, trough “The Point” into the “Third Space”. Trondalen’s

significant moments are described as having clear starting and ending (Trondalen 2004). The idea of a musical dyad moving through a transitioning point into the flow state would be an interesting idea to pursue, but this study and the collected data does only allow for proposing this potential.

6.2. Facilitating Flow

The flow experience arises when challenges and abilities are in balance. It seems that it is dependent on both structure and freedom, and according to Mitchell (1988), it is in the space of balance between these two that the flow experience exists. Music therapy improvisation has the potential of providing these elements of structure and freedom.

Structuring elements may be the instruments, musical patterns, the music therapist (flow facilitator), the context, and the relationships that develop through the therapeutic process. The flow facilitator may also induce elements of structure by instructing the client or providing a “safe base” that allows for exploration and playfulness. A safe base may be basic skills on an instrument, or a rhythmical pattern.

Freedom is provided by the *in moment* creative potential that improvisation offers. But freedom is worth nothing if it is not utilized. Autonomy is about *freedom of action* (COED, 2006). Participant 2 mentioned autonomy as a condition for having a flow experience during music therapy improvisation. Being playful, explorative and taking risks is unlikely if someone is dictating your actions (cf. alienation, Mitchell, 1988). As a flow facilitator, one should thus offer a therapeutic environment that allows for freedom of action. The participants mentioned *strategies* they use to enhance the possibility for flow experience, which may have this effect: preparing themselves and to create an inviting atmosphere, being sincere and authentic when meeting the client. This implies meeting the client not just as a music therapist, but “as a person”, with past and present experiences and emotions, strengths and weaknesses (cf. “Starting Where You Are”, Fidelibus, 2004). Mutual acknowledgement of both strengths and limitations is a central element of respect, and may enhance the therapeutic process (Fidelibus, 2004, Rolvsjord, 2010).

Rolvsjord (2010) writes about self-disclosure as a part of authenticity. Self-disclosure involves revealing something about one self, and is an essential part a therapeutic relationship (Rolvsjord, 2010). Being sincere, authentic, self-disclosing, inviting and acknowledging ones own and others strengths and weaknesses may be considered to promote the flow experience.

One of the participants said that he tried to prepare the client for a flow experience by bringing them into a state of mindfulness²¹. “The Third Space” in Fidelibus’ model is not identical to flow, but holds flow as one of the constructing elements. “The Third Space” is dependent on mindfulness, whilst flow is not. However, meditation has been described to promote flow because it involves limiting the awareness to specific goals. This may entail an ability to more efficiently balance challenge and skills (Csikszentmihalyi, 1988a). Helping our clients into a state of mindfulness may accordingly be said to help us promoting flow.

To facilitate shared experiences of flow in music therapy improvisation may imply finding the adequate level of challenge that the therapist and the client can master *together*. Again, I see similarities to Vygotsky’s (1978) “Zone of Proximal Development”, in what the therapist and client can do together may differ from what they can do individually.

A flow facilitating technique that the participants describe is carefully trying to challenge the client, guiding her or him through different levels of musical and/or technical challenge levels to find the appropriate level. The therapist may also shift the tempo and dynamics. Elements of novelty and “stress” are essential resources in constructing and maintaining the flow state (Mitchell, 1988, Sawyer, 2007). Antonovsky (1996) also sees stress as something potentially constructive. When considering flow, we may call these stressors *challenges* (Nilsen, 2010). When we succeed in coping with challenges, it strengthens our Sense of Coherence, and thus our view on our own health (Antonovsky, 1996). The task is then to manage to balance the challenge level *just above* the ability level, and maintaining this tension to drive the experience forward. This demands that the therapist constantly is attentive to the client (cf. “*constant communication*”, Sawyer, 2007, p. 53). Each client is a unique human being that has unique abilities; therefore each interaction will be unique, and the shared level of challenge needs to be negotiated on this basis. That does not imply that this is solely the therapists’ “responsibility”. Based on the reflections of the participating therapists the shared experience of flow seems to be based on collaboration. The participants of this study all perceive flow during music therapy improvisation as *usually* being a shared experience. The elements of Group Flow provide an understanding of what might be elements of shared flow experiences in music therapy: “*blending egos*”, “*equal participation*” and “*familiarity*” (Sawyer, 2007, pp. 49 – 51). These all imply equal participation and sharing of responsibility. Achieving a shared flow state in music therapy seems to involve a certain amount of “letting go”, allowing the therapists “ego” to blend with the client’s, and to be

²¹ See Section 3.2. or Fidelibus (2004).

taken along by the music. That does not imply losing control; the therapist should always be aware of their clinical responsibility.

