

# A Qualitative Study of Intuition as Experienced and Used by Music Therapists

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## THE RESEARCH OBJECTIVE

### Purpose of the Study

The purpose of this study was to describe how intuition was experienced and used by music therapists within a music therapy session. What informed those music therapists, within the context of a clinical session, in making decisions about how to interact musically or otherwise with the clients?

The music therapist brings to each session experiential knowledge about how to work with each client, an understanding of the developmental process of these individuals, knowledge of music and instruments, as well as knowledge that comes from clinical and general life experience. In addition, there are moments, as noted in the literature (e.g. Amir, 1992, 1999; Bruscia, 1998, Forinash, 1992, Robbins & Forinash, 1991), in which therapists find themselves acting on impulses that lead to interventions or choices based on intuition. It is the moments when therapist's act from intuition in the music therapy session that are the specific area of interest for this study.

What is intuition? In a discussion of the literature on intuition, Boucouvalas (1997) states that "intuition represents a way of direct knowing that seeps into conscious awareness without the conscious mediation of logic and the rational process" (p. 7). Additionally, some important characteristics associated with intuition that I considered integral to its definition were outlined by Bastick (1982) as follows: (a) a sudden and immediate awareness of knowing, (b) an association between emotional affect and insight, (c) the non-analytic (non-rational, non-logical) and gestalt nature of the experience, (d) the empathic aspect of the experience, (e) the preverbal and frequently ineffable nature of the knowledge, (f) the unavoidable relationship between intuition and creativity, and (g) the possibility that an insight may prove to be factually incorrect. For the purpose of this study, intuition has been defined according to these characteristics.

### Personal Source of the Study

The origin of my interest in pursuing a study of intuition has grown out of my experiences as a music therapist, and a supervisor of music therapy interns for the past seventeen years. Much of my clinical work has been in a hospital setting with individuals who are neurologically impaired. The effects of neurological damage can be devastating to these individuals. Many of the clients with whom I have worked have had limited or no speech and language abilities, which created a challenge when trying to communicate with them, while also understand their specific needs. Through experience, I discovered different ways of connecting with these clients, and understanding some of what they were attempting to communicate to me. Part of this experience included acknowledging my own intuition and using it to guide me in my work.

Some of the clients with whom I have worked also included children with brain tumors. Many of these children did not survive, and my work with them was focused on alleviating pain and helping the children and their families to let go when death was imminent. While working with these children, I often felt that there were no easy answers in terms of what course of action to take as a therapist. I felt that my role was to support the children as well as their families, and as a result I was pulled in different directions at different times. I found that remaining open to

the dying child and those who surrounded him or her helped me to *intuitively* know what to do from moment to moment.

Based on my experience with children at the end of their lives, I became interested in what others who work in palliative care or hospice settings might be experiencing, particularly while working with clients in a coma. Thus, in selecting participants for this study, I was conscious of my interest in learning from others who have worked with clients at the end of life.

As I was developing and honing my own skills as a music therapist, I was also involved in the training and supervision of music therapy students. The task of supervising a student requires one to step back from the work and offer explanations for interventions and actions taken. In reviewing my own work, and in explaining my clinical decisions to my students, I have often experienced those moments where a decision was made without apparent thought. I have attributed those decisions to intuition. Recognizing intuition in my work, however, did not satisfy my interest in understanding more about the specific experience and what precedes and follows these moments. In an effort to clarify my own use of intuition, and possibly expand my clinical skills, I began to discuss my ideas about intuition with colleagues and to search through music therapy and related literature for ideas and answers.

## Developing Thoughts on Intuition in Music Therapy

References to intuition appear in the music therapy literature both directly and indirectly. Music therapists researching and writing about the Nordoff-Robbins (1971, 1977) approach often refer to intuition as an integral part of clinical work (Aigen, 1996; Forinash, 1992; Robbins & Forinash, 1991, Robbins 1993). Turry (2001) explains the importance of cultivating intuition by stating that students' "increasing ability to rely on their capacities for intuition and inspiration results in a natural development of clinical perception" (p. 355). If intuition is considered a valued ability to use and develop for the therapist, then it is important to gain an understanding of all that the experience entails.

In a study of his work with a client in Guided Imagery in Music therapy, Bruscia (1998) looked closely at his experience of "being there" for the client. He discovered that there were "four levels of experiencing [which] correspond roughly to the four functions identified by Carl Jung (1933): sensing, feeling, thinking, and intuiting" (p. 496). Bruscia (1998) referred to these levels as "modes of consciousness" and used the terms "sensory, affective, reflective and intuitive" (p. 499) to identify his experiences while working with clients. He described the intuitive experience as follows:

I experience at the intuitive level. I do this when I go beyond sensory data, feelings, and thoughts and create my own model of the world or my experiences of it. ...I "reflect" on my experience, but when I intuit, I have a spontaneous "inner" knowing of something that is not based merely on "outer" events in the same logical fashion; nevertheless, there is an organic completeness to the meaning I have created. When I intuit, I go beyond what is given and what we know of the nature of things, gaining insights about the universe that are unverifiable or even unfathomable. (p. 497)

Here Bruscia begins to identify and define some of the experience of intuition from a music therapist's perspective.

Amir's (1992) identification of two aspects of listening that music therapists use when working with clients complements Bruscia's discussion. These two aspects are "listening to the self in order to gain an intuitive knowledge and at the same time listening to the client. When the therapists acted on this type of intuitive knowledge, it became an integral part of the work"(p. 160). Both Bruscia and Amir suggest the significance of recognizing and understanding intuition for the music therapist in practice.

Though the experience of intuition has been referred to or alluded to in the music therapy literature, it has not been the sole area of focus for any one study. For example, Amir (1992) completed a qualitative study of what she termed "meaningful moments" in music therapy. She looked at the verbal descriptions of both client and therapist in determining those moments in the therapeutic process in which "the participants experienced a sense of clarity and had a greater capacity to accept, understand and relate to both themselves and others" (p. 6). One of the significant findings of her study was that all of the therapists interviewed "reported the use of intuition, instincts and impulses in their work" (p. 160). It is her belief that the therapists' use of intuition, instincts and impulses is one of the factors that allowed the clients to move toward experiencing "meaningful moments" within the therapeutic relationship. It is my hope that this study, which includes a closer look at the specific experience of intuition, how it is used, and how it might be developed, will take Amir's ideas one step further.

In addition, there are other terms that appear in the music therapy literature that bear further examination in relationship to intuition. For example, music therapists coming from a psychoanalytic or psychodynamic perspective use the concept of countertransference as a way of explaining a process by which therapists learn more about their clients through the recognition of their own feelings. Countertransference has been written about extensively in the music therapy literature (e.g. Austin, 1998, Bruscia, 1998; Scheiby, 1991; Priestley, 1994), and when examined more closely, it is important to consider some of these experiences in relation to the intuitive process. Bruscia (1998) states that "countertransference . . . is more than a mere reaction to the client at the unconscious level, as originally formulated; it is the total contribution a therapist makes as a person to the client-therapist relationship" (p. 52). I believe that the therapist's intuitive knowing is a part of this contribution.

Music therapy researchers Langenberg, Frömmer and Tress (1993) describe a phenomenon that is part of the theory of Analytical Music Therapy (Priestley, 1994) known as "the resonator function." The resonator function . . . "is the personal instrument of relating and understanding by which the therapist 'resonates' to the latent content of the music, which allows it to become conscious and serve as an inspiration for clinical interventions" (p. 61). In this qualitative study, the researchers were primarily interested in the perspectives gained when participants from differing backgrounds listened to an improvisation between client and therapist. After listening to recordings of a session, each person was asked to "describe [their] impressions of the improvisation as freely as possible. Feelings, thoughts, images, stories—even apparently unrelated—may be mentioned" (p. 61). The investigators found that listeners from different perspectives, who had no access to the clinical material, were able to discern the clinical themes by listening to recordings of musical improvisations from the session. These common themes were reviewed from analysis of the subjective report of images, stories, and sensations generated by panel members. It is my belief that intuition played a role in the listeners' abilities to discern the clinical themes that were present in the musical improvisations, particularly in their use of immediate images, thoughts and feelings.

Music therapists' use of their subjective experience can be important when attempting to understand the dynamics of their relationships to clients, particularly in how one comes to

understand the music of another. Music is a nonverbal form of communication, and as such, music therapists often need to rely on their interpretations of music during a session.

Finally, in a discussion of phenomenological research in music therapy, Forinash (1995) coincidentally uses the example of a study of intuition to illustrate the importance of researching experiences. Her description is useful here in explaining why a study of intuition could be valuable to others:

The phenomenologist's stance is that experience need not be categorized as either true or false, valid or invalid. Experiences simply exist and therefore are worthy of investigation. For example, some people believe that intuition exists, while others would argue that it does not. The phenomenologist would not address the realness of the event. If people experience intuition, then the researcher can study what they experience.

. . . Providing a description of the lived experience of intuition will allow the participants who experience intuition to understand their own experience as well as to compare it to the intuition experiences of others, thus adding to their understanding of the aspects of the experience that are shared and those that are also unique. The description of the lived experience of intuition will also provide those who say that it does not exist with a deeper understanding of what the experience of intuition is for those who experience it. (p. 368)

As Forinash suggests, a study of intuition in music therapy has the potential to invite new insights for those music therapists who do not currently recognize intuition as a factor in their work, as well as shed light on the experience for those who do. Given the recent interest in intuition reflected in the music therapy literature, it is my hope that this study will bring further insight to those interested in this topic.

## Perspectives on the Nature of Intuition

Although music therapists have only begun to examine and explore intuition in their clinical work, there is an extensive body of literature on intuition from the areas of philosophy, science, psychology, and spirituality. Much of this literature has influenced my thinking throughout this research process.

Writing in the seventeenth century, Spinoza distinguished between knowledge derived from the sense perception and careful reasoning about observed phenomena (“opinion” and “reason”) to the highest stage of human knowledge, in which the whole of the universe is comprehended as a unified interconnected system. This highest knowledge he termed intuition, something that grows out of empirical and scientific knowledge but rises above them. In essence, it is knowledge of God (Deikman, 1998, p. 179).

While Spinoza associates intuition with a universal oneness, Kant places intuition within the context of space and time. From Kant’s perspective:

Intuition is the faculty through which we are put into immediate contact with particulars; . . . in the case of human beings this faculty is sensible or passive, rather than creative or intellectual. Our intuition is a complex of the matter of sensation and two formal elements of space and time. (Popkin, 1999, p. 497)

Kant does not associate intuition with the mystical knowledge that Spinoza identifies, rather he associates it with an immediate knowing. Years later Bergson (1946) added to the dialogue about intuition as he relates it to instinct:

Instinct is sympathy. If this sympathy could extend its object and also reflect upon itself, it would give us the key to vital operations—just as intelligence, developed and disciplined, guides us into matter. . . But it is the very inwardness of life that *intuition* leads us—by intuition I mean instinct that has become disinterested, self-conscious, capable of reflecting upon its object and of enlarging it indefinitely. (p. 194)

He goes on to explain:

Intuition may bring the intellect to recognize that life does not quite go into the category of the many nor yet into that of the one; that neither mechanical causality nor finality can give a sufficient interpretation of the vital process. Then by sympathetic communication which it establishes between us and the rest of the living, by the expansion of our consciousness which it brings about, it introduces us into life's own domain, which is reciprocal interpenetration, endlessly continued creation. (p. 195)

Bergson's idea of "reciprocal interpenetration" appears related to Spinoza's idea that the "whole of the universe is comprehended as a unified interconnected system." Intuition holds the possibility of connecting the individual with the other, the environment, the universe, and spirituality.

As previously discussed, Jung (1933) considers intuition as one of the four functions of consciousness: feeling, sensation, thinking and intuition. In Jung's view, intuition "is one of the basic functions of the psyche, namely, *perception of the possibilities inherent in a situation*" (p. 496). He states that "the *intuitive* process is neither one of sense-perception, nor of thinking, nor yet of feeling, although language shows a regrettable lack of discrimination in this respect" (Campbell, 1971, p. 26). He believes that individuals rely on the language of thinking, feeling, and sense perception to identify and describe their intuition. For example, a person might say, "I have a feeling something is going to happen," or "I can see it already, something is going to happen," thus using "feeling" and "sense-perception" words to describe intuition.

Jung's concept of intuition as the "perception of the possibilities inherent in a situation" is relevant to this study. Since I have focused on the music therapist's experiences and use of intuition while working with clients, the experience itself has a purpose: it functions within the context of the therapeutic relationship. How does a therapist "perceive the possibilities inherent in the situation" with a client?

Clinicians in the field of psychology, who recognize and discuss intuition in their work (Bugental, 1978; Jung, 1933, 1960; Kottler, 1991), indicate that it is an important aspect of the therapeutic process. Bugental (1978), states that "effective psychotherapists are those who accept the need to cultivate their intuition, empathy, and sensing of human experience, who are alert to discover and remedy blind spots, and who know the areas in which they are apt to send distorted and biasing messages to their clients" (p. 42). For a therapist, it is as important to understand one's intuition as it is to recognize when thoughts and feelings arise from other reactions to the client or a given situation.

Kottler (1991) believes that using intuition is part of what makes a therapist effective:

Reason and intuition are complementary in the effective therapist's mind. They feed off one another. They validate the truth of what the other infers. One encourages and supports the expansiveness of the narrow belief of the other. And when applied together, they provide the high degree of flexibility that is so important to therapeutic work. (p. 127)

In Forinash's (1992) phenomenological analysis of the Nordoff-Robbins approach in music therapy, all of the music therapists who participated in her study made reference to intuition in their work, but as she stated, "all struggled with the explanation of the origin of their intuitions" (p. 130). Though they struggled, they were able to come up with metaphors that begin to bring light to their experience. The participants in the present study were engaged in a similar process to that taken by Forinash, and they too found it difficult, at times, to express all that the experience encompassed within the limitations of our language.

