CRYING IN MUSIC THERAPY:
AN EXPLORATORY STUDY

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ABSTRACT

To date, no research has been conducted on the reasons, meanings, or outcomes for adult clients who cry during music therapy sessions. Therefore, the purpose of this exploratory phenomenological study was to describe the lived experiences of individuals who cried during music therapy sessions or during experiential trainings. Participants included five female music therapists and two music therapy students (one male and one female). Open-ended interviews were conducted via e-mail. Results suggest that crying was a common, spontaneous, and powerful phenomenon that was accompanied and intensified by seven overarching personal discoveries: (a) a truth revelation, (b) a countertransference message, (c) an acceptance of repressed feelings and a cathartic emotional release, (d) a feeling of reassurance upon acceptance of feelings that had previously been ignored, (e) a difficult-to-define but helpful nonverbal manifestation of emotion, (f) a confirmation that one has overcome painful past events, and (g) a transitional life change message. Further research is needed to more fully understand this complex phenomenon and its role in various music therapy contexts.

INTRODUCTION AND RELATED LITERATURE

The most common music experiences used in music therapy are improvising, composing, re-creating, and listening to music (Bruscia, 1998). During these experiences, clients may have a variety of emotional reactions, some difficult and others quite uplifting. The present research explored the lived experiences of seven adults (in the role of client, music therapist, or student) who cried during music therapy sessions or experiential trainings. In these contexts, crying was identified and defined according to each adult participant's own experience. Although crying appears to be a common phenomenon in music therapy sessions, relatively little is known about the nature of this response. I found no research that explored reasons, meanings, or outcomes for adult clients who cried during music therapy sessions. However, psychologists and cultural theorists have made notable contributions to the literature on the subject of crying at large. A summary of these contributions will now be presented, followed by an overview on my personal relationship to the topic.

Perspectives from Psychology

A number of theoretical writings in the area of psychodynamic therapy suggest that crying is a spontaneous and helpful release of pent-up psychic energy. For example: (a) Freud (1953) considered crying to be a healthy catharsis of repressed instinctual energy and emotions; (b) Sadoff (1966) asserted that crying helps to release negative emotional energy; (c) Wood and Wood (1984) proposed that crying could be a powerful cathartic experience—an emotional regression connected to unresolved issues of the past and triggered by a stimulus in the present; and (d) Miceli and Castelfranchi (2003) believed that crying is a constructive way to discharge inhibited emotions. These ideas are also supported by survey studies and other self-reported data.

A survey by Nelson (2005) that investigated the benefits of crying revealed that 70% of the clinician respondents considered crying to be a positive therapeutic experience for their clients, especially with regard to the release of tension that occurred as a result. Similarly, Vingerhoets, Rottenberg, Cevaal, and Nelson (2007) conducted a survey on past episodes of crying wherein 60% to 70% of the participants reported experiencing feelings of cathartic relief after crying. In a large international study that investigated the cathartic aspects of crying, Bylsma, Vingerhoets, and Rottenberg (2008) identified contextual features of crying episodes that were predictive of catharsis. These included: (a) receiving social support, (b) experiencing resolution to the event that caused the crying, and (c) achieving a new understanding of the event. Crying episodes where there was an attempt to suppress the crying or where one experienced shame because of crying were less likely to be cathartic. Similarly, Nelson (2005) theorized that without social support and understanding, crying might be detrimental to forming positive attachments and to mood. In other words, the social context in which the crying occurs, and the reactions of others in terms of empathy, communication, and bonding, may determine the quality of its effect.

Anderson (1996) conducted a unique phenomenological analysis wherein she facilitated in-depth interviews with three Christian women for the purpose of examining their experiences of spontaneous and involuntary weeping in religious contexts. She found that participants' lived experiences of weeping were "transformative" and that these transformations occurred as a result of increased internal (i.e., self) and external (i.e., universal) awareness. However, further research is needed to determine the potential applicability of these results to other contexts.

The psychodynamic literature also indicates that therapists' crying (during their clients' sessions) may contribute positively to the development of therapeutic relationships. Furthermore, clients may experience both their own crying and their therapist's crying as valuable ways of gaining insight (Harris, 2007). A phenomenological inquiry by Waldman (1995) explored the countertransference experiences of 10 doctoral-level psychologists who cried during their clients' therapy sessions. Nine of the participants stated that their tears were related to a death or loss that they had experienced during the time they had been treating the patient. They believed that this personal experience of loss helped them to better understand their clients' losses. Nine of the participants believed that their empathic crying usually facilitated the patient's work, four stated that they had moved away from a classical understanding of neutrality in sessions, and six now completely dismissed the utility of remaining neutral

within sessions. Only one participant felt badly about crying during his client's session, as he felt that this might have caused the client to experience anxiety. In a survey study that investigated both therapists' and clients' opinions and experiences with regard to therapist crying, Caron-Besch (2006) found that some respondents (both therapists and clients) believed that therapist crying contributed positively to the therapeutic process under the right circumstances (e.g., to convey empathy, provide validation or support, or build or strengthen rapport). However, some respondents also "indicated that crying can take the focus off the client and put it on the therapist, cause an inappropriate role reversal in which the client becomes caretaker or comforter, violate therapeutic boundaries, or suggest that the therapist is unstable or weak" (p. 64). Ultimately, the author concluded that additional research is needed to more fully understand the potential positive and negative aspects of this occurrence.