Another flow facilitating technique that the therapists describe is modelling playfulness, though they did not explain how they do this. As suggested by Nordoff and Robbins (2007) giving the improvisation a playful character may assist in making the activity seem harmless and thus encourage the client to participate. As described in Section 3.3., Stensæth (2008b) links flow, play and music therapy improvisation in their orientation towards process rather than result. The activity is a goal in itself (Csikszentmihalyi, 1975, Stensæth, 2008b). Stensæth's reflections on the music therapy improvisation imply that the therapist establishes and maintains the "*carnivalic companionship*" by offering "*open and dynamic responses*"²² (Stensæth, 2008b, p. 119). Doing this demands that the therapist has her attention in two places at simultaneously: is both at being jester²³ that establishes and maintains the carnivalic companionship, and making sure that the client feel safe to enter the carnival (Stensæth, 2008a, p. 223). Being a "jester" does not imply dressing in funny clothes or being continuously funny, but as Stensæth writes "*[to] make sure that the atmosphere in the carnival-like music therapy improvisation is joyful and pleasurable*" (Stensæth, 2008a, p. 223). How can we encourage our clients to be playful and explorative if we do not dare it ourselves?

6.3. "Being More than You Are and Doing More than You Can"

The participants in this study connected the flow experience in music therapy improvisation to playfulness, exploration and therapeutic potentials of play. Seen in light of Stensæth's (2008a, 2008b) reflections around the links between flow, play and music therapy improvisation, this is a relevant connection to make. Another link that she proposes is that these three all seem offer elements of structure and freedom, and the *meaning* arises in the tension between apparently opposite elements (Stensæth, 2008b). Participant 1 connects the flow experience to playfulness and Winnicott's ideas of play. Winnicott describes play as an essential function of children's development (Hart & Shwartz, 2009). Its creative and explorative character has an important role in the process of finding a way to approach and understand the world. He also draws parallels to the therapeutic where the therapists' function

²² This is my own translation of Stensæth terms "*karnevalsk samvere*" and "*opne of bevegelege svar*" (Stensæth, 2008, p. 119)

is similar to the mothers': a supporting and mirroring basis that helps the child finding itself and separating it from others (Hart & Sshwartz, 2009, p. 59). Play may thus be considered a space where meaningful relationships may be formed and developed. Other participants also described how their relationship to the client changed during the flow experience. They described an "*extended connection*" (Participant 4), "*sharing of meaning*" (Participant 5). Participant 3 says she thinks the flow experience may play a part in "*deepening the relationship*". What they may be experiencing is elements of *communitas* (Turner, 1974, Ruud, 1998). As Ruud (1998) proposes, these experiences may occur in improvisation Sato (1988) identified *communitas* as one of the parallel effects of flow. The enjoyment of *companionship* was described as important intrinsic reward while sharing experiences of effervescence (Sato, 1988, p. 116). This tells us that *communitas* may not be one of the properties of flow, but a possible parallel effect. I do not suggest that flow is a ritual in itself, but they may be similar in the way that social dynamics are deconstructed and reorganized. An interesting link of thought is the one between *void* and *play*. They seem both to appear chaotic but have the potential of constructing meaning.

One of the participants in this study said that experiencing flow during music therapy improvisation could change the clients' expectations to themselves, the therapist and what they can accomplish together in music therapy. I think that this is one of the essential qualities of the flow experience during music therapy improvisation. Wheeler (1999) found that during the moments of pleasure, her expectations to the client's abilities were changed. What the therapists are experiencing may be elements of *intersubjectivity* and *thirdness* (Benjamin, 1990, 2004, Trondalen, 2004, 2008, Nilsen, 2010). Benjamin (2004) writes that

"...the thirdness of attuned play resembles musical improvisation, in which both partners follow a structure or pattern that both of them simultaneously create and surrender to, a structure enhanced by our capacity to receive and transmit at the same time in nonverbal interaction. The co-created third has the transitional quality of being both invented and discovered. To the question of "Who created this pattern, you or I?" the paradoxical answer is "Both and neither." (Benjamin, 2004, p. 7)

Thirdness implies that the relationship holds more than what the two people bring into the interaction, and allows the involved to be simultaneously aware of "me", "you" and "us" (Benjamin, 2004). This corresponds with the therapists' descriptions of their awareness during musical improvisation; being aware of themselves, the client and the musical interaction at the same time - as participant 5 said "*...like a third person looking down*". This also corresponds with Sawyer's (2007) descriptions of the *Group Genius*.