Based upon this review of the literature, and my own experiences as a clinician, the following questions guided this study:

## Research Questions

Having this foundation of ideas, I approached this study with the following questions in mind:

1. How is intuition experienced and used by music therapists within a music therapy session?

The sub-questions were:

1. What is the role of the physical senses and emotions in the experience of intuition for the music therapist?
2. Are there specific conditions that surround the experience of intuition?
3. What is the role of intuition in the music therapy process and therapeutic relationship?
4. What are the consequences of the music therapist's use of intuition?
5. What is the role of intuition in the creative process of clinical improvisation?

## THE RESEARCH METHOD

### Intuition in Context: A Qualitative Approach

Since the focus of this study was to describe how intuition was experienced and used by therapists within a music therapy session, it was important to choose an approach to research that is suited to exploring experiences, and acknowledges the value of such a study. My intention was to illuminate the meaningfulness of, and expand our understanding of, the experience of intuition for music therapists. With these thoughts in mind, an eclectic method of qualitative research was employed. The overall structure of the method followed the basic tenets of naturalistic inquiry that are outlined by Ely, Anzul, Friedman, Garner and McCormack Steinmetz (1991), Lincoln and Guba (1985), and Sherman and Webb (1988). Among these beliefs are the ideas that: (a) events should be studied in their natural context; (b) the participants of the study have a voice and become the teachers to the researcher; (c) experiences are studied as a whole and not in parts; (d)

the researcher is the instrument of the study; (e) the research is value-bound; and (f) that multiple realities are valued as meaningful.

In an effort to gain information from multiple perspectives, I chose the format of interviews that included several participants, rather than a study of my own work. Knowing that qualitative research is value-bound, I understood that my own perceptions would enter into the process, but I wanted to gain insights by listening to the thoughts and ideas of others and to learn more about the different ways that intuition can be experienced and used.

This particular study was based on observations of video and audio taped sessions of music therapists, along with interviews with these therapists. The participants in this study were asked to choose an archived example of their work that they felt represented their use of intuition in practice. I interviewed each participant after viewing or listening to his or her session examples. The transcripts of these interviews became the data for this study.

As with any study that involves human subjects, there are ethical considerations to be addressed. The design of this study was intended to discover more about music therapists' experience of intuition in the context of their work without disturbing the therapeutic process for the client or therapist. It is for this reason that only archived audio or videotaped sessions were used as examples during the interview process.

In addition to protecting the clients' therapeutic experience, the use of archived session examples seemed the most efficient way to gather information about the topic. Asking the participants to choose a session that represented their use of intuition in practice facilitated a more focused look at each person's experience and interpretation of intuition. The therapists had specific thoughts and ideas to share about the sessions they chose to present in the interviews. I believe more information was gleaned in this process than would have been if I had observed random sessions of music therapists in practice.

While I was conscious of the time lapse that occurred between the actual session and the point at which the participants were interviewed, I believed that the distance placed between the event, and the discussion of that event, offered the participants time to gain further insight into their experience. The fact that the participants chose their own sessions indicated that they had done some thinking about which session to present prior to our meeting. It also indicated that there was something significant about the particular session that captured their experience of intuition.

James, one of the participants, articulated his thoughts about this time lapse and his ability to remember the details of the session he presented in this way:

*Because of the passage of time, my understanding of this session and certainly my appreciation of it is much deeper than it was then. I think far from diminishing over time it has just gotten better, deeper. It seems that over time there are a handful of cases that stay very close to me, not necessarily just because of the outcome, but because my intuitive sense was so accurate that there was some real movement. You know when you see a beautiful sunset, you remember it, and you can remember in the same way also what was happening at that moment with that beautiful sunset.*

## Participant Selection and Introduction

### *Selection*

In an effort to gather the most fruitful information from the participants of this study, the music therapists selected were chosen through a process of “purposive sampling” (Lincoln & Guba, 1985, p. 40). Purposive sampling is a characteristic of naturalistic inquiry that allows the researcher to select participants that will “increase the scope or range of data exposed . . . as well as the likelihood that the full array of multiple realities will be uncovered” (p. 40).

The criteria for selecting the participants in this study were threefold: (a) that the therapist had acknowledged the use of intuition in their work, either through their professional writings and presentations or through personal communication; (b) that they had been practicing music therapists for over seven years, indicating a level of experience in their work and in their ability to articulate their ideas about this topic; and (c) that they maintained an archive of audio or videotapes of their sessions.

While one might argue for the inclusion of a range of therapists in this study, those who acknowledge intuition and those who do not, the selection of those who have already begun to express some thoughts about intuition was purposeful here. One of the specific interests of this study was to look more closely at the language used by music therapists to describe the experience of intuition. Since this is an experience that is difficult to describe, it was my belief that selecting therapists who had already begun to articulate some thoughts about their own intuitive experiences would provide rich and varied data.

### *An Introduction to the Participants*

This study included interviews with six music therapists, three men and three women, who will be referred to by these pseudonyms: Ellen, Nathan, Ted, Sandra, James and Cynthia. The balance in gender ratio was purposeful, as it was my intention to study the intuitive experiences of both women and men. As a means of providing a foundation for the findings of this study, a brief description and overview of the participants follows. Some identifying information has been changed to maintain the confidentiality of the participants and their clients.

Participants worked with a variety of individuals and in a variety of settings that included: hospitalized patients, patients in hospice, children and adults in private practice, and children and adults seen through agencies or schools. All of the participants were music therapists educated at the master’s level and all have gone on to pursue further advanced training or studies in the fields of music therapy or psychotherapy. All of the participants are published authors and have had experience teaching and lecturing in the field of music therapy. These characteristics are significant as they indicate a high level of experience and ability to articulate ideas about music therapy that may add to the richness of the data collected from the interviews.

It is significant to note that all of the participants spoke about their use of improvisational techniques within their work, each with their own primary instrument: two on piano, two using voice and two with guitar. Since each participant described improvisational work within the context of his or her experience of intuition, this became a major focus of this particular study. The omission of participants using other music therapy techniques was not intentional.



## Data Collection and Analysis

Data collection and analysis began simultaneously, and continued for one year. From the moment I started the first interview, I found myself engaged in a process of analysis. I met with each participant individually for an initial interview, and then met with four of the six participants for a shorter second interview to clarify questions that arose during the analysis of the initial interview data.

At the beginning of each interview, I viewed or listened to an audio or videotape along with the participant, before asking any questions. During this process I took notes about events that seemed significant to me as an observer; specifically, events that might warrant further exploration. This guided me in formulating questions specific to each participant's experience.

Since I was observing other people's experiences of intuition, my initial focus was on the actions of the therapists and the interventions that were formed from intuitive knowledge. As the study progressed I became aware of those instances when these music therapists experienced intuitive knowledge but chose not to form an intervention based on that knowledge. This was not something that I would have been able to observe on the videotape. This learning came during the interview process as the therapists elaborated on their overall experiences with intuition.

In addition to taking notes about events that seemed significant to me, I found myself writing my own impressions, ideas and images as I listened to the therapy sessions, using my own intuition in the process of researching the experience for others. This use of intuitive knowledge is a characteristic of naturalistic inquiry described by Lincoln & Guba (1985). They state that naturalistic inquiry:

Argues for the legitimation of tacit (intuitive, felt) knowledge in addition to propositional knowledge (knowledge expressible in language form) because often the nuances of the multiple realities can be appreciated only in this way; because much of the interaction between investigator and respondent or object occurs at this level; and because tacit knowledge mirrors more fairly and accurately the value patterns of the investigator. (p. 40)

Once the initial listening of the session had occurred I invited the participants to discuss the reason for choosing the particular clinical example, and to describe their experience of intuition within that session. Some questions posed to the participants included the following: What is the process of thinking that occurs for you as clinical choices and interventions are made? If there is a moment of intuition, what do you remember experiencing leading up to, during, and after that moment? How do you experience intuition, how does it come to you? If intuition were somehow placed in your body could you say where it would be?

After each interview was completed, I transcribed and analyzed it. I intentionally left a time lapse between the interviews so that my thinking could develop as the study progressed. As a result, the interview questions and technique evolved over the year of continued engagement in the data collection and analysis. Once I completed the final interview, I returned to some of the participants that were first interviewed to follow up on new questions that had evolved throughout the data collection process.

This circular pattern of living with the data, analyzing it, moving forward with new understandings was influenced by ideas from hermeneutic inquiry. Packer and Addison (1989) describe the circularity of understanding in hermeneutic inquiry as essential:

Although hermeneutic inquiry proceeds from a starting place, a self-consciously interpretive approach to scientific investigation does not seek to come to an end at some final resting place, but works instead to keep discussion open and alive, to keep inquiry under way. (p. 35)

Throughout the entire process of data collection and analysis I maintained a research log which consisted of the interview transcripts and my evolving thoughts, impressions and questions. These thoughts were written down in the form of analytic memos. Ely et. al. (1991) describes analytic memos “as conversations with oneself about what has occurred in the research process, what has been learned, the insights this provides, and the leads these suggest for future action” (p. 80). I began writing analytic memos prior to starting the interview process and continued to do so until the completion of the data gathering and analysis stages of the research.

The process I used for analyzing the interview data began with the transcription of the audiotape. Once the transcripts were completed, I returned to the interview again by reading through it and writing notes about the themes that emerged, both within each interview and across interviews. These notes formed the basis of my initial coding categories. As I added new interviews to the research log, I returned to the earlier ones looking for comparisons and connections between the different participants’ experiences. This propelled my thinking forward into each subsequent interview.

As the analysis continued, I used a format influenced by Ely et. al.’s (1991) process for developing themes. “A theme can be defined as a statement of meaning that (1) runs through all or most of the pertinent data, or (2) one in the minority that carries heavy emotional or factual impact” (p. 150). Once the process of identifying initial coding categories was completed for all of the interviews I reviewed each one again, this time identifying larger themes that would encompass and organize the specific coded information. I then selected verbatim narratives from each interview connecting this data to the categories. When all of the narrative examples had been placed in categories I reviewed this data and made revisions as necessary, refining the categories in the process.

The next step was to return to each original interview and create theme statements in the first person in an effort to speak from the participant’s point of view while connecting data within and across categories. I continued comparisons and analysis of all of the findings throughout the process of presenting the data in writing. It was during this process that I created what Ely, Vinz, Downing, and Anzul (1997) refer to as cross-case theme statements. Though these statements are made in the first person, they represent experiences that were similar for multiple participants. These cross-case themes are presented in the discussion of the findings as a way of highlighting the significant statements of meaning that emerged from the data analysis.

## Trustworthiness

Throughout this research process I employed the following activities, established by Lincoln & Guba (1985), to maintain the trustworthiness of this study: (a) prolonged engagement and persistent observation, (b) triangulation, (c) peer debriefing, (d) reflexive journal, and (e) member checking.

### *Prolonged Engagement and Persistent Observation*

“Prolonged engagement is the investment of sufficient time to achieve certain purposes: learning the “culture,” testing for misinformation introduced by distortions either of the self or of the respondents, and building trust” (Lincoln & Guba, 1985, p. 301). By interviewing the participants over the span of a year, I purposefully allowed myself time to live with the data of each interview and allowed this to move my thinking forward as I planned for each consecutive interview. “The purpose of persistent observation is to identify those characteristics and elements in the situation that are most relevant to the problem or issue being pursued and focus on them in detail” (p. 304). Each time I returned to the data consisting of the interview transcripts, the researcher’s log of analytic memos, and the categories and theme statements, I engaged in focusing on the details of the elements of the experience of intuition for the participants in this study.

### *Triangulation*

“In triangulation the researcher makes use of a variety of data sources or methods in order to ascertain the accuracy of data. For a music therapy researcher, this could mean verifying one’s own impressions from observing a session by consulting the therapist’s session notes, or by interviewing the therapist or client” (Aigen, 1995, p. 306). The variety of data sources may include “multiple copies of one *type* of source (such as interview respondents) or *different* sources of the *same* information (Lincoln & Guba, 1985, p. 305), as Aigen describes above.

In this study there were multiple interview participants as well as multiple data sources for each interview completed. By interviewing several music therapists I was able to compare and contrast the experiences shared to illustrate the various ways that intuition was experienced and used. During the interviews I took notes of impressions and significant events observed in the music therapy session examples. These notes were then compared with the information offered by the participants. The notes were also used to verify observations made by the participants and myself.

### *Peer Debriefing*

Meeting with a peer support group was an essential aspect of this research process. Throughout the course of this study I met regularly with a group of peers involved in qualitative research. These meetings consisted of sharing ideas, logs, interview transcripts, and developing analyses. The feedback from those outside of the study was an invaluable addition to this process. My peer group helped me to maintain clarity as well as to challenge me to view the data from different perspectives. When I reached a point in my analysis where I was trying to form themes in which to group my initial coding categories, my peer group helped me to see possibilities that I had not considered initially.

### *Reflexive Journal*

The reflexive journal was a place for me to record information about my own process during the research study. This included thoughts about method, analysis and reasons for making decisions throughout the course of the study. I began this journal long before the actual collection of data had begun and I have been able to trace my thinking from beginning to end of the study using the journal recordings.

### *Member Checking*

Member checking was done at various points throughout the data gathering and analysis portion of this study. Several participants were given copies of the verbatim interview transcripts and asked to make notes or comments. As the analysis evolved I shared thoughts as well as written portions of the document with the participants in an effort to discover whether my representation of their experiences was accurate to them.

I found that member checking was equally as valuable as peer debriefing. Getting feedback directly from the participants was both encouraging and extremely helpful in my quest to portray their experiences as faithfully as possible.

