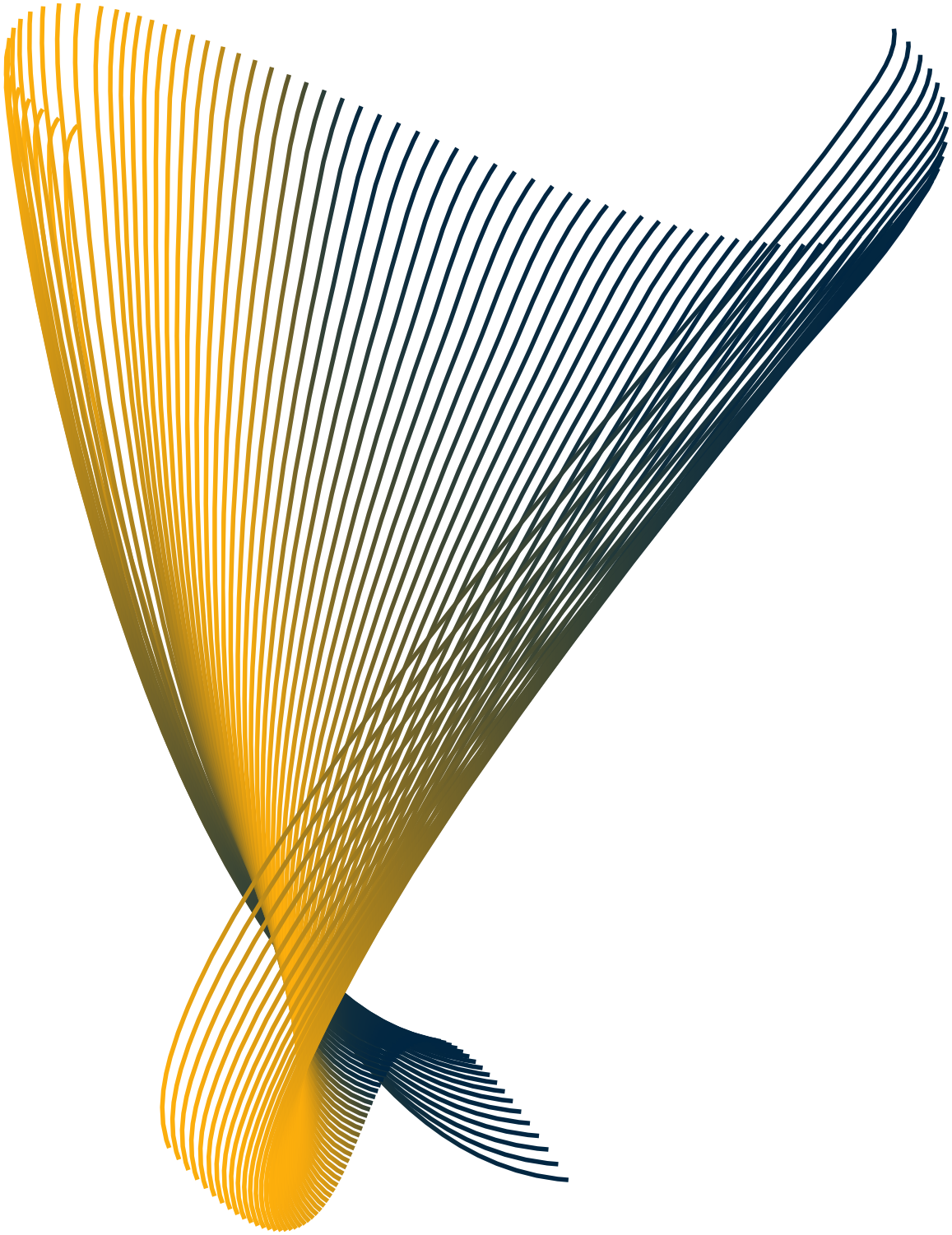

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Untangling strings: Further explorations of mistakes in music therapy

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Untangling Strings

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Keywords *mistakes, music therapy, Music Therapy Education*

Making mistakes is human. The way we deal with and acknowledge mistakes is influenced by our cultural background. For some people just the shear idea of facing a mistake is met by losing dignity or denial while other people strive to understand the underlying mechanisms of a mistake. We define mistakes in different ways, we react differently to mistakes, we deal differently with mistakes. But if we can collectively learn from the mistakes we or others make, we can sometimes prevent future missteps, misunderstandings, miscommunications, mis-attunements, or misconceptions.

Making mistakes is human. The way we deal with and acknowledge mistakes is influenced by our cultural background. For some people just the sheer idea of facing a mistake is met with loss of dignity or denial, while other people strive to understand the underlying mechanisms of a mistake. We define mistakes in different ways, we react differently to mistakes, and we deal differently with mistakes. But if we can collectively learn from the mistakes we or others make, we can sometimes prevent future missteps, misunderstandings, miscommunications, misattunements, or misconceptions.

In 2022 we completed our book "Breaking Strings: Exploration of Mistakes in Music Therapy". The book was the culmination of a 6-year period in which we continuously primed, debated, discussed, and investigated mistakes as they occur in music therapy. Along the way, we met hesitant people who debated whether the profession was ready for sharing its mistakes; we met people who perceived the sharing of mistakes solely as a supervisor's expertise; and we met people who denied that mistakes could be made in music therapy. But the largest group we met were music therapists who were relieved, happy, eager, and thankful to read about, learn, and understand different mistakes that could occur during music therapy. The reviews of this book were positive, underlining the importance of continuing to share mistakes to develop professional standards of music therapy (e.g., Nye, 2023; Ubbels, 2023; Wheeler, 2023).

In our conclusion chapter, which we called "Final Chord" we speculated on what the next "chord" should be, on how to continue to support the music therapy community to address mistakes that occurred during their practice. After the book was released, we received reactions of recognition, shared experiences and better understanding and frameworks of how to deal with mistakes of many colleagues. The notion that music can not only help, but under certain circumstances, also harm, urged us to continue the movement started by the release of the book. New examples of mistakes we did not address were shared with us, as well as reactions of music therapists who did not agree with the content of our book at all. Not only music therapists were interested; professionals from adjacent fields such as music educators and musicians also reached out to us, sharing their visions on mistakes that they encountered in their professional lives.

One extraordinary reaction came from Stefan Gaillard, then Editor-in-Chief of the Journal of Trial and Error (JOTE). Our book drew his attention and the novelty of the topic met with what was so dear to his heart, sharing information about, and experience of, trial and error. The journal he edits has been focusing on error, failure, mistakes, and similar phenomena, as they occur in the different realms of science. In JOTE, mistakes are referred to with respect and the curiosity and wonder that we so much connected with in our book. Since we suggested that it would be fruitful in the future to "(s)hare the findings from the research and practical initiatives with other related professions" (Gilboa & Hakvoort, 2022, p. 368), he

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suggested we pitch a proposal for a special issue on "mistakes in music (therapy)". Since we understood that there were still topics we had not covered in the book, and that we could now address not only music therapists, but also professionals from adjacent professions, we were happy to take up the challenge and to open a call for a special issue about mistakes in music and music therapy. We titled the special issue "Untangling strings – Further explorations of mistakes in music therapy" so that it resonates with the "breaking strings" metaphor that we presented in our book. We felt that the book was just a beginning, and that we should continue the momentum that it and previous seminars and workshops started. More attention and awareness regarding mistakes would enable music-users to untangle those strings the book pointed at as being broken.

We invited music therapists, but also practitioners from other music related professions to contribute to the special issue. We looked for diverse angles and perspectives on mistakes in music (therapy), different contents, and different forms of (academic) writing. "Breaking strings" includes different types of chapters: reflective, theoretical, and case chapters, clinical vignettes linked to theoretical chapters, and chapters covering mistake related topics from different angles. These different types and topics formed the point of departure for the journal. We invited authors to expand on the subjects of "Breaking strings" or write on topics that the book did not yet cover that they perceived as essential. We invited them to choose from a variety of article types (e.g., Case studies, clinical vignettes, empirical research, theoretical articles, or opinion pieces). We were happy to receive a considerable number of submissions to this special issue, mostly from music therapists but also from adjacent professions. Submissions fell into two main formats: "opinion pieces" (Wiess and de Ruijter) and "case studies" (Jurkiewicz and Fiers) including the shorter form of "clinical vignettes" (Dassa, Subiantoro and Hadar).

The first section of this special issue covers two opinion articles from two different disciplines, music therapy and conservatory level classical music education. In music therapy, mistakes can be found not only in the content of the session we offer, but also in our choices on how to structure those sessions. In her opinion article "*To structure or not to structure, that is the question: Mistakes made in music therapy in light of the dilemma of whether or not therapy sessions should be structured"* Chava Wiess provides four different examples of what could happen when the music in a session is structured when it should have been unstructured, and vice versa. She shows how her encounters with such mistakes and her observations upon them developed her awareness and eventually supported her and her supervisees' theoretical and practical skills and knowledge. The reflection on the under- or overstructured music therapeutic interventions made her focus in more detail on the needs of clients and how that should be the main factor influencing the choice of interventions. In a second opinion article Sophie de Ruijter, a Western-classical trained flutist, focuses on the educational perspective of classical music. In "*Finding harmony: Embracing the 'Wrong' in classical music interpretation. About finding balance between tradition and creativity in classical music performance*" she describes how (classical) music education might limit musical interpretation and expression. She dives into the interpretation of what is "right" and what is "wrong" in musical performances and how music education at conservatory of music level might restrain young musicians from meeting their own creativity and expression. She suggests new educational concepts to open the classical music dogma to a new era.

The second section of this issue covers case studies and clinical vignettes featuring short examples of clinical work that went astray in one respect or another. In her case study article "*Towards a perfect tune - navigating the notions of failure, mistake and competence in Nordoff and Robbins music therapy with marginalised mothers"* Afra Jurkiewicz discusses how understanding musical values or norms like right and wrong has a direct impact on the music therapists when working with mothers whose children have been taken away. The notion that these clients might have, of failing their most basic responsibility as mothers, can have a direct effect on their values as human beings and can impact both the music therapist and the treatment they are offered. How can a music therapist ensure that failing again in life is minimized, while still meeting the challenges of making music? A music therapist might feel

trapped from the beginning in the emotional rollercoaster of 'perfect' musical songs and inability to play them. Finding a way out has been a challenge that Jurkiewicz shares and discusses. The bitter notion that this project was discontinued further adds another layer of mistakes in this article: mistakes made by society. Nele Fiers provides a second case study of a mistake made due to countertransference and how it was played out in the music of group music therapy. In "*'Not again': when the therapist resists*" she takes the reader along into her musical journey with a group of clients who reacted to a group member who was living with obsessive compulsive disorder. The endless musical improvisations triggered severe reactions in the music therapist, who felt unable to contain all the needs of the clients, secluding herself from the music. Realizing her mistake enabled her to take new steps and support her client(s) on a different level.

The three shorter case studies are presented as clinical vignettes. Ayelet Dassa, in her clinical vignette, directs her attention to the termination of music therapy with one of her resistive clients, a termination that she eventually perceived as a mistake. In her article *"The music must play on – The music therapy sessions that should not have stopped"* she raises the important consideration of how the therapist might not be aware of the impact that music therapy might have on what seems like a resistive client. In her article, she asks questions such as, what happens if we make presumptions about our client's (limited) progress or their musical choices? How could we assess that in more depth and realize how important the musical bridge might be that we perceive as uneventful? In another clinical vignette Monica Subiantoro confronts us as musicians with the fact that our clients might not be as music-focused or music-centered as we are. Musicians' expectations and ideas of the importance of music might be parts of a cultural inheritance that may be bestowed upon us, without us realizing it. Her unique clientele of highly verbal women on the autism spectrum confronted Monica with her own biases and "western cultural" perspectives on the importance of music. Because the participants of an online music therapy support group did not share this perspective, she started considering the values and norms that could be valuable for each musician to consider. Tamar Hadar provides us with another culturally oriented clinical vignette *"'But I didn't understand your handwriting'! Uncovering the significance of therapy progress notes for parents in music therapy".* She describes how the notes she wrote to her client's father led to his unexpected reaction, simply because he could not read and understand them. The case makes us realize how often as therapists or music educators we presume we are clear, and that others will clearly understand what we are doing musically. Yet our "notes" might be incomprehensible for others and how we communicate about our work might be hard to understand for non-musicians and non-music therapists. This case stretches further than music therapy alone and can be generalized to other professions as well.

The authors provide us with considerations we did not address in "Breaking strings". The articles of this special issue covered more general mistakes, not linked to music alone. These include mistakes in terminating therapy too early, realizing that clients are not that involved in music, or even that they hardly understand the music component. Inability of clients to understand what a practitioner has been writing down for them is a mistake that could occur in music education, but also with a general practitioner. Mistakes made in society that are reflected in music therapy was not a topic in the book, yet it is addressed in this special issue. And of course, articles about mistakes in musical phenomena were included. Considering how rigid musical structures can be(come) and what negative impact this might have on either the client, musician, supervisee, music therapist or student is a topic that we started to scrutinize only now. We hope this will expand in the future. Mistakes due to the personal feelings of a music therapist towards their client(s) were discussed in the book but got some strong additional examples in this journal issue.

Though this issue exposed us to new directions for looking at mistakes, there are still many more to be explored in the future. In her review for the Journal of Music Therapy on "breaking strings," Wheeler (2023), for instance, has emphasized that more should be said about supervision as a tool to guide music therapists through their mistakes. We agree with this and would like to expand her suggestion. Not only should we use supervision more

as a tool for monitoring and dealing with mistakes, but we should also find ways to share our mistakes in broader contexts so that others can hear, empathize, and learn that such mistakes exist behind the doors of music therapy rooms. In conferences for instance, where we are used to hearing cases that end in triumph and success, we should also be exposed to cases in which mistakes occurred, and cases that went astray. Realistic examples of what is feasible or not within music therapy might only stress where the strengths of our profession are centered. In his review in the British Journal of Music Therapy on "breaking strings," Nye (2023) added another topic that would be valuable to consider in the future. He points at "...training courses [and how they] might need to adapt, with particular reference to our own cultural biases within music itself" (p. 3). We should therefore consider how we train and what might need to change, so students can continue to learn from mistakes others made, due to cultural or musical biases.

We are thankful that the community of music therapists, music educators, and musicians interested in the topic of mistakes is expanding. We would like to thank the reviewers who took time to read, consider and provide feedback to the authors from their own unique perspectives on mistakes and how that can support professions in their growth and development. Thanks to each one of them: Tania Balil, David Grüning, Carlijn van der Eng, Connie Isenberg-Grzeda, Ai Nakatsuka, Helen Oosthuizen, David Schwartz and Henrike Vonk. So let this special issue be a further encouragement to the music and music therapy community to share, discuss, and publish those mistakes that can support our colleagues to open their eyes and understand what they might overlook in their clinical work. We wish that each of us keeps on being aware of their mistakes, and that we have growing courage to deal with them emotionally and professionally and to share them with others to the benefit of our profession. We would like to thank all authors of this special issue for their courage, and for their willingness to provide a peek into their music (therapy) practice in those moments where mistakes occurred. We hope this will further optimize a safe and effective music therapy practice and music (therapy) education for all our unique service users.