With reference to Vygotsky (1978), and Ansdell's (2005) words "Being Who You

Aren't; Doing What You Can't", I believe that the flow experience during music therapy improvisation provides a potential of *Being More than You Are and Doing More than You Can*.

7. Closing Reflections

In the last stages of completing this master thesis I have been moving between the sections in order to identify the essence of the research data. One word keeps coming back to me.

As a word it has been mentioned 18 times up to this point in connection to a variety of the aspects of flow during music therapy improvisation. It is an essential element in the theoretical definition of flow, as participant 2 describes it

P2: ...your skills are balanced with the challenges. And ...you feel competent, but you also feel that you're pushing out the boundaries of your abilities ...so it's in that little area of new, of newness of unexplored area

I think *one* word has been present in the shadow of many of the other aspects that has been considered. The word is

BALANCE

The flow experience during music therapy improvisation seems to imply balancing many elements. There's a balance between structure and freedom. There is also a balance in keeping control, and letting go, attending to the clinical aims of the therapeutic process, and allowing the music to take you along (but not away) and being playful. In a way one can say that music therapists help clients balancing out imbalances in their lives. But flow also involves many paradoxes; even though "letting go" seems to contradict keeping control, the two elements are also dependent on each other. There is another paradox connected to the aspect of awareness during the flow experience. If you focus too much on your experience you risk actually losing the experience. This rationality inhibits the flow experience (Mitchell, 1988). Keeping this meta-cognitive balance seems to be crucial to be able to "keep flowing". This paradox is, in my opinion, what makes the flow state seem unimaginably complicated to achieve – in theory. Managing all these elements, that needs to be so perfectly balanced at all times. Yet, at no time did the therapists mention that the flow experience is a long and complicated process of balancing the countless elements in the therapy situation. What is it that allows us to get into the state so ingeniously simple?

Two of the participants mentioned the word *magic*. The word *magic* is a noun, a verb and an adjective. Magic as a *thing* or *phenomenon* is defined as "*the power of apparently*

influencing events by using mysterious or supernatural forces". It is a mysterious and enchanting trick or quality. As a verb, *to magic* is to "move, change, or create by or as if by magic". As an adjective it is defined as "having or apparently having supernatural powers" (CEOD, 2006, p 857). The magician is the "person with magical powers" (CEOD, 2006, p 857). Magic is about something that happens that we do not understand. It is interesting, though, that in all the definitions there is put in words that suggests that someone is being deceived to believe that what they are experiencing is magic, even though it is not! The two words *apparently* and *as if*, that we find in the definitions insinuates that what we are experiencing may not be magic, but just a rehearsed and well-conducted trick. But, it does not rule out the possibility that we are experiencing something magic.

If we draw a line to the context of this master thesis though it has some intriguing potentials. Thinking about the themes of chapter 5 "Flow", "Therapist" and "Working Therapeutically" we might transform them to "Magic" "Magician" and "Working Magically". This may give an impression that we as therapists are deceiving the clients – which we sometimes might do (with a good intention of course).

It seems that there are some strategies and techniques that therapists may use to facilitate flow in collaboration with their clients. But actually "getting there" is still a mystery to me, and I actually think I would like for it to stay that way. What happens in this transitioning "Point"? This is one of the intangible elements of the flow experience.

In the book "*The Mythic Artery – The Magic of Music Therapy*", published in 1982, Carolyn Kenny wrote these beautiful words

"The Mythic Artery is an image, a way of thinking about music, which will aid us in our search for health. The Mythic Artery is liquid. It is vibrating. It is full of life-giving nutrients and chemicals. It quenches our thirst. It goes to and comes from the heart. It travels through all of time and contains wisdom of the ages. It restores. It re-creates and cleanses. It brings us to the community of man and life as a whole. It gives us power, strength, humility. It is a stream which winds back through all the ages to the essence of our beginnings – our first heart beat, the first story of our existence. It allows us to be a part of the whole and yet unique within the travelling undulations of time. It recycles. It purifies. It transforms. This is the music of life." (Kenny, 1982, p. 55)

There seems to be some strategies and techniques that the music therapist may use to facilitate flow experiences in music therapy, like the magician learns tricks. But unlike the magician, (I would say fortunately), there are also many elements in a music therapy context that the music therapist does not control. Some of these elements are inevitable and intangible. Music has an almost magic way of affecting us, changing our mood, enabling us to travel in time,

motivating us or helping us to relax. Maybe it is a touch of that musical magic that takes us along, through the “point”, and into the flow experience?