## DISCUSSION: PART ONE: HOW INTUITION WAS EXPERIENCED BY MUSIC THERAPISTS

The research questions that evolved during this study served as a guide in presenting the findings. My initial focus was to understand how music therapists experienced intuition. Specifically: How do music therapists receive intuitive information? And in what form(s) does information take, and how does it lead to intuitive knowledge?

Based upon an analysis of all the interviews, the following categories were established to describe the intuitive experiences of the participants: *physical messages*, *emotional messages*, *auditory messages*, *visual messages*, and *spiritual realm*. Each of these will be discussed in the forthcoming section. These categories illustrate the various ways in which these participants received or interpreted intuitive information. Some therapists experienced all of these levels while others seemed to rely on only one or two.

Once the intuitive experience had been identified by the participants, I became interested in investigating whether there were particular conditions that surrounded this experience. Through further analysis of the transcripts, the following categories emerged: *trust*, *deep listening*, *self-awareness*, *previous experience* and *relationship to the client*. Each of these conditions will be described and discussed. Of particular importance is the *relationship to the client*.

The final area of focus grew specifically out of these therapists use of improvisation in their clinical work. Though some therapists shared examples of other methods of intervention (e.g. singing songs), the emphasis on improvisation and its relationship to intuition seemed important to explore further. In so doing, the themes that emerged in this area included discussions of these therapists: *opening themselves to the music making process*, *allowing intuition to inform the music* and experiences of *effortless music*. Each of these areas will be discussed in relationship to *Intuition in the creative process of clinical improvisation*.

### A Poem of Collective Voices

Each of the participants in this study had their own unique way of describing their experience of intuition. There were times throughout this study when I chose to combine the words of the various participants to form a group expression of this experience. This use of cross-case themes, as described previously, helped to highlight those areas where there were shared ideas and

experiences. Using the collective language and voices of these participants, the following poem was created as a way of introducing the findings:

I am an intuitive therapist  
 When I listen deeply  
 The intuition flows  
 The intuition cries  
 When I trust  
 I can fly on the wing of intuition.

I am an intuitive therapist  
 When I listen deeply  
 The music is effortless  
 I am like a vehicle  
 When I trust, I become fluid  
 Like a river on a river bed,  
 Winding and floating with the current.  
 I am an intuitive therapist  
 I can harness my intuition into something clinically potent.  
 I listen, I feel, I trust, I question, I trust, I leap, I know  
 I breathe. . .  
 Intuition is in my body, my head, my heart, my hands,  
 My gut, my senses, my ears, the music  
 Intuition is a voice, I hear, I listen, I trust.  
 Intuition is creative.  
 Creativity sparks my intuition  
 I am an intuitive therapist.

## Physical Messages

Physical messages and sensations refer to the participants' descriptions of where intuition was experienced in their bodies, and to physical sensations that they have come to understand as intuitive. When experiencing these messages and sensations, some were localized in specific places in the body, whereas others were more generalized physical experiences. Sometimes these therapists experienced this kind of intuition in situations where they were making music with a client, listening to the client's music, or listening to the client's words.

### *Locating Intuition in the Body*

When asked to describe where in the body they experience intuitive information, the participants spoke of their hands, heart, stomach, breath, and ears. Some participants were able to identify a specific part of their body through which they felt intuitive information, while others had a more holistic experience.

Ted described these physical messages in a holistic way, with a consciousness around the heart area and a general awareness of all of the senses:

*I feel intuition in my core, in the center of my body. All of my senses come together at once when I'm feeling intuitive.*

When Sandra thought more about where she experienced intuition in her body, she felt it more as a flash of insight:

*When I get those flashes of insight I think it's in a different place in my body, it's more in my head. The words are often, "I have a gut sense," but I don't feel it in my stomach.*

Another form of physical messages described by the participants was a more generalized concept of experiencing *sensations* throughout the body, not attributed to any one specific area of the body. The sensations seemed to lead toward a feeling, or mirror something that emanated from the client. Ellen described her reaction to a client that she sensed was pushing her away:

*I have physical, somatic reactions to clients. With this client I felt like he was repelling me on purpose, I really do, like he was sending something out that was really gross.*

Cynthia described having physical sensations while playing music for hospitalized patients who were near death or in a coma:

*There have been times when I started to play for someone but then I start to feel very agitated. I feel like I want to let go of the guitar, I want to take my hands off the guitar. It's kind of this feeling that my arms want to move, like I want to stop the music. At other times I'll get a prickly sensation it's almost like, I don't feel it but I imagine it. It's as if the idea of that sensation comes into my mind. My sense in these moments is that the patient is feeling agitated, a sensory overload, it's too much. This happens to me a lot when I have cues like any kind of facial change or slight turn of the head, a turning away a bit or slight tensions. But without those cues it happens too, when there is no feedback at all. It's a very interesting phenomenon.*

#### *Making Music or Listening?*

Interestingly, while the above examples refer to intuitive experiences while making music with clients, participants sometimes experienced physical messages while listening to clients talk or make music. These therapists tended to describe experiencing intuition somewhere in the torso region of the body: the heart, the stomach, and the breath.

The heart and the breath were linked in a way by both Sandra and Cynthia. They used the words "peaceful," "calm," and "open" to explain the way they knew internally that their intuition is speaking to them. Sandra stated that:

*If intuition was placed in my body it would be right here (she points to her chest area near the heart). It's the heart and it has to do with breathing, there is something about the breathing, the sense of breathing, when my body is calm and open. I know in my gut that it comes from a very true place.*

Cynthia described what happened in her body when she receives messages of songs. By listening to her physical sensations she confirms her intuition:

*The word that comes to my mind is peace, when I feel a sense of peace over something, like when you take a breath and you just feel this peace. It's not something that I force it's just something that I can feel. It comes across me that, "it's okay." If I don't have that peace about something, then it may be me thinking this or hearing that song for me for some reason and I try to sort it out. But if I have that sense of peace in my chest and my abdomen, it kind of settles there and feels very peaceful to me, it's a connection of some kind.*

Both Cynthia and Sandra have come to trust in this inner sense of calm and peace as a confirmation of their intuition. They took the time to listen to how their bodies were feeling; and in this sense, their bodies spoke to them.

#### *Different Kinds of Intuition in Physical Messages*

As participants began to elaborate on their answers, they also expressed awareness of how different parts of the body were connected, and that intuitive messages may be different in different parts of the body. For example, Nathan described how the physical engagement of improvising music leads to intuition while playing with a client:

*If I were to place my intuition it would be somewhere in that place where I am shaping my fingers while I play the piano. There is an exploration in my hands, a reciprocal process. I am sensing something from the client and then I am putting something out. I know my brain is telling my fingers what to do, but I'm not conscious of the thoughts, my fingers are going before I am conscious of what they are playing. I might play something because of the way my body is moving or the way my hands land on the keys, the shape of my hands leads me to the music. I consider this a form of contact with the client. I am not physically touching them, but I connect with them through the way my fingers hit the keys. I am translating cross modally. If someone does a movement, I pick up something about the shape of it or the tone of it, I then respond with the shape of my fingers, or the shape of an interval. If someone's walk is kind of syncopated, I find myself playing that way. There is a relationship between what happens in the music and the client's movements. Sometimes it is so subtle it occurs before I am conscious of it.*

#### *Summary: Physical Messages*

Though the task of locating intuition in the body seems somewhat abstract, each participant was able to identify certain areas where he or she experienced intuition. In doing so they revealed the depth of awareness that comes through the body. In addition to these physical experiences of intuition, the participants also conveyed that intuition occurs during different parts of the music therapy session: while making music with a client, while listening to a client's music, and/or while listening to their words.

## Emotional Messages

There were some instances where the participants described their experience of intuition in the form of feelings, which will be referred to as *emotional messages*. Sometimes these messages took the form of an inner emotional self-awareness, while at other times an emotional awareness of the client. In many ways emotional messages were similar to physical messages in that the therapist's internal sense of a situation provided information that guided their work with clients.

Nathan presented an example of his work with a young developmentally delayed boy during a difficult session. Nathan was at the piano matching the child's screams with a rhythmic chord progression and vocal sounds. While Nathan was improvising with the client, something happened internally that led Nathan to make a change in the music from rhythmic chords to arpeggios. While observing the videotape, I sensed a shift in Nathan's music. It seemed to have an open lulling quality and a constant repetition that appeared to serve as a holding environment for the child. Gradually the child moved to a calmer place. Nathan described his experience in this way:

*I was feeling turmoil. I was faced with a situation that I was grappling with and knew that there was some other thing I wanted to do and then there was a moment, an "Aha!" moment. It was a seamless flow where I was listening very, very closely and then I would say there was a sense of relief, flow and relief in that moment.*

By listening to his internal turmoil and following his immediate sense of what to do, Nathan was able to move from tension to what he described as "flow and relief" with his client.

Ted spoke of another kind of feeling that he experienced as intuition. He explained his work with an adult client who was hesitant to participate in the music with him. Though he was consciously trying to engage him in an improvisation, there was another level of feeling that was driving him to "trust in the unknown." Ted referred to this lingering sense of how to proceed as a "chronic" or "nagging" intuition:

*I felt like it was a chronic intuition with him. It wasn't an instantaneous one like "Ah, that's the thing that's going to work." I just had this nagging intuition, this image in a way that there was going to be some point—some very simple musical point that we could start at; but I didn't know what it was going to be. It was like a chronic long term knowing, yet it wasn't anything specific. It was kind of a notion about how we would start.*

By listening to this internal nagging over many sessions with this client, Ted experienced a culminating moment where the client did join him in a significant musical interaction that was centered on a single note. In this session, the client felt safe enough to join Ted at the piano. Ted guided him by saying, "Maybe if you just start with one note." The client began to play a single tone with a varied rhythmic pattern. When Ted joined him the improvisation evolved and the client was able to move to a new place in the music with Ted.



*Summary: Emotional Messages*

Each of these therapists described how their internal process of listening to their own emotions has been an important guide in their work. These intuitive feelings arrived without logic and for this reason stand out as being different and noteworthy. Once these emotions had been acknowledged, the therapists then began the process of making choices about how to use this information.

## Auditory Messages

Since music therapy has a strong auditory component to it, it was interesting to discover how intuition occurred through auditory experiences. The auditory messages that are described here contain elements of hearing on both an internal and external level. These music therapists explained that they were affected by the sounds that were in the environment as well as being conscious of internal auditory experiences that carried significant information.

*In the Music*

Some of the therapists who participated in this study described receiving intuition through the music or in the form of musical information that was improvised or pre-composed. The listening that Nathan described expresses a depth of awareness that led him into an intuitive experience:

*Sometimes the form of an improvisation is almost stated before it happens. We [Nathan and the client] don't decide consciously, but this was an improvisation that sounded like we decided we were going to make up a song. But it wasn't, it was improvised. So something about our mutual creating in the moment had to engage an intuitive process on both of our parts.*

*Just before we began to play, I had an intuition to play a very leading statement. What I played was an introduction to a form, a repeated melodic sequence, chord progressions, leading to, you know, here's the song. There was some sense that even before we started, there it was in the future.*

*At other times I get a sense that there's somewhere we need to go, or there's some quality in [the client's] voice that gives me an idea of where to go, or there's some quality in his voice that I feel isn't there that I want to get to. I would just say in general, I feel that in my work with him my intuition has to do with my listening and that playing music without closing off the possibilities of where you go is a way of playing intuitively and using intuition in the session.*

Nathan listened between the lines. He listened to the voice of his client but not just to what was there, he listened to what was not there. He listened for possibilities and listened for the music that was present before a sound was made.

*Songs as Messages*

Many music therapists use pre-composed songs as a part of their practice. Some clients will come to sessions asking for specific songs and some clients find comfort in singing familiar songs. Songs carry with them associations, both for the therapist and for the client. Songs can remind

people of specific moments in their lives or bring them back to certain time periods. For this reason, a music therapist must be sensitive in making suggestions of songs to sing with a client.

Cynthia was a music therapist who often used pre-composed songs in her work with hospitalized patients. She had been practicing in this setting for many years and had frequently found that when she was with a new patient, a song would pop into her head while listening to their stories. She was careful not to introduce these songs to her clients right away, but had found when she listened to these inner songs it lead her to a greater understanding of her clients. She described this type of intuition as follows:

*Intuition comes to me very clearly and very strongly through songs. Sometimes a song is going through my mind, and then all of the sudden I hear it and I pay attention to it, and it's just the right song at the right moment. It usually says a lot to me about what is happening around me, with whomever I am with, it's very powerful. The songs often speak clearly to me of either something a patient might need to hear or of an underlying theme of what they are talking about. That happens to me often with patients and I am always very careful not to initiate songs because I really want the songs to be from them. But sometimes I take that leap and just say, "Well would you like to hear this song today?"*

A therapist who hears songs in her mind during a session has the challenge of sorting out her own associations to the songs from the possible meaning it may carry for the client. Some therapists might ignore these messages altogether, or try to push them out of their mind so that they can refocus on their clients. The more experience Cynthia had with offering songs that came to her without the clients asking, the more she has come to rely on and trust the song messages that she receives.

#### *The Voice of Intuition*

On another auditory level, some of the participants in this study described hearing the “voice of intuition” inside their heads: a voice that offered information or guidance. Some of the therapists had become so familiar and comfortable with this phenomenon that they took time out to listen for their inner intuitive voice when uncertain about which direction to take with a client. Sandra described her intuitive voice in this way:

*Sometimes I'll be sitting in a team meeting and I realize, something is going on, from no information that's being directly spoken; but I'm usually way ahead in my thinking. I will hear a statement like “This kid is being sexually abused,” or “This person has a history of abuse.” There is a voice that I hear but it's unidentifiable, it has sound but I couldn't tell you whose voice it is.*

Sandra had come to trust this voice as it has frequently given her information that was confirmed at a later date.

Cynthia relied on her internal voice and found she made room to listen for its direction during her workday.