In contrast to the psychodynamic perspectives cited above, cognitive psychologists operate from the assumption that crying is the result of cognitive interpretations of events rather than a spontaneous emotional response. In other words, individuals "decide" to cry based on their perceptions of an experience as being sad, joyful, or depressing (Ellis, 1962). Cognitive psychology purports that people create their own emotional realities based on their own internal thinking and prior experiences and focuses on the cognitive shift that produces the intense release rather than on the catharsis itself (Efran & Spangler, 1979). Labott and Martin (1987, 1988) emphasized that individuals should be oriented toward acquiring more satisfactory beliefs and behaviors in order to reduce emotional arousal and resolve tension. It is the cognitive changes that are considered to be most important when one considers therapeutic benefits that may be related to crying.

Several publications have explored crying in relation to personality traits and/or gender. In a study that investigated gender and individual differences in adult crying, De Fruyt (1997) reported that female participants, as well as "neurotic" or "extraverted" participants, cried more frequently than their counterparts. Additionally, subjects with low self-esteem or those who excited easily cried more often than subjects who had high self-esteem or a calm disposition. Similarly, Vingerhoets and Cornelius (2001) found that female participants with low self-esteem cried more often than male participants but that neurosis was a significant predictor of crying for both genders. Becht and Vingerhoets (2002) also found that that subjects with higher levels of neurosis reported crying more frequently than subjects with lower levels of neurosis. However, Rottenberg, Bylsma, Wolvin, and Vingerhoets (2008) found that neurotics reported similar benefits from crying as non-neurotics (e.g., sense of calmness). Finally, Vingerhoets and Scheirs (2000) found that adult women participants cried more intensively and frequently than adult men but did not find that this tendency was linked to any specific personality traits.

Some social theorists have explained crying from a symbolic point of view—examining it in relation to empathy, social bonding, communication, and mood. Bowlby (1988) considered crying to be an innate part of the attachment system that is used to draw attention and evoke empathy. Similarly, Frijda (1986), as well as Hendriks, Rottenberg, and Vingerhoets (2007), believed that crying could facilitate or strengthen social bonding because it elicits empathy in others. In order to observe how crying produces empathy, Roes (1990) conducted naturalistic observations of children. This inquiry revealed that crying was a particularly useful and effective way to communicate

emotions nonverbally, which in turn induced empathic and socially appropriate responses. According to Kottler (1996), this may happen because crying is a form of empathetic "para-language" that effectively evokes and communicates intense emotional states (e.g., fear, despair, anger, love).

Music psychologists have described how listening to music can evoke emotional responses, including crying. These responses can occur quickly and may even begin within the first few seconds of listening to music (Frey, 1985). As in the psychodynamic literature cited above, Sloboda (1991) described the act of crying as a release of pent-up psychic energy, based on the idea that people often feel better after a good cry. In a study that examined physical reactions while listening to music, Sloboda found that melodies that produced tears helped participants to achieve momentary feelings of relaxation. In a study that investigated film-induced emotional crying, Randall (1991) observed that people often cried at movies after the climax of the music and the accompanying tension of a sad scene had resolved. Witvliet and Vrana (2007) examined repeated exposure to emotionally evocative music under controlled laboratory conditions. They found that even after repeated exposures, participants continued to be affectively responsive to the music and suggested that the effects of music listening may be mediated by the emotions that the music induces. This seems particularly relevant to the present study, which examined experiences of crying (i.e., an affective response) in *music* therapy contexts. It is important to note, however, that although the music psychology literature summarized here explores potential relationships between listening to music and crying, I found no literature that explored possible relationships between the act of making music and crying. The results of the present study may help to address this gap in the literature.

Perspectives from Cultural Theory

Cultural theory is a branch of anthropology that seeks to examine and define cultural phenomena (e.g., social, political, historical). Accordingly, cultural theorists assert that the social function and significance of crying can vary considerably across cultures and that it has various symbolic and expressive functions (Plessner, 1941; Smith & Riley, 2009). For example, during grieving ceremonies, the Maoris of New Zealand as well as the Bosavi of New Guinea consider crying to be the most authentic way to communicate and express heartfelt feelings and sorrow (Vingerhoets & Cornelius, 2001). For the Kariñas in Venezuela, the "boomaankano" (crying ritual) serves to honor the dead and express heartfelt feelings of sorrow. However, seven days after the death, the crying ritual ends and the mourners switch to a celebration ritual (Sheññorisjsha), wherein the mood changes radically into one of joy signifying that person who has died has reached the spiritual domain (Monsonyi, 2002). For the Punjima people in northwest Australia, grieving and crying at funerals appears to be a "mandatory" practice for the community in addition to the authentic grief and pain expressed by loved ones. In the Native American Zuni culture, mourners cry for the dead for four days, until the chief indicates that mourning may end. For some theist cultures, tears are considered to be a gift from God that not only serve as a tribute to "Him" but also purify the crier and liberate her/him from punishment, thus promoting the idea that crying might condone sins (Lutz, 1999).

