

SPIRITUAL MOMENTS IN MUSIC THERAPY: A QUALITATIVE STUDY OF THE MUSIC THERAPIST'S EXPERIENCE

Maya K. Marom

ABSTRACT

The purpose of this study was to systematically investigate spiritual moments in different music therapy settings and to examine specifically the personal experience of the music therapists involved in them. Ten leading figures in the U. S. music therapy arena were asked to recall a session or two in their careers in which they felt that the therapeutic process became spiritual in nature. They were asked to explain why they viewed these sessions as spiritual. Finally, they were encouraged to describe their own thoughts, feelings, and actions during those sessions. Their testimonies were analyzed according to phenomenological principles, and the major issues that were brought forth were defined, compared, and shaped into an extensive description of the topic. The therapists' reflections on the term *spirituality* portrayed it as a dynamic experience that at once reaches inward to touch the greatest depth of the human soul and outward to form the greatest transpersonal connections. Likewise, the range of sessions that were defined as spiritual was quite wide. The examples given by the therapists included moments of major changes in the clients' behaviors, emotions or thoughts, moments of powerful bonding between therapists and their clients; moments of sudden realizations on behalf of the therapists regarding the therapeutic process, their clients or themselves; moments of strengthened religious beliefs (of clients or therapists) and contacts with transcendent entities. Various aspects of the therapists' experience before, during, and after the spiritual moments were examined. Their prior preparedness was examined, as well as their thoughts, feelings, actions, and retrospective reflections on these spiritual moments. The major role that music played in the evolution and enrichment of the spiritual experiences was examined as well. The therapists discussed the inherent ability of music to relate to, and express, spiritual aspects of the human experience.

INTRODUCTION

When I first embarked on this inquiry I felt quite uncomfortable with the topic of spirituality. On a personal level, my spiritual path had been accompanied by internal doubts. It was an unfilled space in my life that needed attention and examination. I was not sure of what I believed, and I was searching for a definition of spirituality that would feel inclusive enough to reflect my feelings.

Professionally, this topic—maybe more than any other—was at the center of many countertransference feelings for me. In the groups that I facilitated none of my clients' emotional problems, such as depression, seemed to bother me as much as the spiritual ones, such as weakened faith in God. Not knowing how to handle these issues, I noticed myself treating them like hot potatoes. I would avoid them, change the subject, and doom myself to behave unethically whether I addressed them or not. It became apparent to me that I needed to change my attitude, and I longed to be inspired by the attitudes of others towards it. I needed to hear from other music therapists what spirituality could feel like within a therapeutic setting and how it could fit appropriately and ethically into music therapy.

I was interested in the ways spirituality and religion were addressed in the different settings where music therapists were employed. Was there an appropriate way of working spiritual issues into a

music therapy setting? Moreover, how did other music therapists feel about these issues? (Were they as uncomfortable as I was?). How did they envision their roles in these moments, and how did they conceptualize what had happened? My goal was to examine the different faces of spirituality in music therapy, to explore some of the ways it is conceptualized, and to focus primarily on the music therapist's perspective.

My inquiry stretched over the entire year of 2002. I examined the literature to identify some definitions of spirituality, and one with which *I* would feel comfortable. For me, this was Muldoon and King's (1995) "anthropological" definition, which states that spirituality consists of

...questions and concerns that belong to the human condition: the inquiry into the nature, identity and specificity of the human being; the consideration of the meaning and end of human action (morality); the quest for truth in knowledge; relations with others (social organizations, sexual identity); and the eventual relation to a transcendent. (p. 333)

I felt comfortable with its wide scope—it was not limited merely to faith in God but included other, more earthly, subjects like the quest of all human beings for the meaning of life. Thus, I used this definition as a guiding principle throughout my search for manifestations of spiritual phenomena in therapy generally and music therapy specifically.

Later, as it became necessary to focus the scope of the inquiry, I adopted the more narrow definition of spirituality from the American Council on Science and Health (Raso, n.d.): "an inclination or desire for a relationship with the transcendent or God; a sensitivity or attachment to religious values; and/or concern about souls, afterlives or any other forms of supernatural entities." This latter, more focused definition would also serve as a point of departure for discussions with research participants.

I also examined the literature to address the following question: What is it about music that makes it feel like a spiritual experience? Since music would play a key role in my study it seemed valid to explore first some theories regarding the spiritual properties of music itself. Another related question involved the modern discipline of music therapy and spirituality: Have music therapists made theoretical connections between the two? Questions that also guided my literature review focused on references to spiritual experiences in the music therapy literature. What were the techniques that helped elicit such experiences? What were the spiritual themes that have arisen? Who were the clients? And, most importantly, was there any indication as to the experience of the therapists at those instances?

As I became acquainted with writings on qualitative research in music therapy, I decided that a qualitative research paradigm would best fit my study. Thus, I drew upon various sources to help me design and implement my research methodology. Those which were particularly helpful included Aigen (1995, 1998), Bruscia (1995a, 1995b, 1998), Forinash (1992, 1995), and Smeijsters (1997). I conducted qualitative interviews with music therapists who I knew had the experience and knowledge required to provide the inspiring perspectives that I sought. After recording and transcribing their interviews on spiritual moments that they experienced with their music therapy clients, I analyzed the content for major themes addressing my research question.

This study helped me to move beyond my old, fixed definitions of spirituality and to view the topic from an enriched and inclusive perspective. It helped me define and explore my own spiritual path, although I still have a long way to go on this journey. In my work, it helped me address my clients' spiritual needs more maturely and effectively. The results of this study will be presented here. I hope it will be useful to other music therapists who face similar challenges. I also hope it will contribute to the growing discussion of spiritual issues in the field of music therapy.

I wish to express my appreciation and gratitude to the ten therapists who graciously shared their personal experiences with me. Throughout the analysis of the transcripts I strove to keep the presentation of their personal testimonies as true to the sources as possible. I hope I achieved that goal to the fullest

extent. I would like to thank Dr. Kenneth Bruscia who provided his immense wisdom and who was an inspiring role model. My thanks are also extended to Dr. Cheryl Dileo who skillfully and diligently saw me through all the stages of planning and implementing this study.

RELATED LITERATURE

Theoretical Formulations: Spirituality, Music, and Music Therapy

Music “may be ascribed to the feeling of belonging to a greater reality, to be in touch with something greater than our everyday world... Being ‘taken away,’ ‘moving out’ of ourselves, being outside time and place” (Ruud, 1998, p. 45).

For as long as people have used music to enrich their lives, they have pondered its ability to affect them spiritually. In ancient Greek mythology, music was seen as a divine entity, originally played by gods and demigods like Apollo, Amphion, and Orpheus. The word *music* itself stems from the word *muse*—any one of the nine sister goddesses in Greek mythology who supervised certain arts and sciences (Grout & Palisca, 1988). Greek thinkers, such as Plato, assigned mathematical properties to musical elements such as timbre, meter, rhythm, harmony, and melodic intervals. Since the time when the entire spiritual and physical universe was first viewed as organized by numbers, music has been thought to reflect the harmony of the cosmos and to correspond to it (Grout & Palisca, 1988). These ideas have inspired many later writers. Throughout the history of western culture, philosophers have conceptualized music as representing the mysterious act of creation, as well as human life in its dynamic and aesthetic qualities (Lipe, 2002).

In preliterate cultures music was believed to carry supernatural powers or to stem from unearthly sources. In folklore from around the world, “otherworld” music has inspired people’s imagination (Godwin, 1987). Songs, for example among Native American tribes, have been sung to satisfy the gods, and to gain their assistance in religious or healing rites (Gfeller, 1990). The pairing of magical powers and music can also be seen in the practices of the shaman, the tribal medicine men who, still to this very day, use rattles, songs, improvised drumming, and relaxation music to chase away evil forces and heal the ill (Gfeller, 1990; Winn, Crowe, & Moreno 1989).

The fascination with this topic has not dimmed in modern times. In various religious traditions today, such as Jewish Kabbalah, Sufi Islam, and others, music still plays an essential role in eliciting trance-like states and demonstrating ultimate devotion to the divine (Godwin, 1987; Lipe, 2002). As in the past, modern literature makes connections between music and spirituality—various modern theologians like Barth, Otto, and Rahner have likened the experience of music listening to mystical or religious connection to God (Lipe, 2002). Other authors have described music as a medium that bridges the gap between spirit and matter. Since both music and spirituality provide the opportunity for a person to adore and worship God, the use of music has been believed to deepen one’s spirituality (Updike, 1998).

The modern discipline of music therapy has been gradually adding its voice to this body of literature, and more texts today reflect music therapy as an outgrowth of a long-standing belief in the connection between music and spirituality (e.g., Aldridge, 1998; Bonny, 2001; Ruud, 1998). Attempting to develop a theory unique to music therapy, Aigen (1991) has explained that music embodies nature’s spirit, or the *voice of nature’s wisdom*, a wisdom that enables all living creatures to co-exist in dynamic balance. He has viewed music as standing “in the intersection between our inner and outer worlds,” and has stated that “its significance and therapeutic potential derives from its essence as that which can unite these realms” (p. 92).

Ruud (1998) has conceptualized music as an experience that involves several spaces in one’s

identity. It involves the *personal space*, which refers to physical sensations, early memories, and emotions. It also resonates with people's *geographical and temporal spaces*, connecting them to periods and places of their pasts. On higher levels, it relates to people's *social space*, reflecting their cultural and societal bonds. Finally, music connects people to humankind, nature, the cosmos, and the *transcendental space* (Ruud, 1998). Bonny (2001) has viewed music as very similar to spirituality in that both provide the opportunity to explore personal depths of experience, appeal to the sense of beauty, and may bring a person to meditate or worship God. Therefore, she has asserted that music leads a person towards *spiritual ways of being* in the world.

Some writers—especially from the field of the Bonny Method of Guided Imagery and Music (BMGIM)—have drawn links between music experiences and theories of spiritual development (Clark, 1998–1999; Lewis, 1998–1999; Rugenstein, 1996). Specifically, these writers have focused on the ways in which the therapeutic process in BMGIM facilitates a person's movement through the Spectrum of Consciousness—a model of spiritual development formulated by the renowned transpersonal psychologist Ken Wilber. Introduced in 1977, Wilber's Spectrum of Consciousness is a model that portrays different levels in a person's consciousness and sense of identity. The boundaries of one's "self" range, according to this model, from the most restricted "Ego Consciousness" to the most expanded "Unity Consciousness" (Rugenstein, 1996.)

In other theoretical trends, writers have found similarities between the modern practices of music therapy and the works of the shaman. Kovach (1985), for example, has claimed that, like in the practices of the shaman, music is used today to facilitate transformations of consciousness and explorations of inner worlds. Several modern techniques—such as drumming or lyric analysis—are thought to be similar in their content and goals to the techniques of the shaman (Winn, Crowe, & Moreno, 1989).

Finally, the role of music therapists has been viewed in light of the spiritual aspect, or the *life spirit*, of clients: to revivify people who have lost interest in life, to sustain the spirit of those who have grown indifferent to life and to nurture the spirit of those who have embraced life (Broucek, 1987).

Clinical Applications:

Music Therapy Techniques that Enhance Spiritual Work

There are many accounts of spiritual experiences from music therapists' clinical work. Most of these are fairly recent (from 1990 until the present), and although they are focused mainly on the clients' perspective, some information about the therapists' perspective is given as well. In these accounts, various methods and techniques for promoting spiritual experiences are discussed.

Techniques Involving Pre-composed Songs. Songs have been viewed as effective tools in reinforcing one's spiritual life due to the messages of hope and faith conveyed in their lyrics. These messages have allowed both clients and therapists to explore their spiritual feelings (Dileo, 1999).

Several therapists have mentioned singing spiritual songs for, or with, their clients as a way to explore spiritual issues. Ryan (1996) sang *sacred songs* with hospice patients, using songs from their religious traditions, for example, songs from Sing Praise to Jehovah with Jehovah's Witnesses. She grappled with defining her own role as a hospice caregiver and investigated the level of preparation of other music therapists who work in hospice settings. She has written, "The fear of death... loss or rejection do not have medically defined borders.... Each hospice caregiver not only confronts these issues, but must be prepared to deal with them." (p. 18). Hara (2002) facilitated group music therapy sessions for grieving, traumatized New Yorkers after the terrorist attacks of September 11, 2001. In those groups she and her fellow participants sang rounds together. Hara found that the sustained nature of the round enabled all the participants, including herself, to find solace within the supportive community. She has shared her own feelings of sadness, anger, stress and helplessness in her attempts to mend—spiritually and emotionally—the scarring effects of this trauma.

There are a number of other techniques that have also involved pre-composed songs to address spiritual issues. *Song Biography* (Dileo, 1999) is a technique in which clients create their life-stories by selecting songs that represent significant times, events, and relationships in their lives. This experience may lead to discussions about spiritual issues, such as the meaning of life or one's relationship with God (Dileo, 1999). Identifying one's *theme song* (Dileo) is a technique in which clients are asked to name the one song that summarizes their lives. This technique helps both clients and therapists assess the meaning that the clients attach to their illness and their sense of purpose and hope. Dileo has described how these two techniques may be used in cancer care and has discussed the great importance of the therapist's ability to resonate, or compassionately empathize, with the client's experiences.

In another technique, *song choice*, the client chooses songs that she or he wishes to hear and then discusses feelings and memories that are evoked by these songs (Martin, 1991). Martin has described a process of song choice with a woman at the end stage of cancer. Martin experienced difficulty in facing the patient's growing pain and anxiety and in providing a calm presence when her own pain and sorrow were evoked. Finally, *song sensitization* (Loewy, 2002) is a group technique in which each group member shares a personally significant song with the group. The group listens to the song twice, discusses it, and then replays it as orchestrated by the member who has introduced the song. Loewy used this technique to share her own meaningful song with a group of care-givers who gathered to help each other cope with the trauma of September 11, 2001. She has discussed the challenge of facilitating the experience for others while, at the same time, taking the opportunity to take care of her own needs.

Techniques Involving Musical Composition. Several accounts by music therapists have suggested a spiritual value in creating or composing music. Being creative has been seen as a powerful way to bring form out of chaos, find hope in seemingly hopeless situations, and find meaning in suffering (Aldridge, 1995).

Song writing has been commonly reported to assist in spiritual expression. The degree of given structure has varied according to the needs of the clients. An example of a rather structured approach to song writing can be seen in O'Callaghan's (1996) work with hospice patients who were neurologically impaired. She formulated a systematic song-writing protocol that enabled clients to pray and express their spiritual feelings despite severe cognitive impairments, for example through changing the lyrics to pre-existing melodies in fill-in-the-blanks tasks. She identified major themes in her clients' lyrics and facilitated spiritual exploration through song writing. A more unstructured process can be found in Lane's (1994) work with an elderly man with cancer. In this case, the patient communicated his thoughts to Lane, whereupon she turned them into song lyrics and composed a new melody for them. In turn, this response prompted Lane to contemplate the wonders of the human spirit, expressed in her statement that "Art and faith... provide us with the best that life has to offer... in the waking of hope, the desire to love, and the occasional reminder that some things in life are worth pursuing" (pp. 173–174).

Other compositional techniques appear in the literature. Walker's (1995) work with clients with addictions is one example. He invited his clients to create their own music videos in which they recorded themselves singing treatment-related songs. His clients also performed their own poems, songs, or rap pieces in talent shows. Walker explained that these experiences have fostered spiritual growth in his clients by allowing them to communicate messages to themselves, to their family members, or God. He took the opportunity to assess his clients' states fully and to evaluate their progress in treatment.

