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A Review of Current Practice in Group Music Therapy Improvisations

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Abstract

The information contained in this article has been derived from a series of interviews conducted by the author with selected specialists in music therapy group improvisation. Although the music therapy literature barely addresses the musical material created in group improvisations, it is not true to say that there is no expertise in this area. Rather, it is likely that the difficulties in communicating these musical processes via the written word or transcribed score have discouraged researchers and clinicians from publishing current theories and understandings. For this reason, selected specialists were approached to take part in in-depth interviews aimed to solicit their current understandings of music therapy group improvisations. The results in this article are made up solely of the information shared in these interviews in response to a series of open-ended questions posed by the author.

Introduction and Brief Literature Review

Music therapy group improvisations are a powerful tool for working with groups of clients who do not communicate successfully using verbal means. Additionally, this technique has grown in popularity for those interested in using creative experiential modalities for gaining insight into self and their relationships with others, as well as for the teaching of music therapy students. Interestingly, there is little documentation regarding the facilitation of this music therapy technique, although it is addressed within Bruscia's text *Improvisational Models of Music Therapy* (1987) and the Nordoff-Robbins literature (Aigen, 1997; Ansdell, 1995; Pavlicevic, 1995a; Nordoff & Robbins, 1977). As far as the author is aware, empirical research into the musical material generated in music therapy group improvisations is yet to be conducted.

More recently, the literature has included discussion of the relationship between music therapy group improvisation and group analytic theory, proposing that the music therapist's role is similar to a conductor and that the musical material often develops in a fugal fashion (Towse 1997). Arnason (1997) has explored the experience of group improvisation for a number of music therapy clinicians who met for the purposes of ongoing professional development. Drawing on the principles of phenomenological music analysis (Ferrara, 1984; 1991) and Langenberg's (1995) resonator function, Arnason has created a useful model for reflecting on the musical material generated, suggesting that musical analysis of improvisations changes clinical work from a purely 'doing' level of practice to a reflexive level of practice. A number of models have also been proposed for exploring music therapy improvisation work with individual clients (Ansdell, 1991; Langenberg, Frommer & Tress, 1993; Lee, 1992, 2000; Pavlicevic, 1994, 1995b), however the literature on group improvisation is sparse and based primarily in theorising and borrowing results from related research.

Whilst group improvisation may be taught in various music therapy courses, it has not yet achieved the 'reflexive' level of practice advocated by Arnason (1997). Although it is possible to understand the processes involved in group improvisations (Stephens, 1983, 1984; in Bruscia, 1987), and their relationship to group theory (Yalom, 1995), clinical expertise requires the capacity to listen meaningfully to improvisations cocreated by a client and a music therapist (Arnason). Whilst undertaking doctoral studies that utilised music therapy group improvisations with younger, bereaved adolescents, the current author had the opportunity to interview a number of music therapy practitioners outside her own country that she had identified as specialists in this technique. The results offered new insights into current practice and have been documented below.

Method

Selection of Specialists

Nine specialists were selected to take part in the review of current practice in music therapy group improvisations using the following criteria:

1. Accessibility
2. Publication or reputation in the area of music therapy group improvisations
3. Fluency in English language speaking
4. Willingness and availability to participate in the interviews that would be used for the creation of a current practice review within the thesis.

Specialists from the European continent were not included because of travel restrictions and language issues. The specialists who fulfilled the criteria were also required to respond to email or mail correspondence in order to organise the logistics of the interviews. Those selected are tabled below.

Selected Specialists

As is evidenced from this table, Creative Music Therapists from New York City formed a significant portion of the group of specialists selected for interview. The Nordoff-Robbins Center in New York City proved to be responsive to the researcher's approaches, and willing to recommend other clinicians and researchers whom they believed would fulfil the criteria established, including a clinician without training in Creative Music Therapy (Shapiro). Music therapists in the London area were more difficult to approach, and although two other clinicians were interviewed they did not consider themselves to fulfil the criteria and therefore did not wish to be included in the thesis. Whilst the resultant selection limits the potential to generalise the information, it remains the first known work that draws together similarities in approach to music therapy group improvisation.