Conversely, in some cultures, crying is considered to be an inappropriate expression of emotion. Although Matsumoto (1990) indicated that Japanese people often cry during "good-bye" speeches, research conducted by Hofstede (1980) found that in Indonesia and Japan, public displays of crying are viewed as being inappropriate. Similarly, Balinese are discouraged from crying after the death of a loved one (Rosenblatt, Walsh, & Jackson, 1976). Stearns and Knapp (1996) stated that in Western cultures, crying is an expression of emotion that has been firmly constrained and considered by many to be a waste of time and energy. They also argued that the study of crying as a universal phenomenon is not a useful endeavor, as crying has no valid explanation outside of social and cultural contexts and that the meanings of emotional expression are shaped by cultural experiences. This position is supported by the results of a cross-cultural study on crying and mood change conducted by Becht and Vingerhoets (2002). Their results suggested that "how one feels after a crying episode depends on how common crying is in one's culture and on general feelings of shame over crying" (p. 88).

My Personal Relationship to the Topic

Aside from the above speculations and interpretations on the meaning or significance of crying, the literature contains limited and somewhat ambiguous information on the phenomenon of crying—particularly with regard to its potential for impact on personal growth and development. Furthermore, it is not known if or how the information outlined above applies to music therapy contexts. However, my own personal experiences as a music therapy client in both individual and group therapy settings led me to believe that this topic was worthy of investigation.

For me, crying has been a means of emotional release and discovery, a transitional expression, or a way of sharing emotions with others. In my own therapy, I once experienced a very powerful Guided Imagery and Music (GIM) session in which I cried intensely.[1] In three previous GIM sessions, I had experienced a reoccurring image where a circle of light "insisted" on permeating my head. It was as if the light wanted to bring me a message but I was afraid of the message and resisted the light whenever it emerged. Finally, during the session in question, my guide (therapist) took my hand and held it. With the support of Brahms's *Requiem* and my guide, I surrendered to the light and allowed it to enter my entire body. I began to cry intensely as I discovered a personal truth—one I had been resistant to recognizing for about four years. For me, the experience of crying intensified my feeling of the "giving up" of that resistance and allowed a truth to be revealed by permeating my entire being. As a music therapist, this personal experience led me to wonder about clients' experiences of crying in music therapy and the role(s) that crying might play within their own therapeutic processes.

Research Questions

In his article "Prolegomena to a Phenomenology of Crying," González (2009) suggested "the need for approaching crying from a phenomenological perspective that accounts for

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[1]GIM is a form of music psychotherapy in which the client images to music and dialogues with the

the immediate experience of the event, without using theories that lessen the phenomenon's richness" (p. 17). He questioned previous research that merely defined crying as a biological act, an action opposite laughter, and/or a simple human expression. He asserted that few efforts have been made to explore the essence of crying as a total and profound human phenomenon. In particular, little research had been done on the lived experience of crying from the crier's point of view. Given this lack of research and my personal relationship to the topic (as outlined above), the purpose of the present study was to investigate the lived experiences of adults who cried in music therapy contexts. Specifically: (a) What evokes the crying response in music therapy? (b) How does the crying response unfold in music therapy? (c) What are the perceived outcomes of crying in music therapy?

METHOD

Design

Because so little was known about the phenomenon of crying in music therapy, this study was exploratory in nature. Furthermore, because I believe that there are no meaningful ways of quantifying the significance of a crying response, this study was qualitative, descriptive, and phenomenological in design. It focused on the lived experiences of the participants as described by them, in their own manner, using their own words.

Participants

I employed a convenience approach to sampling. I sent an invitation to participate via e-mail to six music therapy colleagues and five music therapy students who had expressed interest in participating as a result of recruitment efforts. The main criteria for participation were: (a) the individual had cried as a client, therapist, or student in a music therapy session or in an experiential training session, and (b) the individual was willing and able to describe a crying experience in detail via an e-mail dialogue with the researcher. Initially, all 11 individuals agreed to participate, but ultimately five female, board-certified music therapists from the United States and two music therapy students from South America (one male, one female) participated in this study. Ages ranged from 23 to 50 years.

The Universidad de Los Andes and its Council of Graduate Studies granted ethics approval for this research. I obtained informed consent from all participants prior to any data collection. I assigned pseudonyms to participants to ensure their anonymity.

Data Collection Procedures

I asked participants to write via e-mail communication about their experiences of crying in music therapy. The following questions were posed: (a) Please describe as fully as possible an instance when you cried while participating in music therapy. (b) What feelings did you have when crying? (c) What method of music therapy triggered the crying: improvising, listening, re-creating, or composing? Participants were also encouraged to freely share concerns and/or opinions or ask for clarification.

The music therapist participants completed their answers and returned them to the researcher within one week; the students took two weeks. I thanked the respondents for their participation and gave them the option of receiving follow-up information. I saved each e-mail response in Microsoft Word and categorized it by name (pseudonym) and date received.