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To Structure or not to Structure, That is the Question: Mistakes Made in Music Therapy in Light of the Dilemma Whether or not Therapy Sessions Should be Structured

Chava Wiess [1]

Throughout my 32 years of work as a music therapist, I have wondered whether music therapy sessions should be structured and, if so, how and when to structure them. I was taught to work with clients dynamically, that is, using musical and verbal responses and interventions as the session unfolded, without prior planning. Would structuring sessions stall the therapeutic process? Might it cause clients to avoid expressing themselves? Or would structuring the sessions benefit clients by reducing their anxiety, creating a holding space and increasing their sense of calm, and thus advance the therapeutic process? In the earlier years of my work with clients. I had to rely on my intuition and my supervisor, who tried to help me identify the best approach of working with my clients. In the process, I made mistakes while focusing on the dilemma of whether or not to structure therapy sessions and interventions.
In this article I will share some clinical vignettes of mistakes I made myself in my therapy practice, as well as of mistakes made by a student I supervised in her work with a young girl as part of her practicum, and by a music therapist I supervised in his work with elementary-school children. As a result of grappling with this dilemma and through reflection on past errors of this kind, my theoretical orientation has shifted and solidified. I have come to the conclusion that there is a lot to be learnt from making mistakes, and that those mistakes have shaped my therapeutic path.

Keywords *music therapy, mistakes, structured and unstructured*

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Whether or not to structure sessions and interventions is an issue that has often preoccupied me in my years as a music therapist, supervisor and student mentor in music therapy (Wiess & Bensimon, 2020). How and when should therapy sessions be structured? What factors should we take into consideration when entering a therapeutic journey with a particular population? How do we attune to clients' emotional states, and how might this attunement inform our therapeutic choices?

There are approaches in psychology that promote structured therapy, especially for children (Drost & Bailey, 2004; Whitaker, 1985), who need a structured process. Likewise, when therapy is short-term, such as the 12-step program for working with addicts (Kelly et al., 2020), a fixed structure helps to accelerate and focus the process of recovery. Structured sessions are often used for working with trauma, as the structure can help clients process the trauma in a safe and holding environment (Kuhfuss et al., 2021; Peterson et al., 2019; Shapiro, 2017). Structured therapy sessions are also used in war zones, where there is great emotional distress but little time for long

processes. In such contexts, it is also important to reduce clients' anxiety and help them cope with their difficulties in a swift, focused way (Mishchykha et.al., 2023). In group therapy for individuals coping with chronic pain and complex diseases, structured sessions are used to offer focused help in reducing pain (Gamsa et al., 1985; Geue et.al., 2010). There are also types of structured psychotherapy that are used to alleviate feelings of loneliness, anxiety and depression (Soloshower et al., 2020; Tarugu et al., 2019). Structured sessions and interventions are also used in cognitive-behavioral psychotherapy, which offer short-term help focused on the symptoms of the problem; it is believed that structuring may help to reduce symptoms more quickly (Sumathipala et al., 2008; Wilson et al., 2005). There are also approaches that advocate a dynamic process, in which sessions are not structured and therapists work with whatever information emerges from clients in the "here and now" (De Maat et al., 2013; Yalom, 2017; 2018).

In this article, I will present four vignettes from my work as a music therapist and supervisor, in which mistakes occurred when choosing if and how to structure sessions and interventions. Some of the mistakes are ones I made myself; others were made by my students or by therapists I supervised. These errors of judgement have been instrumental in shaping my perspective on when and how to use structured therapy sessions and interventions as part of the therapeutic process.

Gilboa (2022) notes that there are five steps a music therapist goes through after identifying an error in the therapy session: (1) identifying the moment when the mistake occurred; (2) observing the emotional response to the mistake; (3) sharing the mistake with others; (4) analyzing the mistake; and (5) preventing the mistake from recurring. I will analyze the vignettes according to these steps.

Vignette I: First Steps as a Music Therapist: From Unstructured to Structured

In the first vignette, we will see that all the stages occurred as Gilboa describes them, and the mistake led immediately to learning.

At the beginning of my professional journey as a music therapist 32 years ago, I worked at a special education school for children with intellectual disabilities. While there I worked with an eight-year-old boy I'll call David, who was diagnosed with an intellectual disability and Attention-Deficit Hyperactivity Disorder (ADHD). David's parents were divorced, and David was experiencing emotional distress as a result. He suffered from a speech delay. He also had difficulty in maintaining boundaries, for example, in his drawing on all the walls of his home as high up far as his hands could reach. The therapeutic goals I set for David were to allow him to express himself through music as a creative way of bypassing his challenges with verbal communication. The therapy room had a snare drum, a cymbal, and a keyboard. When entering the therapy room, David immediately went to the instruments and started playing non-stop, laughing hysterically. I interpreted his laughter as pleasure and encouraged his playing. In the ensuing sessions, David played throughout each session, which was 30 minutes long. After about two months, his teacher met me and asked me what we were doing in the music therapy room. I told her I was giving David a place to express himself. She then told me that for the last month, whenever David came back from music therapy, he had become incontinent. At that moment, I realized that I had done something wrong. While I thought I was helping David, he was actually emotionally overwhelmed during the therapy session, and his distress manifested itself in physical symptoms when he returned to class. I was embarrassed by my own mistake and even angry with myself.

After analyzing the situation and recounting it to my supervisor, I realized that David needed a stronger sense of holding and that I had to help him by structuring the sessions. The next time we met I put all the musical instruments in the closet, except for the keyboard. David did not understand what was happening and was very angry with me. I had composed a song that spoke of playing and stopping and played it to David. However, for quite a while, David had a hard time stopping his playing on the keyboard, and the only way to make him stop was to unplug the keyboard from the socket, which I had to do several times. All through the session, I gave David positive feedback in form of improvised singing. About two months later, I added the drum to the keyboard and about

three months later, I added the cymbal. David stopped being incontinent in class.

In this case, I realized that I had ignored David's difficulties with boundaries. The process unfolded largely as Gilboa (2022) describes: I became aware of my mistake immediately when David's teacher told me about what happened to him in class after the therapy sessions. I identified my own shame, frustration and anger. I shared the incident with my supervisor: together, we analyzed the mistake and realized that David needed holding. Afterwards, I avoided repeating my mistake by putting away all of the instruments except for the keyboard and returning them only gradually. Structuring the sessions using a song, the repeated experience of playing, and the elimination of certain instruments gave David a feeling of holding and stability. Since then, whenever I have a client who has difficulty in maintaining boundaries, I start by working in a structured way, and only after the client feels more stable emotionally, I gradually let go of the structure.

As a look at the professional literature reveals, some of the music therapists who work with children and adolescents diagnosed with Attention-Deficit Hyperactivity Disorder (ADHD) seem to agree that they need structured music therapy interventions and sessions, in order to maintain stability and a sense of holding (Jackson, 2003; Rickson & Watkins, 2003; Liu et al., 2017). Structured music therapy activities may decrease the frequency of maladaptive behaviors caused by ADHD (Doolan, 2023; Jackson 2003; Nindya & Wimbarti, 2019; Rickson & Watkins, 2003).

Vignette II: Youth that Have Undergone an Experience of Trauma: from Unstructured to Structured

In this vignette, as we will see, not all of the stages of identifying and coping with a mistake in music therapy, as surveyed by Gilboa (2022), occurred in order.

[1] In 2005 I worked with groups of teenagers who had experienced significant trauma during the disengagment, which had cost them their homes and communities. At that time, there was very little published research on using music therapy with people who had lost their homes – a traumatic event in itself, followed by the further trauma of feeling uprooted within their own country. I had to follow my intuition, which unfortunately was not always beneficial to my clients. During the therapy sessions with one group of teenage girls, after I asked the girls to express their feelings through musical improvisations, they played very loudly, using a lot of force, and broke some of the musical instruments; possibly, the music therapy was a trigger that brought on emotional outbursts. After repeated incidents in which instruments were destroyed, I began to think about the disruption that the traumatic experience of forced relocation caused in the continuity of the girls' lives. Having unpacked with the girls what was going on for them, I understood that everything in their lives had been turned upside down: as a result, they felt a lack of control over life, helplessness and a constant sense of being threatened. Sensing that they needed a holding environment and a safe place, I started structuring the sessions, and gradually saw a decrease in the post-traumatic symptoms.

In this vignette, in keeping with the way Gilboa (2022) describes the steps that occur after a mistake in therapy, it took me some time to realize that I had indeed made a mistake, while instruments continued to be broken in this and other groups I was working with. My feelings about my own mistake came in waves, even before I had fully realized that an error had been made. I felt frustrated and disappointed in myself for doing something wrong: I was an experienced therapist, and yet I could

[1] In August 2005, Israel implemented its plan of disengagement from the Gaza Strip, in which 8,600 Jewish inhabitants of the area were uprooted from their homes. The Gaza Strip was considered an area with many violent incidents, some of them claiming civilian lives. The disengagement plan met with strong opposition from the uprooted residents, who did not want to leave their homes, where some of the families had lived for more than 30 years. From the perspective of the uprooted residents, they felt like refugees within their own country. The uprooted residents were not a homogeneous group in terms of their economic situation. Most of them worked in agriculture and suffered massive losses as a result of the disengagement. Some lost their source of livelihood entirely. They were relocated by the state to other parts of southern Israel, and many had great difficulty acclimating to their new surroundings. In many instances, relationships between teenagers and their parents were hindered. While the parents were in survival mode, trying to rebuild their lives, their teenage children felt abandoned and resisted their parents.

not understand what the problem was. At first I did not share this with anyone, in part because I did not yet understand what was happening, but also because I was embarrassed: after all, I was supposed to know. Only after becoming aware of my mistake did I share it with my supervisor. We then analyzed the error together, and I made the necessary changes to my session structure, as noted above.

The theoretical conclusion I then reached is that since the trauma occurred within the community and unsettled every aspect of these teenage girls' lives (community, family and society), they needed a sense of holding and safety during the sessions. This could be provided by structuring the sessions and using structuring musical activities, such as working with songs and drumming. This conclusion was later supported by a study I conducted with a similar group of teenage girls (Wiess & Bensimon, 2022). In the study, some of the musical activities I devised were repeated in each session. For example, I started each session with the same warm-up exercise: while playing the same tune, a cardboard strip with a list of feelings and sensations was passed around, and each girl in the group marked how she was feeling that day. The goal was to begin the sessions in a controlled manner and let me, the therapist, gauge the emotional state of each girl and the overall atmosphere in the group before starting therapy. Other repeated activities included choosing, singing and writing songs. One of the conclusions of my study was that the repeated activities appeared to have served as the central mechanism for therapeutic change. The structured sequence of activities during each session resembled a ritual, which has been found to create predictability and provide a safe place where individuals may feel a strong sense of belonging to the group, leading eventually to their spontaneous self-expression (Wiess & Bensimon, 2020).

My understanding of the importance of structure when working with clients who have undergone trauma was only strengthened in subsequent years by the intense traumatic reactions I have witnessed – reactions which were a revelation to me, despite my considerable experience with this kind of therapy. Over the years, I have learned that clients who have experienced trauma benefit most from semi-structured sessions that are planned around a structured framework, but also include some degree of freedom. The musical activities that I devise as a therapist form the structured framework, while clients are given the freedom to choose the music. For example, I may decide on working with songs, but the clients will be the ones to choose the songs. The songs themselves are structured (verse + chorus) and provide an anchor for the clients (Amir, 1998; Wiess & Maor, 2022). Each session opens and ends with a musical activity that frames the session and provides a sense of holding for the participants.

I've also learned how to change the degree of structuring over time, in accordance with the needs of the clients. In my work with similar groups the following years, I started out with structured sessions to create a sense of holding that would help the participants feel safe and relaxed. Later, when I felt that the group was well held, I stopped structuring sessions in order to allow traumatic content to come up and be processed. Even when I did not structure the entire sessions, I usually opened and closed them in a structured way, such as by using a song.

There are therapeutic approaches for working with trauma (e.g., EMDR,[2] SE,[3] PE[4]; see Brom et al., 2017; Gilboa- Schechetman et al., 2010; Kuhfuss et al., 2021; Peterson et al., 2019; Shapiro, 2014, 2017). They share the view that structured protocols are needed for holding and stabilizing clients who have undergone trauma (Brom et al., 2017; Kuhfuss et al., 2021; Shapiro, 2014). In group therapy with children and teenagers, structured therapy is recommended at the beginning, as it helps to create a sense of belonging and group cohesion, characteristics that are a prerequisite for successful therapeutic group interventions (Drost & Bailly, 2004). Structured sessions have also been found to reduce

[2] Eye Movement Desensitization and Reprocessing is a form of psychotherapy developed by Dr. Francine for clients who are coping with trauma and various life crises.

[3] Somatic Experiencing (SE™) is a body-oriented therapeutic model applied in multiple professional settings such as psychotherapy, medicine, coaching, teaching, and physical therapy while working with trauma and other stress disorders.

[4] Prolonged exposure therapy (PE) is a cognitive behavior therapy that is highly efficacious for working with chronic post-traumatic stress disorders (PTSD) and related depression, anxiety, and anger.

post-traumatic symptoms and depression and significantly increase the level of functioning (Gilboa-Schechtman et al., 2010). Similar findings exist in music therapy literature on working with refugees and uprooted population (Felsenstein, 2013; Wiess & Bensimon, 2020).

There are also several approaches for using music therapy specifically to help clients with post-traumatic symptoms using non-structured sessions and interventions. Bensimon used an unstructured approach when working with a group of combat soldiers suffering from post-traumatic stress disorder (PTSD) and found that it helped the soldiers open up to express their feelings (Bensimon et al., 2008). Hunt (2005) also used an unstructured approach with teenagers. She claimed that musical activities chosen by clients should determine the structure of the sessions, and that there was no need for therapists to impose an external structure. In her opinion, letting the teenagers decide which therapy techniques to use could allow them to regain control of the situation and improve their emotional health.

My own experience in this area has taught me the importance of paying close attention to the differences between individual and group interventions. A group functions as a kind of musical amplifier; we therefore have to be attuned to the force of the emotions that come up in group musical activities. These emotions can empower the members of the group, but they can also generate disquiet. When working with an individual, we adapt the activity to suit the specific client; in group therapy, attention must be paid to the group as a whole.

Vignette III: Music Therapy Student: From Structured to Unstructured

In this vignette, the stages of the process surrounding the mistake were different from those identified by Gilboa (2022).

Since 2001 I have been a teacher in music therapy training programs in Israel. During those years I have supervised many students. In the first and second years of their studies, students do an internship alongside a music therapist at their workplace, while also taking part in group supervision sessions at the college. I've accompanied my students in the course of their learning, knowing well that some processes take time and are part of a new therapist's development. It has been clear to me that students will make mistakes with clients during their training. I think it is important to call such errors "mistakes," while simultaneously acknowledging that they are part of the learning process and helping students to understand that mistakes are not only human, but a source of much important learning (Hakvoort, 2022).

A music therapy student I'll call Rachel was very anxious when she began her studies. As part of her clinical internship she worked with a 10-year-old girl who was struggling with a low self-image and social difficulties among her peers. Rachel structured her sessions with the girl in advance, carefully planning the musical activities she would use. She reported that the therapy was going well, that the client was enjoying it very much, and that she was enjoying herself too. I asked her what she meant by enjoying herself, and she explained: "I'm calm because I know exactly what will happen." In the group supervision meetings, other students raised the question of whether Rachel was teaching, or working like a music therapist, and what the difference between those two options. We talked about the issue, but didn't arrive at any conclusions.