Specialist	Relevant workplace	Training background	Reason for selection
Prof. Kenneth Bruscia (Philadelphia)	Temple University Researcher	Experimental Improvisation Therapy (own method)	Various publications, including paramount text on music therapy improvisation (1987); experience with clients and student groups
Assoc. Prof. Barbara Hesser (New York)	New York University		Running improvisation groups with students and clinicians at NYU
Alan Turry (New York)	Nordoff-Robbins Center, NY; New York University	Creative Music Therapy; T-Groups	Using improvisation with groups at the Center as well as with students at NYU
David Marcus (New York)	Nordoff-Robbins Center, NY	Creative Music Therapy	Working with disabled teenagers and adults in groups, using improvisation
Gillian Stephens-Langdon (New York)	Bronx Psychiatric Center	NYU; Drum Circles in the 1970s; Gestalt Training	Working with psychiatric patients in groups for over 20 years
Noah Shapiro (New York)	Adults in Rehabilitation; NYU	NYU	Working with verbal adults in rehabilitation and student groups at NYU

Dr Gary Ansdell (London)	Psychiatry	Creative Music Therapy	Working in adult psychiatry for over 15 years; various publications (1990, 1991, 1995, 1999b)
Joseph Fidelibus (New York)	Adults with AIDS; NYU	Creative Music Therapy	Working with verbal adults coping with AIDS diagnosis as well as special education group work and NYU Student Groups
Michelle Ritholz (New York)	Nordoff-Robbins	Center Creative Music Therapy	Working with teenagers with moderate disabilities in groups, using improvisation

The Interviews

The interviews that form the basis of this article were conducted during February and March 2000. They represent the opinions of the specialists at that point in time. Each specialist was given a copy of the questions that would form the basis of the interview prior to the meeting. The topics addressed the specialist's therapeutic philosophy and method, the musical structure and style used in group improvisations, and methods of analysing and interpreting group improvisations. The questions were created directly from the research questions of the current author's thesis at that time, and aimed to solicit information on how music therapy group improvisations may represent the dynamics of the group over time. The written material received by the specialists read as following.

During the next 90 minutes I would like to discuss the following questions and any other issues deriving from your understanding of group improvisation. This information may be used in the form of a practice review, similar to a literature review. It aims to discover how people evaluate group improvisations.

1. Has any philosophy or approach influenced your understanding of group improvisation?
2. How do you see your role within the group improvisation?
3. When you facilitate a music therapy group improvisation, is there anything you listen for specifically?
4. When listening to the group improvisations, do you listen for meaning, inter-relationships, symbolic properties, representation of self, other?
5. How do you analyse or evaluate group improvisations?
6. Do you have a tool for analysing the group improvisations?
7. Is there a particular musical element you consider to be the most important/valuable?
8. Do you consider the improvisations to have a structure or form?
9. Do you evaluate group improvisations as a whole group process, or do you more typically evaluate an individual's process within the group?
10. Do you perceive any links between the group improvisations and group processes such as cohesion or stages in therapy?

Procedure for Distilling the Information Gathered in Interviews

All interviews were transcribed and the information was then explored using a distilling process similar to the phenomenological method advanced by the work of Giorgi (1985), and further developed in Australian music therapy research (Dun, 1999; Erdonmez-Groce, 1999; Hogan, 1999). Initially, each interview was worked through in the following way.

1. Reading the interview in full.
2. Highlighting any information that specifically related to the specialist's understanding of the application and evaluation of music therapy group improvisation.
3. Extracting this information from the text and regrouping into structural categories identified by relevant headings.
4. Further reading the structural categories in order to gain a deeper level of understanding of the information and contemplate other possible experienced meanings.

5. Reorganisation into discerned meaning categories.
6. Distillation of meaning categories into an individual summary of the interview.
7. Validation by individual experts.