*Sometimes if I'm not sure of whether to do something or not during the day, I will listen. When I need to decide which patient to visit, I will listen and a voice will*

*say to me, "Go here." I'll really stop and listen and wait for that voice to tell me what to do. And I know that has to be my intuition. I've also noticed if I follow what I want instead of listening to what the voice is telling me to do, there have been a couple of times when I've missed being with a patient right before they have died.*

For both Sandra and Cynthia, their intuitive voice seemed to carry information that had a quality of prediction to it. Over time these music therapists have learned to trust and follow their intuitive voice as experience had shown them that this voice, when heeded, conveyed important information.

## Visual Messages

Visual messages refer to the participant's awareness of, and use of, internal imagery. The imagery may appear as an insight or a guide or as a response to external visual information. In this example, the image was a response to what Ellen was seeing in front of her.

*I get these feelings, it's like all of a sudden, I see something in a different way; it just appears in a new way and clicks with everything that's in there, all the information I already know. I have a client who plays the guitar. I like it when he plays the guitar but it hit me one day when I was looking at him, that it looked like a shield. I said, "I wonder if you are using your guitar as a shield? You know, because you don't play the other instruments." And he asked, "What do you mean?" and I said, "Well it's like a buffer between you and I." He laughed and said, "You got a good point there, I guess I do feel safer with this." I said, "That's fine, I just wanted to check it out."*

Ellen's immediate vision of the guitar as a shield provided a useful metaphor for her to consider her client's actions in a new way. She had been looking at this same person with the guitar week after week but in one moment everything came together in the form of this image.

Cynthia also found that she used imagery while working with clients. She considered her images to be guides, and noticed that this type of intuitive information came to her frequently, particularly when working with clients who were approaching death:

*All of a sudden I will get an image of a bird or a cloud or sunshine in my mind and this happens to me very often. Imagery is very strong for me— it really guides me in a sense. The spontaneous imagery that occurs within me is an intuitive response, which happens a lot when I'm working with people who are approaching death. There was one woman that I was working with who was dying and in a lot of pain. One day when I was visiting her she had this beautiful smile on her face, it was just when I was playing music and I had this image of her lifting, and rising, and flying, like a bird. I just really saw that so clearly. I shared that with her afterward and she said, "That's very interesting because, I was imagining flying during that piece." She asked to play the music again. She had a lot of shoulder pain so this was a very brave thing for her, but she just started to move her arms very gently like this (makes arm gestures like a bird flying slowly) while I played the improvisation again. But that was something I*

*shared. I will share my imagery if it is appropriate or seems like it's the right time.*

Just as she was careful about sharing songs that came to her during a session, Cynthia trusted her sense of when it was appropriate to share an image with a client. She described a conscious recognition of the significance of the images that come to her and the need to make a choice about how and when to use these images.

## Spiritual Realm

The spiritual realm refers to the participants' references to intuition as being from a greater consciousness, or beyond the self. There is a relationship here to Spinoza's ideas discussed previously (Deikman, 1998), that intuition is a way of knowing that rises above empirical and scientific knowledge, where the universe is understood as interconnected.

Sandra presented a session using improvisation with a child where the music came to her in a way that seemed to inform her and flowed through her with ease. The child ended up improvising with Sandra for the entire session:

*I think that this session was one of the most meaningful sessions that I have ever had. What I always say about this session is that the music was effortless and that the music came through me. I felt like a total vehicle.*

Sandra's description of the music coming through her implies that it somehow came from something other than her, from a greater consciousness. This experience was therapeutically significant because it allowed the child to express, through song, important insights about her current life situation.

Other participants made references to elements of the spiritual realm in their descriptions of intuition. Nathan felt that there were times when he tapped into something spiritual that could be transforming or healing. James felt that his:

*Intuition [was] based on prior experience and possibly prior experience that we are not aware of. You know what it is that makes us who we are, the memories that we are born with. It feels like it is other than me at times.*

Vaughan (1998) states that "spiritual intuition as a holistic perception of reality that transcends rational dualistic ways of knowing and gives the individual a direct transpersonal experience of the underlying oneness of life" (p.192). It seems as though these participants were alluding to that "oneness of life" that Vaughan describes.

## Summary: How Intuition is Experienced

This section described these music therapists' experiences of intuition as derived from multiple sources and experiences. Intuition can be experienced through physical sensations and feelings, through the sound of an inner voice or inner music, through imagery, or through the spiritual realm. Some participants tended to experience intuition through one sense more than the others, but each expressed variety in the ways they perceived their own intuition(s). Once they received

this intuitive knowledge, then they needed to decide what to do with that information, either during a session or at a later date.

## DISCUSSION: PART TWO: CONDITIONS SURROUNDING THE EXPERIENCE OF INTUITION

When all the interviews were examined together, it became clear that these music therapists engaged in a process that allowed them to access their intuitive selves. This section is focused on the conditions that enabled this process. As expressed in the interviews, the factors that facilitated, raised consciousness, or clarified the therapist's intuition were: *trust, deep listening, self-awareness, previous experience and education, and relationship to the client*. In some situations, only one of these factors played a role, whereas in others, several factors combined. Cross-case theme statements appear in italics after each heading. These statements are intended to encapsulate the experiences shared by all the participants, and are presented in a singular voice. The narrative examples illustrate the individual perspectives of the participants who are named.

### Trust: The Leap of Faith

*Moments of intuition and actions that come out of intuitive knowledge are preceded by a leap of faith into the unknown. I must take a risk and trust this non-logical knowledge when I follow my intuition.*

All of the participants in this study made reference to the idea of trusting in the unknown and taking a leap of faith when they felt they were using their intuition. Trust, in this sense, was considered here as a condition surrounding the music therapist's use of intuition. Ted and Nathan spoke about their intuitive experiences during improvisations with clients. Ted described his need to take a "leap of faith," a "risk", when entering into a place where he could allow his intuition to guide him. He differentiated that point at which intuition comes to him and his decision to act on it:

*I think I could say that any improvisation that stands as a significant improvisation, in any process with a client, there's always been a risk that had to be taken and I feel like intuition and risk go together. Risk has to be taken for something to come into action. There has to be a leap of faith always. I've got to jump off the diving board, even if I don't have a clue where to go. I'm thankful that I have those moments. I'm really grateful that I take those risks when I do.*

Nathan described how he places his faith in the music:

*Maybe that's a part of intuition also, is having faith that in the moment of not knowing that the music is going to bring you someplace that you need to go.*

His statement identified that sense of not knowing but trusting in something. His faith in the music seems to have become a part of his intuition in practice.

Sandra also spoke about how she had come to trust her intuition more implicitly after years of experience in listening to it and following through with it in her own life.

*I think the reason that maybe I could be considered, highly intuitive or why I trust it is that I've learned from using it for my own life. I can't give you a definitive description, but I know in my gut that it comes from a very true place, and that it's just like getting truth or being open to let the truth emerge. So I feel like because I've trusted it for my own life I then will trust it in my work.*

There is a trust in the immediate moment of intuitive knowing and a more general sense of trusting in one's own intuition over time that has been described by the participants thus far.

## Deep Listening to Self and Client

*When I feel most intuitive, I am listening deeply to my own internal process and to external information from the client and the environment.*

Although there has already been discussion of participants receiving intuitive knowledge through auditory messages, listening is an aspect of this experience that warrants further exploration. To better understand the music therapist's experience of intuition, one must recognize that there are two people involved: client and therapist. Some of the participants spoke about their inner process of listening to themselves as well as to the clients. For Nathan and James this listening was an integral part of their intuitive experiences. As Nathan describes:

*I would say that what is part of my intuitive process is, I can't take it all in on the same level there is so much going on: The quality of his [the client's] voice, the pitches of his tones, what's going on before that, what the content of his words mean, how he's singing the content of the words. All of the different levels of input that I'm getting I think intuitively, when it works, I think I'm making the gestalt, I'm zeroing in on what is, what I'm resonating with the most that then gives us direction.*

Taking in all of this information at once required Nathan to have an acute awareness of himself and his client. He listened deeply to his client and to where the music is leading him. Nathan connected his listening and openness in the music to his experience of intuition.

James described a similar sensibility in the way he listened to his clients and to his own intuitive process:

*I'm watching the rhythm and tempo of people's movements, how they are shaking their head, their speech and applying principles of music to extra-musical events. I'm also trying to be aware of sounds in the environment because I know that they are impinging on everything that we are doing. There's something about sensitivity to the environment, about being able to, in plain terms, be a good listener and to have deep empathy at the same time and still maintain your own integrity.*

There is keenness to the levels of listening that have been described by Nathan and James. The depth of their listening informed their music and guided their intuition.

In taking a slightly different approach to listening, Cynthia described how she listens to her thoughts prior to make decisions about which patients to visit in the hospital. She described the process of inward listening that allows her access to her intuition. She made a conscious effort to quiet herself, stop and listen inwardly before taking an action.

## Self-awareness

*The more self-aware I become the easier it is to access and trust in my intuition.*

All of the participants revealed a certain depth of self-awareness as they described their experiences of intuition. Included in these discussions were ideas about the importance of maintaining an inner clarity, taking care not to cloud one's thinking with tasks and rules. The participants spoke about their own awareness of feeling most intuitive when they could clear their minds of distractions, let go of thoughts or rules that might limit their choices with a client, and create a state of openness to receive not only the client but also their own intuition. Self-awareness can be considered an extension of the idea of focused inward listening described above.

Ted explains his experience of self-awareness while describing a session with the adult client who was resistant to playing music with him:

*I wondered, "How am I going to play with him?" There had been all this talk about playing so when we actually sat down to play I knew that I couldn't think too much about it. I knew it had to be different. In any kind of creative process there has to be a different kind of thinking that doesn't bog me down, because I can get bogged down if I start thinking about interventions and tasks and rules. I have to really let go of absolutely everything for me to start.*

Ted was aware of his own tendencies to get "bogged down" by too much thinking. He described his need to let go of everything in order to enter into the creative process of making music. This clarity allows him to access his intuition.

Nathan described a state of receiving rather than ordering or structuring when entering into an improvisation with a client:

*I think there is something about having both clarity and ambiguity, you know those paradoxical things, form but not predictable. I think all of those things help to create, help to harness the intuition into something clinically potent. You have to put yourself in that state of receiving and not ordering or planning or directing and yet you do something, we're doing something, we're creating something, we're forming something.*

Sandra related how she felt during the significant improvisation with the client she chose to discuss.

*I think maybe there was a combination of calm and space. It didn't feel cluttered with my stuff or her stuff but there was calmness and also some kind of anticipation feeling.*

Sandra was aware of not being distracted or “cluttered” with her own thoughts and feelings. In her previous discussion about trust, Sandra spoke about “being open to let the truth emerge.” Her ideas and words *open, calm, uncluttered* and *space*, reflect a similar kind of clarity as described by Ted and Nathan. For these participants, openness seems to allow the intuition to emerge more freely.

In this discussion of self-awareness it is important to note that all of the participants in this study had been practicing music therapy for many years. Their cumulative experience appears to have given them more time to reflect on what works best, to understand their own intuition, and to create the internal clarity and trust that they need in order to really utilize their intuition.

### Self-Questioning and Self-Dialoguing

*As a therapist I find myself looking back at intuitive actions with many questions. The logical mind wants to understand this non-logical experience or place it in a logical context within the therapeutic relationship.*

Self-questioning and self-dialoguing are aspects of self-awareness that were revealed by the participants when they were looking back on their experiences. While describing moments of intuition, all of the participants described a dialogue or series of questions that they remember running through their minds at the time of the session. Sometimes these dialogues and questions also occurred after the session. These questions and inner dialogues demonstrate the participants’ conscious need to understand and remain aware of all that occurred within the session.

For Ted the questions came before the music. His intuition was what he described as a long term nagging feeling. He had this sense of how he might help his resistant client to become engaged in a musical improvisation with him, but was not entirely clear about what that moment of contact might look like. He explained:

*I spent a lot of weeks thinking, “Why am I hanging on to this?” And going to the piano with him, it could either push him away or draw him in or I don’t know what. And I wondered, “How am I going to play with him?”*

Ted found his way through the questions to the moment when the action of his verbal and musical interventions finally did engage his client in an improvisation. His question, “Why am I hanging on to this?” is an important one because it reveals his logical mind trying to make sense of something that was driven by his intuition.

Both Nathan and Sandra presented excerpts from sessions with clients in which the music was experienced as almost effortless. The connection to the client in the music moved with ease and even with this experience, they still had questions. Nathan recounted:

*This session was like a flow, although there were subtle changes like, “Why did I go into arpeggio and change the pattern? Why did I take it out of time? How did we know when to end?” Those things, I think, you know they are formed by the music but there is also a certain intuitive factor in doing it together.*

Once again the act of listening to the music in a more removed way brought up questions for Nathan. In the moment of the improvisation he did not describe himself as asking questions; it



came later, when his logical mind was trying to explain what moved the music in the direction that it took.

James revealed his self-reflection in a way that occurred both in the moment of the improvisation and afterwards. His questions reflect alertness to the many layers of information that he was considering while he was with his clients. Here he speaks about a session where he provided musical support for an oppositional interaction taking place between a hospice patient and his aide.

*They were having this dialogue. I was playing the guitar at the time and without conscious thought I began playing chords to their interaction, giving it some sort of musical underpinning and perspective and meaning. The feeling was that I had no idea what I was doing and I was just flying along with them. And I think what was necessary in that moment was to have this deep sense of trust in the process that I am part of.*

His reflective questioning followed:

*So you choose this particular thing to play, why these notes? Why this harmony? Why this dissonance right now? And then I would ask myself, "What am I doing? Am I supporting them? Am I supporting him? What was going on?" And from the tape it just sounds like trying to insert something that would help them to come to some sort of resolution.*

James talked about his need for trusting in the moment and the process while at the same time questioning himself and his sense of what he was doing. He was able to continue to play through his internal questioning yet remained present for his client. The trust in his intuitive sense of what to play moved him forward.