Rachel's therapeutic goals were to help the patient express her emotions and improve her self-image, to support and strengthen her, and to help her cope with her social challenges. I was aware that Rachel needed time to feel more confident in her music therapy skills, and her skills as a therapist, since she was herself in the midst of a learning process. Part of this process takes into account the anxiety of the therapist (Hakvoort, 2022), with the supervisor there to ensure that for the time being, the client feels secure and safe and is not adversely affected by the situation. I therefore did not push Rachel to relinquish her need to structure the sessions. After two months had passed, I realized, through the supervision, that the client's social situation had not changed, and neither had Rachel's methods: she was continuing to use the same structured musical activities in her therapy sessions. As the supervisor, I began to feel at this point that the structured sessions were detrimental to the girl she worked with, for example, at one of the sessions the girl began to describe how children in her class had begun to bully her.

Rachel, however, told her that they were in the middle of the activity and that they could speak about what was happening in class after the activity. When the activity ended, Rachel did not ask the girl about her situation in class, fearing that she would not know what to do with this information. The girl, for her part, did not raise the issue again, perhaps sensing Rachel's anxiety. Rachel's need to have the activity she had designed unfold as planned to its conclusion meant that the girl had no space in which to present her difficulty. The structured sessions thus did not allow the girl to raise the problems that were bothering her, and Rachel was unable to help the girl process her difficulties. Moreover, this limitation harmed her own development as a music therapist.

Viewing this vignette through Gilboa's discussion (2022), we might say that as Rachel's teacher and supervisor I identified the mistake long before she did. As far as she was concerned, the therapy she was providing was enjoyable. Rachel was angry with me and with the other students in her supervision group for challenging the way she handled the therapy. The supervision group and I were empathetic and compassionate towards Rachel. She was only able to recognize the mistake a few months later. When she became aware of it, she felt relief because she sensed that the supervision group was supporting her. Her sharing of her process with me and the group unfolded over an entire year, beginning before she realized a mistake had been made. As the supervisor and teacher, I have no way of knowing whether or not she repeated the mistake later; what I can say is that Rachel realized where she had erred.

After analyzing the situation with Rachel during group supervision, we discovered that Rachel was feeling anxious and insecure about her music therapy skills and her skills as a therapist, and that she was using structured sessions because they gave her a sense of control. We also understood from Rachel's reports that structuring the therapy sessions hindered her client's social and emotional progress and limited her ability to express her feelings. Following the discussion in the supervision group, Rachel started easing up on the inflexible structure she had used in her sessions, and noticed that once she became more flexible, the girl she worked with, began expressing herself, allowing the therapeutic process to address both her social problems and her low self-image. Through her error, Rachel understood the significance of a therapeutic process in which she identified the needs and difficulties of the client, allowed the client to express herself, and helped her to create positive change in her self-image and social relationships. Some may say that mistakes made by students should not be considered mistakes, since students are still in the process of learning; I believe, however, that student mistakes are natural and human, and that acknowledging them as mistakes allows students to learn from them for their future professional practice.

The intense anxiety that Rachel experienced is common among music therapy students and novice music therapists (Hakvoort, 2022). Using structured sessions decreases this anxiety; supervisors should therefore be sensitive and empathetic and allow students and new therapists the time they need to shift gradually to a flexible structure once they have more confidence in their own skills (Shamoom et al., 2017; Coale, 2020). Highly structured sessions may prevent clients from undergoing a significant emotional process in which they can work with their own difficulties, express their feelings, become more self-aware and gain the ability to make positive change in their lives. An inflexible structure may end up dictating what clients feel, thus curbing their emotional reactions and not allowing anger, pain and conflict to surface and be addresed (Wheeler, 2002). It is thus important that music therapy students and novice therapists engage in supervision, so they can identify how their own levels of anxiety may be affecting the therapeutic process (Coale, 2020) and challenge themselves to move outside their comfort zone in a gradual and yet sustained manner, so that they can eventually become more effective therapists.

Vignette IV: Music Therapy Novice: From Structured to Unstructured

In this vignette, the stages of identifying, responding to and dealing with a mistake did not unfold in the manner described by Gilboa (2022). This vignette is different from vignette III due to personality differences between the music therapists. In vignette III the music therapist dealt with lack of confidence issues, while

here, as we will see, the music therapist acted as he did because he was not able to face anger.

The Israeli Association for Creative Arts Therapies (YAHAT) brings together therapists working with music, visual arts, movement and dance, bibliotherapy, drama and psychodrama. YAHAT is the body which certifies therapists, who go through different stages of training as therapists and supervisors before becoming qualified supervisors themselves. I myself was certified as a qualified supervisor many years ago, and since then I have supervised music therapists who come to my clinic. I also supervise therapists in all the creative fields mentioned above working with clients who have endured trauma.

A music therapist I'll call Jacob came to me for weekly supervision after having worked as a therapist for about two years. At the beginning of each of our sessions, Jacob described the therapeutic sessions he had with his clients. At my request, he also brought recordings of the sessions to our weekly meetings. At some point, I noticed that Jacob was structuring his sessions by choosing songs and using them to work with his clients, who were children of elementary-school age. Jacob told me that he had constructed his therapy sessions in the same way since his graduation, and that the method suited him. He also mentioned that if clients requested a specific song, he politely refused.

We analyzed the situation and saw that Jacob's inflexible structuring stemmed from his fear of dealing with anger and conflict in the music therapy sessions. Jacob said that since childhood, it had been difficult for him to contain his own anger, and he therefore tried to avoid it. I asked what would happen if clients got angry at him, and he answered that he was afraid it would break him emotionally. That was why, over the last two years, Jacob had persisted in structuring sessions in a way that allowed him to control both the activities and the content. He did not allow anger and difficulty to arise while working with children. He also did not understand why some of the children he worked with didn't want to come to the therapy sessions. One of the children had a violent father; as a result, he was restless, and perhaps some anger had built up inside him. The boy was drawn to the drums and seemed to want to release his anger in the sessions by drumming very loudly. Jacob, however, could not stand it, and therefore didn't allow drumming in his sessions. After his first year as a music therapist, the principal of the school where he worked dismissed him from his job because he could not see any improvement in the children's social, emotional and behavioral states. Moreover, some of the children didn't want to come to the music therapy room, and parents were dissatisfied with Jacob because he avoided meeting with them and talking to them. I felt empathy and compassion for Jacob.

When we analyzed the events, Jacob himself identified his fear of confronting anger as the root of the problem: this fear, he recognized, was preventing him from seeing the needs of the children, the school and the parents. He felt frustrated and hurt. After several months of supervision, we finally saw the beginnings of change, and Jacob agreed to seek therapy for himself. A year later, Jacob was able to talk freely about the mistake he had made as a therapist due to his personal issues, and said he regretted that the change had not happened sooner.

Through Gilboa's discussion (2022), Jacob was well aware of his own difficulty in dealing with charged, conflictual feelings, but it took time before he connected his inner struggle with the mistake he made while working with his clients. I, as Jacob's supervisor, saw the mistake long before he could admit to it. Once he became aware of the mistake, he grew angry with himself and discussed this with me, but was unable to make the necessary change until several more months had passed. This demonstrates that therapists differ from one another in the amount of time it takes them to correct a mistake. This duration may depend on whether the mistake was made as a result of the therapist's own personal history, or of his or her insufficient professional experience.

There have been other cases like Jacob's in which therapists, mainly novice ones, were afraid to deal with unpredictable or difficult emotions (Coale, 2020) and avoid them by inflexibly structuring their therapeutic sessions. Such conduct reduces the efficacy of the therapy and the therapist's ability to guide clients through a beneficial therapeutic process (Coren & Farber, 2017; Wheeler, 2002).

Conclusion

When examining the issue of structured versus unstructured sessions and interventions in music therapy, there are many parameters to consider. Because the issue is so complex, with many different factors at play, there is no one right path to take. Mistakes occur in this context for many reasons: a lack of awareness, inexperience, a therapist who is still in a process of learning, personal issues or a dearth of relevant professional literature about the kind of population we are working with. But mistakes in music therapy are human, and they are nothing to panic about, as long as we learn from them.

I consider a mistake in music therapy when the client, the therapist or both are adversely affected by them, and when the therapy does not help the client go through a beneficial process. In this article I have shown how mistakes adversely affected the clients and the therapists as well. I've examined my own shift from using unstructured musical therapy sessions and interventions to my gradual understanding, through supervision and research, that structuring can help create the holding effect that helps clients to confront their difficulties. I have also described the opposite shift, away from structured sessions and interventions towards unstructured ones, due to the realization (again reached through supervision) that structuring in some cases does not allow patients to express their full range of feelings and prevents complicated matters from coming up. In the first two examples, those of shifting from unstructured to structured therapy, I myself was the therapist, and the mistakes were my own. The third and fourth examples involved a student and a novice therapist under supervision, both of whom needed to move from structured interventions to unstructured ones.

The movement between these two different approches of therapeutic pratice, in both directions, is intriguing and sometimes challenging. It can happen in any therapeutic encounter, such as when the therapist decides that it is appropriate to open a session in a structured way, such as by singing a greeting song with the clients, and then to let the client lead the rest of the session in order to help him or her confront their difficulties. The shift from unstructured to structured, conversely, may happen when a therapist begins the session in an unstructured way, but senses during the session that the client is overwhelmed and restless, and that more structure might help him or her feel more calm and secure. Similar shifts – from unstructured to structured, or vice versa – can happen across the whole of the therapeutic process, with the therapist changing from one way of managing sessions to another. Deciding what to do is not always easy, but it is fascinating.

Music therapists should constantly assess and evaluate such factors as shifts in the needs of the populations they work with, the goals of the therapy, the stage of the therapeutic process that the client has reached, and the duration of the process (whether it is short- or long-term). At the beginning of the process, when clients' anxiety levels are high, therapists should rely more on structured sessions. However, once a "safe place" is established, it may be necessary to let go and allow an unstructured process to take place. Before deciding which kind of session or process to offer, music therapists should also assess their own emotional state and anxiety levels, and ask themselves if they are structuring the therapeutic process because it is in the client's best interest, or because of their own needs as therapists. This may be ascertained through their own reflective practice, or with the help of supervision or, at times, of therapeutic intervention, if more personal triggers are identified. Only after answering these questions can the music therapist decide on the right kind of intervention for their specific clients.

In my early years as a therapist my dynamic training prompted me to choose an unstructured approach to therapy but my work with trauma victims led me to learn new methods which made me see structuring in a new light – not as a default choice, but as a way to address the vital needs of certain clients. Structuring was not always easy to do, but my research and work with my supervisor gradually showed me the importance of structuring and the many different forms it could take. However, even when I do structure the sessions, I keep them semi-structured, that is, I give room for self-expression to enable clients to find their voice. There are also situations in which I start therapy using one approach (with or without struc-

tured sessions and interventions) and change modalities later on.

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Embracing the "Wrong" in Classical Music Interpretation: About Finding Balance Between Tradition and Creativity in Classical Music Performance

Sophie de Ruijter [1]

This article discusses the relationship between tradition and personal interpretation in classical music, mainly focusing on the experience of conservatoire music students. I argue that the traditional approach to classical music in education leaves too little room for creativity and finding one's voice, resulting in a lack of personal development, expression and experimentation. To address this issue, I propose artistic experimentation and teaching strategies that emphasize the importance of creating nonconformist music learning spaces with accountability guidelines for musical learning, encouraging experimentation, risk-taking, and self-expression. In addition, I aim to demonstrate how classically trained musicians can find a balance between tradition and personal interpretation in performance. By fostering an environment that values both tradition and creativity, musicians can explore new ways of performing classical works outside standard interpretive forms. This practice-led research has demonstrated new possibilities for musicians' performances, as well as opening new paths for familiar music to have a lasting and meaningful impact. This suggests alternatives, possibilities, and opportunities within the discipline. The article concludes that the search for a balance between tradition and creativity is ongoing.

Keywords *classical music tradition, creative interpretation and experimentation, nonconformist music learning space, autonomy and authenticity in music performance*

I was seventeen years old when I started my journey towards a professional career in classical music. As an aspiring flute player, I found myself navigating through an intense four years at the conservatory. During those years, the pressure to conform to my teachers' ideas and interpretations left me feeling insecure about my own musical ideas and creative process, and many of the questions that arose regarding creativity were left unanswered. Why did I not feel able to ascribe the same emotion to that Mozart concerto that my teachers did, and why could I not choose another tempo in the second movement? I supported my interpretative ideas with a lot of historical materials and was given just one opportunity to talk about these during my Bachelor of Music. Unfortunately, my ideas were considered "wrong" and no space was given to me to explore the reasons why. I was told that before discussing my own interpretation and vision on classical works, I needed to be more technically skilled.

Unconventional performances are often perceived as erroneous by musicians who adhere strictly to established norms. Giving alternative performances of classical works clashes with the ideology and its gatekeepers in Western Classical Music (WCM), which is often limited by the need to conform to traditional norms and practices and leaves little space for personal creativity and experimentation. I had the opportunity to conduct practice-led research and to investigate questions of personal interpretation and finding one's voice in contemporary

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WCM (de Ruijter, 2021; The Performer's Library, n.d.). To my surprise, instead of being met with criticism or dismissal, I was met with curiosity and support from my colleagues. I found that students today are dealing with the same questions I had had as a student over a decade earlier.

The purposes of this article are to create awareness of and discuss the tension between tradition and creativity in classical music performance, as well as to propose the use of artistic experiments as a means of searching for a balance between the two. It is not about rejecting or dismissing the teachings of mentors; rather, it is about honoring their guidance while also exploring creative instincts and developing the skills and techniques necessary to communicate one's own unique musical ideas effectively. My practice-led research and this article do not solve a "problem." They show alternatives, possibilities, and opportunities within the discipline.

Embracing the "Wrong" in Classical Music Interpretation

About finding balance between tradition and creativity in classical music performance.

> *Anson, I couldn't agree more, especially the Prokofiev is a shame, trashy playing like this shouldn't be allowed, artists should first and foremost respect the scores! I really wonder what great teachers like Dmitri Bashkirov or Menahem Pressler would say if they heard her play, they probably would throw up their hands in despair…(Predota, 2021).*

This is how Kathia Buniatishvili, one of the world's most famous contemporary pianists, was criticized for one of her performances. She is known for her eccentric appearance as well as her free interpretations of works of classical music. As a classically trained musician today, one is still supposed to be faithful to the musical work (as arguably embodied in the notated score) and its composer, as well as to the norms, values and traditions of the genre. This leaves young musicians struggling with the feeling that they have little space to experiment outside of contemporary norms, or to investigate authenticity, subjectivity and creative impulses by performing classical works from their own perspective. Unconventional performances, like the one described above,[1] are generally viewed as erroneous by those who adhere strictly to the established norms. A musician searching for their own voice often battles against established traditions and derogatory attitudes within the culture. However, bucking contemporary norms and embracing experimentation can lead young musicians to experience creativity, thus opening up new possibilities for their performance and development.

In *The Imaginary Museum of Musical Works* (2007, pp.14-43, 205-242), philosopher Lydia Goehr criticizes the prevailing analytical approach to music. She argues that before 1800, music was seen as an activity driven by creativity. Thanks to the rise of the bourgeoisie and the invention of sound recording, music turned into an object, with compositions labelled as works that themselves became objects of activity. Goehr calls this *the work concept*. Classical works are so strong in identity that they form a fixed whole, the Western canon. This canon ensures recognition, but also imposes a very tight frame of reference in the minds of Western classically trained musicians. One generally judges and listens to musical works by means of this frame of reference, consciously or unconsciously (de Munck, 2019). This has resulted in the formation of a strict ideology called "Werktreue"—being true to the work (Goehr, 2007).