Following this distillation of the individual specialist's opinions, the researcher began to investigate the material to identify similarities across the different specialists. Each sentence from the individual summaries was categorised with similar statements by other specialists. Combined categories were then created that represented shared options. The researcher then returned to the individual interviews to confirm that the sentences had not been taken out of context of the original discussion, and reorganized any categories accordingly. After being satisfied that the individual's opinions were represented authentically, each category was given a heading that represented the material gathered within it. These categories were then structured under a series of broad questions about music therapy group improvisations, with the answers being provided by the categories generated from the specialists' responses.

This distillation process can be understood as drawing on phenomenological principles and processes in order to work with the material gathered and create a summary of that information. It differs from phenomenological investigation that explores the interviewed participants' experience of a phenomenon, as this would have required them to take part in the improvisations being analysed in this study.

Description of Information Gathered

There is no attempt within this article to construct the material into psychological or group therapy terminology. In contrast, the focus is on describing the musical dynamics in their indigenous form, rather than writing in a way that is more specifically designed to be read by professionals in other fields. The result is a description of the more complex and innate aspects of group music therapy improvisations and of the musical achievements of group members that can be seen as outcomes in themselves. Appropriately, creativity and intuition are highlighted as vital components of music therapy work and, also importantly, the music therapist's ability to listen musically is detailed: the way we listen to the musical material, to individual group members and the group as a whole. These features of group improvisations have not been documented previously in the music therapy literature. The question and answer format employed was not in the interviews, but rather is a construct to communicate the information gathered.

Results

1) What Is Unique About Music As Therapy In Groups?

a. Music Provides an Opportunity to Work Through Issues in a Different Way (Stephens)

It is always possible to draw analogies between the ways different therapy groups work, however there are also certain dynamics that are medium specific (Ansdell). Music therapy group improvisations encourage people to participate freely and express themselves spontaneously, resulting in a unique manner of interaction with other group members (Ansdell). This experience of making music in the group may allow participants to discover new aspects of themselves and express something of themselves musically in ways that may be new and surprising (Hesser). Participants also have the opportunity for role-rehearsing new behaviours within the group (Hesser) because the music provides an opportunity to do different things and to experience different things (Ansdell). Within music-making it is possible to use the momentum of the group sound to move through a broad range of emotional states and feelings and to achieve benefit in acknowledging and expressing these aspects of self (Fidelibus, Hesser). The experience of music therapy group improvisations is different to verbal group therapy, however there are many similar processes.

b. Music Is Different to Words

Where words are specific and exact, music offers the opportunity to express abstract ideas and amorphous feelings (Ansdell, Fidelibus, Stephens). Uniquely, because music works both in time and on time, all group members are able to speak together at once (Ansdell). Music also helps with the expression of things that have not been worked out yet, whereas words are useful for conceptualising and remembering (Stephens). Music is not a cognitive process of "How am I feeling?" and it is not necessarily a specific emotion, it is "the form of feelings" (Langer, 1953)(Fidelibus). Although it is possible for therapeutic change to take place through the music without verbal processing, it may be useful to add cognitive understanding to the experience of group music-making (Hesser).

c. Music Can Be Safer Than Word

Music can offer safety because of its complementary relationship with words. It can be used as a defence, or as a place to hide, by avoiding the kind of specific expression that words demand (Shapiro, Turry). Music can contain intense and opposite emotions (Ansdell, Fidelibus) and provide a way of expressing feelings that people are not willing to express verbally because it involves some risk. For example, a patient in a psychiatric facility may choose not to verbalise feelings of anxiety or fear because they are aware that doing so may lengthen their stay in the institution. Yet it is possible to communicate these feelings through the non-verbal, musical medium (Stephens).

d. Music Transcends Psychology

Music transcends psychology and goes beyond what can be explained by psychological theory (Hesser, Stephens, Turry). This capacity may provide a link to the spiritual side of human nature - suggesting that music connects to the transpersonal world of the soul (Hesser). Or, it is possible that music has meaning in itself, that it has its own dynamics internally that are simply related to emotions, not categorical emotional expressions (Ansdell). There is a fluidity between the physical, the emotional and the cognitive that is facilitated by creative expression (Fidelibus), and this process is complicated (Bruscia).