Data Analysis

I analyzed the data by adapting a method of phenomenological analysis developed by Colaizzi (1978). My modifications or substeps appear below in *italics*. I have included examples from one participant's ("Anna") data to help illustrate the analysis process. The steps were as follows:

1. I read all of the descriptions to acquire an overall feel for them and to begin making sense of what each participant was saying. I looked for inherent meanings or what was intended to be in each description. *Preparing the data: I collected all of the descriptions and organized them according to the order in which they were received. (Anna was the first participant to submit her description.) I reformatted them so that I could use the margins to write my own reactions, reflective notes, and immediate countertransference reactions as I reviewed the text. Reading: I read each "crying description" to become familiar with the text, and I wrote my reactions in the margin. For instance, while reading Anna's description, I wrote: "I would have protected you! Moving story! Need for empowerment?" By using this global approach, I simply captured what was there both in a concrete ("I was playing instruments ... isolated ...") and symbolic ("... behind the walls that I had built up ...") manner. I began to try to make sense of the data while still maintaining the richness and beauty of each description. Rereading: I reread each text, this time paying attention to the actions, feeling tone, and sensory mode of the experiences to glean what was intended. For instance, Anna was sitting on the floor improvising with her voice and percussion instruments (action), initially experiencing a sense of isolation and a feeling of being trapped (feeling tone), imagining herself breathing and standing up (visual imagery). By doing this, I found that I was already applying a circular process to extract significant statements that would lead to themes (e.g., "the walls only came up to my knees"). I kept the analysis and emerging themes as simple as I could to ensure flexibility in the ongoing process of analysis and categorization.*

2. I extracted significant statements from the protocols (i.e., phrases or sentences pertaining to crying) and focused on understanding these statements as a whole. *Circular reading: I reread the texts and all that I had written to return to ideas and obtain deeper understanding, this time aiming to find themes. Breaking into parts: I broke the material into parts and examined the components of each description. I noted the places and times where each participant started and continued to cry. I extracted phrases or sentences that related specifically to that issue or theme. For instance, Anna began crying when "she stepped over the walls" that "she had built up"; her "epic crying" inspired her to gain enough "control" and "strength" to realize that she was "taller" than the "walls" she*

had created. This process led me to make tentative interpretations, such as:"After describing how powerless she felt as a child, Anna's need for empowerment emerged as a dominant idea." Identifying the main issue also helped me to start formulating tentative meanings. Confirmation: I asked a colleague to review the tentative meanings and to compare his understanding with mine. This helped me to identify my own preconceived notions or assumptions. I also followed up with each participant via e-mail and asked him or her to review and correct my interpretations as needed. The participants' feedback was incorporated into the transcripts.

3. I tried to understand what the participants meant within the context of their own terms and then formulated general meanings. *Identifying and classifying: Once the main crying theme was identified for each description, I looked for the corollary crying themes that started to emerge. I wrote down each emerging theme, keeping them as simple as possible (e.g., Anna's sudden insight and realization). These co-themes were carefully grouped and examined to create formulated meanings. In Anna's description, self-awareness emerged as a co-theme (e.g., "I suddenly realized that the walls" [that she had built up] "only came up" [to her knees]). Once all the themes were grouped, I again reviewed each description and its themes with my annotated responses to understand the text more thoroughly sentence by sentence. Patterns were discovered within each description, which helped me to identify key elements and paraphrase a general meaning. The crying descriptions provided by each participant were reviewed in order to discern formulated meanings. Circular reading: The formulated meanings were read as many times as necessary to get a sense of the general structure. The identified theme was used as a category, which contained the essence of each description.*

4. I repeated the first three steps for each protocol. The meanings from the seven descriptions were then grouped or organized into a cluster of themes. *Circular examining: I re-examined the texts and themes separately to see if there were any omissions or contradictions. I searched through the data to see if previous themes or patterns were recurrent either within a particular description or as universal themes. For instance, in Anna's description, the themes of empowerment and self-awareness emerged again when she emphasized: "I just kept being amazed to find that I'm taller than the walls." Here, I noticed that, in different degrees, self-awareness was a common component of all of the descriptions. The clusters of categories helped me to redefine the initial themes and provide flexible definitions for final interpretations.*

5. I created exhaustive descriptions of the themes obtained. A detailed, analytic description was compiled for each participant's feelings and ideas as they related to the identified themes. *Interpreting data: Once I had the underlying meaning of each theme and worked to identify topics that were progressively integrated into higher-order themes, I provided psychodynamic interpretations. The text was carefully examined in terms of the categories developed through this analysis to prevent overlooking any relevant information or inconsistencies during the interpretation process. I refined my subsequent readings of the transcripts to contrast developing themes and locate sections for possible psychodynamic*

interpretation (e.g., Anna was connected with her defenses). Each description was interpreted using psychodynamic language, and the essence of the description was contained in a final music therapy crying experience category.

6. I created a fundamental structure for each exhaustive description. *Constructing final statements: At this stage, I reviewed all of the data to obtain a comprehensive view of the information and to recontextualize it in order to construct a concluding statement for each description. I focused upon the underlying meaning of each theme and contrasted and compared each description to identify final themes. As a result, seven concluding statementswere constructed.*

7. I asked participants to review, correct, and approve the final description of their experience. *The descriptions were sent to participants via e-mail for validation before being integrated into the final results of the study. Final descriptions were constructed according to participants' feedback.*

RESULTS

This section contains the final descriptions that I compiled for each individual participant.