By following the composer's intentions as faithfully as possible, the performer, in the service of the composer, should guarantee the identity and "objectivity" of the classical work. Musicologist Richard Taruskin suggests that when music is played in as "neutral" a fashion as possible, musicians hope to maintain the authenticity of a work, meaning it has no discernible input of creativity or originality from the performer (Taruskin, 1982). That is not to say that there is no room for expression in the performance of a classical work, but expression in this case represents something uninvolved and is therefore not part of the identity and creativity of the performer

[1] This performance of the Prokofiev Piano Sonata No. 7 (III. Precipitato) by Kathia Buniatishvili is considered unconventional due, among other things, to a faster tempo of this third movement and her way of communicating with her audience (Prokofiev, 1942/2018).

(Cook, 2014, p.222; Hendricks et al., 2014). Embracing such a philosophy means there is inevitably little room for creativity and authenticity from performers. Stravinsky, one of the most well-known composers of the 20th century, argued that musicians should reproduce the composer's work with respect for historical facts instead of serving their own career interests. The performer is expected to have a strictly objective approach known as "execution", which refers to following an explicit will without adding anything beyond its specific commands (Stravinsky, 1970).

The unequal relationship between performing musicians and authoritative composers and scores has several consequences within the WCM-ideology, including within conservatoire training. First of all, a musician's critical and reflective ability will often remain weak in an environment where they do not learn to make independent choices in their own practice. For example, performers are afraid to deviate from contemporary performance norms, and instead conform to agreed-upon expectations of how particular composers' styles should sound (Stam, 2019, pp. 46-47). It is important to note that classical music education is generally a one-on-one affair rather than a group activity. Students therefore see their teacher as the indicator of what is correct or incorrect, and make few choices of their own, thereby largely anticipating the judgment of others (Hill, 2018, pp. 163-166). This conformity is reinforced through examination testing, re-emphasizing these norms and values. The assessments provide a one-sided perspective of the program from which teachers teach and tend to reinforce both the work concept and conventional tastes (Hill, 2018, pp. 163-166). These systems stimulate technical skills and knowledge of classical music and also guarantee the successful implementation of performance standards, but leave students little room to choose their own path and discover other interpretations. The pressure to conform to contemporary performance practice or to take a creative stance regarding a score is an act of non-conformity within the ideology, which is often socially undesirable within training and considered to be a misconception by gatekeepers[2] like teachers, concert programmers and examiners. Hill (2018, pp. 4-30; Leech-Wilkinson, 2020) argues that making space for diverse expressions of a classical work helps musicians to question value judgments and encourages them to explore positions of their own. Musicians in this context can experience more freedom to experiment and dare to take creative risks when performing. These are abilities that, in my view, allow the performer to "rediscover" a classical work and make it meaningful in potentially infinite ways. This is done not as a reaction against WCM tradition, but in addition to it. Musicologist Christopher Small (2011, pp. 26-34) suggests that the processes of composing, practicing and rehearsing, performing, and listening are not separate activities but interconnected by what he calls *musicking* (Small, 2011, p. 26): "To music is to take part, in any capacity, in a musical performance, whether by performing, by listening, by rehearsing or practicing, by providing material for performance (what is called composing), or by dancing." All individuals possess a theory of musicking, whether they are conscious of it or not. This theory encompasses their understanding of what musicking entails, what it does not entail, and its significance in their lives. When this theory remains unexamined and unacknowledged, it not only influences and confines people's musical endeavors, but also exposes them to manipulation by individuals with ulterior motives such as power, social standing, or financial gain.

In *De Vlucht van de Nachtegaal* (The Nightingale's Flight; 2019), philosopher Marlies de Munck argues in favor of personal choice. This could be as faithful as possible to the notated score or completely autonomous from it. This applies not only to professional musicians, but also to those training at the conservatory and in the master-apprentice relationships between teachers and students. Musicologist Daniel Leech-Wilkinson (2020) stresses: "An ethical music school should not be gatekeeping to suit the gatekeepers: it should be putting

[2]The performance of WCM is closely regulated by various individuals and entities involved in the profession. These gatekeepers work together to uphold established performance standards and norms within WCM ideology. This ideology aims to limit diversity and encourages conformist execution based on established norms. Its purpose is to regulate the boundaries of acceptability within the industry and promote performances that align with predetermined standards (Leech-Wilkinson, 2020).

pressure on them to rise to the challenge of thinking and responding as imaginatively as its students." In contemporary performance practice, musicians experience pressure to comply perfectly with the composer's perceived intentions, as well to win the approval of other gatekeepers. Students strive for perfect execution and are afraid to receive negative feedback, such as that given to Kathia Buniatishvili. Pedagogue-philosopher Gert Biesta (2017, p. 50) argues that when the teacher shows an interest in the freedom of a pupil, the teacher must control their own desire to control. The pupil is not an object, but rather a subject that enters the world in a "grown-up way". What the student does with the information obtained is up to them. Education should never be about control. After all, creating and playing music is a social practice (Regelski, 2016). Education must create a "pedagogical space" in which possibilities are tested that can be valuable for both the student and society (Masschelein & Simons, 2019, pp. 349-366). But what is needed for this sort of experimentation within pedagogical spaces?

Hill (2018, pp. 4-30) proposes six important conditions for creation: generativity (the ability to create), agency, interaction, nonconformity (the freedom to differ), recycling (the new use of existing ideas), and flow. In "Creating Safe Spaces for Music Learning," Hendricks et al. (2014) propose a practical approach to creating safe and positive learning environments for music students. They emphasize the importance of effective teaching strategies, attitudes and behaviors that encourage trust and respect, experimentation, risk-taking, and self-expression. On the other hand, Boost Rom (1998) suggested two decades ago that education should not prioritize safety and comfort. In order to be ready for the world beyond the classroom, students must receive constructive criticism and face challenges that help them refine their own point of view. Many organizations claim to provide "safe and brave" spaces, but according to Elise Ahenkorah (2020), this promise is not practical. To promote inclusivity and understanding of diverse experiences in real-time, it is better to adopt accountable space guidelines. "Accountability means being responsible for yourself, your intentions, words, and actions. It means entering a space with good intentions, but understanding that aligning your intent with action is the true test of commitment" (Ahenkorah, 2020).

Method

Adventure is out there.

Navigating the Path to Creativity in Classical Music through Artistic Experiments in Practice-Led Research

The pressure to conform to contemporary performance practice and the approval of gatekeepers can limit the creativity and individuality of musicians. But what if we look at performances as paths to creativity? By conducting various artistic experiments, that focus on stimulating creativity and establishing a dialogue, I explore how the classical music student might be able to find a balance between tradition and personal interpretation in the performance of WCM. The experiments in MUSIC LAB, experienced individually and in groups, are partly based on methods from *Challenging Performance* by Leech-Wilkinson (2020)[3] and on methods from the 18th century. For instance, the experiment Phrase, based on a theatre exercise, asks musicians rephrase the same melody as often as possible with different characteristics, dynamics or articulation (see Nick Hern Books, 2015). Another example is Quodlibet, which is a musical composition or performance that combines several different melodies. Applying aspects of one part of a score to another (and vice versa) was common practice in music education during the Baroque period. It is a type of "musical mash-up" that often includes popular songs or tunes that are familiar to the audience. The term "quodlibet" derives from the Latin phrase *quod libet*, meaning "whatever you please." These kinds of experiments challenge the musician to deal creatively with an existing work and to immerse themselves in the various possibilities for interpretation and expression, even and especially where they fall outside the norms

[3] *Challenging Performance* is an eBook which critically examines the various ways in which performers are restricted from expressing creativity or inventiveness in their interpretations of classical scores. It aims to inspire performers to explore a wider range of interpretations that bring musical meaning to classical scores. This is illustrated through numerous (audio) examples of performances and tips on how to perform scores in various ways.

and values of WCM. The performer's sense of liberty lies in their choice to deviate from established conventions, concepts and interpretations found in preexisting scores, recordings, or transcriptions. This entails embracing a greater degree of interpretive freedom, being conscious of this freedom, and assuming a creative role within a musical composition at their own discretion, allowing themselves to take risks and explore. While there is no inherent reason to avoid them, the experiments do not suggest incorporating other musical genres in classical performance like jazz or improvisation. This is because there is a risk of intersection and being confined to a safe category that no longer challenges mainstream practices. Any ready-made category limits what can be achieved and no longer pushes boundaries. Therefore, it is sensible to avoid work that can be easily labeled as an "arrangement" for now, or at least to resist that label strongly (Leech-Wilkinson, 2020).

In addition to the creative aspect, MUSIC LAB also offers space for dialogue and reflection. In order to ensure a safe environment for experimentation, dialogue and reflection, it is important to establish accountable space guidelines for all participants, including educators. Musicians need to be encouraged to see challenges as a part of the learning process, allowing them to experiment, reflect, and grow from their experiences. By emphasizing the importance of respectful communication, we ensure that each participant has an opportunity to speak without unnecessary pressure. By actively listening to others, one can better understand different perspectives and engage in meaningful dialogue. Based on open questions, which are called "nutcrackers", students reflect on their own and others' actions after each experiment. These questions can, among other things, address the way the musician performs with respect to sound or technique, or the individual choices musicians make in the classical piece while experimenting. In addition, self-reflection plays an important role in the accountable spaces. Musicians are encouraged to engage in introspection and reflect on their own actions, words, and biases, allowing them to gain a deeper understanding of their own perspectives and how they may impact others in a learning mindset.

Embracing the mindset of pushing boundaries is crucial not just for individual artists, but also for collective performance styles and habits. When we collectively strive for innovation, we foster an environment that promotes experimentation and growth. This enables the performing arts to adapt and stay current in a constantly evolving world.

Analysis

Through MUSIC LAB, interviews, and observations, I explored the thoughts and actions of (student) musicians on training and how they make independent choices when taking a first step in searching for personal creativity in the performance of classical works. The project provides new insights about approaching classical music through experimental methods.

"But I don't think playing according to the norms and traditions is really making art."[4]

Student insights on experimental classical music approaches

Experiments provide multiple perspectives and more tools to approach a piece, but the outcome can also be frustrating. There is the difficulty of letting go of what they already know in order to enter an experiment freely and openly and with a nonconformist attitude. Students highlight the importance of having a creative idea and musical opinion, it empowers them and can also lead to progress also with regard to technical skills. Students reflect on, and become more aware of, the WCM culture and system and how this can make them unsure of themselves and hinder creativity.

"It would be nice to be able to talk to them as if they were coaches and not as if they are like... holy beings who judge you at the end, right?"[5]

Creating Nonconformist Music Learning space for Experimentation: A desire among students in main subject lessons

My research indicates that musicians perceive the pedagogical climate, didactic action, and

[4] Student, personal communication, June 07, 2022.
[5] Student, personal communication, June 07, 2022.

the accompanying critical and reflective capacity of a teacher in different ways. During an individual main subject lesson there is primarily a clear and strict master-apprentice attitude with the teacher, and no relationship to the teacher as supervisor. "To start the discussion with a teacher doesn't help. It is impossible. They are really convinced about a performance practice, so there's only one way" (Student, personal communication, June 07, 2022). There is little room for starting a dialogue or discussion about different performance practices. Teachers tend to have a set frame of reference, so students must possess a lot of knowledge before being considered credible. "I mean, that could be partly the student, but it could also be that you're not taught to explore your opinion. You are just taught to follow instructions" (Student, personal communication, June 07, 2022). This allows little space for independence in making choices and creativity among students. Students, however, expect a teacher's support in making musical choices, and a greater focus on their achieving a 'be your own teacher' perspective. They express a desire for a wide nonconformist learning space to experiment without feeling judged or pressured. They feel limited in their ability to experiment during a main subject lesson and wish for more space to try things out. Students also believe that an accountable safe space should be a trial-and-error environment where they can freely express their opinions and ideas. In addition, they desire more creativity and sincerity in their playing.

Conclusion

The tension between tradition and creativity in classical music is ongoing, but musicians should not need to choose between them. Experimentation and artistic exploration can lead to new possibilities and interpretations of classical works, and can help students develop critical and reflective skills. This may also provide a deeper understanding of how to analyze one's own artistic work through the lens of self-guided learning. However, creating and embracing safe, accountable and nonconformist music learning spaces for experimentation is crucial, and teachers should focus on supporting students in making independent choices and expressing their own musical opinions. By navigating the path to creativity in classical music through artistic experiments, musicians can explore a balance between tradition and personal interpretation, create meaningful authentic performances, and contribute to the evolution of WCM.

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"Towards a Perfect Tune": Navigating the Notions of Failure, Mistake and Competence in Nordoff-Robbins Music Therapy with Marginalized Mothers

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Women who have experienced their children being permanently removed from their care due to challenging life circumstances often live on the margins of society. The majority have experienced mental and physical health challenges and face many other intersecting issues. The stigma associated with losing children, coupled with a lack of support, means that these women are at risk of serious social exclusion, further exacerbating their feelings of failure, grief, and loss. The existing music therapy literature on women mostly focuses on their experiences in the context of intimate partner violence; music therapy with marginalized mothers appears hitherto unreported. This article aims to explore how notions of musical right and wrong often played into my work with the women as a Nordoff Robbins music therapist. Most of these women come from disadvantaged backgrounds and have received little or no education: involvement in music-making often evoked perceptions of correctness and progress. Women often requested that I taught them songs they liked. This could enhance their sense of failure if they were unable to play the songs as they knew them. The question of how not to perpetuate harm, whilst acknowledging my clients' needs, became my dilemma as a therapist. The case studies discussed below highlight how, in the context of these women's lives, experiencing doing something "right" and proving their own capacity to learn through music, could become key themes in their pathway towards recovery. This process is not, however, a straightforward endeavour and involves negotiation and commitment on the part of both therapist and client.

Keywords *marginalized women, failure, stigma, mistakes, music therapy*

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"Set up to fail": a brief profile of marginalized mothers

During the past decade, over 95,000 mothers were involved in care proceedings in England and Wales (Alrouh et al., 2022, p.3). It is common that parents who have had a child removed once, will go on to experience repeated removals of children from their care. Approximately 1 in 4 mothers who have had a child removed once, are at risk of returning to court for subsequent care proceedings (Alrouh et al., 2022, p.1). Until recently, birth mothers who experienced a permanent child removal received no follow-up care in relation to their own unmet needs (Cox, 2012). There have been growing attempts to understand the challenges that this particular group of women face in relation to both pre- and post-removal circumstances (Broadhurst & Mason, 2013, 2017, 2022). A large percentage of women who find themselves in this situation were brought up in care themselves and have experienced an intersection of challenging life circumstances including mental health difficulties, intimate partner abuse, homelessness, and substance addiction. As a result of child removal, women experience further adversities including long

lasting grief and loss, social and professional stigmatization, and reductions in welfare entitlements. Moreover, women suffer from the loss of a mothering role – a role which, in the context of women's "fragile and restrictive social statuses" is perceived to hold meaning, purpose and structure (Broadhurst & Mason, 2020, p.26). Women's experiences of "failure" are complex and multi-layered.

"How does a parent explain absence of children to other parents whom he or she previously met at the school gates, or to neighbors? As the "failed" parent looks in on the routine family life of others, this also serves as a daily and painful status of the parent's own children – stigma intersects with loss" (Broadhurst & Mason, 2017, p. 48).

According to Pause, an organization which supports marginalized mothers across the UK, women experience painful psychosocial consequences and are provided with scarce and inadequate support after the child removal proceedings. Women are "set up to fail" even further: the psychological and psychiatric assessments carried out by expert witnesses during care proceedings give recommendations for treatments that are often unavailable locally. This disconnect is "harmful to women and deprives them of the chance to make a positive change" (Pause, 2022, p.9). It is clear that women who have experienced child loss face multi-layered challenges that continue to be poorly understood.