Not only does music transcend psychology, but group music therapy improvisations can transcend individual experience. In group music therapy, the whole that is created in music is greater than the sum of its parts (Hesser), allowing participants to be part of something bigger than themselves (Turry). This may assist in an appreciation of the universality of human existence (Turry), a depth that is not possible in the cognitive sphere. When group members allow themselves to be captivated by the creative experience (Turry), remarkable things can emerge (Hesser) because it supplements their everyday existence (Marcus) and helps them to live in the moment, spontaneous and free (Ansdell). This also allows clients to present themselves more accurately than when they are restricted by the limitations of their disease. Participation in music therapy can alter the ways in which people are perceived, because of a role they assume within the group music or the quality of the music that they contribute. This in turn allows them to be appreciated more and judged less harshly, and therefore goes beyond their everyday experience (Ansdell).

e. Improvisations Create a Musical Portrait of the Individual

Making music is an expression of self and this individual self-expression is an important level of music therapy group improvisations. Music expresses who we are at a moment in time and at many different levels, although not in every aspect (Ansdell, Fidelibus, Hesser, Marcus, Ritholz, Shapiro, Stephens, Turry). People represent themselves in the music, which implies a conscious choice, but their music also portrays their character and capabilities (Ansdell, Marcus, Turry), which is not always intentional. The musical portrait that is created from this self-expression is a revealing metaphor for who the person is because it is possible to hear their experience in the music (Bruscia, Fidelibus, Shapiro). Nonetheless, this insight is limited to what is known about the person in the context of their lives and their therapy at a given moment in time (Turry). It cannot provide a direct line to the subconscious that can be viewed by the music therapist (Ansdell). Aaron Copland (1957) has suggested that composition is a part answer to the question 'Who am I?' and perhaps music therapy improvisation is a sound picture of 'Who am I right now?' (Fidelibus).

f. Music Creates an Interactive Entity

A further level of music therapy group improvisations is the creation of group music, the representation of the group at a moment in time (Hesser, Ritholz). The group sound is experienced as an interactive entity that overcomes individual issues (Marcus), a joint creation that can be stepped into and shared (Ansdell). Once people have entered the metaphor of musical interaction they are out in the world (Ansdell), interacting and participating, creating something with someone (Fidelibus). Each group becomes a miniature society (Hesser), where relationships exist that both define the individual and set them free.

2) What Outcomes do Music Therapy Group Improvisations Facilitate?

a. Playing Spontaneously

The ability of group members to participate spontaneously in the musical creation is essential to being able to work therapeutically in group improvisations. The feeling of newness that is created by playing freely has an influence on the musical community (Ritholz) and a sensitive group will be able to nurture this living in the present, supporting it and letting it bloom (Ansdell). Furthermore, spontaneous playing is more likely to be self-expressive (Marcus) because it implies bringing whatever comes to mind into the world and hearing it (Fidelibus). To live in the music (Turry) is an essential part of the music therapy process and involves hearing, thinking and feeling in and beyond the music (Fidelibus).

b. Listening to the Music of Others

The ability to listen and be witness to the music of others is an important part of the music therapy group improvisation process (Turry). Group members sometimes comment on the fact that they feel listened to in a way that is exciting and energising (Ansdell) if they 'tune in' and spark off one another (Ritholz). The mechanism of change in the music therapy group is the creation of an attentive, listening and empathic environment (Hesser), and this requires the active listening of group members. As the culture of listening grows, people become more sensitive in their relationships with others (Ansdell), they begin to listen to what is happening in the moment rather than focusing on the output of the future (Ritholz). When this quality of listening develops, the group music begins to change and the listening process is reflected in the musical material (Ansdell, Shapiro).