Whether the questions came before, during, or after the actions taken from intuitive knowledge, each of the participants included these moments of questioning within their explanations of the intuitive experience. The choices made by these music therapists were not made without careful consideration of the clients and the therapeutic relationship. The participants described awareness of their intuition and they were willing to use it, but they also experienced interplay between the logical mind and non-logical intuition. It is in this interplay that the questions and self-dialogue appear.

## Previous Experience and Education

*All of my experiences and educational training create a fertile ground where my intuition can flourish.*

Another condition that surrounds the experience of intuition for the participants in this study was the knowledge that they bring their skills, education and life experience, to each therapeutic moment. All of these participants were experienced musicians and clinicians. Learning comes through experience. Each experience of listening to intuition, trusting it and acting on it during a music therapy session built a foundation for the next experience. Over time the facility for using intuition becomes honed and trusted.

James believed that his intuition is based on his life experience as well as knowledge that he was born with. He described it in this way:

*I believe intuition is based on prior experience and possibly prior experience that we are not aware of. You know what makes us who we are, the memories that we are born with like a collective unconscious. And then there is who you are as a person and all of your experiences since birth and then there's your training. I feel that my training in music therapy really prepared me for the possibility of having a more intuitive approach. So the training gives you the skills to trust that you can act on your intuition and that you are seeing and hearing something that is important that you can really enter into and get involved in, in a positive way.*

The individual music therapist's system of beliefs also affected his or her experience of intuition. James expressed awareness that his knowledge of music and certain principles about consonance and dissonance guide his intuition during an improvisation:

*I have sort of used these principles as a beacon to guide me through so much and it helps me to try to determine, within a musical choice and within how to play it, how much tension do I want? How much resolution do I want? And I can manipulate those things, especially at the piano; it's a lot easier. So that plays into the intuition part because I'm staying aware of those principles while I'm being intuitive. So they are helping to guide me in a certain way to hopefully an outcome that my intuition is telling me is the right place to go.*

James clearly stated that there was interplay between his guiding musical principles and beliefs and his sense of intuition. During an improvisation with a client he used his musical principles as a basic structure while allowing his intuition to guide him.

Ted also relied on his knowledge of music and aesthetics to inform his intuition during an improvisation. After listening to the tape of Ted's first improvisation at the piano with his resistant client, I asked him how the improvisation came to an end. From my perspective of listening to the music for the first time the ending sounded like one person playing the piano. The client and therapist seemed so connected at that point that it was difficult for me to discern who initiated the ending or how it came to be. Ted responded:

*I think I had an end point in mind. Right after that build up it just seemed like aesthetically it would be a place to have an end. Because there were some plateaus and then we would go to another plateau and another and then there were a few of these swells but this was the biggest one it seemed and to me just aesthetically, musically, that this can be an end. I was listening to it too thinking, "Well, if this is the first time that this kind of thing has happened at the piano certainly, then why not just keep it going?" But it's not a matter of length of time; it's the musical quality of what's happening. I'm thinking as an aesthetic form that's the important thing because that's what we are involved in.*

Ted's ability to intuit the ending of the improvisation with this client was guided by his sense of musical aesthetics. He was a part of the swells and plateaus in the music and could have chosen to continue to engage his client in the music for a longer period but he sensed the ending and trusted

that his client was “there with him.” All of this occurred without a word spoken between them. It was all in the music.

Sandra described her experience with intuition over time:

*If I were to rate myself as having good or correct intuition on a continuum, I would say that I'm pretty high up. The other thing I would say is that the more work I've done on my personal growth and the more work I've done professionally, the more I absolutely use and trust my intuition.*

For Sandra, inner personal work and professional experience had built a foundation upon which her intuition has grown. In both of these areas she has increased her self-awareness and has become more inclined to trust her intuition implicitly.

All of the experiences, education, and inner personal growth that form the systems of belief for these participants were conditions that surrounded the way in which they used, trusted, and acted from intuition during a music therapy session. Based on the statements of these music therapists, intuition grows clearer with experience, the ability to trust intuition becomes greater over time and intuition is guided by or grows out of educational foundations and learned systems of belief.

## Relationship to Clients

*My perception of the relationship to my client has an effect on how I experience and use intuition in relation to that client.*

Since this study is based on the music therapist's experience(s) of intuition with clients, the relationship between the therapist and the client cannot be overlooked when considering the conditions surrounding the music therapist's intuitive experience. The quality of the relationship with the client appears to have an effect on the therapist's ability to experience intuition. For some participants, their relationship with their client was blocked, and they were able to use their intuition to overcome this block. For others, the open connection with the client allowed their intuition to come through.

Nathan described one such session in which the music flowed for both therapist and client without conscious thought about the form of the music. The results were something complete and satisfying:

*I chose this session to play because it's an improvisation that sounds like we decided we were going to make up a song, and if we would have written it out, it would have looked like a composed song but it was improvised in the moment. So something about our mutual creating in the moment had to engage an intuitive process on both of our parts. So that's why I thought to play this.*

For Nathan, the relationship was embedded in the music and he believed that the mutual process of improvising and creating from moment to moment engaged an intuitive process not just for the therapist but for the client as well. Nathan went on to say that:

*When you get a sense of someone's music, it's like having a child, getting a sense of who they are and them with you, and bonding. It's like you imprint your musical beings on each other and I think that evolves and interweaves.*

Nathan's choice of words "imprint," "bonding," and "interweave" reflect the extent of the connection with this client. It appears from his experience that intuition may flow more freely within a relationship where the connection is clearly established.

James spoke more generally about how the relationship between the therapist and the client affected the intuitive experience. He had his own guiding beliefs about the therapeutic relationship and the importance of self-awareness on the part of the therapist:

*An important part of the intuition and training also is not to put your own agenda on the client but to allow him to find his way and to help him along musically as much as possible. The way I like to think of it is, "can one really afford to be in this relationship?" And by afford I mean do you have the inner resources that enable you to do that?*

James believes that he must enter into a relationship with a client from a place of security bringing his own inner resources so that he can both support and allow the client to find his own way. By setting aside his own personal needs or agenda, James was able to more easily access his intuition in relation to his clients.

### Summary: Conditions Surrounding Intuition

For the participants in this study, the experience of intuition was a rich one, one that was interwoven in different ways with the conditions discussed here. Some conditions appear to be necessary aspects of the experience while others surround and affect the experience as the music therapist receives it. Trusting in self, in the moment of intuition, is necessary in order to act on that intuition. Listening deeply to the client and the environment are also significant components of the experience. Previous experience in life, education, and the therapist's system of beliefs are conditions that surround the experience of intuition and shape the actions a therapist makes from intuition. The therapist's relationship to the client forms the emotional waters in which the two people swim in order to find their intuition.

## DISCUSSION: PART THREE: INTUITION IN THE CONTEXT OF THE THERAPEUTIC RELATIONSHIP

In the previous section, I focused on those factors or elements that impacted the music therapist's ability to receive and utilize intuition while working with clients. This included a brief discussion of the client-therapist relationship, as it facilitated or impeded the intuitive process. In this forthcoming section, a different focus will be taken, directed to the *role* of intuition in the therapeutic relationship. This focus emerged because all of the therapists interviewed discussed the role of intuitive experiences in facilitating the therapeutic relationship. And as such, the following questions will guide this discussion: What is the role of intuition in the relationship

between the client and therapist? When a therapist's interventions are informed by intuitive knowledge, how does this affect the client?

Through an examination of the ways in which these therapists were using intuition in relation to their clients, specific areas of focus emerged from the interviews. These categories form the basis of the discussion that follows: *The Therapeutic Agenda*; *Actions that Contradict Experience*, and; *Turning Points*. Once again cross-case theme statements representing the voice of multiple participants, appear in italics at the beginning of each category or sub-heading.

## Therapeutic Agenda

*Based on my knowledge of music therapy and my assessment of the client, I enter into each session with a focus or purpose. This agenda often guides my use of intuition.*

Each of the music therapists who participated in this study shared their own therapeutic reasoning behind the choices they made in relation to their clients. They had assessed the needs of their clients and had formed ideas about how to move the therapeutic process forward. One basic therapeutic agenda that was discussed by the participants was the need to form a connection with the client. Another focus of the therapeutic agenda was the need to move through tension or blocks in the relationship or in the client's life. The third aspect of the therapeutic agenda was the therapist's sense of timing. Some therapists spoke about the experience of receiving intuitive information and making the conscious choice of waiting to use that information to form an intervention with their clients because they believed the clients were not yet ready to accept the information. Although the participants were clear about their agendas, they were not entirely clear about how to accomplish these goals. Each of these music therapists still needed to rely on their intuition to move the client forward in the therapeutic process.

### *Making the Connection: Finding the Route In*

*There were times when I exhausted all logical forms of communicating and my intuition served as a beacon that guided me toward the essence of another person.*

As the participants in this study exemplified, there were many different ways that a music therapist can form a connection with a client. By *connection* I am referring to the establishment of a trusting relationship, or a comfort level between the client and therapist, wherein the client is able to move in a direction that is therapeutic. The manifestation of this comfort level appears in different ways depending on the client's level of functioning. For example, a connection with a client who is in a coma or near death would appear more as an energetic experience, whereas for clients who are verbal, a connection might appear when the client feels safe enough to begin to share and express feelings with the therapist. The quality of a therapeutic relationship is dependent on the connection that is made between the therapist and the client, and when faced with a challenge in making a connection with a client, many of the participants spoke about how they relied on their intuition.

There were also times when there were challenges to forming the client-therapist connection. This discussion about making a connection is focused on those instances when the therapists came up against a challenge that presented no logical solution. These therapists found themselves relying on their intuition to guide them in finding a solution to this problem. As each therapist described their interactions with the clients, they spoke about trying to find a "route in"

or way to connect with their clients in the music, illustrating how their intuition was a significant part of this process.

#### *First Contact*

The need for a therapist to find a route in and form a connection with a client can occur at different points in the relationship. One most obvious and significant point is at the beginning of the therapeutic relationship, the initial meeting.

Cynthia worked with hospitalized patients who were often approaching the end of their lives at the time she is first meeting them. Previously, she described her awareness of intuitive information in the form of songs that come to her while she is with a client. While she was often not aware of the connection that these songs had for her clients, she took the risk to introduce the songs to her clients and discovered that the songs were meaningful. She recounted a story of an initial meeting with a patient:

*As I listened to the story of his life this song started going through my mind and at first I couldn't really understand the connection, but I decided to go with it. I started to play it and he started to sing along. Afterwards, told me about how that song really meant a lot to him in his life, and how the lyrics touched on a recurrent theme in his life, which was "going home." It was really interesting to me how that song just came into my mind, without any pre-thought. Songs are one way that I can hear or understand on a deeper level something that I may not even be able to cognitively understand.*

Cynthia's intuitive trust in the song became a route in to making a connection with him. The limited amount of time that Cynthia had to work with this client made the importance of that initial connection even more significant.

#### *Beyond Verbal Communication*

Music therapists are often challenged as they attempt to make a connection with clients who are unable to communicate verbally. Some of the participants in this study have extensive experience working with clients who, for different reasons, are unable to communicate verbally. Some clients may be alert and active but have lost the ability to communicate with speech or have never developed it due to neurological deficits. Some clients may be verbal but do not speak the same primary language as the therapist, thus limiting the ability for the two to interact with words. Other clients may be in a coma or approaching death and unable to communicate. In each case, the music therapist is challenged by the client's inability to communicate with words and must rely on other sources of information to learn about who they are.

As the participants described, the therapist's use of intuition with these clients opened up possibilities for connecting with them beyond words. Nathan spoke in general about his experience of working with nonverbal clients who also have significant physical limitations:

*I can think of sessions with severely disabled persons where all you could go on was hunches and an intuitive sense of let's go this way because you are not getting visual or verbal clues. I guess one could argue that the less you really know the more you have to rely on intuition, so you believe in it because you*

*don't have another choice. But there's a feeling, it's hard to put into words, but there's a certain feeling after you've done it, it's not always there but there's a certain feeling after you've created something that you feel like something new has happened for them and for you.*

We may never really know what is going on for these clients, and the only cues we have to inform us are so subtle; like a change in breathing, a slight movement in the body, or a change in the music. Nathan raised the possibility that a therapist may decide to rely on intuition and believe in it because there is little else to rely on. His awareness of this lends credence to his statement that there are times when he does believe his intuition has helped him to connect in some way with the client.

Cynthia works with clients who are dying. One of the ways in which she experiences intuition when working with a client who cannot speak to her is through imagery. She explained:

*Spontaneous imagery occurs within me as an intuitive response and I notice this happens a lot when I am with people who are approaching death, or near death. I see a lot of images. I incorporate the images into the music. If I am meeting a patient for the first time and that person is in a coma then I am just totally on the wing of intuition, just totally guided by that.*

Cynthia's expression of being "totally on the wing of intuition" is similar to Nathan's thoughts about how "the less you know the more you rely on intuition and believe in it because you don't have another choice." During the interview with Cynthia I asked her if she was conscious of where she was gathering information from when she is working with a nonverbal client. She responded by saying:

*Sometimes I take in environmental cues, you know if I see something in the environment that will kind of affirm or guide me in terms of where to go with a patient, like family or just objects. But often even in the intensive care unit, in places like that, there is nothing. Initially age and culture are things that I look at, but outside of that there's not much, so it's just trusting. Sometimes I may hear a melody too, and again I don't know where that is coming from, it might be me or it might not, but there's a certain mood to it and a certain rhythm and then I go with that too.*

Cynthia described concrete and logical ways to begin to connect with a person who cannot communicate. She also expressed her awareness that there is other information that comes to her in a less logical way. She hears melodies, or sees imagery that guides her music making with these clients. Cynthia's intuition is a significant part of her work with the nonverbal or non-communicative client.