Methods and Techniques Involving Improvisation. Metaphoric improvisation (vocal or instrumental) holds a unique spiritual potential in its capacity to initiate discussions on existential topics of meaning and identity. The literature reveals several examples of improvisatory techniques that are used to engage clients in spiritual processes (e.g., Austin, 2001; Scheiby, 1995).

The symbolic nature of musical instruments provides a backdrop for spiritual exploration. One example of an instrumental improvisation technique is the *Orpheus Experience* (Dileo, 1999). In this technique, clients are asked to select their favorite instruments. As they play freely on them, the clients are asked to surrender one instrument at a time until there is only one instrument left at their disposal.

Dileo used this technique with people who had cancer as a way to facilitate discussions on spiritual issues. In her own bio-psycho-social-spiritual approach, she emphasizes the facilitation of emotional and spiritual growth in the fight against life threatening illnesses.

Music therapists trained in *Analytical Music Therapy* (AMT) (Priestley, 1994), an improvisational method of music psychotherapy, frequently use instrumental improvisation in their work. One common AMT technique—*musical holding*—entails the music therapist improvising for the client a piece of music that would help her or him feel spiritually loved, nourished, and supported (Scheiby, 1999). In an essay on birth and re-birth experiences in music, Scheiby has shared various examples of the power of this technique. With one client, she improvised a steady, quiet drumming that resembled the sounds of a heartbeat. This musical holding allowed the client to experience a symbolic return to her mother's womb, an experience that felt sacred and reassuring. Scheiby has shared her own feelings of awe as she drummed for the client and the deep spiritual impression that this experience has left on her.

Using the voice as a medium for improvisation offers a special, intimate feeling of contact, nurturing, and support (Magill, 2001). Since the voice connects one's breath, body, and emotions, vocal work is viewed as a spiritually intense experience. It accesses one's deepest feelings of fear, pain, and anger, and helps one get in touch with transpersonal and spiritual qualities of life (Austin, 1998). A potent technique for vocal improvisation is *toning*, a structured way of singing vowel sounds at different pitches while being guided by a therapist to direct the attention onto the sounds, to release tension in different body parts and to enhance awareness of various sensations and feelings (Magill). Magill introduced toning to a woman with cancer to ease physical tension and feelings of helplessness. She viewed her role as "an instrument who can... offer compassion and the 'lifting', 'transporting', and 'bringing of peace' gifts of music" (p. 171).

When spontaneous lyrics are added to vocal improvisation, the result is *song improvisation*. In it, the client is encouraged to sing about whatever comes to mind, while the therapist makes therapeutic contributions by singing back to the client. This method enables clients to communicate messages and explore existential themes within the safe structure of a song (Dileo, 1999). Austin (2001) facilitated song improvisations with adult survivors of childhood abuse. She envisioned her therapeutic role as one who empathically embraces the client's authentic voice and who courageously "stay[s] present and available while companioning the client... into rooms filled with violent and painful memories." (p. 30).

Methods Involving Listening to Music (Receptive). Spiritual experiences through receptive listening to music have most frequently involved the *Bonny Method of Guided Imagery and Music* (Bonny, 1978a, 1978b, 1980). BMGIM is an in-depth process that incorporates programmed classical music to access imagery and support spiritual awakenings of the "transpersonal self." It involves the client imaging in a relaxed state of consciousness while dialoguing with a guide (Abrams, 2001). The music is not selected to satisfy clients' personal tastes, but rather to provide an "auditory Rorschach" in which imagery and emotions can develop to their fullest spiritual potential (Skaggs, 1997b). Some have documented how certain qualities in specific classical pieces used in this method enable the psycho-spiritual experience to develop fully (Abrams, 2001; Kasayka, 1991; Lewis, 1998–1999).

In an attempt to define transpersonal experiences in BMGIM, Abrams (2001) asked BMGIM therapists about their own transpersonal experiences when they were BMGIM clients. These therapists identified various elements, such as feeling transformed, surrendering one's ordinary sense of self, or feeling love, that made their experience transpersonal. Abrams found that they all classified their experience as transpersonal when the scope was universal, for example, a sense of expansion beyond the usual boundaries of time and body, and when a unitive relationship, such as becoming one with entities beyond the self, was involved.

Other accounts have focused on clients' spiritual experiences in BMGIM. Guiding gay men with AIDS in BMGIM, Bruscia (1992) noticed that for each client the healing process began with a "visit from the other side" (p. 196), or imagery of a deceased loved one who has come to visit the imaging person, to help him prepare for the crossover to the "other side." Bruscia has expressed his sense of awe at the power of music at those moments. It seemed to him that once the client was ready for such visits,

the music called out to the visitor on his behalf, sustained the interaction between the visitor and the client, and expressed the mutual love that the host and visitor had for each other (Bruscia, 1992). Skaggs (1977a) has also portrayed examples of BMGIM journeys of dying people. Her clients' images included spiritual topics like lessons learned from the illness or preparation for death. Skaggs has indicated that accompanying people in their final hours has helped her view death as merely a final stage in a long healing process. She has discussed her own role as the one who provides patients with intimate, personalized support in a hospice system that has grown remote and de-personalized (Skaggs, 1997a).

Some therapists have modified the BMGIM experience to adapt to clients' special needs. In their work with patients with severe medical conditions, Justice and Kasayka (1999) shortened the BMGIM experience, extended the relaxation portion, and focused on supportive and healing imagery to suit the physical and emotional weaknesses of their patients. These authors have indicated that their role as facilitators involves a sharing of the "receptive musical space" with a client (p. 29). This means knowing the music well enough to engage the client in it as fully as is appropriate, while being aware of their own feelings and biases towards the client and her or his illness (i.e., countertransference). Similarly, Marr (1998–1999) has argued the importance of adapting the BMGIM experience for clients who are dying. She has pointed to the clients' limited ability to participate in a full-fledged BMGIM process and has provided case examples of modified BMGIM experiences in which the chosen music was purposefully short and supportive in nature. As a result, Marr has concluded that part of her own role as a BMGIM therapist is "to carefully choose music which would support, nurture and contain, rather than demand..." (p. 52).

Combined Methods: Verbal and Nonmusical Expressive Arts Techniques. Combining visual arts, movement, and music in clients' treatment can appeal to the different senses. In turn, this can facilitate a fuller body-mind-spirit connection and encourage feelings of faith and hope (Bailey, 1997).

Munro and Mount (1978) have demonstrated how music listening experiences have been coupled with the creation of a *photo collage* to assist a dying patient review her life and come to terms with her impending death. These authors have also discussed the contributions of the music therapist as an important team member of the hospice staff. In another account, Borczon (1997) combined *readings of poetry* with various musical experiences, as well as instrumental improvisations of *stories and myths* in his workshops for people recovering from addictions. He has contemplated the spiritual role of music in his own life.

Finally, joint efforts of music therapists and chaplains have facilitated clients' spiritual work (Crowe, 1985). Kirkland and McIlveen (1999), a chaplain and a music therapist, developed a program for older adults with dementia wherein patients' spiritual needs were met through *verbal discussions and musical experiences*. They provided the patients with prayers as well as discussions and songs about Heaven, forgiveness, grief, and joy. These authors have indicated that their lives have been enriched by attending to their own spiritual needs—through "a conscious effort, regular practice and a mindset that nurtures the human spirit" (p. 247).

In summary, various methods and techniques have been reported by music therapists as potent vehicles to reach the spiritual goals of clients. They have enabled clients to experience music spiritually through performing, composing, improvising, listening, verbalizing, and using other non-musical expressive forms. Various client populations have benefited from such interventions, such as people who have experienced trauma, are grieving, live with chronic or terminal illness, have psychiatric problems, or have chemical dependency issues. A few major spiritual themes have been reflected in the accounts above. Some therapists have helped their clients discover meaning, purpose, fulfillment, and enthusiasm in life. Others have facilitated clients' quests for sources of strength and hope, and have helped them regain faith in themselves, in others, and in God. Yet others have enabled clients to maintain religious practices and rituals.

PURPOSE OF STUDY

As mentioned earlier, most of the cited sources focus primarily on the client's experience. By contrast, the perspective and potential impact of the therapists seemed to be taken for granted or remain in the background. Furthermore, despite the wide array of cases, systematic research on spirituality from a music therapy perspective is quite limited.

The purpose of the current study was to systematically investigate spiritual moments in different music therapy settings and to examine specifically the personal experience of the music therapists involved in them. The basic questions that guided me were three: (a) What were some examples of incidents (i.e., moments) in which the music therapy process became spiritual? (b) How did the therapists who conducted the sessions view those moments as spiritual? and (c) What was the experience of the music therapists who conducted the sessions (i.e., their thoughts, feelings, intuitions, and actions)?

I chose a qualitative research approach to carry out the study. The justification for this choice lay within the nature of my research questions, which were subjective and non-positivistic. As a study about spirituality, it seemed particularly well described by Bruscia's (1998) description of the non-positivistic stance as "...a search for human understanding where there are no reliable maps, no verified routes, and no valid passes" (p. 176). It was important that the approach I chose would allow for several subjective truths to co-exist without pointing to one as better or more important, as I expected that examining the nature of spirituality as experienced by different people could lead to many ways of understanding and defining it.

Inspired by a study by Forinash (1992), I chose a phenomenological approach. Described by Forinash (1995) as "a research approach that allows the researcher to examine experience as it is lived" (p. 368), a phenomenological inquiry embraces different aspects of the human experience without disputing their validity or realness. The phenomenological approach seemed to suit my specific quest since I did not set out to reach any singular, consensual, or conclusive definition of the phenomenon I was studying; nor did I intend to choose one experience as more correct or identify those more frequently quoted than others. Instead, my intent was to collect, analyze, and describe the data in a way that would draw a colorful picture, or collage, of this phenomenon.

METHOD

Participants

Ten music therapists (nine female, one male) served as participants. I originally contacted 22 music therapists (5 males and 17 females), from the 2001 Member Sourcebook of the American Music Therapy Association. Of these, ten gave their consent to participate. There were a number of criteria that guided my selection process.

First, I limited my search to seasoned practitioners who had years of professional and life experience, and whose perspective I assumed would be mature and well informed. I gauged this by choosing people with graduate training (M.A. or Ph.D.) in music therapy or a related field, who were at least 40 years of age, and whose years of professional experience were no fewer than 10.

Second, I made an effort to select therapists who were considered authorities or leading figures in the field of music therapy. This criterion was based upon a combination of active teaching and training of music therapists and publication. Specifically, this concerned the areas of special training or expertise, years of clinical experience, and scholarly activity of each participant. (See Appendix A)

Third, in order to ensure a current and fresh perspective, the therapists I chose were ones who currently work or had recently (within the past five years) worked with clients in some form of music

therapy relationship.

Fourth, I attempted to select therapists whose professional experiences would allow them to convey the unique spiritual challenges of clinical work across a wide variety of client populations. Combined, the ten therapists portrayed spiritual moments with the following client populations: adults with chronic illness (specifically, Multiple Sclerosis); adults with Alzheimer's Disease; adults with AIDS; adults with cancer; adults with mental illness (specifically addictions, Obsessive Compulsive Disorder, and Panic Disorder); older adults recovering from strokes; medical patients in hospital wards (children and adults); and adults who are well. Also portrayed were experiences with children with ADHD, severe handicaps, and autism.

Fifth, I selected participants according to their expertise in a variety of specific music therapy models or methods, including BMGIM, AMT, and Creative Music Therapy (Nordoff-Robbins model). Sixth, I selected practitioners from the United States only. In addition, in order to avoid a geographical bias, I selected therapists from various regions within the United States, such as the East Coast, West Coast, Great Lakes, etc. Because of this, I conducted most of the interviews by phone.

The participant invitation letter/consent form described the purpose of the study, as well as the risks and benefits involved in participation (see Appendix B). With each invitation letter/consent form, I enclosed an attachment stating the questions I would ask, along with a working definition of spirituality, to allow the therapists an opportunity to reflect on the topic ahead of time. Therapists indicated their willingness to participate by signing the consent agreement on the letter, which I as researcher signed as well. All aspects of my research protocol involving human research participants were approved by the Institutional Review Board of Temple University.

Data Collection

Interviews lasted from 30 to 70 minutes and were tape recorded with the permission of each participant. The interview started with questions regarding the participant's professional experience and the client population she or he served most frequently. Next, to ensure that each participant felt comfortable with the definition of spirituality that I provided in the invitation letter/consent form attachment; in the majority of cases, I specifically asked the participant for comments on this definition. To avoid imposing any opinion on the participant and to maintain an unbiased stance, I considered this definition to be a working definition, which could be changed according to the preference of the participant. I took this position because it was important for me to know her or his stance on spirituality in order to understand the materials and case examples that she or he disclosed. Most of the therapists chose to add, omit, or change the definition that I provided.

Some of the participants asked me about my own stance on spirituality. When this occurred, I tried to share with them some of my own views without shifting the primary focus on to myself. In this study, I sought their experience and perspectives and thus avoided imposing my biases upon them.

I then asked participants to share spiritual moments in their music therapy work with clients. Specifically, I asked them to recall one or two sessions (with an individual client or a group) in which they felt that the therapeutic process became spiritual in nature. I encouraged them to explain the ways in which this shift could be seen as spiritual. Finally, I invited the participants to describe their own reactions to those occurrences. I reiterated to them that I was more interested in their stance about what had occurred, as opposed to client experiences of these occurrences. At the end of the interview, I gave each participant the opportunity to comment freely on the topic and add anything to the discussion that she or he deemed important or appropriate.

I transcribed the recording of each interview as close to verbatim as possible. I then edited the transcript, omitting opening and closing conversations, side-talk, incomplete sentences, fill-in words, such as "you know," and repetitions. The edited transcripts served as the data for this study. (See Appendix C)

As a form of member checking, I sent each of the ten participants a copy of her or his own edited interview transcript. I then asked participants to verify the accuracy of their transcripts by commenting upon whether and how their transcripts did or did not reflect what they had said during the interview. I then re-edited each transcript, integrating the therapists' comments and suggestions into the text.

Data Analysis

In order to analyze the data, I utilized a six-step procedure based upon guidelines for analyzing qualitative, verbal data both by Forinash (1995) and by Smeijsters (1997). To help ensure the trustworthiness and credibility of my findings, I consulted with my project advisor and peers throughout the analysis process. A description of these six steps follows.

First, I read the transcribed interviews in their entirety. I did this in order to understand the language of each therapist and to get a sense of each interview transcript as a whole.

Second, I extracted significant statements from each transcript, such as: (a) "The feeling in the room also shifts, you can feel that. You can feel a very large presence or energy in the room, that has changed;" (b) "I tried to put myself in [the client's] place a little bit, and hear how those notes sounded accepting to her;" and (c) "I think there is a symbolic quality to these instruments that is calling for spirituality, because they are being used as a part of a spiritual rituals [all over the world]."

Third, I formulated meanings for each of the significant statements that I extracted in step two, in terms of their nature, role, and function within the therapeutic relationship or process. For example, I interpreted statement (a) as a non-verbal, internal feeling on the part of the therapist, with or without any association to what the client was experiencing; statement (b) as involving the relationship between the therapist and the client, and an internal action that the therapist took in order to empathize fully with the client; and statement (c) as representing the therapist's concept of the musical instruments as having a heightened spiritual value for many clients.