Music therapy with marginalized mothers

Music therapy work with marginalized mothers in the UK appears severely underreported which prompts me to suspect that music therapy is not typically offered to women who have experienced the loss of their children. This could be due to scarcity of services offering structured support to marginalized mothers in general. Music therapists often work with children who have been adopted or who are in foster care (Zanders, 2015; Drake & Edwards, 2011) and the existing literature on music therapy work with women focuses mostly on the contexts of domestic violence and intimate partner abuse (Curtis, 2016; York & Curtis, 2015; Hernandez-Ruiz, 2020). The voices of women who have permanently lost their children are rarely heard or explored.

I started working with an organization that supports women who have experienced repeat removals of children from their care in the North-East of England during the 2020 Covid lockdown. We ran it as a pilot project that aimed to understand how music therapy could serve women in such unique circumstances. The organization mostly focused on 1-1 support in the community, offering occasional group experiences like days out to the beach or craft afternoons. Music therapy became an opportunity for weekly 1-1 and group sessions at one of their local hubs, slowly building a space where women could make appointments to experience music and spend time with each other. As a Nordoff Robbins therapist, I focused on building relationships and connections through collaborative music-making with women through activities such as instrumental and vocal improvisation, singing their favorite songs or writing new ones.

The staff members who worked closely with individual women played a crucial role during the initial stages of our project. Without their encouragement and support, not many women would have had the confidence and trust to independently come and explore active music-making. However, once a few women had experienced music therapy, the word started spreading and it wasn't long before Thursdays had famously become the "music" days.

Most of the women who came to music therapy sessions had not participated in any music-making activities since school. Some of the women talked about growing up with music or having fond memories of making music with their family members in the past. In most cases, however, ties with music had been broken as a result of certain choices (i.e., going out with friends rather than practicing guitar), lack of parental support, care responsibilities towards their siblings, and other challenges. Their engagement with music had become limited to listening to music on YouTube or TikTok, mostly alone and at home. Music therapy sessions became a chance to explore being together musically in ways that felt comfortable for them. Whilst for some, improvisation was the most immediate way into making music, for others, singing their favorite songs was a much more accessible start to our musical relationship.

In those initial phases, it was noticeable how the women's awareness of their limited education linked to their perceived lack of musical competence. Some women, after a few beats of playing on the drum, for example, would put the beaters away, saying they "couldn't do it", describing themselves as "thick" or "dumb". Whilst some women never came back to therapy after the first session, others only needed time and continuity to start shifting these internalized and harmful self-perceptions.

For me, as a music therapist inspired by feminist and anti-oppressive perspectives to music therapy (Hadley, 2006; Baines, 2013; Seabrook, 2019), I hoped that our work would have the potential to change women's self-perceptions in relation to their musical abilities. It feels relevant to mention that I am a classically trained pianist from Poland, who was raised in a working-class family and had the opportunity to access free musical education provided by the state. The privilege to learn did not come without its own challenges. On many occasions, throughout my educational journey, I was told that I wasn't a "good enough" pianist and would never make it to the land of musical excellence: the prominent Academy of Music. Whilst there was a clear difference in our backgrounds, histories, and access to education, I could empathize with these women's feelings of inferiority when it came to playing music.

Music therapy became a space to gently restore their bond with music and build new connections with themselves and other women through music. Group music therapy sessions became the ground "for the collective sharing of experience" (Broadhurst & Mason, 2020, p.33), through song-writing, creating a Podcast series, and taking part in various musical events. The group consisted mostly of women who had completed an 18-month programme and were taking part in the organization's "Next Steps" initiative allowing them to take part in some activities while receiving continuous support.

Individual music therapy sessions, on the other hand, were offered mostly to women at the beginning of the programme, who often struggled in group settings and needed a more personalized approach and individualized attention. With these women, therapeutic aims were negotiated in each session; their lives outside of music were often chaotic due to housing issues, court appointments or poor mental health. Their attendance often wasn't consistent so our aims were focused on the here-and-now.

In the following case studies, I will introduce readers to two women with whom I had the privilege to work with on an individual basis. Despite their complicated and fragile life circumstances, they both became regular music therapy attendees. I will discuss how the notions of right and wrong, learning and mistakes, informed and shaped our work together.

Both women agreed to have their stories shared for the purpose of this article.

Experiencing musical competency through therapeutic learning

M, a 39-year-old woman from Eastern Europe who had all of her children removed as a result of domestic violence, was one of the few women who regularly attended music therapy sessions. She didn't have a social circle around her and lived alone with her cat, surrounded by a collection of images of her children which constantly reminded her of what she had lost. M had never been to school back in her home country and she was raised in care herself. Her motivation in therapy was to play the piano: in our first sessions, she told me that if I taught her how to play, she could "*make a little money*" on TikTok. Whilst I explained we wouldn't make videos for sharing during therapy sessions, I would be happy to teach her the song she showed me on YouTube. I simplified the tune and presented it to her in small chunks, but I quickly understood that it would be hard for her to feel that she was playing the "actual" song; in such a slow tempo, these fragments were hardly recognizable. As we worked through the tune, she looked puzzled, struggling to, in her own words, "*get it right*". I eventually led her into an improvisation based on the song's harmony and she sang her version of the song while adding piano solos loosely based on what I had previously shown her. Through improvisation, I wanted her to experience musical freedom without worrying about the correct notes and fluency. On the other hand, I was acutely aware that by accompanying her in a way which would be musically satisfying, I was exposing my own proficiency on the piano and potentially undermining M's

hopes and dreams in relation to learning. She said to me at one point: "*I will never be able to play like you, I never played the piano*".

The shift from coming to sessions to achieve a very practical result (having something to show on TikTok) to finding a much wider meaning in music-making became apparent in our sessions later on, when M shared:

> *"Oh, when I was smaller, I like piano. To play piano, but never did have this chance to have one. People who can help me, like to teach me, how you teach me, like a little bit [...] When I am boring, I like to put in my brain what I learned from you, what I play here. I got home and no, 100 % I don't remember. But when I put my finger, I remember how you put the finger, how you teach me".*

M was aware of the limitations to her learning, but she was no longer striving for perfection. I think it was precisely the thought that she *could learn* something if she had the *right help* that made her come back every week. I was lucky to find a donated keyboard which I offered to her to take home; this object became emblematic, reflecting the person-centered care we were able to offer to M.

Musical improvisation was of particular importance to allow M to experience her musicality beyond "right" and "wrong" (Ansdell, 1995). Whilst learning songs can be a valid aim in music therapy, as music-centered music therapists, we search for the opportunities to open up the world of musical affordances through improvisation (Procter, 2017; Ansdell, 2014). In the context of her life, M deserved to experience flow, musical satisfaction and meaningfulness to counter her continuous struggle, grief and loss.

With time, improvisation also allowed more playfulness in our music-making, helping her to find her own way of playing and experimenting musically. As her confidence strengthened, the differences in our musical proficiency became less relevant; what mattered was what we could create, communicate, and express musically together.

M told me that she felt good in sessions but that as soon as she left the room, different thoughts (including ones about her children) would cast a shadow over the positive feelings she had had in music therapy:

> *"But when I go home, I see the piano on the table, I remember. Oh, I come from the music. Let's play. Let's do again. Yes, I'm like that ..... You help me here. Because if I didn't come here to learn something, I didn't learn in my house what I do, I'd just play like I was a child you know, a little bit".*

Music therapy became a space for musical and personal growth for M. Whilst achieving a particular standard as such would not be an aim of music therapy, experiencing learning and experiencing competency, *not playing like a child* but playing playfully, became a particularly poignant therapeutic outcome.

M's motivation to learn the piano also became a steppingstone towards changing other professionals' perceptions of her, as we hear from D, her support worker:

> *"It's like I said to you, it's amazing when I fed back to a social worker...I recently gave a bit of an update and said that she was learning to play the keyboard and they couldn't believe it. I was like, wow, that is like absolutely amazing. You know, completely the opposite to the outlook they have about certain women. I think it's quite surprising".*

I believe that the surprised reaction of the social worker could have been caused by the unhopeful outlook she had had on M before referring her to the organization. Many women are caught in negative cycles of destructive behavior and without the appropriate support systems in place, it becomes hard for them to make a positive change. Perhaps, for a social worker whose job is often focused on practical problem-solving, it came as a surprise that music and creativity could become a vessel for change in M's case.

"Doing something right" – music-making as a reparative experience of a fragile "self"

I worked with a woman in her mid 20s, who has a diagnosis of both personality disorder and post-traumatic stress disorder (PTSD), and who lost her three children to adoption. C's fragile mental health, as well as her partner's involvement with the justice system, led to the court's decision to permanently remove the children

from her care. C came to music therapy as she had always enjoyed music but lacked confidence to sing. She shared how she felt judged by others and how her attempts to make music outside of our sessions had been *"a bit full on"*. C used to learn guitar at school, but her connection to music was interrupted early on by caring responsibilities for her siblings.

As we began the session, I asked what she would like to play and she pointed to the xylophone, adding a playful: *"I don't know what I'm gonna make up today, you know"*.

She picked up the stick, played an "A" three times and said: "*Sound like Jingle Bells, didn't we?"*. She continued to play while I set up the keyboard. "*I'm trying to get the tune, trying to do Jingle Bells, but I can only get that. Jin-gle-bells and what's that? What would the rest of [it] be?"*.

I taught her the tune from my keyboard, note by note, and then in longer chunks. She was able to repeat the first phrase and exclaimed a triumphant: "*I've done it, I have done that*!". I asked her to repeat it so I could accompany her to enhance her achievement and offer her the experience of "soloist". We went on to the next part and tried to join the two phrases together, but it proved more complicated; she quickly forgot the second phrase of the tune and looked up at me, appearing lost. I started to feel in doubt: this was not a music lesson; this was music therapy! I was not sure how to teach her: I wanted to give her what she wanted, but I would have hated for her to feel undermined if she made continuous "mistakes".[1] We were already in the process, so I decided to go through the chorus with her a few more times, leading C with my voice while underpinning her melody harmonically. It sounded messy and fragmented, as every time she faltered in the second part, she would return instead to the bit she knew. When we played through the tune which sounded (more or less) like Jingle Bell's chorus, she laughed. She said: *"I missed the tone a little bit"*, to which I didn't respond verbally (not wanting to draw attention to her "mistake") but continued playing the upbeat chord progression leading her into the beginning of the tune. I didn't cue her in verbally this time; she quietly revised the notes as she played, and I underpinned whatever she was playing with harmony. Our intentions in that moment seemed mismatched: I wanted to help her flow, and she wanted to do it "right".

I feel that my well-intentioned move away from teaching towards improvisation and flow seemed, at that stage, mismatched with C's way of wanting to connect with me and with music in that moment. What seemed to matter most for her was trying and her perception of getting better. She helped me to recognize how being supported in the process of learning was helping her to feel safe with me and in the music:

> *"Like I feel comfortable that like, you're constantly repeating it and you're not just doing it one time and leaving me to try and do it on my own. Yet you're constantly helping us".*

In the context of C's traumatic experiences in childhood and later experiences in life, it became clear how experiencing learning in a safe environment was pivotal to her self-esteem and confidence. Music therapy became a space to make mistakes "safely", in a way which would not carry the same terrifying consequences as it had done in her past. Even later, in the context of improvisation, the concept of mistake continued to permeate through her thinking about our music-making together:

> *"I like the fact that we'll make me own tunes up and your concentration on your face where you're concentrating on your piano. But then you're also watching me. So, if I was to make a mistake, you could easily correct us".*

I would never think of "correcting" anything in our improvisations, as from my experience as a music therapist, any "mistake" or unwanted or jarring note could lead to interesting and playful musical territories. I think, however, that it was extremely important for her to feel that I continued to be there in music with her and despite her perceived mistakes. That resulted in C's growing feelings of acceptance and freedom:

> *"Well, I just feel like I can come out of my shell, like a part of us feels comfort-*

[1] To maintain authenticity, I used the quotation marks when referring to mistakes as this was the language C. used in sessions.

> *able where I can just…I'd probably be able to sing anything in any tone and you wouldn't judge us for it, even if […] the tone wasn't right. Because then you could help us in that direction where I could get the right tone and build it up from there. I can, I don't know, like, I can just be me. I feel free. Like, I can, I could even be silly if I wanted to…".*

The playfulness and creativity that improvisation and playing *"our own tunes"* afford reveal a new way of being herself for C. There is a newly discovered sense of ownership, personhood and meaning that C reflects on, sharing that:

"To me, in the music, like all I want to do is focus on that and nothing else. And it makes us feel good. It makes us know I'm doing something right. And as I'm making my own tunes, I know that it's me doing that, not somebody else".

Reflections

In the case of M, whilst I tried to create an environment that wasn't "threatening, abusive or exploitative" (Pavlicevic, 1997, p.134), I found myself in a contradictory situation. By exposing my musical proficiency (in order to offer her a satisfying musical experience), I was initially undermining her hopes for achieving fluency on the piano. It clearly points towards the inevitable power dynamics in a therapeutic relationship, where a therapist is both typically more highly trained and afforded more power than the client.

With the aid of musical improvisation, M's openness and willingness to learn, and my commitment and care, we managed to work with this initial tension. After months of individual music therapy sessions, her experiences of learning-by-improvising, helped to strengthen her confidence. M experienced herself as musically competent (Rolvsjord, 2014) and playing piano became a resource that she could use at home to feel less isolated and lonely.

Feminist approaches to music therapy call for music therapists to "work to heal the harm created for individuals by an unjust society, and at the same time they must also work to transform that society" (Curtis, 2012, p.211). The motivation and seriousness that M displayed in relation to learning music, led to a change in how she was perceived by her social worker and contributed to reducing the complex stigma of a "failed" mother. In the second case study, I discussed how C and I negotiated a space in which she could experience making "safe" mistakes, without worrying about the consequences. The consistency of weekly sessions also meant she could always return and try playing again. C had an opportunity to learn music without being judged, which for her meant that she could feel "herself" and "free" to do what she wanted for the first time in her life. Personally, working with C allowed me to understand that making mistakes in music can be a part of therapeutic work.

Conclusion

Both of the case studies presented in this article suggest that in the context of working with marginalized women and "failed" motherhood, music therapy can be a unique way of supporting the process of recovery through reparative experiences of musical competency, learning and making mistakes. It isn't, however, a straightforward, linear, and unchallenging endeavor. For women who do not tend to have many opportunities to experience the benefits of music-making in their everyday lives, music therapy can fill that gap and become a space for connection, playfulness, and growth.

Implications: whose failure?

The organization where I provided music therapy experienced severe loss of funding which resulted in significant cuts to the services provided. The organization previously worked with 60 women across the North East and employed several support workers who provided support and care for the women. Currently, the local authorities offer funding which only covers work with 12 women in the region and we are not able to offer music therapy as a regular service. It is clear that without other professionals and organizations who reach out and support marginalized mothers, music therapists will struggle to be accessible. After all, bringing about change in any circumstances has often been about a collective struggle.

As a society, we continuously fail to change the conditions of the most excluded and marginalized people. It would be unjust to write about "failed" mothers without at least mentioning the extent of failure of the sociopolitical system in which we work and live.

I hope that this article will open up a conversation about music therapy with marginalized mothers, and will inspire other music therapists to seek opportunities for similar work in other parts of the world.