#### *When the Client Resists the Connection*

It is not uncommon in a therapeutic relationship for clients to resist breaking out of patterns of relating that have served to protect them in their lives. These patterns carry over into the therapeutic relationship and can become barriers to the therapist's attempts to make an authentic connection with a client. The session that Ellen described offers some insight into how she used

her intuition to move through the client's resistance. Here she explains how acting on a sudden impulse effected change in the relationship with an adult client.

*He gets caught up in talk and talk and talk and no feeling to the point where it's not therapeutic. So I had this impulse I said, "Why don't you pick something to sing to." I wanted to get him out of the obsession. I was hoping for a route to get to a younger part of him.*

Ellen revealed her goal, which was to find a route to an inner part of the client. She needed to get through his obsessive talking which had become a barrier to making this inner connection. She described her intervention as being an intuitive one and as a result of this intervention the client engaged in an improvisation in which Ellen felt she finally connected to him in a new way.

Making a connection to a client is a universal part of any therapeutic process. Each therapist has his or her own unique way of finding that route in, past the barriers that are often set up by clients, consciously and unconsciously or that exist because of a client's physical limitations. Each of these participants found that, at times when they faced challenging barriers, their intuition, and a trust in it, provided them with some answers to finding that route to a more connected and therapeutic relationship.

#### *Tension/ Release: Movement in the Therapeutic Relationship*

*If I listen deeply to the client and to my intuition during moments of tension that arise for the client or within the clinical relationship, I find unexpected ways to move through that tension.*

Several participants shared stories about clients who reached a place that was blocked. This block occurred in the form of resistance on the part of the client to move in a certain direction or as an obstacle in the client's life that needed to be overcome. The stories shared by the participants illustrated points of tension that occurred either within a particular session or that were pervasive throughout the therapeutic relationship. The agenda for the therapist then became focused on moving from a point of tension to one of release. Ted described the point of tension in the relationship with his client:

*He was in a catch-22. He wanted to play the piano but he felt he couldn't play. "The piano is what I'm drawn to, yet I'm afraid to go to the piano either with you or alone." So I stayed with him in that catch 22 for a long time. I remember thinking; "something is going to have to pop up that's going to break us out of this pattern."*

It was in this blocked place that Ted experienced his "nagging intuition." He trusted that something was going to bring them out of this place but the clarity of that moment did not arrive right away. His intuition was to invite the client to play a single note, one tone at the piano as a starting place. The client agreed to try this. Once Ted was finally able to engage his client in an improvisation with him at the piano the movement in the relationship became more evident. The words he chose to describe his experience during the music conveyed this sense of movement:



*I just felt like we were going to go on a harmonic journey together. That it wasn't static. We were going to go somewhere and obviously I was being influenced by the way he was playing those tones. It spurred me on to playing different harmony and thinking, "Oh something new here," There was some kind of tension like sustaining a diminished 7<sup>th</sup> chord and then resolving or then an abrupt shift from major to minor and then back. Just these shifts that were . . . like all of a sudden it was all possible, it could be abrupt, it could be smooth, it could be . . . I just felt that once we started, we could just keep going.*

Ted described the tension and release that was played out in the music. After listening to the improvisation, I asked Ted to describe what happened to the nagging or gnawing sense of intuition that had been with him in relation to this client. He responded by saying:

*I felt a tremendous release of tension, inner tension in me. It's palpable when you are sitting next to someone at the piano after you've been through a musical experience you just both feel like if nothing else ever happens in this relationship or in this room it doesn't matter. This happened, it's complete, there's a sense of completion.*

Ted's trusting in his intuition affected this relationship by helping him to create movement forward. The client moved toward Ted by participating in the music. The improvisation moved the client and therapist through a point of tension to one of release and a "sense of completion" as Ted described.

*Timing: When to Act on Intuitive Information and When to Wait*

*There are times when my intuition leads me to actions before I have thought them through and there are times when I am aware of intuitive knowledge and choose not to act from that knowledge based on my sense of how ready the client is to receive this information.*

How does timing relate to the music therapists experience of intuition? Based on the experiences shared by the participants in this study, there were two aspects of timing that were significant to the experience of intuition in the therapeutic relationship: 1) there were some moments when intuition moved the therapist to act before he or she had time to consider what was occurring or how the client may react; and 2) conversely, there were times when the therapist received intuitive information but did not have enough time to consider how using this information might affect the client. In these cases, a conscious choice could be made to hold the information for another time in the client's process, or to refrain from using it at all. Each instance seems driven by the therapist's agenda and consciousness about the client's needs and present state of being.

Sandra explained that she often received intuitive information long before her clients were ready to hear her thoughts. She was conscious of her intuition and was cautious about her timing:

*I think the only thing that gets me into trouble working with adult clients now is that sometimes I am absolutely on the mark but I'm way ahead of the client. Timing is a huge thing. When you get the intuition and when you act on it,*

*sometimes it's immediate and then other times you have to hold it and save it, it stays with you.*

Like Sandra, Cynthia was conscious of how and when she used her intuitive knowledge. She described how she received images and heard songs when working with dying patients. She explained that she was much more careful with sharing the songs she hears with her patients than sharing the images:

*It seems that images come to me a bit more easily than songs. Again with the music part I am always very careful. The timing of that is so important and I really want to make sure that it's the right time. But with the image, it seems very natural usually. I tend to share the image more often than I would a song. But with both I always make sure that the timing is right.*

Sandra and Cynthia raise an important aspect of the experience of intuition for the music therapist: their consciousness around timing, and their willingness to hold on to intuitive information when it seems to be in the best interest of the client. The decision to hold on to or to share intuitive information may be based on the therapist's understanding of the client's emotional state, or it may itself be an intuitive sense on the part of the therapist that the client is not ready to hear something new.

While holding on to information is one way that a therapist responds to their own intuitive experience, there were times when intuition moved the therapist into action before he or she really had the chance to make any logical choices about that intuition. James described such instances when he found himself acting before he really had time to consider what he was doing. He spoke of the music he provided as a support and underpinning during a tense interaction between a hospice patient and his nursing aide:

*The intuitive part of things in this case was certainly that it sort of took hold of me rather than my being able to intuit or come up with some idea and then say "Hey, I'm going to go with this now." But it was more like, I'm swept up into this stream of being right now and I'm going to provide music to this environment. I still don't know what I'm doing, but I'm going to do something and hopefully that something will be a good thing. In this case it was.*

In his description, James differentiated between the times when he might experience intuition and make a choice about it and this particular moment when he felt driven to action without time to think. He acted from the unknown and his actions moved him into the unknown.

The timing of a therapeutic intervention that is guided by intuition can occur in the moment without mediation, the intuition and the action are one. It can also occur in such a way that the therapist becomes conscious of the intuitive knowledge and is able to choose when to use this information. The knowledge can be used right away, or it can be held until such a time as the therapist believes the client is ready to receive that information.

## **Actions That Contradict Experience**

*When I trust my intuition there are times when my actions in relation to the client are out of the realm of what my logic and experience would dictate.*

There were times when the knowledge that comes from experience forms the foundation for intuitive actions. At these times, the therapists' interventions come with ease and without the need for much thought or deliberation. There were also times that were described by the participants where they found themselves intervening with clients in ways that contradicted what their experience and knowledge would tell them to do. Ellen, Ted and Sandra each came to a point during their interviews where they described a moment during an improvisation where they were moved to respond to their clients in novel or unexpected ways that came from an intuitive place. Concomitant with this was the act of self-reflection, as these participants questioned their actions in the process of recounting the stories of the sessions they had chosen to present.

Ellen shared a story of one client whose improvisation became very chaotic after an unexpected clinical intervention. In her attempts to help him get more connected to his feelings she guided him into an improvisation, but was surprised by the direction taken in the music:

*He is very, very controlled when he comes to see me. He is extremely rigid; he has charts of what he does. He is also very fearful of losing control. So there are these two sides and that's some of the work, trying to balance these two sides. I could hear that in the playing. I was saying, "Why did I go with that music?" It got really chaotic, but it felt right to just go with it and see where it went and eventually it calmed down.*

After listening to the recording of this session Ellen was surprised. She noticed that she allowed the music to become more chaotic than she generally would have. She explained:

*There was one part of this improvisation where he said, "NO!" and I felt like he was starting to access something important. He was really angry about something that had occurred when he was a child. I think that is why I stayed with this chaotic music. With somebody else I might have changed the music; slowed it down or calmed it down. And while I was listening to this tape I really didn't remember getting that out there and chaotic.*

As Ellen was describing her experience, she became aware that she might have calmed the music down to move out of that chaotic sound with other clients who presented similar music. She trusted her intuition in the moment to stay with this client in the "anger" and "chaos" of the music. Listening to this session on tape allowed her to hear the music differently than she did while she was engaged in it.

During my interview with Sandra, she presented a videotape of her work with a young girl. This was a session that she has presented to others and at certain points during our viewing she stopped to explain some of the questions that had been asked of her in the past by people viewing the tape. The entire session Sandra presented was an improvisation with the child, from the beginning of the session to the end. The child moved around the room, singing, playing instruments and play-acting as she sang. At one point Sandra began singing the word "today" which came from the child singing it. Sandra reflected this word several times back to the child in song. There was a high-pitched sound that came from the child like a scream. The child moved to the drum and Sandra began to reflect the drumming with her piano playing. At this point Sandra stopped the videotape and reflected out loud.

*Watching this session it's fascinating to me, why did I persist with saying, "today, today, today?" I would not normally do that if a person doesn't pick up on it fairly soon I would usually drop it but I just kept singing that. Actually, I should just say here, a lot of people have said, "I can't believe how free you are, weren't you afraid she was going to break the drum?" I'm not always so free with a child and she could sometimes be very destructive but again that is an intuitive thing. I just had a sense that she was working, it wasn't about trying to break the drum, it was about the work she needed to do.*

We resumed watching the videotape, the child moved under the piano and was playing under there while Sandra continued to play the piano and sing to her. Again, Sandra reflected on her actions as she explained questions she has received in the past from others who have viewed this session.

*This is a point where people who view this tape have said, "How could you let her do that?" and again I didn't feel it was destructive I trusted her. I don't necessarily play through a whole session at all but I feel like this was the ultimate holding environment. I can't imagine not playing through this. She was still working.*

Sandra explained how she trusted her sense that the child was not going to hurt herself or the drum during this particular session. She trusted that the child was working through something important and trusting in her intuition seemed to open Sandra to act in ways that she and others questioned upon viewing the videotape.

The issue of trust is important to this discussion of moments when music therapists find themselves acting from intuition in ways that may not seem like the logical therapeutic choice to make. Ellen and Sandra all spoke about these moments when in hindsight they questioned what they had done. There was, however, something leading them forward to take these risks and trust that their actions were the right thing to do in these particular moments. For each therapist their actions brought about responses from the clients that moved the therapeutic process forward.

## Turning Points

*There are clear moments, following intuitive interventions, when I know something new has happened, a shift has occurred for the client and the relationship.*

As I read through the interviews it became evident that almost all of the participants were describing sessions in which there was a turning point in the relationship between the client and the therapist. Each of the participants chose examples of their work that they felt illustrated their use of intuition. In choosing these examples the participants described what occurred during the course of one music therapy session and in the course of therapy that followed the selected session. Each therapist felt that they had relied on their intuition to guide their therapeutic interventions and in doing so significant changes occurred for the client and the clinical relationship. These are some of the phrases that the participants used to describe these occurrences: "it was the first time," "it was a breakthrough session," "something important happened," "that was significant," and "it was a pivot point." For example, Ellen described her observations of her client in the session:

*This was the first time; it was the first time he sang. It was the first time he cried also. So I guess the intuitive piece was, knowing that singing to an object would help him connect to this younger part of himself. I wasn't sure but it just felt like the right thing to do. This was kind of a breakthrough session. He was so defended up until this session and then things started to loosen up.*

She stated that she “wasn’t sure” about what she had done but she took a leap and trusted her intuition. The client opened up in a new way following this intervention. She learned more about him and strengthened her connection to him.

Similarly, Sandra explained the significance of the session that she chose to present. In this session Sandra engaged her client in a song improvisation. The child worked through some important issues within the music:

*What was moving about this session was that her parents were going through a separation and I feel like it is in this session that she puts together the fact that her father has in fact left the house and what that means. What was amazing was that I felt like within the session you could see how it gave her some freedom and some mastery. I think it was the only time where she was engaged musically and sustained that engagement from absolutely beginning to end. I felt like I could have gone on for three hours with her.*

Sandra stated that this was the only time this client stayed engaged in the music for an entire session. When Sandra spoke about this session she described her experience of the music as being intuitive. She felt that she was using her intuition within the music throughout the entire improvisation. The session itself and the improvisation as a whole became the turning point for this child in mastering and understanding her feelings related to the changes in her parents’ relationship.

Based upon the experiences shared by these therapists, there were turning points that occurred in relation to their use of intuition. That is to say that at times when they found themselves relying on their intuition the actions taken resulted in a change or some significant movement forward for the clients. The connection to these turning points and intuition raises some questions for me as a researcher. Are there certain points within the therapeutic process where music therapists find the need to rely more on their intuition? Does the use of intuition by a music therapist help to bring about these turning points? Goldberg (1983) believes that “when we attempt to be logical in complex situations, when we are forced to deal with incomplete information, unfamiliar subject matter, or ambiguous premises, we are dependent on intuition to tell us whether we are on the right track” (p. 34). Perhaps these turning points are the confirmation that intuition has these therapists on the “right track.”

## Summary: Findings on Intuition and Relationship

The music therapist’s relationship to the client was integral their experience of intuition. The interventions made by the participants that were guided by their intuition had a beneficial affect on their relationship with the client, and on the client’s process in therapy. There were specific aspects of the therapeutic relationship that emerged as significant among all of the interviews: the *therapeutic agendas of tension and release, making a connection, timing, actions that contradict*

*experience* and *turning points*. These were the areas where the participants seemed most aware of using their intuition and of changes that occurred within the therapeutic relationship as a result of having listened to their intuition.