Fourth, I organized all formulated meanings across all transcripts into themes, or *meaning units*. I derived these themes by identifying common, recurring elements among formulated meanings (from step three). Thus, I placed statement (a) under "Therapist's Feelings," statement (b) under "Therapist's Actions," and statement (c) under "Spiritual Properties of Music" (as this statement was not related to the therapist, but had more to do with the music). In order to manage and clarify these meaning units further, I grouped them into three larger, more general sections. Section A reflected the general role of the therapist in the spiritual moments; Section B focused on the role of the music therein; and Section C described the experience of the therapists in greater detail.

Fifth, to ground the meaning units (from step four) in the original data, I returned to each of the transcripts and organized all of the therapists' original statements about their experiences, so that each statement fell within at least one meaning unit.

Sixth, and last, came the description process. For Sections A and B (concerning the general role of the therapists and the music within the spiritual moments), I decided to bring forth a few representative case examples that were shared by the therapists in their interviews. In accordance with the phenomenological approach, I portrayed these cases in the form of narrative stories, or *vignettes*, to an extent of detail full enough to give the reader a sense of what had occurred, why the therapist considered the moment to be spiritual, and how it reflected the meaning unit within which it resided. For Section C (concerning a detailed analysis of the therapists' experience), I considered the material from all transcripts collectively, seeking out recurring themes, related topics, and complementary ideas. I integrated and synthesized this material, and derived a single, *exhaustive description* of the overall topic. This description represented the shared experiences and opinions of all ten therapists (as if they were physically present in one room, engaging in a group discussion).

RESULTS

My analysis of the data from each of the ten transcripts yielded 13 meaning units, grouped into three larger sections. The resulting set of meaning units and sections was as follows:

Section A: The Role of the Therapist

Meaning Unit 1: Therapist Witnesses and Supports Client's Spiritual Moment

Meaning Unit 2: Therapist and Client Experience Spiritual Moment Together

Meaning Unit 3: Therapist Alone Experiences Spiritual Moment

Section B: The Role of Music

Meaning Unit 4: Spiritual Moments Involving Receptive (Listening) Experiences

Meaning Unit 5: Spiritual Moments Involving Compositional Experiences

Meaning Unit 6: Spiritual Moments Involving Improvisational Experiences

Meaning Unit 7: Spiritual Moments Involving Re-Creative (Performance) Experiences

Section C: Therapists Discussing Aspects of Their Experiences

Meaning Unit 8: Therapists' Reflections on Spiritual Properties of Music

Meaning Unit 9: Therapists' Mindset and Professional Etiquette Prior to Sessions

Meaning Unit 10: Therapists' Feelings During Sessions

Meaning Unit 11: Therapists' Thoughts and Intuitions During Spiritual Moments

Meaning Unit 12: Therapists' Courses of Action Taken During Spiritual Moments

Meaning Unit 13: Therapists' Retrospective Reflections on Their Experiences

Section A: The Role of the Therapist

This first section consisted of three meaning units, each representing one particular role of the therapists during spiritual moments. Details of each of these three meaning units follow.

Meaning Unit 1: Therapist Witnesses and Supports Client's Spiritual Moment

Spiritual experiences that happened primarily to the client were the most common. Typically, the therapist would support the client during the experience and help to process it verbally afterwards. Three examples of such processes are provided below.

Vignette 1A: The Power Animal's Vision. The first example comes from Marianne, a therapist who frequently uses a technique she calls "musical meditations" in which she improvises soothing instrumental music for—and often with—her clients. After guiding them into a meditative state, Marianne encourages her clients to maintain an ongoing dialogue with her in which they describe the imagery they see as it arises. Marianne then responds to these images both verbally, with supportive statements and guidance, and musically, by matching her improvisations to the client's descriptions.

Marianne recounted her work with a man in his fifties who was diagnosed with Multiple Sclerosis. In his music therapy sessions the client worked primarily on learning to adapt to his new institutionalized reality and let go of the expectation that he could maintain the life he had led before the onset of his debilitating illness. After a while, he expressed an interest in meditation as a way to relax and accept the growing confinements of his disease. Through musical meditations he developed a few images of animals, which he called his "power animals."

One day, the client began his session by telling Marianne that he had recently been troubled by dreams about his own death. Marianne led him in a musical meditation using a Native American eight-note drum, a raintick, and a few Tibetan Singing Bowls (the client struck the bowls with his eyes

closed). He started to describe an image of a “power animal,” a female wolf that had surfaced in his previous meditations. Young pups were playfully running around her. The wolf looked at the client and told him, “It is not time for you to go yet; it is not your time now.” Hearing this, Marianne softly repeated the messages, “It is not your time to go yet” and “It is not your time now.” In the client’s imagery, the young pups then came running towards him and played at his feet. Following this experience, the client said he felt relief from his unsettling fear of death. The playfulness and happiness of the young wolves helped him reconnect with his own long-submerged happiness, and he felt a renewed optimism that there were still some years of good living ahead of him.

Several factors contributed to this client’s spiritual experience, according to Marianne. The physical environment of the rehabilitation facility induced thoughts of death because clients were frequently informed about the deaths of their peers. Although this client was under no immediate threat of death, he became increasingly preoccupied with it, fearing the circumstances under which it would happen and feeling increasingly helpless. Furthermore, a person with Multiple Sclerosis slowly loses control over every aspect of his physical life. It was spiritually defeating and a stifling experience for this man, and he desperately needed to find a way to strengthen and enrich his spirit. In the session, the client employed a meditative consciousness that in itself eased his tension and anxiety. The wolf’s comforting message allowed him to switch from a “Doing Mode” to a “Being Mode”—from a futile attempt to *do* to a relaxed attempt to *be*. The Being Mode, Marianne explained, is in itself a spiritual experience. In the improvisation, the client was encouraged to listen to his own sounds and *be* with them, thus practicing a helpful attitude for life. By letting go of the need to control his illness, he was able to let go of the anger and anxiety caused by the fruitless attempts to control it. It also helped him realize that “it is not time to go yet”—he still had much to enjoy and live for.

This vignette exemplified a situation in which the client feels the main weight of the spiritual experience, but in which the therapist plays a vital role. Marianne helped the client induce the imagery and relax into a meditative state. With her music and words she supported the emotions and images that surfaced in the client’s imagination, and she helped him find the deep meaning in those images so that he was able to regain his sense of optimistic and calm.

Vignette 1B: The Singer Within. One therapist, Laura, depicted long-term improvisation work with a well, adult client. The client had started her musical education as an opera singer but had decided to change styles to avoid an emotionally depleting competition with her mother, who was also an opera singer. She became a jazz pianist at the age of 14 and led a successful career as such. Still, there was a bitter sense of loss that haunted her career choice and shadowed her accomplishments. The goals of her music therapy with Laura were to examine her ambivalent feelings about jazz, and her desire to sing in opera style. The therapeutic process took place mainly at the piano, with Laura accompanying the client and helping her to improvise vocally and express her feelings in song.

The client arrived to therapy very excited one day, exclaiming that she had found some long-forgotten opera arias at her home and had sung them. Laura asked the client to sing the same arias for her during in the session. Despite her initial reluctance the client agreed to sing. As she sang, Laura felt as if the whole room was filled with light and a power that she had never experienced in a session before entered the room. She listened and felt overwhelmed—there were tears in her eyes when the client finished singing. The client started sobbing uncontrollably. Both felt “an incredible power” in the room that was larger than anything they knew. Laura then helped the client process the experience verbally. The client felt that she had “a gift from God” and in this session she started using it. In the sessions that followed, the client’s therapeutic process took a turn towards self-actualization and healing.

Laura explained that there was a sense of a mystical experience that surrounded that moment. The client conceptualized it as a gift from God, and Laura felt overwhelming awe over this powerful gift, and exclaimed, “Oh my God, what *is* this?” She has seen breakthrough sessions with other clients; however, the magical feeling, the light in the room, and the powerful voice she witnessed made this moment “larger” than anything she had experienced before.

It seems as if the weight of the spiritual experience was felt by the client, who reached a vocal

power she never knew existed. The therapist, on the other hand, was the one who encouraged the client to use her voice, to return to opera music, and to sing the aria in the session. She was present to witness the mystical moment, and when it occurred, she felt it too. During the experience itself, she supported the client non-verbally; retrospectively, she helped the client realize the meaning of the experience through verbal processing following the experience.

Vignette 1C; A Journey Through a Dark Tunnel. Another therapist, Lynn, guided a GIM process with a man who had a history of drug addiction but who had been “clean” for a while. He belonged to what Lynn described as a “New Age healing group.” According to Lynn, his concept of spirituality was highly influenced by the ideas he heard there. He described his Higher Power in a rather personified manner as if it were his best friend. He used to image that he and his Higher Power met every day at the bottom of a big tree. The client would ask the Higher Power for guidance, and the Higher Power had all the answers. Lately, however, things came between them. Alienated and lonely, the client longed to restore the connection with his Higher Power. In previous GIM journeys, he had gone back to the tree and called out for the Higher Power to come back. “He was talking about it in a way that was so not transcendent... [So] mundane,” Lynn recalled, “it had no real feeling of any kind of transcendence or spirituality to me.”

One session, however, consisted of a GIM journey in which he experienced a transcendent force as never before. When the imagery began, the client was involved in a certain emotional conflict to the sounds of the second movement of the Bach’s Concerto for two violins. Lynn explained that the next piece of music—the second movement of Brahms’ Violin Concerto—was related to the concerto by Bach that preceded it, but was much “heavier,” with greater harmonic complexity and emotional tension. It seemed as if the musical shift instigated an emotional shift for the client. Suddenly he was surrounded by shadowy figures and he fell into a long and frightful tunnel. He felt disoriented and lost, yet he sensed that it was leading him somewhere. Finally, he reached the end of the tunnel, stepped out, and for a split second there was the entire cosmos underneath him. It was an awesome but horrifying experience for him. Terrified, he went straight back into the tunnel, exclaiming, “it was like I was born into a new life.” The things he saw were more beautiful than anything he had seen before. During the post-imagery verbal process the client felt peaceful and relaxed. He was content with the fact that he only got a glimpse, knowing that he could not have handled more than that.

The spiritual aspect of this moment, Lynn believed, was that for the first time in his life the client experienced what seemed to be a “truly transcendent” experience. It completely surprised him, as he was busy restoring his relationship with his Higher Power, which he saw as a figure. For Lynn “it was clear he was just really talking to a part of himself.” This imagery, however, instigated a total shift in his spiritual search and revealed to him what he was missing all along.

The role of the therapist in supporting the client through this experience was active and influential. For the client, this experience was born out of an emotional conflict; it was also earth shattering and quite frightening. The therapist knew that the client needed to feel emotionally secure and supported to endure the sustained tension in the tunnel. “I was working with him [as] I would work with a person who is in emotional conflict and emotional tension, when they need a stronger presence,” she recalled. On the other hand, she carefully walked the fine line between overly supporting him (thus shielding him from any risk) and encouraging him to proceed beyond his known limits into new realizations. For instance, she did not choose a musical program that was less emotionally demanding, and although she was braced for conflict, she encouraged him to stay in the tunnel a bit longer to see what would happen. She knew that for him to allow himself to feel tension for so long was an important therapeutic goal. Yet, she witnessed and carefully monitored his state of mind, ready to help him back away from it at any time if needed.

*Meaning Unit 2: Therapist and Client Experience
the Spiritual Moment Together*

The next set of examples reflect moments in which the weight of the spiritual experience seemed to be distributed evenly between the therapists and their clients. In these cases, there seemed to be a greater sense of reciprocity and partnership in experiencing the spiritual moments.

Vignette 2A: A Comfort for a Dying Client. Debra, another therapist, shared an experience of companioning a dying client during his last hour of life. The client was a fairly young man whose health had gradually deteriorated over a period of seven years due to metastasized cancer. Debra worked with him whenever he was hospitalized for treatments, and a friendly bond gradually evolved between them. She got to know his wife and two young daughters, and they discovered that they shared the same religious faith, which was a significant factor in the spiritual moment. Realizing that his days were few, the client—a devout Christian—wished that after he died his daughters be told that their father was with the Lord, that he was happy, relieved of his pain and suffering, and holding the hand of Christ.

On the day he died, Debra entered his room to find his wife and friends gathered around his deathbed. His breathing was shallow and intermittent, and his loved ones invited Debra to come and sing for him. They joined her as she sang for the client his favorite sacred hymns. His breaths became fewer, and about 20 minutes later, during the hymn *Hallelujah*, he took his last breath on the verse, “I will serve Him.” Debra wept with the others in this solemn moment, but beyond her sadness she felt a deep “soul connection” with the deceased and his loved ones. His fervor and the confident calm in which he died taught them a cherished lesson in faith and comforted them after he was gone. They discussed the symbolism of his passing on that specific line in the text and felt reassured that he had finally reached the transcendent place where they would all meet him again one day.

The spiritual significance of this moment according to Debra was twofold. First, she explained, there is a spiritual quality in the moments when a person wavers between life and death. “The spirit is about to be no more with us.... There is something very sacred about those moments; frightful; awesome. Death has that quality, that mystery, that intimacy....” Furthermore, to be allowed to be there when a client draws his last breath, to sing something that holds relevance and purpose for him, to administer to his loved ones and to be reassured about her own faith, held a special personal spiritual importance for this therapist.

This vignette exemplifies a spiritual moment that was experienced by the therapist within a powerfully bonded group of people—the client and his loved ones. After he died, they were comforted by the beliefs and values they shared with him and with each other. Their strong faith in the same religious principles as expressed in the music helped to affirm their spirits, as Debra explained, “I think my comfort had as much to do with... the words and music at the time, as it did with the people who were of alike minds.”

Vignette 2B: Leading Workshops in Music and Dance for Spiritual Healing. Claire is a music therapist who has offered workshops in music, dance, and healing for adult clients who are well. (The reader should note that Claire’s vignette does not concern a spiritual moment in the same sense as the other therapists’ vignettes. Although I did prompt Claire for specific, experiential incidents in accordance with my basic methodology, she provided only general descriptions of her work. However, because I found many of her points to be very interesting, clever, and relevant to my topic, I decided to include her responses.) In Claire’s workshops, she has often led circle dances in the tradition of The Dances of Universal Peace (PeaceWorks, n.d.), an international movement that was established in the late 1960’s by the Sufi teacher and Zen Master Samuel L. Lewis (b. 1896–d. 1971). These dances are inspired by different religious traditions from around the world and focus on themes of peace, healing, and the celebration of life. Dance participants join hands to form a circle, while the dance leader teaches the melodies, lyrics, and new steps—as well as historic background on the dances—from the center of that circle (PeaceWorks).

Claire viewed these dances as highly spiritual experiences. When the participants shared similar

levels of “energy,” she explained, they allowed themselves to experience the unique spiritual power involved in their bonding as a community within the circle. Their combined energies could climax to an exhilarating experience of movement, chanting, and singing. At the post-dance discussion, she stated, many participants described their experience as “deep,” “mystical,” or “God-like.” Claire shared that even as the dance leader, she has often felt the power of bonding with the other participants. She stated, “You feel your sense of self, your sense of the community, and then what goes beyond it. So the longer you stay in the chant or in the movement, you almost lose yourself in that larger context.”

In her interview, Claire discussed her perspective as a facilitator of these dances. She described how she shifts back and forth between facilitating the experience and being in it. In other words, she has learned to function simultaneously as the one who orchestrates the experience, who “holds the ground” for others and monitors the flow of energy in the room, and as one of the members in the circle who lets herself be taken by the power of the communal experience.