8. Conclusion

8.1. Evaluation of Usefulness

In accordance to the acronym EPICURE (Stige et al., 2009), as described in section 4.7., the *usefulness* of this study will now be evaluated. As described in the introduction: In music therapy we use music experiences to promote health and assist people in increasing and developing their possibilities of action (Bruscia, 1998, Ruud, 1998). Based on both previous research and the current study, there is reason to believe that flow may be an experience in music that can help us promote health and new possibilities of action. I do not claim that experiences in music therapy that does not involve flow is not valuable, or that flow experiences during music therapy improvisation should always be a therapeutic goal. Neither do I wish to imply that other theories concerning meaningful sequences in music therapy are less correct. Quite the contrary: In my opinion, flow may be one of many ways of putting words to experiences we have in music therapy, and help us to understand why they may be meaningful. This study has also provided us with some ideas on how to promote and facilitate flow in collaboration with our clients.

8.2. Limitations of the Study

This study explored music therapists’ experiences of flow during music therapy improvisation. A clear limitation is that it did not involve any clients. This implies that any statement about the client’s experience is based on and influenced by the therapists’ perspective.

The study focuses only on the constructive side of flow, which could be considered limiting. However, this study did not aim at providing a complete picture of the flow experience during music therapy improvisation, but to understand it from the music therapists’ perspective.

The nature of the research question and method resulted in a large amount of empiric data. This may be considered both a strength and limitation. The data revealed many interesting aspects of the topic of interest. To structure the therapists’ reflections was a big challenge, because the themes that emerged all seemed interrelated. Arguments could speak for focusing the discussion on one of these themes. This could possibly provide a more

differentiated and comprehensive understanding of this theme, but it would also result in leaving many themes in the shadow. It was thus decided to include all the themes, make an effort to systemize these, and link them to existing theory. As a result this thesis may provide a basis for future research.

8.3. Implications for Further Research

There are, in my opinion, many possible research topics concerning flow in the context of music therapy. Examples could be exploring the connections between experiences of *flow during music therapy improvisation and play*, and also how these possibly may relate to *liminality* (and *communitas*). Another topic to study could be the experience of *intersubjectivity* and *thirdness* during experiences of flow during music therapy improvisation. It might also be interesting to further explore flow experiences during other music experiences in music therapy, such as song writing and performance. Another possibility is to focus on a specific client population, and explore how they may benefit from experiences of flow in music therapy. An example could be people with OCD. I would also suggest that future research projects should involve both clients and music therapists, to get a more accurate and comprehensive understanding of how flow and music experiences may be related.

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9.1. Dictionaries

- New Oxford American Dictionary (English) for Mac Version 2.0.3 (51.5)
- Concise Oxford English Dictionary (2006), 11th edition (revised)

10. Appendix

10.1. Oxford University Press Academic Permissions

FW: Academic Permissions Request Form

2 messages

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Wed, Jan 18, 2012 at 12:47 PM

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| Z_lastname | Wilhelmsen |

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|---------------|---|
| Z_Title1 | The Oxford Handbook of Positive Psychology |
| Z_editedby1 | Shane J. Lopez and C. R. Snyder (Ed.) |
| Z_Material1 | Fig. 18.2, page 210. Chapter: Flow Theory and Research, written by Jeanne Nakamura and Mihaly Csikszentmihalyi. |
| Z_ISBN1 | 978-0-19-986216-0 |
| Z_OUPpubDate1 | 2009, paperback 2011 |
| Z_Media2 | Text |
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| Z_Additional | Reference and credit will of course be noted in the text and litterature list, according to the APA reference standard. |
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10.2. Information Sheet and Consent Declaration

Bergen, January 2012

Dear potential participant,

The following information is provided for you to decide whether or not to participate in the present study. The information sheet will present an introduction to the subject of interest and purpose of the study, and give an overview of what participation practically implies. It will list the criteria for inclusion and exclusion, and give you an overview of ethical aspects, risks and benefits concerning participation.

Title of the study: How do Music Therapists experience Flow in Music Therapy Improvisation?

Introduction

The purpose of this study is to get a better understanding of how music therapists experience *flow* during music improvisation in music therapy. The following section provides a short introduction to the subject of interest, as it is not widely known in music therapy.