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"Not Again": When the Therapist Resists

Nele Fiers[1]

This article covers the first part of a group music therapeutic process in the inpatient multidisciplinary, psychoanalytical oriented treatment of a young woman suffering an obsessive-compulsive disorder. After a description of some basic assumptions of the music therapist about risks and mistakes in a music therapeutic framework, the unfolding dynamics in the therapeutic relationship are explained. The combination of strong hidden emotions, unstoppable improvisations and the unspoken reaction of group members, led to a moment where the therapist actively withdrew in a musical improvisation. This particular moment is the climax of the mistake, but it also opened a new door in the therapeutic process. Reflecting on this matter, we find the tension between the importance and the risk of countertransference and the need for supervision and discussion. Suggestions for music therapeutic interventions are made and the impact of the coping strategy and basic assumptions of the therapist are discussed.

Keywords *group music therapy, countertransference, obsessive compulsive disorder, aggression, self-reflection*

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Wrong

"Any interpretation is by definition wrong." This quote by one of the professors in my music psychotherapy training keeps ringing in my head. I remember myself, still in my bachelor years, being impressed and feeling warned by these words.

This statement was framed by psychoanalytical thoughts about transference and countertransference, but also by the explanation that every person has a unique, personal and time-bound reaction to music. It helped me to realize, then and today, that my reactions and opinions within and around music therapy – no matter how many angles I try to consider – never cover the whole picture. They might only be a small part of it. It makes me feel humble about my view about patients, their sounds and music, their reaction and mine. At the same time, it opens a wide playground for interaction and dialogue.

"Music has no meaning" was another statement. Maybe you can imagine the faces of the group of future music therapists, fearing they would study 5 years to end up with a meaningless profession. Perhaps you can also imagine the relief, hearing the nuance: "Music has no meaning in the way words do, as words are signifiers. There is no such thing as "a sad music" or "a happy music", that has the same effect on all humans."

These are only two thoughts, but they put me on a track where I started balancing between being humble on the one hand and on the other, attaching importance to my own (counter)transference reactions while improvising, listening, singing, talking and being silent. Generalizing about music and its effect on people – be it emotional, physical, rational – was perceived by me as a mistake. The biggest risk seemed to be facilitating a false self with a client instead of searching for and reinforcing the true self.

This balance is an ongoing process, and part of my everyday work in a psychiatric hospital for teenagers, young adults and adults. I will come back to this topic in the reflection later in this article.

Here, I describe how I, as a music therapist with about 10 years of experience, slowly get tangled in a (musical) relationship with Obi, a member of one of the music therapy groups I lead. A complex interplay of assumptions, avoidance and group dynamics leads to in-

tense countertransference feelings and reactions, in which I as a therapist lose overview and react to Obi from a tunnel vision. We focus on the elements that lead to the mistake that has been made and on how the situation evolves after the mistake. This brings us to the reflection part that highlights the situation from different angles.

Dynamics Unfolding

Obi

Obi gave me permission to write about parts of her process as long as she would be anonymized, which is the case in this article. She is in her late twenties, finished high school and found a job. Recently, she got her own apartment, but is having great difficulties living there alone. Obi has been diagnosed with OCD and attends group music therapy twice a week on a residential, psychoanalytically-oriented ward of a psychiatric hospital. In this group, all patients have medium to high intellectual and verbal capacities. Obi's explorative process is combined with individual cognitive behavioural therapy, focussing on her symptoms. She has had a lot of treatments before, but none of them offered sufficient and long-lasting results.

She expresses that she likes trying out instruments and using her voice, hoping to find a way to openly express her emotions, not really knowing what they are. Where other group members often feel inhibited to improvise, Obi can easily make a start.

When Obi says she wants to "express her own emotions", the spontaneity is gone. All actions she takes, are rationally directed. She thinks first what the music should be like, in what direction she wants it to go, and then she tries to translate this into sounds. It seems as if she has a framework in her head that she needs to follow. When the sounds she makes, or the music the group is playing, does not reflect her thoughts, she gets confused. When singing songs, she likes to stand next to the grand piano, singing loudly, high pitched and often in a different key than the piano accompaniment. Regarding the tempo, as long as there is a stable metre, the singing and the playing are rather parallel, but as soon as there is a slight change, or I make a musical mistake, we get lost. I wonder if she notices this: does she hear but not care, or doesn't she hear it at all? Is she aware of her musical presence or the musical presence of someone else? Anyway, for me, it feels unconnected.

It becomes clear to me that she is not used to really relating to someone or something else. It's either about merging or about staying back. Interactions in the group are rather functional or seem uncomfortable: meeting social standards. When she talks to me, I sense a mixture of Obi wanting to please and wanting to be pleased. Later in the process, it became clear that she expected others to read exactly what she was longing for. Perhaps she is not able to relate on a deeper level at this moment? Did she ever separate?

Obi experiences people as only good or only bad. I explicitly choose the word "experiencing", because Obi only talks in facts: "he is like this, she is like that". Being bad is perceived by her as unbearable. At any point where someone makes a comment about her, or even makes a neutral observation, she is scared and is convinced she did something terrible and unforgivably wrong. This always leads to a spectacular increase of her obsessive-compulsive thoughts and behaviour.

Playing?

In the group improvisations, a specific kind of play appears and keeps coming back during several weeks. It is very clear that, on the one hand, she wants to play and sing her heart out and have fun, but on the other, she's tangled up by lots and lots of unspoken and unwritten rules in her mind. Underneath there is a lot of aggression, felt by staff members and other patients. Her compulsive behaviour is harmful to herself on a physical level: her skin is bleeding because of the rubbing, sometimes I see her biting very hard on her teeth or squeezing her fingers, and when she voices her thoughts they are persistent and unstoppable. What strikes me here is the strong correlation between this behaviour and some themes that come up in different therapy sessions, how quick this comes up, and how strong the reactions are. This felt aggression is not recognised by Obi herself. She considers all kinds of aggression and anger as bad. She has always been the good girl and wants to stay that way. "I am not an angry person." "I don't know anger." "There is no anger in me."

Musically, her sound can be described as sharp, persistent and repetitive, going on for a long time, even when all other members of the group have already stopped playing. She is between 'holding back' and 'exploding', which makes it impossible for her to let the music evolve, to let it flow or let it go. I guess because the (effect of the) music and the playing itself does not fulfil her desires and doesn't sufficiently meet her needs, she is not able to find an ending herself. She does not accept that the music stops before she gets any satisfaction. There are a lot of accents in the music. Sometimes, she changes instrument, rhythm or metre, without taking the playing of others into account. This leads sometimes to a rupture in the improvisation. The same questions with the singing come up again: is she aware of what other people are playing or not? She takes a lot of time and space, but there is never any real interpersonal connection or shared play. This provokes strong emotions in Obi, the group members and me as music therapist.

Never enough: prelude to the/my mistake

Some group members withdraw, or even don't start playing at all when Obi suggests doing an improvisation. Obi invites people to join but as there is no reciprocity, there is not much space for playing. The moment Obi starts playing, she is very present in a non-attuned way. When another group member is already playing in a certain tempo or movement, Obi jumps in, not noticing (or not caring?) and she starts playing in a completely different way, not consciously noticing that the other people stop playing when this happens, or that they adjust their play to her sounds to avoid complete, ongoing chaos. Some group members get annoyed with the sounds, others are anxious, but don't say anything about this when Obi is present. Fewer and fewer group members join the improvisation with Obi.

As a music therapist, I have the feeling that I've tried everything. Playing with her, giving her space, going a bit away and coming back, joining the accents, following her sudden changes, … None of these musical interventions provoke any kind of reaction. Obi keeps on doing what she does. Only when I feed her energy, joining her need for crescendo and exploring kinds of musical "explosions", she uses this food and keeps on playing in the same way, only louder. However, this kind of evolution is only temporarily and stops at a certain level of energy, as if the music reaches an invisible ceiling. It is never enough and ending/stopping/quitting the improvisation is distressing for Obi.

To end an improvisation, I try playing fewer notes, doing a fade out, playing a clear cadenza (sometimes really caricatured – how can someone NOT hear this???), making a full stop – she keeps persisting and plays on, looking around to group members, some of them fidgeting in their chair. Sometimes, she stops after a while, sometimes I do a verbal cut: we need to end the session and/or I suggest some time for reflection. Obi stops playing, with an aggrieved and disappointed look. She has no words, but she nods immediately when I share my thought that she could keep on playing.

I notice that I am actively searching for ways to improvise with Obi, as it is never enough. Looking back on this, I realize that I never reached a state of reverie, I stayed in a state of action.

I start to get annoyed with Obi. I feel used and captured. I feel she waits for my accents or energy; it seems to be a sign and confirmation for her to play louder. I am curious where it would lead: could the music reach a kind of cathartic state? Could it bring Obi to a point where she feels satisfied? Could her aggression become undisguised? For now, this does not happen. The sharp and repetitive play keeps on going, sometimes in a medium volume, sometimes louder. We play in the same timeframe, but there is no togetherness.

I feel distressed about my position towards other group members. Some are anxious, others are frustrated, still another goes numb. I pity this situation and I feel guilty about the group when I "feed" Obi -not really knowing if this is the food she needs- and seeing that it leads to that much distress.

A strong countertransference reaction arises within me, and I feel split by all the reactions of the group members on Obi's way of playing.

Knowing by reports of former therapy and by literally seeing how strongly she reacts to verbal interventions towards her, these dynamics are not openly described, mentioned or questioned by the music therapist. Also the group members, who were at that time in general

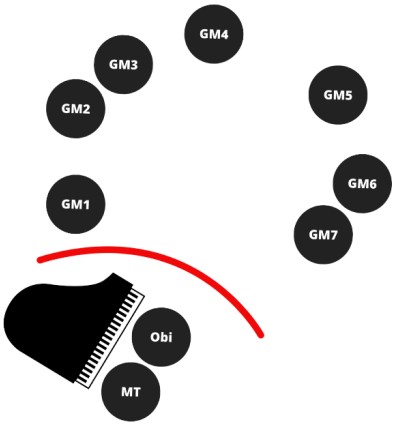

Figure 1

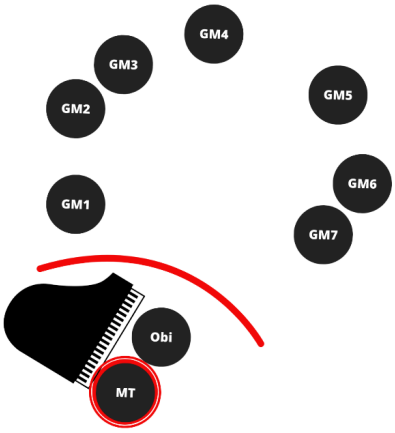

Figure 2

rather open for confrontation and discussion, remained silent.

The therapist resists

Not again!

Up to that point, the pattern was always the same: I evolved musically from playing with and focussing on the group to playing with and focussing on Obi. When playing with Obi, I felt not only captured as a therapist, but I also felt I was being pulled away from the group, which caused me uneasiness, guilt and powerlessness and lead to hidden anger and aggression. I really had to choose between the group and Obi, but at the same time, I had no choice but to choose Obi. Both her persistent playing and her sharp eye contact made me "obey" her wishes, but I also did not want or dare to leave her alone. With some hesitation, I find myself painting here the picture of a parasite on a tree.

One day, I feel, once again, the passive aggressive music coming up. Taking a picture of the situation, Obi is literally between me and the group. We share the piano, but don't share the music (see Figure 1).

This time, experiencing this big gap separating the group, I actively hold back from going with Obi, staying musically away from what she is playing. I can feel her pulling me, waiting for me to join her, to feed her, but I resist. "Not again." A musical tug-of-war. I brace myself in nearly a physical way. (See Figure 2) In the improvisation itself I am aware of the fact that I do not want to be dragged into her playing but cannot/do not change this. In a way, I am aware of the group, as if I want to prove both for myself and for the group members that I can resist the suction power of Obi. The reactions in the group, the anxiety, frustration and numbness, activate a part of me to show that the situation could evolve in another direction. In the music itself, I am not connected to anyone in the room, I can only hold on to the piano and try to play something that is not for Obi.

This holding back could have been a therapeutic decision, like I had tried before: musically playing with distance. But, in this moment, it was nothing more than a complex emotional reaction from myself: not wanting to be dragged into it once again, not wanting to leave the group alone for another "as if" playing time that "leads nowhere". Honestly, I can see now that I was also not playing with the group; all my energy went into defensively drawing boundaries.

Puzzled and ashamed

Obi is very puzzled afterwards and, seeing her like this, I come back to a reflective and mentalising state of mind. I read loneliness or sadness in her eyes. She clearly experienced something

she did not understand, and I feel pity for her. It is the first time that something deep inside me resonates in contact with Obi. I am puzzled too, and in this session, I don't know how to start to verbalize.

After the session I feel deeply ashamed to have taken away a chance for therapeutic growth from her, having left her alone and resisting her musical question, not only by not reaching out to her in this improvisation, but also by avoiding earlier on to address this situation verbally. If she is really a parasite, I should have known that a parasite needs a vivid organism to survive. I don't understand how it could have come so far. Now I was the one acting passively aggressive.

Contact

The day after this session, I feel that something is changed within myself: I do not feel so annoyed anymore, I have got in touch with a strong sense of loneliness and helplessness within Obi. I feel relieved and freer. Seeing her the day before like that, I was deeply touched. I could feel her pain and a new way to make connection emerged.

I feel the urge for honesty, for breaking the silence, and I start to communicate in a gentle way, sharing some observations with her. It is the first time I feel I can talk or dare to talk. Moreover, and more important, I am more connected to myself and experience that I can fully relate to her, feeling the warmth and kindness I recognize in my work in general. In this moment, I have the impression Obi tries to listen and capture what I am saying, also visually checking my (re)action. She does not respond with words, but nods. It is not necessarily a confirming nod, but rather a nod as a sign she can take it.

Conclusion

Reflection

Looking back on this part of the process, I will summarize what might have been missed opportunities on the level of the music, (counter)transference and team. These reflections might be helpful to prevent similar reactions in future situations. Mistakes are inherent in therapeutic processes, but I strongly believe that we have the responsibility to reflect about them, to avoid blind and motionless repetition, like the seemingly endless repetition of the way I was musically responding to Obi.

- First, I did not reflect enough on this matter with my team members or supervisor. At the time this process started, there were big organisational changes within the hospital. There was a lot of distress about this and there was not much mental space left to discuss patient issues between therapy sessions. There was no organised intervision and my own supervision was focused on another part of my work. In this regard, we can discuss what was the biggest mistake: the way things evolved in the sessions or the fact that they were not discussed in supervision. Harris (2022) describes the importance of mistakes and enactments in a music psychotherapeutic relationship, but at the other hand, Miller (1997) warns not to project unsolved themes or dynamics on the patient. This is, and will always be, a tightrope walk. Another suggestion that came up in a discussion with a colleague in the writing process of this article, was to frame the actions of Obi in the autistic-contiguous mode of Ogden (1989). Reading more about this mode and the vulnerability it implies, offered me a broader view on the situation and more compassion to Obi.
- In a way, I underestimated the severity of this dynamic. I knew how bad Obi's OCD reactions were and was (too) careful about this, but I was not aware of how this could come alive in interaction. Writing this down, I can hardly believe how I overlooked it. Why did this happen? The explanation can partly be found in a cocktail of my own coping style and transference reactions. I experienced a strong helpless feeling when I saw Obi at the beginning of her treatment being lost in her obsessive-compulsive thoughts. This clashed with how annoyed I became when seeing Obi taking so much space away from the group, seeing group members vanish and being afraid of the sharp sounds while avoiding any kind of confrontation with Obi. A parallel process in letting Obi attend both individual and group sessions might have opened the opportunity to really see her without being split by the responsibility for both the group and Obi.