c. Playing in a Communicative Way

In addition to listening to the music of others, it is essential for the participant to be willing to share their music (Ritholz). Music can provide ways of developing communication, of interacting and becoming fully human (Marcus). This requires not only a capacity for listening, but also an active participation in sharing music.

d. Flexibility in Playing

Flexibility of roles within the group can be indicative of group cohesion (Turry). The ability to change styles and follow someone else shows that the individual is participating beyond themselves and is aware of the needs and desires of others (Ansdell, Stephens). Flexibility in moving between emotional states also suggests increased control over these states, rather than the sense of being controlled by them (Fidelibus). The capacity to show a breadth of expression is similar to this flexibility between emotional states, and allows the person to move beyond their current state and expand their expressive faculties and experience (Fidelibus).

e. Awareness of the Relationship Between Self and the Music

The ability to express the self musically and increase self-understanding represents a high level of achievement within music therapy group improvisations (Marcus). It requires a commitment and ability to consciously stay in the music and to find meaning from that experience (Turry). When participants connect to their musical selves it enhances the possibility of learning and growing from the experience (Hesser).

f. The Group Making Meaningful Music Together

The ultimate achievement of music therapy group improvisations is making meaningful and expressive music together (Shapiro). This can be heard by a certain quality that is purposeful and intentional (Turry) and that involves interaction between people and expectation (Ansdell). It can be heard in a sense of beauty and exquisiteness that is aesthetically complete and well formed (Bruscia). It contains a variety of sounds that can be heard where each group member has their own voice (Hesser, Ritholz). Each person feels fully inside the music and fully appreciated for their part and their playing, but they are also satisfied with the musical whole (Ansdell).

3) What are the Characteristics of the Music Therapist Leading Group Improvisations?

a. The Ability to Create a Musical Environment

The primary task of the music therapist is to create a musical environment that participants can step into (Ansdell). To achieve this, the music therapist employs a variety of strategies, including modelling (Ansdell, Shapiro), giving musical guidance (Bruscia), and weaving the sounds of the group together (Ansdell). The therapist may provide exercises that enable participants to have different musical experiences, or may verbally instruct group members to listen to their own musical material and that of others (Bruscia, Turry). The intention is for participants to become involved in a culture of listening and playing, with the therapist shaping the music to encourage participation (Ansdell). Importantly, the therapist provides an attentive and empathic listening environment to accompany music-making so that the experience is oriented to the successful creation of the group sound (Fidelibus, Hesser).

b. Creativity

The music therapist is creative in both their music making and in their therapy. Musically, it is essential for the therapist to be creatively present, responding in the moment to the musical material of participants, enhancing what is being heard or playing something that opens up the possibilities of the art form (Fidelibus). The music therapist may play the texture of the music (Ansdell), or respond creatively to what the music needs in order to become fuller and more expressive of the whole (Hesser). The therapist must be able to see where the group is and

where it can go (Fidelibus), knitting together the strands of sound (Marcus), working to time their musical facilitation in order to achieve therapeutic benefit (Shapiro). The music therapist works to understand how each person plays without being drawn into cognitive processes that preclude creativity (Fidelibus). They use their creative sense to determine where the music leads and what journey it may take, whether it is into the verbal modality or staying in the musical (Shapiro). The music therapist draws on a range of interventions that may be supportive or evocative, but which are always a creative expression of the group's needs at that moment (Fidelibus, Hesser). The music therapist senses what is needed in the therapy, weaving music and words to creatively provide what is necessary to make the experience more complete (Stephens).

c. Intuition

The music therapist makes intuitive and subjective decisions throughout the creative process (Fidelibus, Hesser, Shapiro, Stephens), just as a musician does when improvising. The use of intuition does not imply a lack of knowledge, rather it reflects the repeated experience of making music in a therapeutic fashion (Shapiro). The therapist is musically intuitive regarding the aesthetic sound of the group (Fidelibus), playing when they think their music will assist the group (Hesser) and judging how subtle or direct the form should be (Turry). The music therapist intuitively discerns the balance of words and music, using subjective experience as their guide or sensing the resonance that is needed in the room at that moment (Stephens). Over-thinking can be stifling to this process, and the creative therapist draws not only on theory but also on musical feeling and ability (Fidelibus).