## DISCUSSION: PART FOUR: INTUITION IN THE CREATIVE PROCESS OF CLINICAL IMPROVISATION

Some of the participants in this study primarily used improvisation with their clients while others used a combination of improvisation and methods such as singing familiar songs, etc. Those participants who shared examples of clinical improvisation in their work spoke about their experience of intuition while improvising with clients. They also described the relationship that they saw between intuition and improvisation. In this section, the discussion is therefore specifically concerned with the music therapist's experience of intuition during the process of clinical improvisation. The immediacy of improvisation mirrors in some ways the experience of intuition. A clinical improvisation moves forward propelled by the players, each musical moment unfolds into the next as client and therapist interact with each other. There are moments of intuition, moments of understanding, and moments of contact between therapist and client.

When the interviews were examined collectively, several specific areas of focus emerged as categories in the discussion of intuition during clinical improvisation: *Opening to the Music*, *When Intuition Informs the Music*, and *Effortless Music: When Music Informs the Intuition*. The relationship of these categories to each other seems so close at times that there is a sense of overlapping or interweaving. Again, cross-case theme statements are written in italics and presented at the beginning of each new category.

In response to these therapists' experiences, the following poem was created from the collective language and voices of the six participants. As I became more familiar with the participants descriptions of their experience of intuition during clinical improvisation, I began to have this image of a circular pattern in which the music informs the intuition and the intuition informs the music. It was not always clear where on the circle each music therapist started from as they described their experience of intuition during clinical improvisation, but there was a clear sense of movement and motion in the descriptions. It was almost as if they had embarked on a ride, jumped on a spinning circle, and became a part of the creative and intuitive experience of improvisation.

Intuition Informs . . . the Music Informs . . . Intuition  
 I Open myself to receive what is there,  
     To receive the client,  
     To receive the music  
     To Receive  
 I Breathe in and out, I let go of everything  
     Express what Is  
     In the music  
     I create  
     I am the vehicle  
     For the music  
 The music flows through me  
 I am fluid, like a river

I am in sync, connected with the client  
 Connected to all beings  
 There is easiness in this place  
 And yet, there is paradox,  
 Clarity and ambiguity  
 Form but not predictable  
 I am open to what comes  
 From this creative source  
 I am open to my intuition, my intuition opens the music.

## Opening to the Music

*When I engage my intuition during an improvisation I have entered into it by letting go of rules, opening myself to receive the client, the environment, and all of what is about to occur in the music.*

If we consider the circular shape and motion of the relationship of intuition and improvisation it is not always clear where to enter that circle and begin the journey. As the participants of this study spoke about their clinical improvisations, several of them discussed the ways in which they opened themselves to the music and to the possibilities that improvising holds. Much of what they shared echoed the discussions from *The Conditions Surrounding Intuition*. The ideas of trusting in the process and taking risks, listening deeply to self and to the client, and self-awareness all seem to be a part of this creative process of intuition and improvisation. The notion of opening to the music is therefore driven by one basic question: How do music therapists approach a clinical improvisation, particularly when they feel they are using their intuition?

James spoke about his work in a hospital environment. There were times when he improvised music out in the hallway for the benefit of the patients and the staff. He described how he approached this music and his experience while playing:

*I have this ritual when I start to play music, of playing 5ths, and not only is it opening the environment up, it's opening me up and I just get involved in this whole dance experience. I'll stand there for a few seconds at least and listen and look and I try to start each playing with a deep breath and then on the out breath I sort of think. So I'm trying to just take in the whole environment and get a feeling of what's needed out there.*

James also spoke about the reciprocity of his experience and how he is affected by the music while he is playing:

*Sometimes I'll be in the hallway, and there might be nobody there and I'll come very close to crying and I notice that and I use it now because I'm thinking, it's working both ways, not only is the music affecting me but I want to put this into the music so that people can hear it. You know what ever "it" is.*

When asked if he felt like he is intuiting that sadness from the environment, James replied:

*Sometimes yeah, sometimes it's just from the music, often it's just from the hospital setting. It does feel like it's other than me. In terms of improvisation and intuition there's another issue. How much do you allow yourself to be distant from the experience? Or how much do you need to be distant from the experience in order to function, versus allowing yourself to be swept away by the music and still be there and maintain your integrity so that you can manipulate it in such a way. I still find it a very fine line.*

James's descriptions here touched on the ideas of deep listening and self-awareness. Once he has opened himself up to the environment and to the music, he has entered that circle of moving the music and being moved by the music. His intuition informs his music and then he allows himself to be moved by his own music and use the emotions that arise by bringing them back into the music. He is cautious of remaining present in the moment and not getting swept away by the music to the point where he feels he is no longer functioning as a therapist.

Nathan's description of his state of mind as he enters into and becomes engaged in an improvisation echoed some of what James had expressed in terms of letting go and opening oneself to the experience:

*I think there is something about having both clarity and ambiguity, you know those paradoxical things, form but not predictable. I think all of those things help to create and to harness the intuition into something clinically potent. You are vulnerable. You have to put yourself in a state of receiving and not ordering or planning or directing and yet you do something, we're doing something, we're creating something, we're forming something.*

James spoke about opening himself to the environment and Nathan talked about needing to be in a state of receiving, not ordering or planning. Nathan went on to describe the paradoxes that he experiences during an improvisation: clarity and ambiguity, and form without predictability. His description of improvisation and intuition are woven together and almost exemplify the idea of the circle. Once he is in the state of receiving the interplay of the intuition guiding the music and the music guiding the intuition begins.

When examined cross-case, each of the participants statements reflected a sense of weaving the experience of intuition into the experience of improvisation. Intuition is creative and creating an improvisation can be intuitive. All of the participants found a way to enter the circle to open up to this creative process, by letting go and receiving what was there.

## When Intuition Informs the Music

*When I open myself to the moment and listen deeply to the client, my intuition can guide the music that I play. This music comes from a place where I am not analyzing or organizing in a conscious way.*

As the participants listened to their own clinical improvisations they began to reconstruct some of what they were experiencing at the time. In addition, observations were made as a result of repeated listening to the improvisations on tape. Based on the descriptions given by these music therapists, there were times when their intuition informed the movement of the music.



Nathan described how his intuition informed his music after listening to a song improvisation with an adult client. He observed how he opened himself to the client and to the possibilities in the music. He did not approach the client with a preconceived idea about what the music would or should have become:

*When I started playing I didn't think, "Oh, here I am playing this chord progression." I didn't know what I was going to play. I was just letting my fingers go and where I stopped was really a chord that didn't take us to the root chord, it was some other place, it was still open. So there is something about intuition to me that feels like if I'm really going to tap into it, the thing is not totally predictable before, like here is the chord progression, "I, vi, ii, V." I'm not thinking that way.*

In this example Nathan allowed his intuition to guide him into the music. His intuition informed his music.

Based upon this observation, James continued with a more general discussion of clinical improvisation and his sense of how he uses his intuition. He described a consciousness about making clinical decisions based on experience, but he also leaves himself open to intuition that might move him to play in a certain way before he has consciously made a decision to do so. In this way, Nathan believes that when he is improvising he is always tapping into his intuition:

*When you are improvising I think it's just part of the process that you are tapping into the intuitive faculties. There's something about creating music, you are harnessing something that's more than just intellectual cognitive choices, you are getting into something archetypal or universal, and to me when you enter into that musical potential creative space you are harnessing intuition.*

Ted's experience of his intuition informing his music was captured in an improvisation with the adult client. After the client began playing tentative single notes in the upper register of the piano, Ted wandered around on the keyboard as the client's melody moves down toward the middle register of the piano and finally landed on a single note. Precisely at this point Ted joined the client's note with chord in the lower register. Ted has entered into the improvisation and as a listener I felt a clear shift in the music, the tempo settled into a slow 4/4, and the client's melody changed from wandering to something more expressive and connected. Ted described his experience at the point in the music where he joined the client's music with his chord:

*I felt that shift, as if we had started something. I felt like as soon as I played that chord and his one tone, the quality of that one tone changed. I knew we were in a different place, everything changed. And then I felt I could move around harmonically. I just started to move and the other thing that came into my mind was, "Yes one tone," obviously octaves, but harmony, changing, shifting harmony. I just felt like we were going to go on this kind of harmonic journey together. That it wasn't static. We were going to go somewhere and obviously I was being influenced by the way he was playing those tones. It spurred me on to playing different harmony and thinking, "Oh something new, now something new here." I played more forcefully or there'd be some kind of tension, like sustaining a diminished 7th and then resolving or then an abrupt shift from major to minor*

*and then back. Just these shifts that were, like all of a sudden it was all possible, it could be abrupt it could be smooth, it could be. I just felt that once we started, that was it, we could just keep going. And when you keep getting that kind of feedback of it happening it spurred me on to do more.*

There is a quality of movement in the words and the way that Ted described his experience in this improvisation. He was so clear that a shift had occurred the moment he heard his chord with the client's single tone. This was where he entered the circle. It seemed from his description that his intuition helped to guide the movement in the music and then the process became cyclical as the music from the client informed his intuition and so on. Ted's experience and description illustrate that circular and interconnected relationship of intuition and improvisation.

### Effortless Music: When Music Informs the Intuition

*When I am deeply engaged in an improvisation with a client the music begins to move through me with ease. The music seems to inform my intuition.*

Just as there were times when the participants were clear that their intuition was informing their music, there were also times when the music began to move along with an effortless ease as if the music itself was informing the therapist's intuition.

Previously, Sandra spoke about her experience during a session with her young client, where they improvised together throughout the entire session. She described her sense of being a vehicle for the music; as it seemed to come through her with little effort. She continued by saying:

*That is the strongest way that I think of intuition, musical intuition or just general intuition. And I feel like there is a tie in with creativity, almost like the best creative moments feel effortless, like it's just coming through. I felt that I had no trouble whatsoever matching where she was in terms of timbre or any of the elements of music, volume or quality of sound. It was just somehow there. And there were several changes in the type of music during the session and there was no trouble staying with her. I equate intuition with being in sync.*

For Sandra the experience of intuition is closely connected to creativity and she believes that the best creative moments feel effortless. She also spoke about being in synchrony with her client, this sense of connectedness that she attributed to her intuition. She was able to be fully present and engaged with her client in the act of creating music by remaining open and allowing the music to move through her.

Sandra went on to describe her own surprise at her musical abilities during this particular improvisation. There was something different about this experience that she attributed to her intuition.

*I know myself musically; I did things throughout this session, in the middle and at the very end where I brought back melodic phrases and harmonies from the beginning of the session. That is not always easy for me if the music is improvised and this session was all improvised. I can often remember the music but I can't reproduce it easily on the first try. This time it was like the music was*

*just there. I remember even at the time thinking wow! It was almost an out of body experience, as I was observing myself and saying "Wow, look what I just played, I wish I could do that every session."*

Sandra was able to access her creative skills but also engage her mental and physical memory in reproducing improvised music without apparent thought. It was as if the music became a part of her intuition. The music informed her intuition.

James spoke in a similar vein about his experience of intuition during clinical improvisation. A close look at his imagery here shows a connection with Sandra's ideas about being a vehicle where the music moves through the musician with an effortless flow:

*I think part of the strength in intuition is allowing yourself to become really fluid so that you just go with whatever comes up, it's like a river on a river bed where it's just winding around. And the best times are when you can just be paddling along with the current and just floating rather than fighting against it.*

James's words seem to summarize Sandra's experience. She allowed herself to become fluid and was able to move along with her client. She was not fighting the current; she was a part of it.

#### *Messages in the Music*

It appears that when a therapist is able to detach from the music while at the same time remaining present in it, there is another layer of information that can be intuited from the music. In these examples the participants described other ways in which the music informed their intuition. They talk about the experience of simultaneously being both listener and performer of the music. They were in the music, creating the music, and at the same time listening to how the music moves them.

While Sandra watched the videotape of the session she selected for our interview she made the following observation about the music that began the session. She was playing the piano and the child was playing a triangle:

*I wasn't really conscious of this at the time, but I was conscious of the fact that I felt like something big was going to happen and I felt as if the music gave me that impression. What did that music sound like, that first music? I guess it was fairly open, it's sort of like when you go to see a show and you hear the beginning, like the overture of an opera, you hear the beginning music, it's setting the stage I think that's what made me say that I really knew something was going to happen because that's what kind of music it was. It started immediately in a constructive way as if she had work to do. That was the feeling, she was coming to this place to work and she knew she could do it here.*

As Sandra created the music along with her client she was intuiting what to play based on her sense of what the child needed. Simultaneously, as she listened to the music it seemed to inform her about a sense that something big or important was going to occur during this session.

Nathan also spoke about being informed by the music. In this case he was talking about his experience working with a co-therapist. He was not the one creating the music but he felt that the music informed his intuitive sense of what to do with a client.

*I can remember working as a co-therapist where the music just told me what to do the whole time. The person at the piano was playing and I just knew what to do the whole time. I don't know if that's intuition or just understanding about or having a relationship to music that gives you clear ideas about how to respond to it. Maybe that's a part of intuition also, having faith that in the moment of not knowing the music is going to bring you someplace that you need to go.*

As Nathan thought out loud he was conscious that he had a strong relationship to music. His experience and education have some bearing on how he responds to the music, but he also refers to his intuition. He reminds us of the conditions that surround intuition: *experience, education taking that leap of faith, trusting in the music and deep listening*. All of these conditions acting in concert with one's intuition create that immediate sense of knowing. In this case, Nathan felt that the music informed his intuition and told him what to do.