The Hungarian psychologist Mihaly Csikszentmihalyi introduced the concept of “flow” in psychology in 1975. Csikszentmihalyi developed the concept of *flow* through his doctoral research, studying a group of male artists (painters and sculptors). He noticed how they could stay completely absorbed into their work, going on for hours and hours, completely concentrated on their work. Csikszentmihalyi describes flow as the *optimal experience*, and suggests that flow could be defined as “(...) *those situations in which challenges and skills are both high and in balance*” (Csikszentmihalyi 1988, p.368).

Flow can theoretically occur in any activity, and has many positive “attributes”, or “rewards” for the people who experience it (Csikszentmihalyi 1975). This includes (among others) enjoyment, motivation, self-esteem, satisfaction and activation (Csikszentmihalyi/Larson 1984, in Lefevre, 1988, Wells, 1988). The theory of *flow* has been associated to *positive psychology*, and the theory has been widely studied since it was introduced in 1975.

There have been done some studies connecting flow to musical experiences (Csikszentmihalyi, 1975, Massimini/Carli, 1988, Manzano/Theorell/Harmat/Ullén, 2010). It is suggested that there are many similarities between flow theory and music therapy theories (Ruud, 1998, Fidelibus, 2004, Nilsen 2010, Rolvsjord, 2010), but as far as this researcher knows, there exists only two studies connecting flow theory to music therapy. Fidelibus (2004) wrote his Ph.D. on Music therapy and mindfulness, and connected some aspects of flow theory in his dissertation. Gunvor Nilsen (2010) presented a theoretical study on how the concept of *flow* may inform music therapy with her master thesis. To continue this work, the current researcher wishes to study how music therapists experience *flow* during music therapy improvisation.

Purpose of the study

The purpose of this study is to get a deeper understanding of how music therapists experience *flow* during music improvisation in music therapy. This may help us to better understand the therapeutic elements of music improvisation in music therapy and music therapy in general. This study may also lead on to further research including clients, as well as clinicians.

By identifying how the flow experience evolves in music therapy improvisation, we might be able to more easily facilitate the experience for our clients. This newly won

knowledge can also be applied practically in music therapy education, in classes of improvisation, relation and communication, as well as theoretically.

What does participation imply?

The research data will be generated and collected at two points: first in an oral interview (using “skype”¹, and audio-recording for transcription purposes), and then in a following written interview using email.

In the first interview, the researcher will talk with you about flow and music improvisation with clients. The researcher might ask follow-up questions to get a deeper understanding of your thoughts. This interview will last approximately 45-60 minutes. The researcher will ask you to test Skype before the interview takes place.

The written interview will take place 4-6 weeks later, and act as a “follow up” to the first interview, where interesting aspects will be explored and deepened. The researcher will generate questions based on the first interviews, and the participants will all receive the same questions. You will be asked to spend between 30 minutes and one hour for the written interview, though there will be no strict time limitations, or a required amount of words.

In summary, participation practically implies two interviews (approximately two hours in total), and some time for practicalities (installing Skype).

Criteria of inclusion

There are four criteria of inclusion to this study:

1. The participant is educated and certificated *music therapist*.
2. The participant has worked as a music therapist for five years or more, using *improvisation* as a method in his or her work with clients.
3. The participant is able to *communicate fluently* in English, both verbally and written.
4. The participant has access to a computer with Internet connection and possibility of using Skype.

It is also necessary to include three simple criteria of exclusion:

1. The participant no longer works as a music therapy clinician.
2. The participant has not used improvisation in his or her work the last five years.
3. The participant has no interest in the concept of *flow* and/or how it may be related to music therapy.

Ethic aspects

As a participant you are free to leave the study at any time, without giving any reason. The researcher therefore asks explicitly that you reflect thoroughly around your involvement before signing the consent declaration.

Your name and personal information will only be known to the researcher and her supervisor, and will be coded in the published master thesis. Any information that could reveal your identity will never be published in any way.

When the project is finished (01.08.2012), all personal information and audio-recordings will be deleted.

¹ ”Skype” is an internet-based communication tool that allows people to talk, chat or share files through their Internet connection. To use “Skype” the way that this study implies demands a microphone, speakers or headphones and, if possible, a web camera (the things mentioned are normally built in relatively new lap tops and computers). See www.skype.com.

All information that is collected to the study will be stored on an external memory stick.

There will be opened one Skype account and one email account only for this project (flowinmusictherapy@gmail.com), and these will be deleted when the project is finished, along with its content.