Vignette 2C: Leading Workshops in Music, Meditation, and Prayer for Spiritual Healing. Alice is also a therapist who has led retreats of music, meditation, and prayer for adults in search for spiritual healing. In those retreats, Alice has combined periods of silence, group prayers and musical experiences, such as percussion circles, songs, chants, or guided listening to pre-selected musical excerpts, as well as discussion of spiritual topics.

The spiritual impact of these retreats, Alice explained, lies in their invitation for people to notice their spiritual stance, to reflect upon it, and to be with it whether joyful or painful. For Alice, there is no right or wrong way to explore one’s spirituality. The participants at her retreats have often come from different backgrounds, equipped with varying notions of religion and faith. Beyond increasing their awareness of their spiritual stance, Alice’s goal is also “to encourage people to allow the music to draw them a little bit further, out of their comfort zone.”

Alice discussed the ways in which the structure she provides has influenced the workshop attendants and herself. She recalled a woman with Panic Disorder whose participation at the retreat was accompanied by great anxiety and tension, who stood up and thanked Alice for enabling her to feel more relaxed and peaceful than ever before. Beyond the individual participants, however, Alice portrayed the incredible power that can be felt when a group of people bonds together as a community in music, prayer, and silence. Like Claire in Vignette 2b, Alice expressed feelings of companionship and fellowship with the other participants, despite her different role as facilitator. She recalled times in which the entire group—including herself—was moved together into “deeper places” beyond the emotional and rational mind.

Meaning Unit 3: Therapist Alone Experiences Spiritual Moment

This third set of vignettes illustrates moments in which the therapist was primarily aware of her or his own spiritual experience. The therapist’s experience was central in these moments, whether or not the client’s experience was also spiritual in nature.

Vignette 3A: The Face of Alzheimer’s. The first example involved the experience of a music therapist, Ruth, which occurred while she was working with an elderly woman in the late stage of Alzheimer’s disease. The client was no longer capable of coherent speech and seemed mostly disengaged from the reality in her institution. According to Ruth, the goal of working musically with her was to help her relax and remain calm, as opposed to engaging her in the music. Indeed, most of the time the client appeared unresponsive to Ruth’s music.

During one session, however, something quite remarkable occurred. Ruth was chanting a melody (that she referred to as “sedative” and “palliative”) for the client, when suddenly, the client seemed fully engaged. For a brief moment, Ruth felt that “the person’s entire being was there.” Ruth sensed a shift in the client’s entire presentation. She seemed to focus on Ruth and held Ruth’s hands as her breathing became calmer. The two were gazing into each other’s eyes, and Ruth felt as if the client was trying to communicate that she was present and alive.

The spiritual aspect of this moment, Ruth explained, was her sense that there was a vital, personal, spirit deep inside the client's "crippled body," which is all she had known up to that point. She described it in terms of a "soul-to-soul connection" with the client, describing that "It was like opening a window and having this person's whole spirit be right there—looking at me, and me looking back at it....I have a person fully here with me now, trying to tell me something." Ruth felt that they connected in a wordless, non-verbal communication that was "filled with soul... like her *soul* was there, speaking to my soul." She felt stunned to realize that, contrary to all other evidence, the client was still "in there." She knew that this was a rare opportunity to connect with her client in such a direct and deep way. Whether or not this was a spiritual moment for the client, this was a profound and mesmerizing experience for Ruth, which stayed fresh in her memory for years to come.

Vignette 3B: A Creative Music Therapy Process with a Handicapped Child. Another example is found in the work of a music therapist, John, specifically within the method known as Creative Music Therapy, introduced by Paul Nordoff and Clive Robbins in the early 1960's (Bruscia, 1987). One of the main principles of this approach is the use of improvised music to activate the client's *music child*—her or his inborn musicality—in order to help the client overcome emotional, physical, and cognitive challenges. Therapists who practice this approach traditionally accommodate the needs of the client (who is typically a child) by teaming up in pairs, so that one therapist improvises music at the piano while the other assists the client in her or his responses to the improvised music (Bruscia, 1987).

John described one Creative Music Therapy experience in which he served as the co-therapist who assisted the client while the other co-therapist, Sarah, improvised at the piano. The client was a child with severe problems related to autism with psychotic features. He was non-verbal, and his main communication patterns were those of tantrums, physically throwing himself at the floor, screaming, and crying. In this particular session, John recalled, "he was crying differently." For John, this cry expressed not merely fear or pain, but "a real, deep-seated existential torment." The cry was the child's way to adapt to failure, John explained; his entire being was characterized by suffering, frustration, and constriction. Thus, the screaming was evidently his defense system as well as his method of controlling his reality. A major goal in his treatment, therefore, was to help him stop his tantrums in order to facilitate the development of healthier communication skills. In the first minutes of work with this child, Sarah's piano improvisation was very forceful. She matched his screaming by playing loud, dissonant chords while John held him, talked to him, and physically contained his angry outbursts. In her music, Sarah did not comfort the child, John explained. Instead she communicated to him, "Yes, all right, it *is* Hell, and I understand how you feel. But you must understand, you're not going to control me."

The breakthrough moment occurred when the child responded to Sarah's improvisation as if he noticed it for the first time—and his response was musical. When she slowed down her chord progression, he slowed down his cry; when she played softer chords, he cried in a softer tone of voice; when she stopped the music, he stopped crying and listened. For the first time he reciprocated in a musical give-and-take, and it was a moment of true spiritual elation for Sarah and John. Later on, the child began to use his crying as singing and progressed further from singing with a crying voice to singing in a gay, mischievous voice. He started to initiate musical ideas and gradually developed speech. The musical connection led to a personal bond. The child began to pay greater attention to John's presence and their sessions were filled with joy as they danced and jumped together to Sarah's piano music.

John described the spiritual aspects of this moment in terms of utter delight, elation and amazement. He stated, "Sometimes when something really wonderful happens to us we think... 'Can I *really* trust that this is the way it is?'" In their interactions with the child John and Sarah were able to introduce "the breadth of the spirit" into the child's life. John believed they connected to his life force, his energy and his state of being here. They provided him the reassurance that he was not alone and that he was understood. The music and the personal bond sparked within him the will to live, to achieve, and to progress, which he had seldom shown elsewhere before.

As in Vignette 3a, it is difficult to assess the spiritual effect of this process on the client,

although he was the one who reaped its fruits. For the two therapists, however, it was a spiritually uplifting experience matched by none other.

Summary of Section A

To summarize Section A, since the focus of this study was on the therapist's perspective, the spiritual moments were divided according to their degree of impact on the therapist and the role that she or he played in them. In all the vignettes above, both therapist and client were involved in the therapeutic process and shared the spiritual moment to a high degree. In Vignettes 1a, 1b, and 1c, although the main weight of the spiritual experience seemed to be felt more by the client, by no means did it imply passivity or lack of impact on the therapists involved. The therapists were actively working to facilitate, nurture, and support the clients in their experiences. They helped the clients reconnect to reality, and they were all deeply emotionally present in this unique process. Similarly, it is possible that the clients in Vignettes 3a and 3b experienced a tremendous spiritual experience that matched that of their therapists.

Section B: The Role of Music

The therapists and their clients were not the only elements in the spiritual moments. All ten therapists dedicated parts of their discussions to the significant role that music played in the sessions they described. The descriptions of the meaning units that follow highlight the role of music and the different ways in which it was used during various spiritual moments.

Meaning Unit 4: Spiritual Moments Involving Receptive (Listening) Experiences

Vignette 4A: The Higher Power in the Rainbow. Lynn described a GIM session with a woman with a dual diagnosis of Obsessive Compulsive Disorder (OCD) and cocaine addiction who was struggling to survive in an abusive marriage. The client was in a very deteriorated state of mental and physical health when a colleague psychologist referred her to Lynn. The client had not been seen by any therapist for six years and returned to therapy with a serious state of obsession, accompanied by compulsions to pluck her eyebrows and pick her forehead. The dreadful wound in her forehead was hard to ignore. Due to the client's limited medical coverage, her treatment was set from the start to be short termed.

In the third session, the client brought up her obsession as a topic to be explored. Prior to the imaging portion of the session, Lynn asked the client to draw what she felt when she was in an obsessive state of mind. The client drew a creature that looked like a monster. With this image on the page, Lynn asked the client to close her eyes and encouraged her to use the support of the music in order to experience the monster she drew as fully as possible. The second movement in Beethoven's *Emperor Piano Concerto* started the musical sequence, when the client imaged a big rainbow. She sensed that the rainbow was there to take care of the monster. It came over the monster, caged it in so that it was compartmentalized and immobile, and covered it with a special rain that made it shrink further and further into the corner. The client kept sensing the music as incredibly beautiful and Lynn let this segment play three consecutive times to allow her to maintain the image. Afterwards, the two spent time verbally processing this imagery. The client seemed very clear about the significant meaning of this image—the monster was her obsession, and the rainbow was her Higher Power. She recalled how completely loved and accepted she felt in the music; she felt lifted and totally free of the obsession. The experience signified in her view that her Higher Power loved her despite her obsession. She insisted that she did not need any further therapeutic work—this single session took care of all of her problems. Despite the client's vehement conviction, Lynn suspected that there would be relapses in her treatment and that—given an aggravating trigger—the obsessive behaviors would return. At the time of the interview for the present study, however, the client had been obsession-free for two years.

The spiritual qualities of this moment, Lynn explained, were related to the client's powerful experience of a spiritual support. After years of neglecting this aspect of her identity, she came to terms with it and allowed it back into her life. As for Lynn, she did not think of the rainbow in terms of a transcendental entity. Instead, she experienced this moment in terms of a transpersonal and aesthetic connection to the client in her journey.

For the client, finding her Higher Power was significantly facilitated by the music. During the imagery, she articulated several times how beautiful the music was. The therapist, too, was filled with feelings of awe towards the power and the beauty of the music and with feelings of love and acceptance toward the client. Central to her healing was the fact that the client felt entirely accepted and loved *in* the music, *by* the music. While she interpreted this feeling as a sign that her Higher Power was watching over her, the therapist viewed the love and acceptance that the client felt as stemming from the music. The client, she explained, allowed herself to open herself up and experience the depth of Beethoven's music. She allowed the music to nurture and accept her in a way that transcended any nurturing or acceptance that she had ever had, and that led her to view the experience as a form of transcendental love.

Vignette 4B: Moses and the Burning Bush. Gloria, another therapist, also described a spiritual moment in which music listening played a significant role. The client was a normally functioning adult man who came for music therapy to explore his anger and manage it. In the prior session, Gloria had asked the client to bring to their next meeting musical selections that expressed his anger adequately. Indeed, he brought to their next meeting a piece of music that he had owned for over 15 years, yet which he found too frightening to hear it in its entirety. It was *The Star Spangled Banner* by Jimmy Hendrix, as recorded at the 1969 Woodstock concert. In the session, the client revealed his fear of this piece and that he was hesitant to play it for Gloria. Gloria suggested that they listen to the piece together and reminded the client, who sat next to the stereo set, that he could turn off the music at any time.

Gloria described the electric music as very loud and powerful. The main melody was accompanied by various creative sounds (e.g., growling sounds, explosive sounds, etc.). The piece started in an organized manner and form, and it became increasingly disorganized until it finally disintegrated into complete chaos. The client sat quietly and listened to the entire piece. For the client, that was his experience of anger, and listening to it was a major spiritual and emotional breakthrough for him. When it ended he said, "Moses and the burning bush"—a remark that puzzled Gloria. The client explained that while listening to the music he imaged himself standing in flames that were burning all around him, and yet they did not consume him. The first association that came to his mind following this image was that of Moses who watched the bush being burnt but not consumed by the flames. The client was a devout Jewish man; hence, Moses was an important figure of spiritual inspiration for him. Gloria helped him explore the meaning and relevance of this image in his life.

Gloria clarified the spiritual significance of this moment in her opinion. The image of being burnt but not consumed had a profound spiritual and psychological effect on the client. On the spiritual level, he realized the transcendent nature of the fire. Not only did it symbolize a spiritual connection to Moses, but it also had a transformative effect—being able to be in it and not burn was an awesome experience for him. Moreover, on a psychological level, he understood that he could tolerate anger (his own and others') without being consumed by it.

It seemed as if the loud and chaotic music played an important role in bringing about an image of fire. Moreover, the client, not the therapist, selected the music. Therefore the personal meaning attributed to it added to its significance and power. The client had accumulated tremendous fear towards this music over the years—in his eyes it signified anger at its peak. Listening to it with the support of the therapist was a personal battle for him, and being able to conquer his fear and listen to it was a true spiritual triumph. As for Gloria, Jimmy Hendrix's music was quite foreign to her, and she never considered it to be particularly spiritual in nature. It came to her as a surprise to witness a client have a life-changing spiritual experience to the sounds of this music. The lesson that she gained from this session was to "never pigeon-hole music," as she realized that no one style of music is more suitable or right than others for a spiritual

experience to evolve. She further realized that when a person is ready, transformative experiences will occur through any music, as long as it is right for that person.

Meaning Unit 5: Spiritual Moments Involving Compositional Experiences

Vignette 5A: Song Writing with a Dying Client. Debra portrayed her work with a woman who was dying of cancer. There was no real religious context in the client's life; her family was not spiritually oriented in any way. Hence, it was Debra who provided much of the spiritual support to this client during the last days of her life. The client's main concern was to mend the rift with her daughter, a wayward adolescent who had caused a great deal of turmoil for her mother at the time. In their three sessions together they worked tirelessly on a one important project: to compose a song for the daughter and to record it in hopes that one day it would remind the girl of her mother's love and change her life. "She wanted to do something that would preserve the living part of her," Debra explained; it was important to leave behind a legacy to be cherished after she died.

The client's final hour of life was the one Debra described at length. She walked into the room to find the client surrounded by her three brothers. The men were rather quiet and seemed to be waiting in their silence to their sister's death. The client was gasping for air and her breathing was intermittent. Her eyes were closed and she was non-responsive to her surroundings. One of the brothers suggested that Debra sing the song that the client wrote for her daughter. Debra sang it, and while she did, the client's breathing ceased. Tearfully, the brother commented, "That's all she wanted to hear." They stood around the bed and watched the deceased for a few minutes when, to their shock, she took a few more breaths. The hospital staff stepped in and Debra and the brothers left the room and hugged each other outside.

This spiritual moment is unique amongst all the others in this presentation in that it felt sadly unresolved to the therapist. "I felt something beyond this was happening," Debra explained. The family members may have considered this moment spiritual, because the client's cessation of breathing coincided with the music. "They wanted to think that she was comforted by hearing the words of something she had left behind." However, when the client began to breathe again Debra felt strongly that "It's not finished yet"—she was not satisfied; not completely at peace. Spiritual experiences are not always pleasant, Debra believed, "[They] can gnaw at you and be left gaping." In her private reflection on this moment, Debra wished that the client and her brothers had a deeper spiritual anchoring and connection.

In spite of the therapist's feeling that this experience was cut short or lacking, the song that the patient composed seemed to be the main spiritual anchor for herself and her family members, and served as their only source of solace and comfort. With its simple phrases and its touch of humor it was, indeed, the legacy she left behind.