Anna (Therapist as Client)

Description. "I was sitting on the floor and improvising on percussion instruments [xylophone, metallophone, large drum, and cymbal]. The theme was something that had been recurring in recent sessions: I was playing myself (using instruments). [I was] isolated and trapped behind walls of my own making, walls that I had built for myself a long, long time ago, when I was still a child. Then I suddenly began vocalizing, and so became more aware of my breathing. Then, all at once, I had the image of myself taking a deep breath and standing up—and when I stood [in my imagination], I suddenly realized that the walls only came up to my knees. I had built those walls to be impenetrable … but I'd built them as a child, and I've done a lot of growing since then, and I am taller than the walls! I simply stepped over them, out into wide-open spaces and a brave new world. This felt like a very profound realization. The crying began as I saw myself stepping over the walls, just a little crying then, as I wanted to keep control and strength in my voice. Then, after the improvisation ended, I sat with tears streaming down my cheeks as I verbally processed the experience with my therapist. I remember saying something like, 'I just keep being amazed to find that I'm taller than the walls. I think that I either had never known that, or had completely forgotten it.'"

Formulated Meaning. While improvising in a music therapy session, Anna began to vocalize, and she became more aware of herself. She realized that the impenetrable walls she had created around herself were smaller than she had thought and that she was tall enough to step over them. This profound realization made her cry a "little bit," but her crying became more intense as she verbally processed her experience. She considered this crying experience to be a "good one" since it felt beautiful and truthful.

Psychodynamic Interpretation. The instrumental and vocal improvisation connected the client with the defenses that she had created as a child. The vocal improvisation, specifically, increased her body awareness and made her realize that she did not need those defenses. The walls of defense that surrounded her were not as tall as

she thought, and she was able to step over them. The beauty of this personal truth discovery made her cry more intensely after the improvisation had ended.

Concluding Statement. While being in the role of client, a music therapist experienced crying during improvisational music therapy, when she had a truth realization.

Maria (Therapist in the Role of Therapist)

Description. "I can recall being brought to tears [unexpectedly] when conducting a group with my adult psychiatric patients. I had chosen a specific song that matched something that had come up earlier in the group and was surprised to find myself welling up with tears as I listened along with the group. I took a few deep breaths and suppressed my own emotional responses to the music so that I could help my clients explore their own responses to the song. I felt distressed that I had this response and felt the need to control the emotion within myself. I also noted that this emotional response brought to my attention my feelings about a relationship in my life. I have far more frequently experienced tears when working with terminally ill clients—when singing to them or singing with them or singing with family members. I experience it as such a poignant and profoundly deep emotional connection with the others present that it evokes tears in me. Just today, I was moved to tears when singing with one of my Alzheimer's clients as she created beautiful alto harmonies with my soprano part—despite not being able to sing the words but just on vowel sounds. It was a beautiful musical moment, and I felt it very deeply."

Formulated Meaning. The therapist was brought to tears when facilitating a song listening experience in group music therapy. She selected a specific song that caused her to cry. She felt surprised and distressed about her response. She realized that she needed to pay attention to her feelings regarding a relationship in her life. She noted that she can also be moved to tears when she feels connected with her clients through the beauty of the music that emerges in music therapy sessions.

Psychodynamic Interpretation. A song that activated countertransference material caused the therapist to cry when leading a music therapy group. The beauty of the music itself when singing with clients can also cause her to cry.

Concluding Statement. The therapist experienced crying while singing with her clients as a manifestation of a countertransference reaction.

Laura (Therapist as Client)

Description. "During one especially memorable Analytical Music Therapy[2] session, I remember crying as a client while I was improvising. In this session, I had been improvising with my therapist without words on the theme of accepting a gift. I was struggling with the feeling that I did not deserve to take this gift and other gifts offered to

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[2]Analytical Music Therapy was originally conceived in the 1970s by Mary Priestley, Peter Wright, and Marjorie Wardle. It uses words and symbolic music improvisations as a means of exploring the client's inner life and facilitating growth (Bruscia, 1988).

me in my life. As I played, I became in touch with a much younger part of myself that felt that I needed to earn a gift before being able to receive it. I was even having trouble receiving the supportive musical sounds of my therapist. After the first improvisation ended, my therapist immediately suggested that I go over to the piano and sing a song to that child. As I sang, I began to cry. Words that I had been holding in for a very long time began to flow with my tears. I remember that when my therapist began to softly play a countermelody on the guitar, I felt not only her listening presence and support, but also the feelings that had long been in hiding. The opportunity to sing these words aloud and experience the sadness and shame behind them was very powerful for me. All at once, I was speaking with the voice of the child I once was but was also able to talk to her now as an adult. In this session, my tears felt like a great release in that I was able to finally face these feelings, but while crying, I also felt vulnerable and very exposed. After an initial time of trying to sing through the tears, I let myself go through them and found that they led me to a deep place of truth within myself. I heard that my crying had its own music and I felt that the tears were a bridge to a part of me that I had been separated from."

Formulated Meaning. The client began to cry as she improvised a song with words that she had been holding back for a long time. Singing these words helped her to overcome her sadness and shame because she was able to talk to her younger self as an adult. She experienced her tears as a great release that helped her to face these feelings. Singing through her tears led her to a truth that was contained within herself. She "heard" her own crying as music. Her tears were a bridge to a part of herself from which she had been separated.

Psychodynamic Interpretation. While in the role of client, her therapist's song improvisation caused her to cry. Her tears led her to express and uncover hidden feelings of sadness and shame.