- Clearly, my coping strategy in this situation was avoidance. I was avoiding the confrontation, and thus avoiding making mistakes. At that time in the process, it felt wrong to me to take the risk to confronting her, which might trigger OCD reactions, hopelessness and even suicidality. Not surprisingly, exactly this style leads to mistakes... In both my personal process as in supervision, this theme is brought up, and I need to keep paying attention to this matter. At the same time, it was not a coincidence that I was avoiding, as Obi was avoiding too. Austin (2008) describes both the importance and the risk of "the therapist's hook", an overlap of wounds of both therapist and client, causing countertransference reactions. What surprises me is that I forgot about one of my sources of inspiration: working with the concept of the shadow (Johnson, 1991). This shadow work in particular - putting emphasis on the importance of exploring and integrating split off and unwanted parts - is normally a resource for me to not avoid.
- While improvising, but also now as I look back on the process, I feel I used all musical parameters I could to find connection with Obi. What I overlooked was the possibility to install structured play forms for the whole group, so not clearly directed to Obi. Like this, we would not always have done free improvisation. It could have been interesting to observe what would have happened there, whether the opportunity for another kind of playing emerged, or whether differentiating and verbalising might have helped. I guess I was dragged too far into the situation to find a kind of metaperspective, to take some steps back and find a clearer view on the situation.
- Coming back to my first thoughts about making mistakes and the risk of facilitating a false self instead of reinforcing the true self, I can see that these thoughts installed in an unconscious way an imbalance in myself. I did have conscious thoughts about not being too direct to Obi, not in commenting and not in giving advice, because she took everything directly in, trying to adjust to others. Voicing that "student" part of myself: "I have to avoid putting her in a new musical framework, where she only takes over the wishes of the therapist or the group. This would mean she develops a new version of a false self instead of finding a way to the true self. I have to give her possibilities to explore." But this part of me, the avoiding making mistakes as a therapist, was yelling too hard in my ears. I left her alone for too long in a no-man's-land by staying so close to my first impressions as a student. Also here, I should take more time to reflect and give myself the chance to restructure and reframe my thoughts - to dare to confront my certainties. While writing it is quite easy to do so, but the challenge is to work this out in a live-on-stage situation where there is a group, group dynamics and lots of (counter) transference.

Becoming

Obi had a long and difficult treatment. Sometimes the sharpness came back, sometimes I felt captured again. Writing this article helped me to keep on breathing and to stay with her throughout her struggle. Perhaps this is my final conclusion: I need to write more when processes are getting tough. Writing takes time, but it helps to get the picture clearer.

In the beginning of this music therapeutic process, I followed Obi to the piano when she went to the instrument. If I didn't, she would look at me, waiting for me to come and sit next to her. A silent rule.

After the situation I described here, I started to verbalise: "Do you want me to join you?". Sometimes I did not play the piano and told her she could try out the whole range of the piano, while I would accompany, for example, on guitar.

I smiled the first time she asked me if I wanted to join her. In that moment, the pressure left the room and made space for some shared experiences. We could relate to each other in an open and playful way. A milestone, a symbol of future opportunities and further growth.

To Obi

Obi, you felt alone, different and strange for such a long time. I wish you satisfying, joyful and inspiring shared moments in your life. Thank you!

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The Music Must Play On: The Music Therapy Sessions that Should not Have Stopped

Ayelet Dassa[1]

Seventy-six-year-old Rose was referred to me for music therapy with a diagnosis of residual schizophrenia. Rose was very passive and only wanted to listen to French chansons. After two years, I ended the therapy out of a belief that our music therapy sessions were not meaningful for her. About a year later, I took on more work hours and Rose surprisingly returned to the therapy room and requested to listen to music. I now realize that I was wrong to believe that the absence of active participation indicated a lack of meaning. A receptive state is not a passive state, and a relationship with a client can also be formed by listening to music together.

Keywords *music therapy, clinical vignette, residual schizophrenia, therapeutic mistake*

Rose's case takes me back about a decade, to my work as a music therapist at a hostel for older adults with mental illness (OAMI). In the following clinical vignette, I will share the thoughts I had after writing and reflecting on this case. A renewed contemplation has enabled me to delve deeper into the case and understand that the mistake I made then was a misperception of the significance of that therapy.

I started working at the hostel after several years of working with people with dementia, so I had become well-acquainted with working with older adults, but less so with OAMI. Most of the residents at the hostel were over 60 years old and had spent a large portion of their lives hospitalized at psychiatric institutions. At the time, there was a change in the approach to the mentally ill, which led to a trend of integrating them in the community. The rehabilitation field began to gain momentum in Israel when the Rehabilitation Law was passed in 2000. The aim of the Law was to work on rehabilitating and integrating people with mental illness in the community, to enable them to achieve the highest degree of functional independence and quality of life as possible, while maintaining their dignity in the spirit of the Basic Law of Human Dignity and Liberty. As part of the Rehabilitation Law, people with mental illness were eligible to live at a hostel—a rehabilitation setting for people whose ability to function independently was compromised by mental illness and who thus required intensive assistance with activities of daily living (Ministry of Health, 2023).

The hostel at which I worked housed around 40 individuals. Their physical needs were met in a sheltered setting that was adapted to their abilities. The residents participated in various recreational activities at the hostel and were free to go out alone, though most tended to stay at the hostel throughout the day. I worked at the hostel twice a week and joined a small team that was very experienced in treating OAMI. The team included a social worker, psychiatrist, geriatrician, nurse, occupational supervisor, and counselors, as well as the hostel manager—a social worker who also supervised me during that period. The hostel was a simple place that did not have a lot of resources, but it did have a therapeutic soul and a strong love for the residents. The staff was very dedicated to each and every resident and went above and beyond to enable them to have a good quality of life. Rose was referred to me for music therapy after a weekly staff meeting. She did not participate in group activities and the staff thought that it was worth trying individual

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therapy to give her a space where she could feel safe enough to develop a relationship.

I met Rose after she had been living at the hostel for several years. She was then 76 years old, had been diagnosed with residual schizophrenia, and had spent over 30 years at a psychiatric hospital before moving to the hostel. Negative symptoms among patients with schizophrenia lead to social and cognitive decline and are associated with a general decline in quality of life (Pedersen et al., 2021). Over time, patients with schizophrenia become prone to flat affect, impaired motivation, reduction in spontaneous speech, reduced feeling of pleasure in the activities of daily living, social withdrawal, and difficulty being consistent with activities (Goldstone, 2020). In addition to negative primary symptoms that are directly associated with the disease, there are also secondary negative symptoms that lead to its exacerbation; these are partly caused by increased consumption of high doses of antipsychotic drugs over the years and living in a psychiatric institution for a prolonged period of time (Veerman et al., 2017).

Rose was a heavy smoker, like most of the residents at the hostel. She was skinny and quiet, tended to sit alone, holding her pack of cigarettes, and did not participate in any social activities. Even in the yard, she tended to sit separately from the others and almost never conversed with the residents or staff members. The few words she spoke with other residents were usually gruff outbursts such as "leave me alone" or "get out of here" when they asked her for a cigarette or money, and when staff suggested she join a social activity, Rose generally replied "I don't have the energy" or "not coming." She rarely initiated a conversation or sat with another resident. Occasionally I saw her sitting in the occupation room, doing embroidery. Because of her tendency to isolate, I feared that Rose would resist partaking in music therapy, but I hoped that because it was not a group activity but rather an individual session, she would agree to try. And indeed, Rose accepted my invitation to go to the music therapy room.

The music therapy room was on the top floor of the building. The offices of the manager and the social worker were at the entrance to the floor, and in order to reach the room it was necessary to choose the corridor that led to the roof. There, tucked away from it all, was a room that we dedicated to music therapy. The room had rugs, an old sofa and armchairs, a record player with records (an item that was anchored in the culture that the population was familiar with), a CD stereo system (the popular audio system at the time), an old keyboard that was donated, a guitar, and several percussion instruments that were bought with a small budget we managed to raise. In the first decade of the 21st Century, it looked like we had created a 1970's style room. The room was designed as such due to the few items we had, but it was inviting and pleasant. And indeed, the residents at the hostel loved the room. Rose would come for therapy once per week on a regular basis, every Tuesday at 5:00 p.m. Right away, in the first sessions, she asked to hear the music she loved, French chansons, and mentioned a few singers' names. I prepared discs of Edith Piaf, Charles Aznavour, Jacques Brel, and other popular singers from that period. Rose would sit in an armchair and look at me, and after replying "fine" to my question of how she was doing, she tended to say "play music".

A meta-analysis of studies in the field found that music therapy has a significant potential to address negative symptoms such as social withdrawal, impaired motivation and interest, and a marked cognitive improvement mainly among chronically ill people (Geretsegger et al., 2017; Tseng et al., 2016; Veerman et al., 2017). Therefore, my primary aim in therapy was to forge a relationship with Rose and to give her a sense of a safe space in the room. I also looked for ways to expand her expressional range and to create interaction through additional channels other than conversation, which, as mentioned, was very sparse and limited. For this, I used a variety of tools I had at my disposal as a music therapist. I tried to interest her in playing the percussion instruments together, I encouraged her to sing along to the songs that played in the background, and I tried to spark a conversation about the content of the songs we heard. However, Rose avoided my suggestions to play a percussion instrument, she did not sing along, and when I tried to address the content of songs she barely conversed and gave perfunctory replies such as, "it's a love song". I printed out the lyrics of the songs and asked her to help me translate the words from

French to Hebrew. She was barely agreeable, and only translated a word here and there.

Despite not complying with my therapeutic interventions, Rose continued to come to therapy each and every week, without fail, and each time to listen once again to chansons from the collection of singers she selected during the first session. She did not express any interest in expanding the repertoire. When a song ended, she said "Put another one on". When I attempted to elicit a response to the songs, she mainly replied "it's nice".

In the sessions with Rose, I felt that I was having a hard time overcoming the barrier of disinterest and lack of cooperation with the interventions I proposed. As time passed, I began to feel a sense of emptiness and boredom in the sessions with her. Although I had experience with sessions of a repetitive nature in my work with people with dementia, there was a significant difference here. Whilst in therapy with people with dementia the songs repeated themselves and the client tended to sing the same song over and over again, there was typically an active dynamic to the session: the client would sing along with me (even if they were only capable of singing a small portion of the song), make eye contact, respond as much as they could, and interact with me. With Rose, I found myself listening to the same songs repeatedly, but without any singing along or eye contact, and with the pervasive feeling that there was no interaction between us.

In supervision meetings at that time, I tried to understand what meaning this session held for Rose. I shared my feelings that my presence in the room was meaningless and that my role was only to press PLAY. To a certain degree I gave up trying to elicit an active response and encourage Rose to engage, and I simply sat with her and listened to music. And, believe it or not, almost two years of sessions with Rose passed in this manner.

After two years, I requested to work one day less at the hostel due to academic commitments. Consequently, I reorganized my schedule and checked which treatments I could conclude. During a discussion with the professional staff, Rose's name came up first. We didn't see a reason to continue with the therapy: we couldn't point to any change in her behavior outside of the music therapy room and I didn't think that the sessions were meaningful to her. I offered to prepare discs for Rose so she could listen to the songs she loved in her room. After all, that's all we did during our sessions together, so I did not see any need to continue. I may have even felt a sense of relief that the opportunity to end the therapy had presented itself. When I told Rose that I would no longer be working on Tuesdays and therefore we would stop meeting, her only reply was "fine, so be it." In our final sessions I tried to summarize our shared journey, I addressed the songs we listened to, and I offered to prepare her discs so she could continue to listen to the music she loved. Rose took the discs, but in her characteristic style, she did not say much. Our final session ended in a similar manner to all of our other sessions.

Throughout the next year, I continued to work at the hostel one day a week, and I would greet Rose whenever I saw her. She would greet me back. When I asked whether she listened to the discs, she would simply say "no," and nothing more. These chance encounters reinforced my feeling that Rose did not ascribe any special importance to the music, and I felt that I had made the right decision to conclude the music therapy sessions with her.

One year later, I took on more hours at the hostel and resumed my work on Tuesdays. Once again, I sat with the manager of the hostel and the professional staff to decide which residents were eligible for music therapy. I gathered information from the social worker and the recreational supervisor, and I sat down to reorganize my schedule. On the first Tuesday I returned to the hostel, while sitting in the music therapy room with my papers and lists, Rose entered the room at 5:00 p.m. I was very surprised she had come; a year had passed since our last therapy session, and it was clear that we had concluded the therapy back then. Despite this, Rose came in and sat down. I asked her what made her come today and she replied, "You weren't here, so I didn't come." I felt somewhat embarrassed, at that moment I thought that she had not understood me, had not realized that we had finished the therapy. Therapy had already ended as far as I was concerned, even though I had not completely managed to understand what had transpired during it, and suddenly she was back and settling into the room. I tried to explain that we had actually concluded the therapy and we were

not supposed to continue, and Rose replied, "You're here, I'm alive, play music".

In the supervision meeting with the hostel manager that week, we discussed Rose. We discussed whether resuming therapy with her was the right thing from a schedule aspect, and whether there were no other residents who were in greater need of therapy at that stage. However, I realized that there was something very powerful and clear in those few words that Rose vocalized and in her physical presence back in the armchair in the music therapy room. Rose, a seemingly passive woman, got up and did something so different to how I had perceived her. It was clear to me that Rose demanded her place back, the sessions, the music. I realized that we were resuming our sessions every Tuesday at 5:00 p.m. In retrospect, I contemplate that period, and through my own reflection and writing I can re-process and gain a more in-depth understanding of what happened there and the therapeutic mistake I made. From my perspective then as a therapist, I did not attempt to understand Rose's perspective, but rather acted out of my own beliefs and perceptions, and therefore I missed important things in understanding our relationship.

Approaches in music therapy make a distinction between active doing, a state where the client is invited to play or sing and participate in musical activities such as improvisation and songwriting, and a receptive state, where the client listens to recorded music or music played by the therapist, which was selected by the client or the therapist (Geresegger et al., 2017). I now realize that I made a mistake when I viewed the therapy from the perspective of the music therapist, who expects the client's active participation. I believed that if there was no active participation in the music therapy room - if Rose did not sing, did not play an instrument, did not converse, and just sat and listened to music - there was no real importance to the therapeutic session and it could be replaced with preparing discs for her so she could listen to them in her free time. In hindsight, I understand how narrow and superficial this perspective was, and how significant it is to listen to the client's preferred music together during the session, even when the client is in a receptive state. I also understand that a receptive state is not a passive state at all, and through the shared experience of listening to music together, the connection is forged. This was Rose's way of enabling a relationship with me, and this was apparently what was the right thing for her at the time. Moreover, the degree of cooperation and perseverance in music therapy among patients with schizophrenia who have a history of numerous hospitalizations is lower than among patients with fewer previous hospitalizations (Tseng et al., 2016); despite this, Rose, who had previously been hospitalized for a number of years, came to our sessions consistently. Now I also understand that her perseverance could be perceived as success of the therapy in its own right—something to which I did not ascribe any importance at the time.

Since that day, we met every Tuesday at 5 p.m. until Rose passed away several months later. When Rose died, I thought to myself how important it was that I had not rejected her when she showed up for our sessions the second time around. Rose understood something that I had not, and thanks to her intuitive understanding, I was able to rectify the clinical mistake I made when I tried to end the therapy, in the belief that it was not meaningful.