Meaning Unit 6: Spiritual Moments Involving Improvisational Experiences

Vignette 6A: The Native American Flute. Laura described a session of clinical improvisation with a well functioning female pianist. The music therapy process spanned several months and the client's work concentrated mainly on resolving her negative feelings towards her mother and being able to trust female authority figures. Often, Laura and the client would improvise on the piano, discuss the meaning of the music they created, and analyze the client's feelings towards Laura in terms of her feelings towards her mother (i.e., transference). The process eventually reached a point of plateau—it felt "stuck" and Laura felt the client was resisting further progress.

The spiritual moment that Laura described was the breakthrough session with this client. In this session, an improvisation took place with each woman at one of the two pianos. Laura described the musical relationship that day as distant. She recalled, "I'd play towards her in the music and she'd pull away; [then she] tried to take on what I was playing"—it felt like a tug of war and the musical communication between the two seemed extremely difficult. Frustrated, Laura got up from her piano and

shifted to a Native American flute. “I just was playing from my heart; like [saying] I don’t want to do this fighting anymore,” she said. Suddenly, something shifted in the music and the most beautiful, harmonious music was created. It was directional and perfect, as if it was precomposed. The two could not speak after the music ended—it was a truly magical moment. This session signified the turning point in the client’s entire therapy process.

Although, Laura supposed, one might categorize this experience as a “catharsis” or as a basic “turning point,” she viewed her decision to shift to the flute as the result of spiritual guidance. It felt as if “another presence” intervened and led her to take initiative and change her course of action in order to break the therapeutic impasse with this client. Letting this extra human power lead her intuition, she knew that the flute would create a new direction in the treatment.

The emotional and spiritual shift that occurred between the two women took place completely within a musical context. Their mutual improvisation was the initial battleground and the place where peace was eventually achieved. The shared act of improvising was the sole medium for expression; without a single spoken word, the two women played out feelings in the music. The music became the container into which feelings of resistance, resentment, frustration, and anger—and later love, acceptance, and trust—were poured. The ongoing misery of the two keyboards clashing with each other was replaced by a magical harmony of the piano and flute.

Vignette 6B: Preparation for Death in a Shaman-like Ritual. The following is the story of Jane, who worked with a woman hospitalized with end-stage cancer. Before they started working together, the client (who knew her death was near) stayed listless in bed most of the time. Working with a music therapist brought some joy and excitement into her last days of life. They had had about three sessions before the one in which the spiritual moment occurred.

On the day of the spiritual moment, Jane brought a few drums and percussion instruments to the patient’s room. The patient was wearing a crocheted dress that she had made, as well as a special head cover. In a sense, she seemed prepared to engage in a special ritual. They started drumming a rhythmic improvisation together and then added their voices. Carried on the repetitive beat of the loud drumming, the patient started singing and chanting spontaneous lyrics. Jane followed and supported her, sensing that in her song the patient was rehearsing the actual moment of her own death. Jane recalled feeling like the two of them bonded in a powerful way as they went into an altered state of consciousness together. Imagery began to unfold in the patient’s song. It was about a donkey-back ride to the top of a steep mountain. Jane followed in rhythmic drumming and maintained the on-going lyrical dialogue with the patient. As the imagery continued to develop, the patient asked Jane to lead the way, and the two of them reached the top of the mountain, where they found a great door that was closed. They engaged in a long Shaman-like dance to the sounds of their own drums. It took a while before the patient finally gathered the emotional strength to open the door. It was a profound experience for both of them. “We went into Shamanistic trance together. It was quite spectacular,” Jane described. When the experience was over, the patient went back to bed and seemed to relax into a deep sleep. Jane was quietly packing her instruments when suddenly, with eyes closed, the patient started singing a quiet, contemplative line. Several times, she slowly repeated two words from the hymn *Amazing Grace*: “Was blind.” She then repeated the end of that line several times: “But now I see.” She died the following day. Although Jane was not present at the moment of her client’s death, she felt a sense of it in her body throughout that entire week.

Jane explained that the main spiritual impetus of that moment lay in the fact that the patient approached “the other side.” The door at the top of the mountain led to “that which we don’t know, which comes after life.” In singing the line, “Was blind but now I see,” the patient signified to the therapist that this experience had helped her make the emotional shift towards where she needed to be. By imaging the details of her own death she came to terms with it. For Jane, to approach that door with the patient, as well as leading the way to it, were spiritually profound experiences.

It is interesting to notice the significant role that the improvised music played here. The heavy, loud pulse and the steady rhythmic pattern that the two women created helped them reach a state of full synchronicity, reciprocity, and trust with each other. Moreover, the repetitious nature of the music

provided an experience of safety, structure, and predictability that encouraged the relinquishing of defenses and boundaries necessary to enter the trance. The chanting and the lyrics provided an emotional backdrop of an ancient Shaman ritual that enhanced their joint imagery process. The joint imagery, in turn, helped the client embrace the transpersonal “larger reality” of the “other side” beyond her individual, personal self.

*Meaning Unit 7: Spiritual Moments Involving Re-Creative
(Performance) Experiences*

Vignette 7A: Conducting Pergolesi’s Stabat Mater. One of the spiritual moments that Marianne portrayed involved her work with a man who was a world-famous conductor and composer. He was hospitalized for rehabilitation after a stroke that paralyzed the left half of his body. Though he did not lose his ability to speak, his vocal chords were damaged and his intonation sounded flat. At the time that Marianne met him, he was very depressed and suicidal. He felt like he lost everything in one swift moment, and the prospect of his future appeared grim. He feared losing his job and being abandoned by his wife. He was interested in music therapy but refused any active part in it; he asked to “just talk.” The thought of singing or playing music was too painful, Marianne explained. In their first sessions together, Marianne brought musical selections by composers the client admired, and they listened to them together and talked.

The spiritual moment occurred in their second session. Marianne brought a recording of G. B. Pergolesi’s (1710–1736) *Stabat Mater*, a religious piece that details the Virgin Mary’s grief at Jesus Christ’s crucifixion site. Marianne encouraged the client to use his functioning right arm to conduct the music while it was played. Meanwhile, she offered to massage his paralyzed left arm and help it reach a stretched position. The idea was to stimulate brain cell activity and blood flow to the left arm. Convincing the client to take part in conducting, however, was a very difficult task. Conducting without his left arm seemed too compromised and far from perfect; he initially resisted the idea. Reluctantly, he agreed to try. He closed his eyes and conducted the music for 20 minutes. It was a very emotionally laden experience for him, and he was holding back his tears. Meanwhile, Marianne massaged his left arm and helped it stretch. When the music ended they both noticed slight movement in the client’s left hand fingertips.

The spiritual aspect of this moment, Marianne believed, was the activation of the client’s strong spirit in order to overcome his physical challenges. This session symbolized an opening to his spiritual dimension, which gave an impetus to his rehabilitation process and facilitated his remarkable recovery. He gradually overcame his resistance to experience what seemed imperfect, and he started to take part in musical meditations (see Vignette 1a for details on this technique), as well as instrumental and vocal improvisation. “He opened up to his own voice,” Marianne explained, “his spirituality helped him to get back to himself [and] pull himself up.” Slowly, bit-by-bit, the client regained control over his body and went back to work.

Classical music played a major role in this client’s life prior to the stroke. Utilizing it in the service of rehabilitation, however, was emotionally very difficult for him. Taking any active part in it symbolized a painful reminder of his debilitating new reality, and thus he resisted it. The therapist knew this, but she also knew how helpful it would be for him to lower his old standards, accept his new limitations, and embrace music even in its less-than-perfect form. She viewed the piece by Pergolesi as highly relevant for the client’s work because it concerned issues of death and rebirth. It involved the grief over the loss of something that has died (full functioning of the left side) and the harnessing of the power of the spirit to give life to something new (a new way of being in this world).

Vignette 7B: The Eensy Weensy Spider. The last spiritual moment was shared by Jane. A part of the schedule in the hospital where she works is a weekly “Open Jam Session” designed to involve patients, family members, and staff in music making. One patient who arrived one day at the Jam was a six-year-old boy, hospitalized for Asthma, in a noticeable hyperactive mood. “[He] was just ‘all over the

place,’” Jane said, portraying the client’s difficulty concentrating. Unable to sit still, he got off his chair and rolled on the floor. He then grabbed a mallet and ran around the room beating on objects and walls. He was breathing fast and seemed completely out of control.

Jane asked him to name his favorite song—it was the *Eensy Weensy Spider*. She then gave him a metal brush and a cymbal and encouraged him to sing the song together with her. She instructed him to make “spider sounds” on the cymbal. Two other group members were assigned the “water” role, playing the ocean drum and rainstick. A third group member played “the sun” on a set of wind chimes. Jane accompanied them on the guitar. The *Eensy Weensy Spider* soon came to life and became dramatized into a “story-song.” On “Down came the rain,” they imaged together how the water was gushing down, almost drowning the spider. “Play fast! Play fast!!” Jane urged the boy, and so he did. The boy said the “sun” was hiding and the spider could not feel its warmth. The group followed by playing the song several times until the spider became completely drained. When she asked him, “Who can help you out of the rain?” he sang, “Spiderman!!!” They engaged in a song improvisation on the spider’s search for Spiderman. Jane introduced a new musical theme for Spiderman by spinning the boy’s cymbal-top. The spider found Spiderman, who not only brought out the sun but also gave him new powers. Jane’s accompaniment went from minor to major chords as they reached the happy ending. The boy was able to center himself and take part in the group by the end of this experience.

“I think he was connecting into his own fragility” Jane said, contemplating the spiritual aspects of this session. Out of breath and out of control, this boy was really looking for his own power. Jane shared a construct she has developed over the years known as *Sacred Choices*—a cherished object, a piece of clothing or even a behavior that people take with them everywhere (the hospital, in this case) as a sacred icon that symbolizes who they are. It is important to notice and acknowledge clients’ Sacred Choices, Jane explained, in order to connect to their spirits and help them feel understood. A favorite song is a Sacred Choice too, she believed; hence, “through acknowledging the *Eensy Weensy Spider* as the boy’s sacred song, I went right into his spirit. And what he needed was power.”

This vignette highlights the “story-song” approach, which flexibly applies several therapeutic methods for working musically with young clients. The music began as a simple performance (i.e., singing) of the children’s song. By providing the client a brush, a cymbal, and the structure of a familiar melody, the therapist caught his attention and helped him establish temporal and spatial boundaries. These familiar and loved boundaries served metaphorically as a form of container that held the client and helped him regain control. Dramatizing the song—a highly enjoyable activity for this client—was an incentive to reduce his inappropriate behavior. By taking the song one step further and improvising new lyrics that were relevant to his life, the therapist provided the client a creative outlet to express his feelings. Finally, the entire experience—topped by the boy’s ability to join the group activity at the end—served to empower and reinforce his self-esteem; it was not easy, but he made it.

Summary of Section B

The vignettes in Section B exemplified the active role that music may play in spiritual moments in music therapy. Listening, composing, improvising, and performing music were the methods used by the therapists in those moments. The therapists’ stories highlighted music’s significant role in bringing about the spiritual experiences (e.g., Vignette 6b), in enhancing and sustaining them (e.g., Vignette 4a), and in providing them with a special emotional context (e.g., Vignette 4b).

Section C: Therapists’ Own Perspectives on Spiritual Moments

The first two sections showcased various case examples of spiritual moments experienced or witnessed by each of the ten therapists. In the interviews, after being asked to describe these spiritual moments, each therapist was asked to reflect on those moments and describe her or his own perspective on the

occurrences. Therefore, the makeup of Section C is fundamentally different from its preceding sections. In contrast to the phenomenological descriptions in Sections A and B, Section C represents the combined reflections of the ten therapists regarding various aspects of their own perspective. The reader should note that there is considerable overlap among these components, and indeed, it was a challenging task to set them apart, and these divisions were created as an attempt to organize the vast and complex material at hand. In reality, these aspects of the therapists' experience were interrelated and most often occurred simultaneously.

Meaning Unit 8: Therapists' Reflections on the Spiritual Properties of Music

Each of the therapists discussed the characteristics of the music that facilitated the development of the spiritual moments. Each also discussed the role of the music in promoting these moments. A general summary of the content of these discussions follows.

Some viewed music as a reflection of the soul and its emotional manifestations. Music was seen as an agent that relates to aesthetic appreciation and to emotions like love, caring, and nurturing. John referred to the concept of the music child within the Nordoff-Robbins model of music therapy (Bruscia, 1987). He portrayed one's inner being as musical in its very nature—just like music, it is manifest in the flow of energy and emotions in relationship to time. Similarly, Jane conceptualized music as an inherently spiritual form of energy. For her, "We are all music beings...we carry that music with us; we resonate." Laura explained that music has the ability to bypass the defenses of the rational mind; hence, it helps people move deeper into the unconscious and the super conscious levels of their identities, where spiritual transformations occur. Claire viewed music as relating to all parts of the identity, and thus serves the function of expressing that which needs to be expressed, whether beautiful or ugly. She added that the spiritual nature of the human voice lies in its connection to one's innermost emotional and physical experiences. When people sing, she stated, they become in themselves the vessels that are spiritually engaged. Ruth also expressed how appreciation of music relates to the Greek concepts of Goodness, Truth, and Beauty, and how each of these three "pillars" are integral in one's movement into the spiritual realm.

Several therapists mentioned the physical qualities of music that help people connect outwardly to greater entities. Ruth referred to the vibration pattern in music that "breaks through time [and] space... and takes you into the realm of the spiritual." Claire discussed the spiritual power of chanting on a singular tone, and its abilities to bring people to a trance-like hypnotic state of mind together with others.

Last, some discussed the key role of music and musical instruments in therapy-related rituals, and in religious rituals around the world. Marianne discussed instruments in her collection: Native American drums, a rainstick (Native American in origin), Tibetan Singing Bowls, and more. She explained that these instruments appeal to one's spiritual dimension because they are used in spiritual practices all over the world. She found that persons who are "spiritually oriented" tend to choose those instruments for their therapeutic improvisation. Discussing Vignette 6a, Laura contemplated the spiritual quality of the Native American flute. Its tone and timbre led her intuitively to choose it in order to connect spiritually with her client. Jane shared how, in Vignette 6b, the steady drum beats and the ancient style of their chanting enabled her and her client to enter a Shaman-like ritual.

Meaning Unit 9: Therapists' Mindsets and Professional Etiquette Prior to Sessions

Some of the thoughts expressed by the therapists can be viewed as the attitudes that each therapist brought into the music therapy session, regardless of whether or not it turned out to be spiritual. In other words, this was the mindset with which each entered the session.

First, a part of the therapist's state of spiritual preparedness was related to knowledge about the world's religions, traditions, and faiths. Gloria maintained that familiarity with the principal teachings of

the major world religions is essential in order to hold a broad view of spirituality. It is also crucial to the understanding of the concepts that clients use when they talk about spirituality.

Second was the importance of the therapists knowing themselves, of working through their own biases, and of having their own spiritual paths clear and firm. From this professional, stable ground they felt much more equipped, effective, and competent in addressing whatever spiritual issues came up. It was part of their spiritual preparedness. As Marianne put it, “The way a music therapist is ‘constructed’ in body, mind, and spirit will come out in the music that he will practice.” Debra talked about being “spiritually anchored,” which kept her judgment clear even in times of emotional turbulence. This stance helped her deal with stress without crumbling under it. For Debra, “We can squelch [spiritual experiences] from happening... [When] we are not ready to ‘go there’ ourselves... we pull back when we find a patient who is leading us in that direction.” Similarly, Jane stated she has worked with her own “energy” enough to understand her limitations and strengths and to know how to use that energy as a “sounding board” to the client’s experience. Claire discussed the importance of having experienced spiritual feelings of her own, as part of what allowed her to attend to such experiences when they happen to the client. She shared, “When you have that in yourself you’re able to recognize it in the people you work with.” Gloria added that a part of her spiritual preparedness included a constant monitoring of her own spiritual biases, inclinations, and struggles to prevent such “blind spots” from getting in the way of her empathic presence with her clients.