Concluding Statement. A therapist (in the role of client) experienced crying in her own Analytical Music Therapy session as an intense manifestation of unresolved past issues.

Glenda (Therapist as Client)

Description. "I have cried during music therapy sessions and after these sessions when reflecting back upon them. Throughout a series of GIM sessions, I cried several times, probably in every session, as I was exploring and working through some very tough and long-standing issues. Sometimes, the crying was out of deep sadness as I reflected back on things that I had pushed out of my immediate awareness or when I discovered and acknowledged things that I knew but wasn't ready or willing to accept. Sometimes the crying was because I discovered strength that I didn't know I had. One specific incident is as follows: When I came to my GIM session, I started speaking of the previous session where a battle between dark and light forces had taken place. During this battle, I was struggling to hold on and not succumb to the darkness. That session was very emotionally and physically draining, and extremely powerful. I don't remember how this session began, exactly. What I do remember is being completely surrounded in this amazing light and feeling not only supported but also nurtured. This supportive nurturing allowed me to have this energy and reassurance. I just remember feeling completely

amazed and in awe as the music and the images seemed to be exactly what I needed. Tears just flowed as my body resonated with the music and the images, and from this I knew I was safe to explore that deep darkness because I also had the inner strength and light that would prevent me from going completely under. I felt completely in touch with my body. Feeling the tears and feeling my body cry was very cathartic, as it allowed me to externalize something that there were no words for. Crying acknowledged for me what I was experiencing in the moment."

Formulated Meaning. In her own GIM sessions as a client, a therapist found that imaging to music met her needs in the moment. Her tears appeared as she resonated with the music and the images that emerged. She felt safe to explore the darkness within herself because she felt strong and illuminated. Feeling her tears and her own body "cry" was a release that allowed her to acknowledge and confront her own darkness without fear.

Psychodynamic Interpretation. A therapist experienced crying as a client in GIM, as she struggled to resolve a deep and previously avoided inner conflict between the light and dark sides of herself. The feeling of her body crying released her fears and gave her the reassurance that she needed to accept both of these sides.

Concluding Statement. The therapist experienced crying in music therapy as an acceptance of the inner conflicts between wanted and unwanted parts of herself.

Jane (Therapist as Client)

Description. "I cannot describe what triggered the crying, exactly. I was experiencing preverbal imagery that I could not find words to describe. I do not remember what music was being played, or exactly what my experience was at the moment. I vaguely remember that I was crying, and I believe the imagery was somehow related to being stuck. I know that previously in the imagery I had been stuck in ice, but at the point that I think I was crying, I was no longer having specific visual or intuitive imagery. It was completely kinesthetic. I don't remember what emotions I was experiencing, and I'm not sure if I could put words to it even if I did remember. I know that I was unable to verbally describe what was happening to me at the time, and that I was told afterward that I appeared to physically go through the birth matrices. It was helpful for me, believe it or not!"

Formulated Meaning. The therapist (while in the role of client) did not remember what triggered her crying response during a GIM session. She vaguely remembered being "stuck in ice," but she felt that she was experiencing preverbal imagery when she started to cry. Although she did not have specific visual or intuitive imagery, she described the experience as helpful.

Psychodynamic Interpretation. Although the imagery of "being stuck in ice" may be interpreted as being resistant, unaware, or unwilling to proceed, the therapist (in the role of client) was not connected with the experience of crying in a cognitive or verbal manner. She appeared to respond to the ongoing process nonverbally without recalling specific events or feelings attached to the crying experience, although she believed that the experience was helpful.

Concluding Statement. A therapist (in the role of client) experienced spontaneous crying in GIM as difficult to remember, describe, or explain.

José (Student)

Description. "I remembered that we had to bring 'our meaningful song' to listen to and discuss in class. As we all listened and talked about the meaning of our songs, I noticed how fragile we all had become. I chose "Mother" by John Lennon. After listening to this song, I felt a need to talk about my family. I remember saying that my father was uncommunicative and rigid and that I felt as if I didn't have a father. Then I remembered my mother and her overprotection of me all along. I recalled the intense fights my parents used to have. I left home when I was 16. As I recalled those events, tears kept rolling down my face. My tears reassured me that that my family experiences as a child had been healed. Crying was very cathartic."

Formulated Meaning. In an experiential class that focused on discussing songs that had personal meaning, the student was brought to tears by a memory that represented his conflictual relationship with his parents. He described his father as uncommunicative and rigid and his mother as overprotective. He had to leave home for this reason at age 16. He believed that his tears were a cathartic reassurance that he had overcome his painful past.

Psychodynamic Interpretation. The discussion of a meaningful song triggered a student's crying response in a classroom music therapy (experiential learning) experience. The student continued to respond by verbally recalling a specific event attached to his crying experience. He stated that his tears confirmed that he had overcome a painful experience with his parents. He seemed unaware of the direct impact that his father's affective abandonment and his mother overprotective attitude still appeared to be having on him.

Concluding Statement. A student's experience of crying after hearing music was a manifestation of overcoming painful past events.