Potential Risks and/or Benefits

There are risks associated with any study. Those risks are minimal in this study. There are no foreseeable risks and/or discomfort associated with this study. The expected benefits associated with your participation are the opportunity to reflect around specific experiences in musical improvisation, and possibly gaining new knowledge about the theory of flow. You will also get the opportunity to read the results of the study, and this might contribute to a deeper understanding your daily work.

This study has been approved by Norwegian Social Science Data Services²

Contact information

Do not hesitate to ask questions about the study either before participating or during the time that you are participating.

Researcher:

Christine Wilhelmsen

Master Candidate

Integrated Master in Music Therapy

The Grieg Academy - Institute of Music, University of Bergen, Norway

Tel.: +47 48 14 35 72

E-mail (for this project): flowinmusictherapy@gmail.com

Personal: wil.christine@gmail.com

Supervisor:

Dr Simon Gilbertson, Associate Professor in Music Therapy

Head of Studies

Integrated Master in Music Therapy

The Grieg Academy - Institute of Music, University of Bergen, Norway

Tel.: +47 45 24 89 80

E-mail: simon.gilbertson@grieg.uib.no

Consent declaration

If you are willing to participate in the study, please sign your consent with full knowledge of the nature and purpose of the procedures. The consent should be scanned and emailed to the project email (flowinmusictherapy@gmail.com). Please keep the original copy of the consent.

Signature of Participant

Date

² For more information: www.nsd.uib.no/nsd/english/index.html

10.3. Interview Guide

10.3.1 Semi-structured Interview Guide

Introduction. Warm up conversation about the participants' clinical background and experience.

1. "Have you experienced flow during a musical improvisation with a client?"
 - a. If no, "could you explain why?"
 - b. If yes, "how would you describe this?"

Potential probes:

 - "What happens musically when you experience flow?"
 - "Do you think the client experienced flow when/if you did?"
 - "Does the flow experience change your relation to the client?"
 - "How frequently would you estimate that flow occurs in this setting?"
 - "What was it like after the music had ended? Did the flow continue?"
2. "Do you think experiencing flow during musical improvisation can have therapeutic effect for clients?"
 - a. If no, "Could you share your thoughts about this?"
 - b. If yes, "Could you share your thoughts about this?"
3. "I am very interested in your thoughts about flow. Is there anything that you would like to add at this point?"

Closure. "I would like to thank you for participating in this first interview. As described in the information sheet, I will contact you within 4-6 weeks via email for the second interview."

10.3.2. Written Interview

Questions sent to the participants:

1. Do you do anything specific to make your clients experience flow?
 - a) If yes, what do you do?
 - b) If no, how can you be sure?
2. Is the flow experience an aim/goal in your therapeutic work?
 - a) If yes, is it made explicit to your clients, or do you keep it implicit?

3. Are there therapeutic implications in relation to the experience of flow during musical improvisation in therapy?

10.4. Ethical Approval

Norsk samfunnsvitenskapelig datatjeneste AS
NORWEGIAN SOCIAL SCIENCE DATA SERVICES



Harald Hårfagres gate 29
N-5007 Bergen
Norway
Tel: +47-55 58 21 17
Fax: +47-55 58 96 50
nsd@nsd.uib.no
www.nsd.uib.no
Org.nr. 985 321 884

Simon Gilbertson
Griegakademiet - Institutt for musikk
Universitetet i Bergen
Postboks 7800
5020 BERGEN

Vår dato: 12.12.2011

Vår ref: 28681 / 3 / KS

Deres dato:

Deres ref:

KVITTERING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 08.11.2011. Meldingen gjelder prosjektet:

| | |
|----------------------|--|
| 28681 | <i>Flow and Music Therapy: Therapists' experiences of flow during music improvisation with clients</i> |
| Behandlingsansvarlig | Universitetet i Bergen, ved institusjonens øverste leder |
| Daglig ansvarlig | Simon Gilbertson |
| Student | Christine Wilhelmsen |

Personvernombudet har vurdert prosjektet og finner at behandlingen av personopplysninger er meldepliktig i henhold til personopplysningsloven § 31. Behandlingen tilfredsstiller kravene i personopplysningsloven.

Personvernombudets vurdering forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, eventuelle kommentarer samt personopplysningsloven/-helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, http://www.nsd.uib.no/personvern/forsk_stud/skjema.html. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, <http://www.nsd.uib.no/personvern/prosjektoversikt.jsp>.