Third was the precautionary measures taken by the therapists to avoid imposing their own values on a client. The therapist’s position was seen as one of power over a vulnerable client, and some therapists acknowledged the ethical danger in abusing that power. Gloria discussed the importance of refraining from performing spiritual services that she was not trained to perform and of referring clients to professionals who were trained as spiritual advisers. Others emphasized the importance of being aware of the subtle ways in which the course of music therapy—and the clients’ spiritual process therein—can be tilted towards the therapist’s ideas of right and wrong. According to Marianne, “Not all people are spiritually oriented... I don’t project my own spirituality on them, or expect anything of them... because I think this is something they need to discover by themselves, when they are ready.”

Fourth was the belief on the part of certain therapists that they always worked from within a spiritual framework. These therapists engaged in all music therapy sessions in a state of attunement and openness to a spiritual reality, which they believed was always present. For Ruth, “In any music therapy session... I’m opening myself up to spirit, and that’s nourishing to me. That’s what helps me become a better person, a better therapist.” According to Jane, “It’s my main focus, though I don’t call it that. [I call it] Music Therapy, but... I can reasonably assert that I’m very spiritual in my work.” For Laura, “This is something I write about and think about all the time... It is a very real part of my work.” Finally, for Alice, “I’m just the vehicle—I’m just the facilitator through which the Spirit is flowing and opening the lives of the people who are there.”

Meaning Unit 10: Therapists’ Feelings During Sessions

Almost all the therapists shared that they sensed throughout the spiritual moments how special, different, unforgettable and powerful the experiences were. Deep inside, they could feel the profound emotional impact of those moments, often before any intellectualization took place. Eight of the ten -- Marianne, Ruth, Debra, Laura, Claire, Lynn, Jane and Gloria – felt touched and moved to a high degree.

Some therapists mentioned the element of surprise that accompanied the spiritual moments. Ruth, Debra, Lynn, and Gloria used words like “stunned,” “speechless,” and “shocked” to describe this state of astonishment.

There were also feelings of awe, appreciation, wonder, and amazement about the spiritual occurrences, the power of the music, the abilities of the clients, and the guidance of a higher power (Ruth, John, Laura, Claire, Lynn, and Alice). As a result, all ten therapists reported feeling a sense of

strong empathy with the client and her or his needs at the moment, as well as a powerful physical and emotional resonance with the client. The feelings of amazement also led a few therapists to feel privileged, honored, humbled, and limited (Marianne, Ruth, Debra, Claire, and Alice). Others felt glad to be able to help, and felt grateful to the client for allowing them to witness such powerful spiritual moments (Debra, Claire, and Alice). They also talked about feelings of special bonding with the clients and/or their family members (Debra, Claire, and Alice). For other therapists, the appreciation and empathy towards the clients led them to feel love (John and Gloria), acceptance (Lynn and Alice), and pride (John).

At times, the spiritual moments were accompanied by immense sadness and “heavy” emotions of missing, emptiness, or grief (Debra and Claire). In contrast, John, Jane, and Gloria discussed feelings of joy, delight, ecstasy, elation, fun, and “cool” that resulted from spiritual moments.

Some stated they sensed changes in the physical environment. Laura mentioned that “the whole room was filled with light,” while Claire stated, “the feeling in the room shifts... A very large presence or energy in the room has changed.”

Last, a few therapists talked about feelings they had regarding their own lives and growth processes. Lynn and Gloria stated feeling “expanded,” as if the spiritual moments helped them grow. Jane said the spiritual moment gave her hope about her own death. Debra felt reassured in her faith in God. She recalled, “I felt extremely affirmed in terms of death only being a passage from one place to another. I felt better about death itself, that it wasn’t an enemy.”

Meaning Unit 11: Therapists’ Thoughts and Intuitions During Spiritual Moments

It was interesting to notice the therapists thoughts and intuitions as the spiritual moments unfolded. These formed a number of themes, including (a) being receptive to client needs, (b) being free of expectations and hopes imposed upon the client, (c) actively searching for signs of the client’s spirituality, (d) awareness of the role of the music, (e) the therapists’ awareness of dimensions of their own experience, and (f) intuitions concerning what the clients needed and where the therapeutic process needed to go.

First, several therapists discussed a constant state of open-mindedness and a mental flexibility to accept the clients’ spiritual needs, whatever they were at the moment (including deep spiritual places, even if these felt threatening or uncomfortable for the client). Alice summarized that the key to her response to a client’s spiritual need is her recognition that “none of us has a handle of who or what this thing we call God is.” Her stance is to accept people and the struggles that they might have, whatever they might be. This notion was clearly expressed by other therapists as well. Jane talked about this flexibility in terms of honoring the client’s Sacred Choice. Claire’s view on open-mindedness related to her acceptance of different musical styles. She expressed that the therapist’s degree of recognition of the client’s music is a metaphor for the therapist’s open-mindedness to the client’s spiritual needs. For Claire, “The more open-minded we are, the more... [We learn] how to contain or deal with all the things in the world that are difficult to hold.”

A second theme was the notion of letting go of expectations of, and hopes for, the client. Lynn candidly shared how she hoped and expected the client in Vignette 1c to make progress in the spiritual direction for which he was yearning. When he hesitated to pass through the dark tunnel, Lynn felt torn between keeping and letting go of her hopes and expectations for his progress. She felt she needed great patience and compassion to work with this client, because accepting him fully also meant accepting the fact that he might never reach the spiritual revelation that he hoped for. This was also expressed by Debra (referring to Vignette 5a). Her patient passed away without any spiritual closure or support, which Debra viewed with sadness and regret. Moreover, at times, therapists needed to support clients in *not* having a spiritual experience, if the clients did not seem ready for its consequences. Gloria shared a GIM session with a client who imaged going through a series of doors, each opening into a bigger space. At a certain point, the client exclaimed that if she opened one more door she would die. Gloria strongly supported the

client's need to back away from this door. For clients such as these, Gloria shared, "I have to give them a lot of support to not do it if they're not ready to do it."

A third theme was the active listening and searching for specific signs of the client's spirituality. John described how, in Vignette 3b (throughout the first session with the screaming child), he and co-therapist Sarah were attuned in their search for audible signs of the child's inner musicality. Jane explained that with all clients, she tries to look beyond their symptoms for signs of their healthy spirituality. Claire shared that she always searched for her clients' sense of connection to their collective unconscious and communal roots, which she believed were crucial elements in their spiritual growth.

Fourth, a few therapists discussed their constant focus not only on the client, but also on the music. Claire expressed thoughts of letting the music guide her way when working within the spiritual moment. For her, "Music helps me go further than I could on my own; music is my container." Lynn described how, in Vignette 4a, she centered and aligned herself with Brahms' violin concerto. She tried to feel how the music sounded loving and accepting to the client, and this helped her feel love and acceptance towards her client. In a sense, she supported the client's experience from within the music itself. She used these words to describe this approach: "I am *in the music* very deeply... I don't just let go and enjoy [the client's spiritual moment], but I am working every note of that music—to put myself into that music, and send it to her."

A fifth theme concerned the therapists' constant awareness of, and attunement to, their own bodily sensations, intellectual analyses, and feelings. For instance, on a physical level, Gloria discussed paying attention to the sensations in her own body when her clients went through highly intense spiritual experiences. Similarly, both Claire and Jane shared how they sensed the energy levels of their clients by being attuned to messages from their own bodies. On an intellectual level, Debra was aware of the doubts she had when the grieving brothers of the client in Vignette 5a requested her to sing hymns for their sister. Also on this level, Lynn shared her inner doubts regarding her client's degree of spiritual involvement with his Higher Power (Vignette 1c). Claire summarized her process of intellectual self-awareness when facilitating dance workshops (Vignette 2b):

I'm always looking at... "What's *my* music at the time?"; "What do I need to do for myself...?"; "What can I manage, what can I not manage?"... Because if I can't manage it within myself, I can't do it for anyone else. (Claire)

Finally, on an emotional level, Laura noticed a sense of frustration that was brewing within her as the improvisation with her client seemed to lead nowhere (Vignette 6a).

A sixth and final theme involved sensing intuitively what the clients needed and where the therapeutic process needed to go. Laura explained, "I was playing from my heart," to express the intuition that led her to shift to the flute (Vignette 6a). Debra, too, mentioned working from a "heart place" with the client in Vignette 5a. Jane described her intuitive attunement to the energy within her clients' musical expression—its direction, its intensity, and the obstacles that blocked it. Claire also portrayed her constant sensing of clients' "energy" at any given moment. John described the intuition that guided his way when attempting to contact the child's spirit (Vignette 3b). He stated, "I know [it is there] I hear it; it comes back to me; it communicates in music." Debra felt that her presence in the spiritual moment (Vignette 2a) was not a coincidence. She recalled, "I felt something beyond this [was] happening." Similarly, Laura sensed intuitively that something magical was happening. For her, "there was this incredible power in the room that was larger than anything that she could do or I could do" (Vignette 1b).

*Meaning Unit 12: Therapists' Courses of Action Taken
During Spiritual Moments*

An examination of the therapists' actions reveals that they were working hard to convey constant support and empathy to their clients. The messages of support were communicated to the clients in different ways: (a) through the therapists' body language, such as Alice's discussion about empathic listening or Debra's description of how she used very few verbal interventions with the client in Vignette 5a; (b) through the verbal interventions they used, such as Lynn's supportive verbal interventions in her GIM sessions as described in Vignettes 1c and 4a; and (c) through the music that they chose, illustrated by Marianne's improvisation in Vignette 1a.

Beyond sheer support, most of the therapists mentioned the efforts they made to allow the spiritual processes to develop or the conditions they provided to help the clients experience those moments as fully and as safely as possible. For instance, Gloria stated she often changed the music as the GIM session progressed. Thus, when a spiritual experience started to develop in the session, she chose the music that would best support it. Similarly, Lynn played the same supportive music for the client in Vignette 4a three consecutive times in order to help her maintain and prolong the reassuring rainbow image. With the client in Vignette 1c, Lynn tried to encourage the development of the spiritual experience by verbal guidance. She recalled, "I had to work to help him to stay in that tunnel... [I guided him:] 'Can you just stay there? Let's see what happens.'"

Other (non-GIM) listening techniques were used with similar intentions in mind. In Vignette 4b, listening to the Jimmy Hendrix song within the safety of the therapeutic relationship led Gloria's client to his spiritual revelation. For her retreats, Alice chose music that would challenge the participants to "move out of a familiar place" and explore new spiritual realms, such as a Gospel version of Handel's Messiah.

Therapists who used active methods such as improvisation or singing also discussed their efforts to create emotional and musical conditions that would allow the clients to experience spiritual growth within a safe relationship. In Vignette 1b, Laura asked her client sing the opera aria, although it was clear that this task was not easy for the client. By gaining the courage to sing, this client gave freedom to her powerful vocal talent. Marianne discussed her work with clients who became incapacitated at a relatively young age, and who often felt tremendous anger over their newly limited circumstances. Marianne often engaged them in loud drumming to help them express their spiritual and emotional agony. This enabled them to move past the anger and to adopt a more constructive attitude. Similarly, John's goal for the child in Vignette 3b was to help him rid himself of his ineffective, screaming defense mechanism, so that he could "push it aside and take in something new." Finally, Claire explained how, in the spiritual dances, she strove to match the energy of the music to the energy of the group in order to facilitate spiritual experiences that were challenging, while avoiding experiences that were overwhelming and upsetting.

Another form of action was the use of verbal interventions following the spiritual experience. The therapists often focused their efforts on connecting the clients' spiritual experiences back to their therapeutic process and their everyday lives. Jane helped the hyperactive child in Vignette 7b process the empowering experience he had by verbally summarizing it for him in the following way: "Sometimes when I'm feeling sick and no one's around, I need someone powerful like Spiderman to come and rescue me." Gloria spent time with the client in Vignette 4b, helping him make sense of his imagery of Moses and the burning bush so that it became more tangible and relevant to his therapeutic process. Finally, in her workshops, Claire's goal has been to send participants home with the following question in mind: "[You] had this wonderful experience. Now... What [can] you do in your life to make space for something like that, so you can reconnect with it?"

Meaning Unit 13: Therapists' Retrospective Reflections on Their Experiences

Once the spiritual moments were over, the therapists needed to absorb and assimilate what had occurred and to reflect on the immense impact that the experiences left on them. Sometimes their insights and realizations were instigated during the sessions themselves. However, these insights were further developed and ripened in hindsight, long after the sessions were over.

Most of the therapists realized that their knowledge or experience of the world was expanded and enriched due to the experiences. Many shared that they learned something new that day that they never realized before. Debra talked about the impact that her client's death (Vignette 2a) had on her in terms of strengthening her own religious faith. The way in which he died—comforted, calm, and ready to face the afterlife—was reassuring and inspiring for Debra. Jane also shared the impact that the death of her client had on her (Vignette 6b). Jane felt an inner resonance of the client's death for an entire week. She became interested in the subject of death and became acquainted with different philosophical views on it. Ruth discussed an entire conceptual shift regarding the nature of Alzheimer's disease after her spiritual experience (Vignette 3a). She realized that common notions of Alzheimer's patients as victims, and beliefs that "they are not there," were quite limiting and superficial, and she came to view the people who had this disease in a completely new light. Gloria reached a new realization regarding her old definitions of "spiritual music" after listening to the Jimmy Hendrix piece with her client (Vignette 4b). Whereas before she would never have considered hard rock to be spiritually-oriented, this experience taught her to avoid stereotyping musical styles and to refrain from assumptions about their spiritual powers.

Furthermore, many therapists came to a view their clients as their teachers in the spiritual experience. Gloria stated that witnessing and supporting the spiritual experiences of her GIM clients contributed enormously to her own spiritual growth. Working with clients from different religious orientations helped her appreciate the gamut of approaches to spirituality. Marianne believed in a "deeper meaning in life," explaining that her work with any client has the deep spiritual purpose of teaching her new things about life. Similarly, Claire discussed the circle dances as an invitation for growth through an open dialogue about spiritual issues. For her, "I don't have to have all the answers... I feel like they're sent to me to teach me something, and so, I listen to them as my spiritual teachers."

Summary of Section C

In summary, Section C dealt with the therapists' reflections upon their experiences before, during, and after the spiritual moments, from multiple angles. These reflections expressed that, from the onset of each spiritual moment, the therapists were prepared to deal with whatever spiritual issue their clients brought up. This preparedness included concepts of music as spiritual, acquiring general knowledge about world religions, exploring their own spiritual path, being careful about the potential to convert the values of vulnerable clients, and being constantly open to the spiritual dimension and its manifestations in music therapy.

The therapists expressed various notions of music's inherent ability to relate to and express spiritual aspects of the human experience. These, in turn, informed the ways in which they experienced the spiritual moments. They described music as a spiritual agent in its connection to the innermost core of one's identity and in its expression of tender emotions like love and nurturing. They also experienced as spiritual its ability to relate people to entities greater than themselves. Finally, they viewed it as spiritual in its facilitation of rituals in therapy and in life.