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“I guess I just like talking”: A Reflection From an Online Music Group with Six Young Autistic Women in Indonesia

Monica Subiantoro[1]

This article reflects my experience facilitating an online music group session with six young autistic women in Indonesia. A participant linked her inclination to talk to what she enjoyed the most from the sessions. As her comment struck me, I pondered upon my music therapy training background and worldview that might have shaped my expectations of the sessions. What I initially perceived as a “mistake” turned into a learning. Defining and redefining the definition and role of music in the shared space should be allowed and nurtured in whichever shape and trajectory contextually fits the experiencer.

Keywords *autistic women, music group, online, reflection, talking*

> *“I guess I just liked the part where you just talk about the lyrics, I guess I just like talking when it comes with other people, but when it comes to music, I just like to listen to it alone. Because I just like the nature of like having a topic be established and just talk around it.” (Lala)*

This extract was taken from a focus group discussion with a group of young autistic Indonesian women, and in which Lala was a participant. This focus group was part of my PhD research project. As the project took place during the COVID-19 pandemic where social distancing and international travel restrictions were imposed, I conducted the sessions via Zoom. Having been informed by the scarce literature on music therapy and autistic adults (e.g., Ee et al., 2019; Mazurek, 2014), my qualitative inquiry explored the young autistic Indonesian adults’ experiences of an online music group. As recent autism literature highlighted the social isolation and loneliness experienced by autistic people, I embarked on the project with a focus on the members’ social connectedness within the online music group sessions. I recruited the participants through social media, schools, communities, and local networks. Six young autistic women volunteered to participate in 12 weekly group sessions. I felt uneasy when I first heard Lala’s statement about what she really enjoyed in the sessions. I could sense my disappointment in realising that not everyone in the group was equally inclined to engage in the musical experiences, leading to wondering if I had made mistakes in facilitating the sessions and if so, what these mistakes were.

I later considered that my uneasiness may have been provoked by an assumption that the group members would develop connections through their collective enjoyment of making music together. Therefore, the members’ shared level of engagement and joy during the musical experiences would be essential in achieving this outcome. At the same time, I recalled Thompson and Elefant’s (2019) reflections on working with highly verbal neurodiverse participants, where they suggested the potential roles of music in fostering relationships despite the client’s seeming inclination to talk rather than engage in music.

As a music therapist, I have always been intrigued by the discourse around the role of music in or as therapy. Although I firmly believe both could work in different situations,

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hearing immediately from the participant themselves about the supplementary role of music was a new experience. Lala was the first participant who explicitly confessed that she would rather experience music individually. I suppose my music therapist identity has built upon the concept of nurturing therapeutic relationships through musical interaction. As a "good enough" music therapist, I have held the responsibility to create and nurture this interaction by utilising various musical experiences in the sessions.

I then recalled the questions I had asked participants at the beginning of the project before commencing the group sessions. Some participants revealed right from the start that the musical experiences being offered were not their primary reason for joining the group. On different occasions, participants also conveyed further meanings of musical sharing. Even though the themes that emerged varied, some eminent ones included: "a way to express emotions" and "prompts people to connect." I considered that the roles of musical sharing in the group, therefore, take forms in different layers, from the intrapersonal to interpersonal processes, embodied in the participants' responses towards different experiences, including musical and verbal sharing. While not everyone in the group enjoyed the group musical experiences, or they preferred to engage with music individually, they collectively valued the role of shared music in supporting the development of connections.

There are diverse understandings of autism in Indonesia due to traditional and religious beliefs (Riany et al., 2016). While Indonesian women are often expected to fulfill their traditional roles, they proved to demonstrate their agency for social change (Rinaldo, 2013). In this online music group, these six women displayed their actions supporting each other as sharing their music and life stories became prominent during the co-designed sessions. Due to most participants' experiences of being misunderstood in the past and their common experience of hierarchical society in Indonesia, I find it crucial for the participants to feel empowered to communicate their opinions. I was delighted to discover some value in the musical experience despite the differing musical preferences among the participants. Despite Lala's carefulness in expressing her preference, her honest confession may have indicated her expression of autistic culture and the developing sense of trust between us. Therefore, acknowledging their preference to talk as a resource in the session may allow them to create a meaningful experience, either immediately within or extending from the musical experiences.

Autistic people, especially women, are often underrepresented in research studies. In Indonesia, autistic people's voices are still dominated by parents and professionals. Through this "hidden" online platform, I attempted to empower them to raise their voices. However, despite my attempt to facilitate the session with a resource-oriented approach and alignment with the neurodiversity spirit (Singer, 1999, 2016), my focus on the outcome of the group sessions was often influenced by my assumptions drawn from music therapy and psychology theories learnt in my training. Instead of listening to and understanding what they really needed, I tended to anticipate outcomes often described in the music therapy literature, particularly in the settings where music was centred. By doing so, I had overlooked my participants' needs and strengths. Reflecting on my personal reaction towards the group dynamics and acknowledging my participants' culture, strengths and preferences could become a first step toward an empowering and anti-oppressive practice (Baines, 2013, 2021).

Indonesia was a Dutch colony for 350 years. Upon writing this reflection, I was appalled to realise how the residue of colonisation slipped into the way I introduced the music therapy profession in the country and positioned myself in this project. As opposed to arriving to this collaborative space with an open mind, I was unconsciously holding my preconception of music and its definition, its role and place in this group space. As a Western classically trained musician, I had positioned different musical experiences in hierarchy and meaning based on my own experiences of privilege. I had unconsciously envisaged that music needed to be present in a physical form whose presence was required by the group to hold and to thrive.

Lala's desire for talking was rarely opportune in her life but within this lay the potential for growth of authenticity: "I myself have the potential to be talkative. I want to be chatty but don't seem to know what to say, what is the pre-

cise word." This expressed desire reminds me of the anti-oppressive practice I had aimed for during the conception of my project and how music should not be imposed into the session. Instead, it should be allowed to take different shapes in this realm. In my learning, that was where the collaborative elements shone, not only in co-designing the session format and musical experiences, but also in defining and redefining the definition and role of music in the shared space. These definitions could be either old or new, individual or collective, yet should be meaningful for each individual to hold and apply in their lives beyond this online music group. It should be introduced and nurtured, yet allowed to grow in whichever shape and trajectory that contextually fits the experiencer.

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“But I didn’t understand your handwriting!” Uncovering the Significance of Therapy Progress Notes for Parents in Music Therapy

Tamar Hadar[1]

In this piece, I will explore a mistake I made by randomly handing a progress note to a parent at the end of a music therapy session, while overlooking the power imbalances embedded in such an act. I will share a clinical vignette involving Xavier[1], the father of a little girl named Blossom, who was only 10 months old, had many physical challenges, had severely impaired eyesight, and at the time could only sparsely respond to her loving environment. I will begin by describing a moment in the session when the father expressed his frustration from not being able to understand my handwriting in the progress note handed to him. Then, I will explore the unattended, underlying cultural and relational gaps in therapy that were captured in the virtually unnoticed gesture of handing a parent a scribbled progress note. Finally, I will examine the therapeutic requests expressed in such an important critique, which I failed to acknowledge as the family’s therapist, focusing on aspects relating specifically to music therapy.

Keywords *music therapy, progress notes, early intervention, power imbalances, parent*

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Background

Blossom[2] was a 10-month-old infant, who experienced many complications at birth. At the time, she was still going through many medical interventions and examinations, in search of an accurate diagnosis for her. The doctors were convinced she had poor eyesight (though they were not sure about its severity). The little girl also suffered from issues in her digestive system and from hypotonia. As a result, B spent most of her time lying down, with very little gross motor movement. It was difficult to know what the level of her awareness was, as in addition to her physical restrictions, she was heavily medicated with the treatment of her digestive complications. Due to her physical symptoms, B was referred to Early Intervention (EI) once released from the hospital after birth. In addition to meeting with a social worker who served as the family’s service coordinator, and with a physical therapist, B was assigned to weekly home visits of music therapy (MT), conducted by me.

The following vignette occurred about three months after the author started meeting with B. The therapeutic process unfolded gradually, as the family and therapist were slowly learning to pinpoint the fragile and delicate signs of liveliness and communication expressed by B. Occasionally, B would be in a deep sleeping state upon the therapist’s arrival, and the child’s mother and the therapist would use the time to expand their acquaintance. However, several times, B was awake and surprised them with new head movements and emerging controlled hand maneuvering.

[1]All names were changed for confidentiality. The family has consented to share this story.
[2]For space considerations I will refer to Blossom as “B” from now onwards.

The Clinical Vignette

When arriving at B's house, I was surprised and pleased to see the child's father, Xavier, at the entrance, as it was usually the mother who greeted me at the door and joined my sessions with B. B's father was friendly and straightforward and expressed his excitement about participating in the session for the first time. Luckily, B was awake, and I had an opportunity to try to engage with her musically. After chatting a little with Xavier, I quickly invited him to sit with her on the floor, close to B, and to join the songs as much as he felt comfortable. We slowly moved from the hello song to additional songs which required Xavier's engagement (e.g., swinging the chimes above B's head, moving her body parts according to the song or lifting her up). This was very new to him, but he was open to the musical experiences and curious to hear my perspectives regarding B's level of consciousness and participation.

By the end of the session, following the EI's protocol, I filled in the session's progress note and handed it over to B's father. Xavier took the piece of paper, stared at it, and cried out: "You write like a doctor! I can't understand your handwriting!". At that very moment, I realized the child's father was signaling something of great importance. Not only could he not understand his pre-verbal child, but he was also sitting in a room with a woman with whom he did not share the same mother tongue or culture (at first sight Xavier had asked me about my country of origin, Israel, raising the multicultural component of our encounter). He was now obliged to interpret the therapist's enigmatic handwriting in order to get a clue about what had happened in the session and how he might opt to approach his daughter in the upcoming week. This situation made me carefully ponder the different meanings embedded in the act of sharing progress notes with parents and their possible role within the therapeutic encounter.

Discussion

In the settings of the EI described above, therapy progress notes were used to communicate to caretakers the goals and objectives attended to in the session as well as to support them in their management of their child's behaviors between sessions. Progress notes have rarely been the focus of research in therapy settings. However several studies have approached this issue, for example, Romani et al. (2023) researched the impact of different types of training on the efficacy and quality of progress notes in a psychiatric inpatient unit. In this sense, progress notes can be closely linked to parents' (and staff members') perceptions of the impact and influence of treatment for the child, as they capture and validate essential aspects of the session. Furthermore, progress notes become a means of deepening the therapeutic relationship between the parents and therapist, and support parents in gaining more authority over therapy goals and outcomes.

The significance of parents' perspectives has been highlighted in different therapeutic settings, for example, in the medical environment (Chifa et al. 2021; Inhestern et al., 2020), in trauma-focused treatment (Salloum et al., 2015), and also within the music therapy context (Epstein et al., 2022; Hadar et al., 2023; Kobus et al., 2021). In comparing between music groups led by flute versus singing, Hadar et al. (2023) emphasized the impact of parents' interpretation of their experience of participating in a certain music group with their infant, on their musical activities at home. Epstein et al. (2022) who studied parents' post hoc (i.e., when discharged from hospital) perceptions of music therapy sessions held with their baby in NICU (Neonatal Intensive Care Unit), highlighted parents' increased sense of parental and musical agency due to their participation in MT during their stay at NICU and argued for the potential of music therapy in supporting families of pre-term infants also when coping with post-hospitalization challenges. Both studies emphasized parents' unique and priceless points of view, as well as their central role as mediators of change in their child's therapy.

The vignette described here captures a multilayered yet unfulfilled moment (see Figure 1) in which the therapist missed an opportunity with the parent to communicate several aspects of the music therapy experience. These aspects related to therapy, to the parent-child relationship as well as therapist-caretaker relationship, and to the musical experience per-se. The progress note, in this case, could have been utilized to convey and contain the

Figure 1 Layers of Meaning Embedded in Progress Notes

non-verbal behaviors as experienced by the therapist. In addition, in acknowledgement of the existing cultural and lingual gaps between therapist and parent, the progress note might have been used to establish common lingual grounds (e.g., Hadar, 2022), and for co-creating a shared language when discussing B. Such an approach could be modeled later within the couple's dyadic system (i.e., between B's parents), when talking about their daughter and pondering on her needs together. In her exploration of working as a music therapist with clients of various cultural backgrounds, and as an immigrant music therapist herself, Hadar (2022) reflected on a clinical moment when a plural-lingual approach facilitated the creation of a shared language between the therapist, the mother and her autistic child - perhaps a moment of shared "*musilanguage*" (Van Puyvelde & Franco, 2015). Whereas the nuanced attention to the lingual and musical gaps existing between the parent and therapist facilitated the emergence of a shared experience (Hadar, 2022), the lack of attention to such ephemeral qualities led to a very different moment, described in this piece. Inviting the parent to co-create the progress note, (e.g., by reading aloud while writing and inviting them to add their perspectives, rather than handing a completed, enigmatic note), could have served to establish a more equal relation between parent and therapist and to promote the parents' sense of ability and agency while raising a child who is coping with such severe symptoms.

Furthermore, the essence of progress notes relates to issues of reflection and translation: translating to parents' possible meanings in therapy; reflecting with parents on their own thoughts and feelings, as well as sharing the therapist's thoughts and feelings concerning the session; and translating parents' and therapists' visions into operative goals and objectives. In a music therapy setting, this process is further complicated by the need to reflect on the music created in the room and to ex-

tract meaning from it. Being a temporal phenomenon, one cannot return to the musical moment once ended (unless it is recorded). This makes the musical moment difficult to capture for the therapist alone and even more challenging to reflect on, in a way that will be sensitive to the parents' musical experience and knowledge. This intricate process of integrating meanings in different languages (i.e., music and verbal language) is a core component of music therapy practice (Lindbald, 2016; Perilli, 2017; Turry, 2009). Shifting between the language of music and verbal languages is at the heart of the music therapy process, regardless of when the progress notes are written, and marks one of the unique possibilities embedded in music therapy. However, the moment when the therapist is consolidating various layers of meaning experienced by themselves and the clients in the session into words and printing them on paper is a beautiful opportunity to exercise and acknowledge this delicate movement in music therapy: the movement between sounds and words, between experience and reflection (Perilli, 2017).

The moment when a musical experience reaches the conscious mind and is being reflected upon is a unique moment when different inner contents might emerge (Lindbald, 2016; Perilli, 2017). Focusing on the meaning of verbal narratives in Guided Imagery Music therapy (GIM), Perilli (2017) emphasized how verbal processing bridges somatic and sensory experiences into conscious knowledge and supports clients in interpreting their musical (and non-musical) experiences in both altered and ordinary states of consciousness, (i.e., both in the here and now moment of experience, as well as a few days later). Perilli's distinction between the moment of experience and the reflective moment is comparable to the difference between reflecting on a musical interaction in the moment versus reflecting on it in the progress note at the end of a session. In this respect, writing a progress note through co-creating, co-reflecting and co-translating different musical moments together with families might sharpen the music therapists' attention to such reflective process in a broader sense. The significance of progress notes in music therapy therefore lies not only in their role as a means of communication and sharing with parents, but also in their capacity to emphasize the delicate and reflective processes inherent to music therapy practice, which involves the art of translating music into words.

Conclusions

This paper aimed to dissect the potential meanings of progress notes in music therapy settings, and to identify the opportunities missed when such hidden potential is under-evaluated. Ultimately, this piece highlighted the vast potential of progress notes in supporting the delicate movement between sound and words, and between experiential and reflective levels in music therapy practice. It is hoped that this vignette will entice further examination of different gestures and behaviors within the therapeutic encounter, which hold great significance for the therapeutic relationship and for therapy success altogether, but which occasionally remain unnoticed.

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