Personvernombudet vil ved prosjektets avslutning, 01.08.2012, rette en henvendelse angående status for behandlingen av personopplysninger.

Vednlilig hilsen

Vigdis Namtvedt Kvalheim


Katrine Utaaker Segadal

Kontaktperson: Katrine Utaaker Segadal tlf: 55 58 35 42
Vedlegg: Prosjektvurdering
Kopi: Christine Wilhelmsen, Lamberts vei 7, 5032 BERGEN

Avdelingskontorer / District Offices:

OSLO: NSD, Universitetet i Oslo, Postboks 1055 Blindern, 0316 Oslo. Tel: +47-22 85 52 11. nsd@uio.no

TRONDHEIM: NSD, Norges teknisk-naturvitenskapelige universitet, 7491 Trondheim. Tel: +47-73 59 19 07. kyrre.svarva@svt.ntnu.no

TROMSØ: NSD, HSL, Universitetet i Tromsø, 9037 Tromsø. Tel: +47-77 64 43 36. martin-arne.andersen@uit.no

10.4.1. Approval of extension of project completion



Christine Wilhelmsen <wil.christine@gmail.com>

Prosjektnr: 28681 Flow and Music Therapy: Therapists experiences of flow during music improvisation with clients

1 message

linn.rod@nsd.uib.no <linn.rod@nsd.uib.no>

Mon, Aug 13, 2012 at 2:21 PM

Reply-To: personvernombudet@nsd.uib.no

To: wil.christine@gmail.com

Cc: Simon.Gilbertson@grieg.uib.no, teknisk@pvportal.nsd.no

Vi viser til mottatt statusskjema den 06.08.2012 og bekrefter med dette at dato for prosjektslutt og anonymisering endres fra 01.08.2012 til 01.01.2013.

Merk at ved en eventuell ytterligere forlengelse på mer enn ett år ut over den dato som deltakerne er informert om, må det påregnes å informere utvalget på nytt.

Du vil motta en ny statushenvendelse ved prosjektslutt.

Ta gjerne kontakt dersom du har spørsmål.

Vennlig hilsen,
Linn-Merethe Rød - Tlf: 55 58 89 11
Epost: linn.rod@nsd.uib.no

Personvernombudet for forskning,
Norsk samfunnsvitenskapelig datatjeneste AS
Tlf. direkte: (+47) 55 58 81 80

10.5. Extracts from transcriptions

From 5.1.1. Describing the experience of flow during musical improvisation with a client

P4: ...I suppose, very simplistically, this idea of not being stuck. Of...being carried along somehow, so it's not me deciding what note to play next, but somehow the music happens, and I feel carried along by it ...rather than me doing the music all the time. And a bit of both I suppose.

Int: mhm

P4: does that make sense?

Int: em, yeah ...so you're sort of carried away? By the music?

P4: maybe not carried away, but carried along.

Int: carried along...

P4: Not being carried away but carried along. I suppose it's bit like a river ...and instead of there being no current in the river and you doing all the work, there's all of a sudden some current that helps you progress. I guess.

Int: ok, so you feel like you have sort of control of the situation? As you described it as a river, and not...

P4: I think...I'm not out of control. I'm not, cause that would be scary. It's not ...frightening. But there's a kind of ease, that comes from feeling that I'm part of something more than me somehow, that the music is doing something and I'm enjoying it. There's certainly a pleasure aspect to it. And sometimes there's a sense of being able to do things you didn't realize you could. Or things are happening that you didn't realize would happen. ...I can think, for me in music therapy, of situations where I've kind of found myself playing in a style, being able to sustain style, which I didn't think I could. And it has something to do with my understanding

of flow, because I find myself in this river of ragtime or whatever, and it just kind of happens and it keeps me going rather than me keeping it going.

From 5.3.2. Shared or Individual Experience?

P3: ...in the improvisation, or in the session that we have together, a nurse is usually sitting in the back

Int: ok

P3: ...And a number of times...they experience flow, with us! You know, it's quite amazing, like, they would say to me, "oh, I was so caught up with you", you know, "Oh, my goodness, you know, so lost in that!". ...and, what is amazing is that that they don't only remember that this young person, oh, was no longer psychotic, they were amazed to see this young person in a different light. So they tell me "oh my goodness, I've never seen him or her this way!" And even for them, something has changed inside for them.