During spiritual moments, the therapists experienced considerable emotional intensity. The context of each spiritual moment, such as companioning a client to his death, or connecting with a non-verbal child, influenced the types of feelings that arose within the therapists. Feelings like awe, surprise, bonding, appreciation, and love seemed to impact all therapists, regardless of the nature of the moments

in which they engaged.

Meanwhile, therapists were aware of their thoughts and intuitions as the spiritual moments evolved. They noticed their clients' spiritual processes and searched for signs of spiritual movement, while striving to accept that which needed to develop. They also monitored the music, making sure it supported the spiritual experiences. At the same time, they checked their own feelings, thoughts, and sensations. Several therapists tried to be aware of these details, yet keep them in the background by letting themselves be guided by sheer intuition and working "from their hearts."

The therapists' actions reflected their conscious attempts to convey as much emotional support to the clients as possible, while aiming at enriching and maintaining these special moments for as long as the clients needed. They also helped the clients regain their grip on reality once the spiritual moments were over and to connect the spiritual experiences back into the clients' therapeutic processes and everyday lives.

Finally, the therapists' retrospective reflections led them to feel that they had learned something new and valuable from the spiritual moments they witnessed. Moreover, through these reflections, they felt that the therapeutic relationship gained a new balance in which the clients were viewed as teachers, sent to teach the therapists important lessons about their own spiritual lives.

DISCUSSION

In this study, I set out to examine the different faces of spiritual moments in music therapy, some of the ways they are conceptualized, and music therapists' perspectives on these moments. The range of moments considered spiritual by study participants was quite wide. Some moments involved major transformations in the clients' lives, in which they connected to transpersonal realms of their psyche and reached new realizations about themselves. Some moments concerned the employment of the client's fighting spirit to triumph over their physical or emotional challenges. There were also magical moments of soul-to-soul bonding, as well as complete synchrony and radiant empathy between therapists and clients. Other moments stressed the spiritual value of a community in finding solace and healing in difficult times. Yet other moments entailed a close encounter with death or with the afterlife. Most moments involved the therapists' own expansion of knowledge, the strengthening of their beliefs, and their growth processes as practitioners and human beings.

I believe this variety in the nature of spiritual moments creates a real challenge in creating one clear-cut definition of spirituality and in identifying what spirituality means specifically within a music therapy context. Although I provided one general definition of spirituality to the therapists as a working definition, their personal beliefs tinted the discussion and gave the term different meanings. Together the therapists portrayed spirituality as a dynamic force that at once reaches inward to touch the greatest depth of the human soul and outward to form powerful transpersonal connections with others and with God.

Reflecting on my need for an inclusive definition of spirituality (a need that planted the seeds for this project in the first place), I realize that I found the inclusiveness I was searching for right there. At the same time, this study helped me to let go of my own expectations of reaching a conclusive definition. By its end, I adopted a more flexible mindset that allowed diverse experiences to co-exist as different parts of a greater whole. Moreover, there were several experiences with which I could easily identify; thus, I found my own place within this greater whole and learned that I was not as remote from being a spiritual person as I had thought.

Throughout this research report, the focus was on the therapists rather than on the clients. Hopefully, this clarified the reality that spiritual moments in music therapy are not the terrain of clients alone. The therapists played a key role in those moments, regardless of whether or not they were in the center of the experience. In fact, they often had spiritual experiences of their own, with or without the client's direct involvement. The reader is encouraged to notice that these ten therapists exemplified high levels of professional and ethical thought and behavior. Their narratives reflected the sensitivity and

knowledge needed to work with spiritual issues and pointed to the therapists' attitudes of flexibility, acceptance, and support that facilitated the development of their client's spiritual experiences in a safe and compassionate manner. Moreover, they highlighted the importance of being spiritually prepared; that is, having one's own spiritual path defined and anchored in order to be able to identify spiritual struggles and needs within the clients. Music therapy students may greatly benefit from engaging in a structured thought process that addresses these issues during their training. A part of music therapists' training should also focus on acquiring knowledge and awareness of the major world religions, their main tenets, and the ways they use music for healing purposes.

Music played a major role in the evolution and enrichment of the spiritual experiences. The novice music therapist may benefit from a systematic review of music therapy techniques that are potentially useful in addressing spiritual topics as well as ethical ways to use them. The ten therapists also discussed the inherent capacity of music to relate to and express spiritual aspects of the human experience. In my own work, I have become more attuned to this notion and have begun to pay greater attention to the subtle ways in which my own music affects the spirits of my clients.

The results of this study correlated with the related literature cited earlier both in practice and in theory. On a practical level, similarities were found between the cases cited in the literature and the spiritual moments shared by the therapists. For example, Debra's use of religious songs with a dying client (Vignette 2a) resembled Ryan's (1996) singing of religious songs at a hospice setting. Claire and Alice's descriptions of the spiritual power of groups (Vignettes 2b and 2c) were clearly reflected in Hara's (2002) account of her healing-work within a group following the terror attacks on September 11, 2001.

In terms of theory, a number of authors have discussed spiritual aspects inherent in music therapy, which came to life in the cases shared by the ten therapists. For instance, just as Ruud (1998) has explained that music connects people to the cosmos and a transcendental space, Lynn's two GIM clients (Vignettes 1c and 4a) were supported by music in order to reach transcendental experiences that they never had before. Likewise, as Austin (1998) has discussed how vocal work can help people access their deepest feelings and their spiritual realms, Laura's client (in Vignette 1b) had indeed accessed her deep-seated pain and—by singing the opera aria—came face to face with her spiritual power. Finally, as Dileo (1999) has explained that song-improvisations enable clients to communicate their feelings and explore existential themes within the safe structure of a song, Jane's six year-old client (in Vignette 7b) did just that—he expressed his feelings within the safety of the Eensy Weensy Spider and was able to understand (albeit in a simplistic way) issues of powerlessness, being rescued, and regaining control.

In this study, I employed the phenomenological method of qualitative inquiry. I believe it was extremely helpful in that it allowed me to observe and describe the richness of the phenomenon of spiritual moments in music therapy in its fullest. It also gave me room to accept inconsistencies within the phenomenon and to depict its different and unique variations. An interesting avenue for further research would be to examine the role of music in spiritual practices around the world—an examination that would pave the way for a fuller understanding of the role of music in spiritual moments in music therapy. Another interesting future research endeavor would involve the study of cultural aspects of spirituality and the specific spiritual needs of some of the main cultural groups represented in the United States, such as African Americans, Hispanic/Latin Americans, people of Asian origin, Native Americans, etc. Also, it would be interesting to survey music therapists regarding the difficulties, obstacles, and special spiritual issues in their work. Accumulating such information about spiritual problems that frequently arise in music therapy would be an important first step in the formation of educational curricula for training music therapists in ethical and compassionate ways to deal with such dilemmas.

REFERENCES

- Abrams, B. (2001). *Defining transpersonal experiences of Guided Imagery and Music (GIM)*. (Doctoral Dissertation, Temple University, 2000). UMI ProQuest Digital Dissertations. Available at: <http://wwwlib.umi.com/dissertations/fullcit>. UMI No. 9990288.
- Aigen, K. (1991). The voice of the forest: A conception of music for music therapy. *Music Therapy, 10*, 77–98.
- Aigen, K. (1995). Principles of qualitative research. In B. Wheeler (Ed.), *Music therapy research: Quantitative and qualitative perspectives* (pp. 283–312). Gilsum, NH: Barcelona.
- Aigen, K. (1998). Creativity in qualitative music therapy research. *Journal of Music Therapy, 35*, 150–175.
- Aldridge, D. (1995). Spirituality, hope and music therapy in palliative care. *The Arts in Psychotherapy, 22*, 103–109.
- Aldridge, D. (1998). Life as jazz: Hope, meaning, and music therapy in the treatment of life-threatening illness. *Advances in Mind-Body Medicine, 14*, 271–282.
- American Music Therapy Association. (2001). *Member sourcebook*. Silver Spring, MD: Author.
- Austin, D. S. (1998). When the psyche sings: Transference and countertransference in improvised singing with individual adults. In K. E. Bruscia (Ed.), *The dynamics of music psychotherapy* (pp. 315–334). Gilsum, NH: Barcelona.
- Austin, D. S. (2001). In search of the self: The use of vocal holding techniques with adults traumatized as children. *Music Therapy Perspectives, 19*, 22–30.
- Bailey, Rev., S. S. (1997). The arts in spiritual care. *Seminars in Oncology Nursing, 13*, 242–247.
- Bonny, H. L. (1978a). *Facilitating Guided Imagery and Music sessions. Monograph #1*. Salina, KS: Bonny Foundation.
- Bonny, H. L. (1978b). *The role of taped music programs in the GIM process. Monograph #2*. Salina, KS: Bonny Foundation.
- Bonny, H. L. (1980). *GIM therapy: Past, present, and future implications. Monograph #3*. Salina, KS: Bonny Foundation.
- Bonny, H. L. (2001). Music and spirituality. *Music Therapy Perspectives, 19*, 59–62.
- Borczonek, R. M. (1997). *Music therapy: Group vignettes*. Gilsum, NH: Barcelona.
- Broucek, M. (1987). Beyond healing to “whole-ing”: A voice for the deinstitutionalization of music therapy. *Music Therapy, 6*, 50–58.
- Bruscia, K. E. (1987). Creative Music Therapy: The Nordoff-Robbins model. In *Improvisational models of music therapy* (pp. 23–72). Gilsum, NH: Barcelona Publishers.
- Bruscia, K. E. (1992). Visits from the other side: Healing persons with AIDS through Guided Imagery and Music. In D. Campbell (Ed.), *Music and miracles* (pp. 195–207). Wheaton, IL: Quest Books.
- Bruscia, K. E. (1995a). Topics, phenomena, and purposes in qualitative research. In B. Wheeler (Ed.), *Music therapy research: Quantitative and qualitative perspectives* (pp. 313–328). Gilsum, NH: Barcelona.
- Bruscia, K. E. (1995b). The process of doing qualitative research: Part II: Procedural steps. In B. Wheeler (Ed.), *Music therapy research: Quantitative and qualitative perspectives* (pp. 401–428). Gilsum, NH: Barcelona.
- Bruscia, K. E. (1998). Standards of integrity for qualitative music therapy research. *Journal of Music Therapy, 35*, 176–200.
- Clark, M. (1998–1999). The Bonny Method and spiritual development. *Journal of the Association for Music and Imagery, 6*, 55–62.
- Crowe, B. J. (1985). Music therapy and physical medicine: Expanding opportunities for employment. *Music Therapy, 5*, 44–51.

- Dileo, C. (1999). Songs for living: The use of songs in the treatment of oncology patients. In C. Dileo (Ed.), *Music therapy and medicine: Theoretical and clinical applications* (pp. 151–166). Silver Spring, MD: American Music Therapy Association.
- Forinash, M. (1992). A phenomenological analysis of Nordoff-Robbins' approach to music therapy: The lived experience of clinical improvisation. *Music Therapy, 11*, 120–141.
- Forinash, M. (1995). Phenomenological research. In B. Wheeler (Ed.), *Music therapy research: Quantitative and qualitative perspectives* (pp. 367–388). Gilsum, NH: Barcelona.
- Gfeller, K. E. (1990). Cultural context as it relates to music therapy. In R. F. Unkefer (Ed.), *Music therapy in the treatment of adults with mental disorders* (pp. 63–69). New York: Schirmer.
- Godwin, J. (1987). *Harmonies of heaven and earth: The spiritual dimension of music from antiquity to the avant-garde*. Rochester, VT: Inner Traditions International.
- Grout, D. J., & Palisca, C. V. (1988). *A history of western music*. New York: W. W. Norton & Co.
- Hara, A. F. (2002). Continuity through song. In J. V. Loewy & A. F. Hara (Eds.), *Caring for the caregiver: The use of music and music therapy in grief and trauma* (pp. 63–70). Silver Spring, MD: American Music Therapy Association.
- Justice, R. W., & Kasayka, R. E. (1999). Guided Imagery and Music with medical patients. In C. Dileo (Ed.), *Music therapy and medicine: Theoretical and clinical applications* (pp. 23–29). Silver Spring, MD: American Music Therapy Association.
- Kasayka, R. E. (1991). *To meet and match the moment of hope: Transpersonal elements of the Guided Imagery and Music experience*. (Doctoral Dissertation, New York University, 1991). UMI ProQuest Digital Dissertations. Available at: <http://wwwlib.umi.com/dissertations/fullcit>. UMI No. 9134754.
- Kirkland, K., & McIlveen, H. (1999). Full circle: Spiritual therapy for people with dementia. *American Journal of Alzheimer's Disease, 14*, 245–247.
- Kovach, A. M. S. (1985). Shamanism and Guided Imagery and Music: A comparison. *Journal of Music Therapy, 22*, 154–165.
- Lane, D. (1994). *Music as medicine: Deforia Lane's life of music, healing and faith*. Grand Rapids, MI: Zondervan.
- Lewis, K. (1998–1999). The Bonny Method of Guided Imagery and Music: Matrix for transpersonal experience. *Journal of the Association for Music and Imagery, 6*, 63–85.
- Lipe, A. (2002). Beyond therapy: Music, spirituality, and health in human experience: A Review of literature. *Journal of Music Therapy, 39*, 209–240.
- Loewy, J. V. (2002). Song sensitization: How fragile we are. In J. V. Loewy & A. F. Hara (Eds.), *Caring for the caregiver: The use of music and music therapy in grief and trauma* (pp. 33–43). Silver Spring, MD: American Music Therapy Association.
- Magill, L. (2001). The use of music therapy to address the suffering in advanced cancer pain. *Journal of Palliative Care, 17*, 167–172.
- Marr, J. (1998–1999). GIM at the end of life: Case studies in palliative care. *Journal of the Association for Music and Imagery, 6*, 37–54.
- Martin, J. A. (1991). Music therapy at the end of a life. In K. E. Bruscia (Ed.), *Case studies in music therapy* (pp. 617–632). Gilsum, NH: Barcelona.
- Muldoon, M., & King, N. (1995). Spirituality, health care, and bioethics. *Journal of Religion and Health, 34*, 329–349.
- Munro, S., & Mount, B. (1978). Music therapy in palliative care. *Canadian Medical Association Journal, 119*, 1029–1034.
- O'Callaghan, C. C. (1996). Lyrical themes in songs written by palliative care patients. *Journal of Music Therapy, 23*, 74–92.
- PeaceWorks: International Network for The Dances of Universal Peace (n.d.). *About the dances*. Retrieved January 7, 2004, from <http://www.dancesofuniversalpeace.org/about.htm>
- Priestley, M. (1994). *Essays on Analytical Music Therapy*. Gilsum, NH: Barcelona.