Clara (Student)

Description. "We were in our improvisational techniques class, and we all had to improvise on our main instrument. One of my classmates presented his improvisation titled 'The Invisible Me.' He talked about how he used to feel unnoticed, almost invisible to people. Although I identified with what he was saying, it wasn't until he started to play the clarinet that I started to cry. I couldn't contain my tears. I cried during the entire class. I didn't know why I was crying, exactly. Probably part of his feelings were mine, too. Upon my teacher's intervention, I realized that a change was probably taking place in my life. Now I know that I don't want to experience demeaning feelings anymore. Crying was an alleviating experience!"

Formulated Meaning. The student began to cry as her classmate improvised on the clarinet. She identified with her classmate's experience of feeling invisible to others. She cried intensely, but she did not know exactly why. She said that she probably cried because she also used to feel invisible, yet she realized that a change was taking place in her life that was different than what her classmate was experiencing. She did not want to experience demeaning feelings anymore, and crying allowed her to feel that a burden had been alleviated.

Psychodynamic Interpretation. A student's reaction of crying when her classmate improvised on clarinet can be interpreted as an identification of her past self-esteem issues and feeling invisible to others with regard to her needs. At the same time, she recognized how these issues were changing, and she felt relieved and willing to move forward.

Concluding Statement. A student's experience of crying in a music therapy classroom was a spontaneous revelation of personal change in relation to painful experiences of feeling demeaned.

DISCUSSION

Individual participants' results showed that crying in music therapy (that took place in clinical or experiential training contexts) was a common, spontaneous, and powerful phenomenon. The three research questions that I posed near the beginning of this paper have been used to structure the discussion and provide an overarching perspective. Given the exploratory nature of this study, the findings and interpretations described below are speculative rather than conclusive. Nevertheless, they bring forth many important points and questions about the phenomenon of crying in music therapy.

What Evokes the Crying Response?

According to the participants, crying occurred in music therapy at various times during and after a session as well as within a sequence of sessions, and it occurred when participants were in a client or a therapist role. It most often took place while they were listening to or making music, but it also occurred during verbal discussions about a music experience or about the material that surfaced as a result of the music experience.

Within the context of the present study, three types of music therapy experiences evoked or led to a crying response: (a) GIM, (b) singing and discussing precomposed songs, and (c) vocal/instrumental improvisation. The seven participant descriptions suggest that the experience of crying in music therapy is evoked not only by the direct or subtle impact of the music experiences themselves, but also by the uncanny power they seem to have in bringing forth specific feelings and life issues that each participant needed to address. The crying response seemed to bring the music, the self, and the life issue together in time, into one cathartic experience of self-awareness, while the actual crying itself seemed to magnify and deepen the reciprocal interactions between these elements of the experience.

It is also interesting to note that the crying responses were not intentional. At the same time, this inadvertent response seemed to emerge when the person surrendered to the moment—to the power of the music that accessed her/his emotional world. It seemed that the participants needed to surrender before the release of crying could take place.

How Did the Crying Response Unfold?

As noted above, it was apparent in the seven descriptions that the participants had surrendered in some way to a music experience before the crying actually began. They seemed to lose themselves in the unfolding of the moment. This floating consciousness

may have relaxed their usual defenses, thereby allowing the psyche (and the unconscious, in particular) to emerge more freely. It seemed as though the participants were not intending or willing anything in particular to happen. They did not seem to "will" certain thoughts or feelings to emerge, and the crying response simply happened.

The crying response then manifested as a bodily sensation or physiological response rather than as a cognitive response. In this state of body openness (without fear), "tears just flowed" and the crying experience took its own course, unfolding in its own way. Also, the transcripts indicated that the power of the bodily sensation was so strong that participants felt as if they were "being taken" or "carried away" by the music they were experiencing as they cried. Furthermore, as the person became aware of the body response itself and realized that he or she was crying, the music experience turned into one of reflexive self-awareness. The crying immediately revealed that a part of one's self or one's life had been touched or moved in some way. The music had tapped into something intensely personal, and the crying revealed its relevance or even its urgency to the person's life, which helped to resolve (or begin to resolve) personal issues (e.g., "As I cried, I realized that a change seemed to be taking place in my life; my tears felt like a great release in that I was able to finally face these feelings").

As the person recognized the particular life issue that was connected to the crying, a cathartic release took place. Previous defenses seemed somehow disarmed, and feelings hitherto avoided or denied were allowed to manifest in the body and enter into consciousness. The tension of holding and suppressing these feelings was released, and the person experienced a tremendous sense of relief.

The relief informed the person that something had changed. The issue became resolvable or had already been resolved, and the feelings attached to the issue were no longer as painful.

What Were the Perceived Outcomes of Crying?

Crying accompanied and intensified various forms of personal discovery. The seven main discovery experiences (themes) that emerged from the data (with examples) were:

1. A truth revelation: "I suddenly realized that the walls only came up to my knees. I had built those walls to be impenetrable … but I'd built them as a child, and I've done a lot of growing since then, and I am taller than the walls! I simply stepped over them, out into wide-open spaces and a brave new world. This felt like a very profound realization. The crying began as I saw myself stepping over the walls."
2. A countertransference message: "I can recall being brought to tears [unexpectedly] when conducting a group with my adult psychiatric patients. I had chosen a specific song that matched something that had come up earlier in the group and was surprised to find myself welling up with tears as I listened along with the group."
3. An acceptance of suppressed feelings and a cathartic emotional release: "As I sang, I began to cry. Words that I had been holding in for a very long time began to flow with my tears. I remember that when my therapist began to softly play a countermelody on the guitar, I felt not only her listening presence and support, but also the feelings that had long been in hiding. The opportunity to sing these words

aloud and experience the sadness and shame behind them was very powerful for me. All at once, I was speaking with the voice of the child I once was but was also able to talk to her now as an adult. In this session, my tears felt like a great release in that I was able to finally face these feelings."