Int: ok

P3: so here's a third party, not involved in the musical dyad, but yet, the nurse was...yeah...which then has made me to ask the question as a flow experience, must it really...how interactive, how active must the other person be? Or can a bystander actually experience flow as well?

Int: mhm, because she was not actually active, in the...

P3: no

Int: mhm

P3: no, well she was very caught...I don't know, you call it a trance? I don't know. ...But very powerful for them

Int: mhm...so she was just mentally involved in this experience, she was not...

P3: Mentally and emotionally. ...I have had actually one nurse, a young person, you know, was very unwell, and you know sometimes nurses, you know we all do, we develop a good relationship with the client, and ...it brought her to tears! Yeah, moved her. ...You know, and she said, " Oh, I felt like I was moving with the music". It was amazing. Yeah.

From 5.3.3. Therapeutic implications

Int: Do you think this sort of experience might have sort of therapeutic effect ...or be positive for the client?

P1: I think so because, in my mind ...I link it to the, this idea that the client is able to, to go in this playful state,

Int: mhm

P1: and, eh, if we believe in Winnicott's idea that people, when they are able to play they are feeling better and kind of find their ...original ...need to be playful and ...exploring things. I think ...this flow experience is very strongly related to playfulness and exploration.

P4: it's definitely one of the things I would say I would hope for in working with someone. ...I think, you have a limited time in music therapy, I mean, each session might be about forty minutes or an hour or something, and you want to impact on a person's experience of themselves. ...I think flow is one of the most, particularly for the clients I work with, it's, it's a very fundamental thing which ...people find hard to access in other ways. And one of the really unusual things about music therapy is the speed in which you can get in there and offer someone that experience.

Int: mhm

P4: we should not say that you can't do it in another way because you can, but there's something about the music itself that enables it to happen.[...] I'm very music centred in the

way I think about music therapy. ...When we talk about physiotherapy we talk about working with people's bodies and when we talk about speech therapy we ...think about helping people's verbal communication. And likewise I think that music therapy helps people work on their "musicness", which doesn't mean being able to play an instrument or sing or anything like that, but how you are (presoltically??), melodically, rhythmically with the people around you. Em, and so I think for people for whom flow is particularly difficult to achieve in life, for various reasons, stands benefit therapeutically particularly from that experience in music therapy. ...And that's often a primary reason for working with them. So, I've mentioned people with OCD ...people in manic states as well ...who cant sustain and develop an interaction with someone verbally or (physiverbally/visibly)

Int: mhm

P4: can rejoin into it musically. People with dementia as well ...who seem to have ...just moments of lucidity, and you can help those moments grow and be sustained ...in a flow like way I think ...through music. People, children with autism even, as well, who might be kind of open for momentary emotional contact, and then need to withdraw, you can help them to kind of flow in that emotional contact for a bit longer than might be possible otherwise. So I think almost across the board it's, it's, it's one of the key things that music therapy can offer to people. [...] I suppose it's a bit like ...you know that ...Vygotsky stuff about the zone of proximal development and this idea that you can do what you can't. And I think in a flow sometimes you can do what you can't, whether it's about keeping you going or doing new things or just being surprised taking pleasure in what's going on. ...Or loosing yourself in it at a time when your mind is kind of naturally on other things. And I think all of those are ...positives

Int: Do you think experiencing flow ...might be therapeutic for the client? In a way?

P3: (long pause) Yeah.....(pause)...yep. But on saying that, if I was to tease out the flow experience, you know, can that be achieved in another way ...if we're talking about connection, connectedness, mutuality, happiness, I mean.....can these be created in a therapeutic alliance? And, you know, are these elements of the flow experience, and then, does that mean then ...all the other relationships are flow experiences, you know? I don't know. Yeah, certainly it is therapeutic.

Int: (...) What is it about flow you think might be therapeutic?

P3: (long pause)...I think for the young person.....seeing them experience a sense of wellness.....of being intact of being healthy. Without the psychosis, without ...the hallucinations. Yeah. And ...I know when we are coming out of it, and when they turn to face me, there is such a sense of...their eyes tell me...they're experiencing peace. That ...they have not experienced in a long time

Int: so does that mean that in the flow experience, there's no room for the psychosis, or these negative...?

P3: ...I don't think there is no room, but, it becomes meaningful. It is related in a very meaningful and healthy way.

Int:Mhm

P3: And the young people, when someone is in some sort of psychosis, that voice or that hallucination...has a meaning...a positive meaning

Int: So, they might still be ...psychotic, or experiencing hallucinations, in the flow experience?

P3: mhm, yep.