### Summary: Intuition in the Creative Process

I return to the circle or cyclical nature of intuition as part of the creative process of clinical improvisation. Once a therapist has entered this circle and becomes engaged in the process of improvisation, there is a pattern and interplay between intuition and the creation of music. There is an opening of self to the process of creating, and an opening to receive the client. This opening requires a letting go of rules and a freedom of thinking. The opening leads to a deep inner listening where intuition begins to guide the music as it is formed. The therapist then becomes so engaged in the music that he or she feels it is moving freely through him/her. In this experiential state, the music begins to inform the intuition, and the cycle continues.

## DISCUSSION: PART FIVE: HOLISTIC VIEW OF INTUITION AS EXPERIENCED BY MUSIC THERAPISTS

As I began to review all of the categories and theme statements that emerged from this study, there were many images that came to my mind in an effort to holistically describe the participants' experience of intuition. The first diagram that I created to encapsulate my thinking began as a series of concentric circles, with *Intuition* at the center and moving outward was *Experience, Conditions, and Therapeutic Relationship/Creative Process of Improvisation*. What I was trying to depict was an image that could be read from the outside in or the inside out, one that was not necessarily a hierarchical way of viewing the experience, but rather a way of seeing the multilayered aspects of all that was occurring in a single moment. In the process of creating this diagram, the circles began to grow into ovals. As I looked at this new form, I was reminded of an image from an analytic memo I wrote after completing my first participant interview:

Researchers Memo 7/12/02: Interview 1.1

As I was driving home from this interview I had this image of a flashpoint come to my mind, that moment when a match strikes something and then ignites. That was how I pictured this participant's experience of intuition. There were concrete

foundations to her process, like the match and the friction needed at the point of striking the match, but it all comes together in a moment to create that spark that leads to the flame.

When I wrote that memo I remember thinking that I was not sure what the significance of this image was, but I did know that imagery and metaphor has always served me when I sought to understand something more deeply. As I looked at the diagram of concentric ovals, I began to see the image of a flame, and was once again returned to the very place I started: the first interview.

Some of the participants had actually referred to intuition as a *spark* or *flash*. These are words that can also be used to describe the flashpoint of a flame. A flame is a source of energy that moves and changes the form of that which surrounds it. Similarly, the intuitively informed actions of these music therapists led to changes in their clients and in the therapeutic relationships.

Figure 1, represents a summary of the findings of this study. If one views it using the metaphor of the flame, *intuition* is positioned at the base of the flame (at the flashpoint), and the elements of the experience move upward away from the hottest point. Intuition in this position serves as the source or center of the flame. The next area on the diagram contains the different ways in which intuition is *experienced*, such as visual, auditory, physical, emotional and spiritual modes.

The experiencing of intuition through these modes occurs within the context of the *Conditions that Surround Intuition*, which is found in the next oval. These conditions exist within the greater context of the *Therapeutic Relationship and Creative Process*, the outer most oval. All the aspects of the experience were purposefully encapsulated within the contexts of the *Therapeutic Relationship* and the *Creative Process* because the experiences of intuition described by these participants all occurred within these contexts.

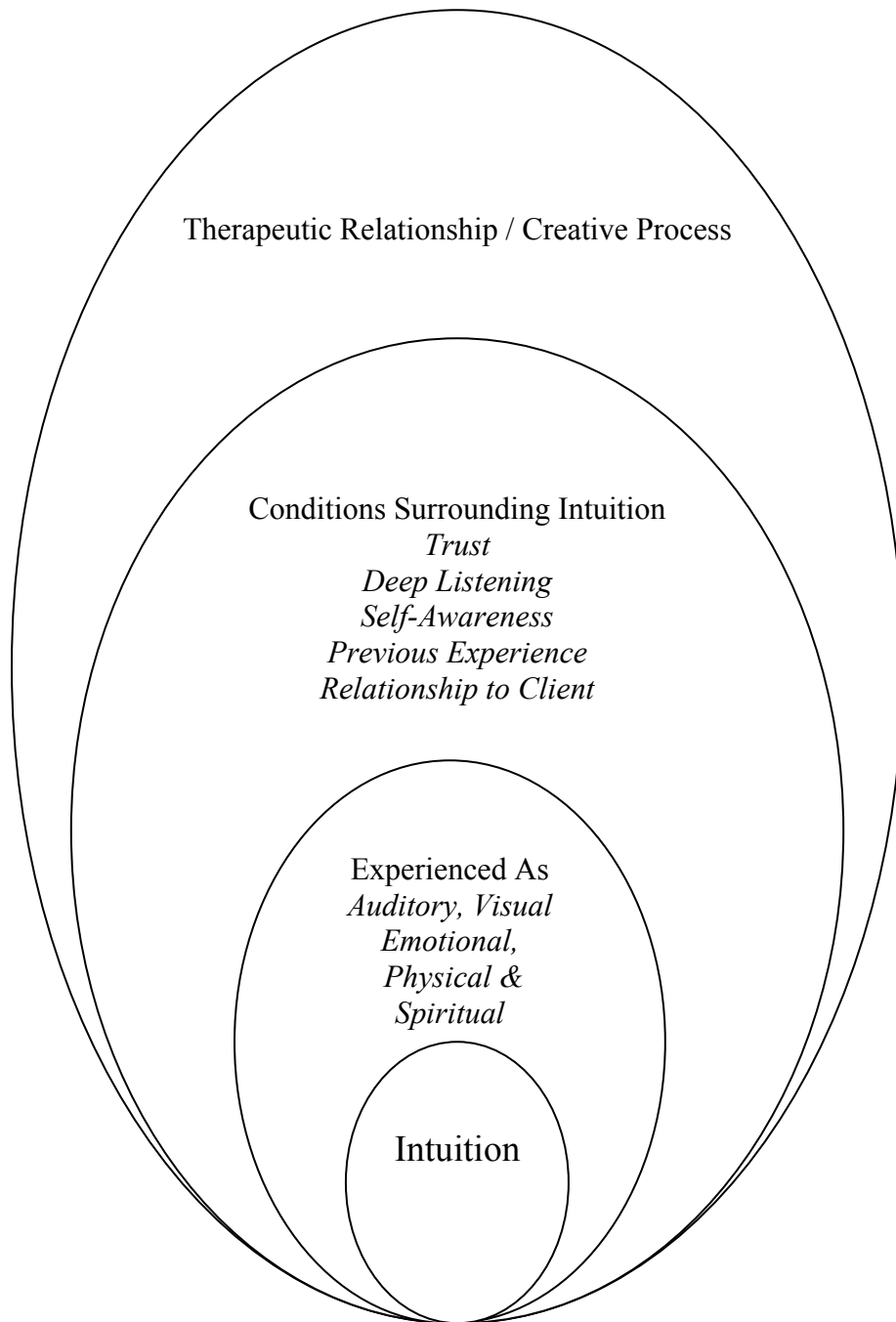
## Music Therapist as Intuitive Musician and Therapist

As I spent time reviewing and revisiting this diagram in the recursive style of qualitative research it brought me further into the experience of intuition and opened up more thoughts and questions on the topic. Specifically I began to wonder, is there something about the experience of intuition for the music therapist that differs from the musician or therapist who uses intuition?

Music therapy is a multidimensional experience that includes a therapeutic process and a creative process. The music therapist who works within an improvisational framework is both creative musician and therapist simultaneously. Is there a difference, then, in this experience for a musician and music therapist?

The intent of the participants in a music therapy session defines and orients both the verbal and nonverbal processes comprising the session in a manner that is not reducible to the significance of these activities in fundamentally different contexts, such as that of verbal psychotherapy or a musical performance. Thus, there is the need to understand music specifically—and solely—in terms of the uses it is put to in the context of music therapy process. (Aigen, 1991, p. 78)

Figure 1. Holistic View of the Music Therapist's Experience of Intuition



Just as it is important to understand music specifically in terms of its uses in a music therapy context, it is important to understand the music therapist's experience of intuition as it occurs within this therapeutic music making process. Because all of the participants in this study worked within an improvisational model of music therapy, there is an emphasis on the discussion of the experience of intuition during improvisation. Comparisons have been made between the improvising music therapist's and the improvising jazz musician's experiences of intuition. The music therapist who enters into an improvisation has a slightly different focus from the improvising musician, namely the therapeutic agenda and relationship.

Kenny (1982) believes that:

although the jazz or blues musician interprets musical improvisation as being a mutual agreement on some basic form and variations and interpretations of that form . . . musical improvisation for the Music Therapist usually follows a more spontaneous form. Development, interpretation, and variation of spontaneous music produced by the patient or client becomes the focus. (p. 116)

Ruud (1995) elaborates on these ideas as he makes a similar comparison to improvisation in music therapy and in jazz.

Improvisations in music therapy may have fewer musical rules and conventions to follow, the musical frames may be established by the participants while playing. . . . By letting the improvisation be handled within the cognitive boundaries defined in our culture as 'therapy,' there will be themes which may be significant within the therapeutic context. It is this therapeutic reality, which deals with existential themes, conflicts, or dramatic life circumstances, the musical improvisation—as play—will seek to transform. (p. 95)

Kenny and Ruud imply that there is a freedom in an improvisation that occurs between music therapist and client that differs from an improvisation between jazz musicians. Perhaps this freedom from musical rules and form enhances the music therapist's experience of intuition during an improvisation.

Additionally, Csikszentmihalyi (1998) describes what he refers to as the *Flow Experience*:

Flow denotes the holistic sensation present when we act with total involvement. . . . It is the state in which action follows upon action according to an internal logic which seems to need no conscious intervention on our part. We experience it as a unified flowing from one moment to the next, in which we feel in control of our actions, and in which there is little distinction between self and environment; between stimulus and response; or between past, present, and future. (p. 150)

Csikszentmihalyi speaks about an "internal logic that seems to need no conscious intervention." As intuition has been referred to thus far as a non-logical experience, Csikszentmihalyi's idea of an internal process that moves without need for conscious intervention bears some similarities to the experience of intuition. The unified flowing from moment to moment, and the sense of

connection between self and environment, are aspects of the experience of intuition as described by the participants in this study.

Csikszentmihalyi (1998) goes on to explain that the flow experience is most typically seen in play. He says “(t)he working out of creative ideas also involves analogous experiences. In fact, almost any description of the creative experience . . . gives experiential accounts which are in important respects analogous with those obtained from people at play” (pp. 150-151). The process of creating improvised music has the potential for this flow experience and creates the potential for the intuitive experience as well. Based upon the experiences of the therapists in this study, I believe there is a relationship between intuition and the flow experience, particularly as it relates to the process of improvisation.

Where the rules of music may be somewhat suspended for the music therapist, the guidelines of therapy are present and influencing both the improvisational and intuitive experience. This is where the musician’s and the music therapist’s experience of intuition in improvisation differs. The intuition that guides a music therapist during an improvisation occurs spontaneously and requires flexibility on the part of the music therapist. As music therapists enter into improvisations with their clients, the possibilities that lie in the music grow out of an openness of form that is centered on the clients’ needs, abilities and music. It is the dual role of improvising musician and therapist that is the foundation for the intuitive experience of the music therapist. The intuitive knowledge not only informs the creative process of the music itself, but it also informs the therapist’s sense of how to guide or direct the client toward growth within the music therapy process.

Due to the nature of a therapeutic relationship, the music therapist at some point must reflect on intuitive information and how it is being used to determine what is in the best interest of the client. This reflection may occur before or after the music therapist has taken an action based on intuitive knowledge. An improvising musician may or may not find the need to reflect back on the direction that his intuition guided his music.

Taking Csikszentmihalyi’s (1998) concepts of flow one step further, the therapists in this study described feeling most intuitive when the music flowed between client and therapist. It seems that the music itself becomes a conduit for intuitive knowledge, and this in turn feeds back into the creative process of music making.

## CONCLUDING THOUGHTS

The image of the inner workings of a kaleidoscope came to me as I considered the music therapist’s experience of intuition during an improvisation. Inside the kaleidoscope are three mirrors positioned in the shape of a triangle. This formation of mirrors reflecting off one another is part of what creates the images that are seen through the kaleidoscope. If the kaleidoscope represents the creative process of clinical improvisation, then the mirrors could represent (a) the musician, who is concerned with musical aesthetics and has a foundation of learned techniques and skills; (b) the therapist, who addresses specific goals and draws from a particular theory or theories; and (c) the music therapist, who creatively and intuitively combines the skills and knowledge of the musician and therapist.

Throughout this study I have described several music therapists’ experiences of intuition. It was my goal to delve deeply into these experiences so that those who are interested may gain a greater understanding of intuition. In so doing, I also hoped this it would enable the reader to begin to relate to, and understand, their own experiences of intuition.



Intuition occurs in a moment, a flash: as if a flame has been ignited. All that has been said up to this point leads back to the completeness and simplicity of that moment. There is no logical explanation for this experience yet listening to the voices of the participants gave me a greater understanding of the experience of intuition. Based on the experiences of the participants in this study I have come to understand that (a) the knowledge gained through intuition is useful to music therapists, (b) intuition does influence the actions of music therapists as they form musical and verbal interventions, (c) the interventions guided by the music therapist's intuitive knowledge have a positive effect on the client and the direction of the therapeutic process, (d) the ability to recognize and use intuition is a skill that can be developed through experience and self-awareness, and (e) intuition is integral to the process of clinical improvisation.

I conclude here with a story from the Tao Te Ching that talks about the usefulness of "nothingness" or space:

Thirty spokes on a cartwheel, go towards the center,  
but look there is nothing at the center and that is precisely why it works.

If you mould a cup you have to make a hollow:  
it is the emptiness within it that makes it useful.

In a house or room it is the empty spaces—  
the doors, the windows— that make it useable.

They all use what they are made of to do what they do,  
but without their nothingness they would be nothing.  
(Kwok, et. al., 1993, p. 46)

I create a space now for the reader, to take what is useful from this study, to consider the contents, but leave room for the doors and windows to open to new possibilities and views of this experience of intuition.

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