4. A feeling of reassurance upon acceptance of feelings that had previously been ignored: "Tears just flowed as my body resonated with the music and the images, and from this I knew I was safe to explore that deep darkness because I also had the inner strength and light that would prevent me from going completely under."

5. A difficult-to-define but helpful nonverbal manifestation of emotion: "I cannot describe what triggered the crying, exactly. I was experiencing preverbal imagery that I could not find words to describe. I do not remember what music was being played, or exactly what my experience was at the moment. I vaguely remember that I was crying…It was helpful for me, believe it or not!"

6. A confirmation that one has overcome painful past events: "I recalled the intense fights my parents used to have. I left home when I was 16. As I recalled those events, tears kept rolling down my face. My tears reassured me that my family experiences as a child had been healed."

7. A transitional life change message: "I couldn't contain my tears. I cried during the entire class. I didn't know why I was crying, exactly. Probably part of his feelings were mine, too. Upon my teacher´s intervention, I realized that a change was probably taking place in my life. Now I know that I don't want to experience demeaning feelings anymore."

SUMMARY AND IMPLICATIONS

Summary of Findings

Open-ended interviews were conducted via e-mail with five music therapists and two music therapy students to examine the lived experience of crying in music therapy. A phenomenological analysis showed that while each individual participant had his/her own unique experience of crying in music therapy (sessions or experiential training), all of these experiences were perceived as being important and helpful. Crying in music therapy was accompanied by seven main personal discoveries: (a) a truth revelation (while improvising), (b) a countertransference message (when facilitating a music therapy group), (c) an acceptance of repressed feelings and a cathartic emotional release (while singing), (d) a feeling of reassurance upon acceptance of feelings that had previously been ignored (while being supported by the therapist on guitar), (e) a difficult-to-define but helpful nonverbal manifestation of emotion (while listening to a meaningful song), (f) a confirmation that one has overcome painful past events (while listening to a meaningful song in class), and (g) a transitional life change message (while listening to a classmate improvise). Given the lack of research on crying in music therapy contexts, these findings provide an initial foundation for building theory and conducting further research on this phenomenon.

Limitations

This study had some limitations that must be considered when interpreting the results. The lack of research on the subject of crying in music therapy and in other therapy contexts made it difficult to support or refute the present study's results in terms of how they compare to previous findings. Furthermore, all participants were either music therapists or music therapy students, thus making it difficult to surmise how these results may apply to clients who are less knowledgeable about music therapy or therapy processes at large. Finally, although I employed ethical precautions throughout all aspects of this research, it is important to acknowledge that I had professional relationships with the participants and that these relationships may have in some way influenced the results.

Implications for Research

Much of the published research seems to focus on crying that occurred in response to negative experiences, and it was often associated with feelings of helplessness and powerlessness (Becht & Vingerhoets, 2002). In the present study, crying in music therapy sessions was ultimately perceived by the participants in a positive way—it was associated with meaningful personal discoveries, the resolution of personal issues, and feelings of well-being. Therefore, it would be interesting to investigate whether the experience of crying in music therapy is different from the experience of crying in other therapy contexts. Given that all of the participants were music therapists or music therapy students, it is also important for future studies on crying in music therapy to include other kinds of clients. It may also be important to explore differences and similarities with regard to crying among different clinical populations.

Although I believe that there are no meaningful ways of quantifying the significance of a crying response, I also think that additional qualitative and quantitative research is needed to further investigate the phenomenon of crying in music therapy. This could include more in-depth interviews and surveys with larger sample sizes. It would also be interesting to explore in more depth the impact of client crying and/or therapist crying on music therapy processes. Finally, it would be important to compare the frequency and nature of crying experiences that occur in response to various music therapy methods.

Implications for Practice

Crying during music therapy sessions or experiential trainings appeared to add a deep personal significance to the therapy process and helped to connect participants with their biographical backgrounds in a creative and sublime manner. Crying helped participants to experience resolution and make meaning of their experiences—either independently or with the help of their therapists. The music experiences used in sessions not only appeared to facilitate the crying process but also helped participants to get in touch with themselves and their innermost feelings in a quick and direct way. This has potential implications for practice in that persons who have difficulty crying or getting in touch with their feelings in conventional talk therapy (e.g., severely depressed persons or alexithymics) may find it easier to cry or express emotion in a music therapy context, thereby gaining access to the associated therapeutic benefits. It is also important for

persons who facilitate experiential trainings for students to understand the meanings and implications of crying in this context and follow up with students as needed.

Finally, as both a music therapist and music therapy client, I have learned that a "fluid" therapeutic relationship within a safe, accepting, and trusting environment is necessary in order for one to gain meaningful insights from crying. Furthermore, it is essential that the therapist be keenly aware of her/his own responses (i.e., countertransference reactions) to crying in order to fully support clients both during and after the crying experiences occur.

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