- Raso, J. (n.d.). *The glossary of the American Council on Science and Health*. Retrieved February 23, 2001, from <http://www.acsh.org/glossary/s.html>
- Rugenstein, L. (1996). Wilber's Spectrum model of Transpersonal Psychology and its application to music therapy. *Music Therapy, 14*, 9–28.
- Ruud, E. (1998). *Music therapy: Improvisation, communication and culture*. Gilsum, NH: Barcelona.
- Ryan, K. L. (1996). *Developing an approach to the use of music therapy with hospice patients in the final phase of life: An examination of how hospice patients from three religious traditions use music and respond to music therapy*. (Master's Thesis, Case Western Reserve University, 1996). UMI ProQuest Digital Dissertations. Available at: <http://wwwlib.umi.com/dissertations/fullcit>. UMI No. AAT 1387415.
- Scheiby, B. B. (1995). Death and rebirth experiences in music and music therapy. In C. B. Kenny (Ed.), *Listening, playing, creating: Essays on the power of sound* (pp. 199–216). Albany, NY: State University of New York Press.
- Scheiby, B. B. (1999). "Better trying than crying": Analytical Music Therapy in a medical setting. In C. Dileo (Ed.), *Music therapy and medicine: Theoretical and clinical applications* (pp. 95–106). Silver Spring, MD: American Music Therapy Association.
- Skaggs, R. (1997a). The Bonny Method of Guided Imagery and Music in the treatment of terminal illness: A private practice setting. *Music Therapy Perspectives, 15*, 39–44.
- Skaggs, R. (1997b). *Finishing strong: Treating chemical addictions with music and imagery*. Saint Louis, MO: MMB Music.
- Smeijsters, H. (1997). *Multiple perspectives: A guide to qualitative research in music therapy*. Gilsum, NH: Barcelona.
- Udpike, P. A. (1998). Opening to the sacred: Intentional use of music to engage the spiritual dimension. *Advanced Practice Nursing Quarterly, 4*, 64–69.
- Walker, J. (1995). Music therapy, spirituality and chemically dependent clients. In R. J. Kus (Ed.), *Spirituality and chemical dependency* (pp. 145–166). Binghamton, NY: Harrington Park Press.
- Winn, T., Crowe, B. J., & Moreno, J. J. (1989). Shamanism and music therapy: Ancient healing techniques in modern practice. *Music Therapy Perspectives, 7*, 67–71.

APPENDIX A

SUMMARY OF THERAPISTS' PROFESSIONAL BACKGROUNDS

Therapist Pseudo Name	Graduate/Post Graduate Training (in MT or other)	Years of Clinical Experience:	Involved in Teaching?	Involved in Research and Publishing?
Marianne	Music Therapy; Music Education; Analytical Music Therapy	Over 20 years	Yes	Yes
Ruth	Guided Imagery and Music	Over 10 years	Yes	Yes
Debra	Music Education	Over 25 years	Yes	Yes
John	Nordoff-Robbins (Creative) Music Therapy	Over 20 years	Yes	Yes
Laura	Psychoanalysis; Trauma Counseling	Over 20 years	Yes	Yes
Claire	Guided Imagery and Music; Marriage and Family Therapy	Over 20 years	Yes	Yes
Lynn	Guided Imagery and Music; Creative Arts Therapy	Over 10 years	Yes	Yes
Jane	Music Therapy	Over 20 years	Yes	Yes
Alice	Ph.D. in "Other"	Over 20 years	Yes	Yes
Gloria	Guided Imagery and Music; Marriage and Family Therapy; Clinical Psychology; Group Psychotherapy	Over 40 years	Yes	Yes

APPENDIX B

INVITATION LETTER / CONSENT FORM AND ATTACHMENT

SPIRITUALITY IN MUSIC THERAPY: A QUALITATIVE STUDY

CONSENT FORM

Dear Music Therapy Colleague,

I am writing to you to request that you kindly participate in a study that I am conducting, which is a part of the requirements for my master's degree in music therapy at Temple University, Philadelphia. The purpose of my study is to provide a phenomenological description of various spiritual dimensions of music therapy *as experienced by music therapists*. The study will focus on different manifestations of the Spiritual domain and on Spiritual experiences that were felt and identified by the music therapist. It is my hope that you will be willing to dedicate about 45–60 minutes of your time to be personally interviewed by me.

Participating may not benefit you directly, although you may find the topic interesting and thought provoking. Discussing the spiritual dimension in your work may increase your awareness of yourself and the Music Therapy process in which you were involved. In reflecting upon the topic, you may also gain further insight into your client's process, although this is not the focus of this study. It is my hope that information obtained by this study will be valuable to the field of music therapy by adding a new perspective—namely, that of the therapist—to the expanding discourse regarding spirituality in music therapy, and by encouraging a more complete and thorough discussion of this topic.

No physical discomforts or risks are involved in this study. It is realized, however, that discussing private matters, such as spiritual experiences and feelings, may place you in a vulnerable position and may cause some emotional discomfort. Your participation in this study is completely voluntary, and you are free to answer any, all, or none of the questions posed, and to stop at any time. Hence, any related inconvenience can and should be avoided by refusing to respond to a certain question or by refusing to participate in the study altogether. For your convenience, and in order to allow you time to reflect upon the topic, the research questions are attached. These are the main topics to be discussed during the interview. Attached as well is a Permission to Audiotape Form.

Your anonymity as a subject is guaranteed. Every subject, including yourself, will be assigned a Study Number (based on the order of his or her participation in the study). This number will be used on all written forms and on the labels of the audiotapes. No names will be included on any study materials. A master list containing your name, credentials, professional experience and Study Number will be kept in a locked file cabinet in my home. In addition, all consent forms and audiotapes will be kept in the aforementioned file. Only the Study Numbers will be used in the analysis of data. Your name will not be part of any computer data analysis.

Analyses of audiotapes will be completed by me in a secure location, where the information on the tapes will not be overheard by any person. Following the extraction of information from the audiotapes (done in an anonymous manner), the tapes will be destroyed.

Please provide your consent to participate in this study no later than June 30th, 2002. You can do this by

72 *Marom*

phone or e-mail (see next paragraph).

If you have any questions regarding the research questions or the study in general, please feel free to contact me by phone at [my personal phone number], or by e-mail at [my personal e-mail address]. You may also contact my faculty advisor, Dr. Dileo at [advisor's phone number] or e-mail her at [advisor's address].

If you have any questions regarding your rights as a research subject, please contact Ruth S. Smith, Manager of the Institutional Review Board, at: Phone: (215) 707-3249, Fax: (215) 707-8387 E-mail: rssmith@astro.temple.edu

I thank you in advance for your much-appreciated participation

Maya Marom, MT-BC.

I have read and understood this consent form and I voluntarily agree to participate in this research project. I understand that I will be given a copy of the signed consent form.

Signature of subject: _____

Date: _____

Signature of researcher: _____

Date: _____

SPIRITUALITY IN MUSIC THERAPY: A QUALITATIVE STUDY

ATTACHMENT

Dear Colleague,

For your convenience, and in order to allow you time to reflect upon the topic, the two research questions are included:

Try to reflect on your work (if it can be of any help, you may focus on a specific session with one particular client or group of clients).

(1) Can you identify and describe a time in your work in which you felt that you were involved in a process that was more 'spiritual' in nature? Can you describe this experience?

(2) In what way did you feel that the process of music therapy went beyond the common physical/ emotional/ cognitive realms, and became 'Spiritual'?"

For the purpose of this study, 'Spiritual', or 'Spirituality' will be defined as: An inclination or desire for a relationship with the transcendent or God; a sensitivity or attachment to religious values; and/or concern about souls, afterlives or any other forms of supernatural entities.

To reiterate, you will be asked to describe your own thoughts and feelings about what had occurred during music therapy—NOT the actual occurrences themselves, nor the experiences that your clients may or may not have had.

Thank you once again for your participation,

Maya Marom

APPENDIX C

AN EXAMPLE OF ONE INTERVIEW (LAURA)

The following is a full transcript of the interview with Laura. It has been edited only to a minor degree.

- Maya: (Offers thank-you words, and makes sure that Laura feels OK.) I would like to ask you a few short questions about your experience as a music therapist, under the topic of spirituality and music therapy. And I'm not talking about what your clients went through but more about what you felt, or, how you sensed things from your own perspective. And I'd like to ask first of all, what kind of client population do you usually work with?
- Laura: Most of all, I work with adults, (quote) "normal" population, in a private practice setting. I would say most of them are creative type people: people in the arts (artists, painters, writers, musicians, film makers)... people like that.
- Maya: I wanted to ask, before we start, if you feel comfortable with the definition I provided in the invitation letter, or if there is anything you'd like to add, or omit, or expand, or change, in the definition that I provided?
- Laura: No, I think it's fine, that definition. I think it's fine.
- Maya: OK, and in that case, my first question is, if you could possibly think back on your entire career—doesn't necessarily have to be within the last five years—but think back on a session that you had with one client or a group, in which you felt "this is beyond 'just' music therapy! This is something 'spiritual'." And as a first step, if you could describe a session or two of that sort, where you just felt that things were going beyond the room, and beyond the MT process, and becoming greater.
- Laura: Yeah. When I've read your question one particular session came to mind—although there have been many. I worked with a jazz musician who had started out as an opera singer and had given it up because of competition with her mother, who was also an opera singer. At the age 14 she went into jazz piano, being a very successful musician. And part of the therapy was her... Was looking at the ambivalence that she had about playing jazz vs. really wanting to sing. So a lot of the MT involved me sitting with her at the piano and getting her to open up and begin to improvise with her voice; let her feelings come up and... [have her] start to tell her story through singing at the piano. That was a really powerful work. There was a lot of sadness; a lot of feelings and emotions. And through this she began to open up and sing again.
- So one day she... She came in and she was really excited. I said, "What's going on?" And she said, "Well, yesterday I pulled out one of my old opera arias and I sang it." She said, "I felt something really really special, I thought. Well, I sang it!" So, I said, "Well, can you sing it for me; here in the session?" And she was nervous; she hadn't done it for anybody, professionally, since she was 14—in something like 20 years. So I asked her to sing the aria for me in the session, and she finally agreed after being very nervous about it.
- When she started to sing the whole room was filled with light. And this power that I never experienced in a session before (well, I guess I have, but never uniquely in this way) [came in], and I just felt like crying. After she finished singing I had tears in my eyes and she just started sobbing uncontrollably. We both felt that there was this incredible power in the room that was larger than anything that she could do or I could do. So in that way, it was this sort of mystical experience, or super-human that came out of the MT session that allowed her to get in touch with this great power that she had.
- That's one of the sessions. And from then on her therapy took on a different [course]. She was much more motivated to heal some of the pains that she had; [it] changed her career, to move from being a jazz musician to being more of a singer.

- Maya: Did she come to terms with her mother?
- Laura: Oh, that's been a while where the treatment was.
- Maya: And did *she* in any way acknowledge that there was something spiritual, or was it more [your own feeling]?
- Laura: What she said was, she felt that she had a gift from God and that she has been using it. And I felt the same kind of resonance in my heart that yes, this is a gift from God. And I don't usually say things like that, but it was *so* powerful that I had to agree (laughs).
- Maya: And how did *you* feel; you said you had tears in your eyes?
- Laura: Oh, I was so moved; I was so moved to see this young woman with this power coming out.... This small, young woman, with this amazing power coming out; beauty and power; filling the room... Just filling the room.
- Maya: She had a great voice, I assume...
- Laura: Well, it's weird, because when she was doing the improvisation in the therapy, you couldn't hear it. It was creative and it was interesting, but I had no idea that she had this diva inside of her... (Laughs). So I think that was part of the surprise. Her voice didn't sound very good when we were playing together—when she was improvising. I think she was still holding back the power. That was a real breakthrough session for her, when she let go and let the gift come into her life after being suppressed for so long.
- Maya: Now, you did not play with her, did you? You just listened to her, right?
- Laura: At that point I was just listening, yes.
- Maya: And, you already explained much of it, but in what way did it go beyond a cognitive, [or] an emotional experience? You said you felt the room was full of light...
- Laura: Right. And there was this feeling of... of overwhelming awe, just awe, and [a sense of] "Oh my *God*, what *is* this?" It was larger than a therapeutic breakthrough, or some kind of—like you said—cognitive understanding of "oh, her mother was envious and stifled her creativity, and whatever." It was just... it was bigger than that. It was like... All I can say is that it was a spiritual experience.
- Maya: Yes. (Pause). Is there another session that you can think of?
- Laura: With this woman?
- Maya: No, with any.
- Laura: Well, another session came to mind with another long-term psychodynamic client that I had who was also a musician. She also had issues with her mother, which was played out in the transference between her and I in the music. We played a lot of counterpoint improvisation together. And there was one session where there was just a lot of... Oh, how can I explain it musically? There was a kind of distance that went on: I'd play towards her in the music and she'd pull away. [Then] she tried to take on what *I* was playing. It was just... it was very difficult to communicate in the music. I was getting frustrated. I got up from the keyboard and I got this beautiful North American Indian flute. And I just was playing from my heart. I [felt] like "I don't want to do this fighting anymore." That was my feeling in the session. Like it's been going on for years.

Suddenly something happened. We created this harmony—she was playing the piano and I was playing the flute—and this most *gorgeous, gorgeous* music came out, as if it was precomposed. I mean it was just *completely* harmonic and [it] seemed to have a direction that it needed to go in without us having any thought about it at all.

And it was like... All I could say, again, was this kind of spiritual feeling that whatever had been in the way of this woman being able to trust me, and being able to move on with her own healing with her mother... got transformed through the music. And we couldn't speak about it after the music. It was just like, something happened... Something magical happened...

I mean, I suppose it could just be discarded as a catharsis, or something. But for me it was like another presence entered into the therapy relationship, being this new music, or this

new way of relating to each other.

Maya: It entered into *you*, it sounds like... [That essence, or that presence of something bigger], because *you* were the one who took the initiative to change.

Laura: Right. That's true. Yeah. There's also something about this particular instrument [the Native American flute] that I feel has a spiritual quality to it. It has a certain tone... It's made of a special cedar wood. I guess intuitively I knew... I knew that flute was just a perfect instrument to create some kind of new direction in the treatment.

Maya: And then, it touched both of you, in terms of creating together...

Laura: Right.

Maya: So, did you outdo anything musical that you ever did before? Were you better than you ever were, in creating on the spot like that? It sounds like both you and your client excelled, musically, to such a level that almost surprised you. That you both were not really doing before and all of a sudden you were at *that* level together without even planning it.

Laura: Right, right. I guess it would be like a turning point—similar to the other session—where something *beyond* the client and me assisted in some kind of deep healing experience.

Maya: I would dare to ask if you believe in God. Do you think it was God, or whether it was some kind of Higher Power; or, some extra-human essence; or... (People call it different ways). Which would you call it?

Laura: Well, I think it's definitely a *soul* level; it's beyond the mind. It's the aspect of the individual that is really universal; beyond the mind; *essential*, if you will. And I think it happens all the time in our work. I mean, those are just [extraordinary] examples, but whenever you're working with the creative process this soul energy comes in all the time. I think that's the difference between what we do and what verbal therapists deal with.

Maya: I would like to, as a drawing to conclusion... (Unless there is another example that you have in mind right now).

Laura: I think those two are pretty typical of the ones that had happened to me. Where some higher presence assists in the musical process in some way.

Maya: And so, I would like to ask whether there's anything else that you would like to add on that topic?

Laura: Well, I think that a lot of it has to do with moving past defenses. [As] we both know, music has such a great ability to pass the defenses and the rational mind and move deeply not only into the unconscious, but I suppose the super conscious. That's the way I understand it. There's the Psychosynthesis model where there are different levels of unconscious. And music can take you to any level—particularly the super conscious. [This] is sometimes where major transformations can happen in a therapy relationship.

Maya: (Thanks Laura and draws the interview to conclusion.)

Laura: (Thanks Maya.) This is something I write about and I think about all the time. It's a very real part of my work; always [has] been. So I could talk about it forever. That's why I think your topic is so great.