4) Musical Listening

a. Why Do We Listen?

It is possible that musical listening is a central tenet of music therapy practice (Ansdell). It is the first stage in understanding music therapy interactions, and occurs prior to the application of a psychological perspective as an aid to understanding or interpreting the client's process (Bruscia, Shapiro). Not only do music therapists listen for the information that can be heard in the way a client plays music (Fidelibus, Ritholz), but they also listen because being witness to somebody's therapeutic process is the basis of successful therapy (Turry). Clients are aware of the therapist's intent listening to their journey and this becomes the basis of their musical communication (Ritholz). The music therapist is present, listening, noticing and responding to every aspect of the group (Stephens). The culture of listening enhances creativity, interaction and self-awareness as each person becomes flexible in their musical roles (Ansdell). By listening to what the music sounds like, the music therapist perceives the potential for creative growth and responds musically or via words (Ansdell, Marcus).

b. How Do We Listen?

Music therapists listen as trained musicians (Ansdell, Ritholz, Turry). They use their aesthetic sense to hear what is going on (Hesser) and to hear, think and feel in and beyond the music (Fidelibus). The music therapist listens in music mode (Ansdell), processing the range of sounds and then responding creatively (Shapiro). They listen to the music and they listen to the dynamics of the group members (Shapiro). They juggle (Stephens), balance (Fidelibus, Marcus, Stephens), weave (Ansdell) and knit (Marcus) together these two essential elements of music therapy group improvisation.

5) Listening to the Music

a. Music Therapists Listen to the Musical Qualities of the Playing

Timbre is one of the most important elements that the music therapist discerns in a music therapy group improvisation (Ansdell, Bruscia, Fidelibus, Ritholz, Shapiro, Stephens). By musical definition, timbre is the characteristic quality of sound produced by a particular instrument or voice, sometimes called a tone colour. However, the definition of timbre utilised by music therapists is the more acoustic, phonetic version - "the characteristic quality of a sound ... dependent on the relative strengths of the components" (Delbridge, et al. 1997, p. 2214). Therefore, it is the aesthetic of how the music sounds. It is not beauty per se that indicates a therapeutically useful improvisation, it is the nuance or the fullness of the sound (Hesser). It can be heard in the blends of sounds - whether they are differentiated in tone quality (Bruscia), the subtle changes in the feeling tone (Shapiro) or more specific element changes.

b. Salience Is More Relevant Than Interpreting Musical Elements

Music therapists do not ascribe specific meaning to particular musical elements (Fidelibus). Instead, they listen to all the different elements and take in any information that stands out (Ansdell, Bruscia, Fidelibus, Hesser, Marcus, Stephens). Because each element brings something different into the group sound, the therapist listens to touch, dynamics, melody,

harmony, rhythm, instrument combinations and tone (Fidelibus). They listen to the form of the music by hearing musical patterns such as pauses, diminuendi, changes in timbre, tempo and accents (Shapiro). They respond to different musical elements, combined with an awareness of body language, eye contact and facial expressions (Stephens). The most salient aspect of the improvisation is likely to be the most significant, and the music therapist will listen to whatever stands out and contemplate its possible meanings (Fidelibus). Although it is extremely important that the music therapist can use and play all the different elements, it does not mean that every person has the same experience of them because music is a personal experience (Hesser). The music therapist is sensitive to whatever is there (Marcus), and it could be said that the secret in the complex world of music therapy group improvisations is knowing where to start listening (Bruscia).

c. Change and Variation are Significant Indicators

Being sensitive to the variations in the musical material is also an important skill applied by the music therapist in listening to music therapy group improvisations (Shapiro). Changes may be meaningful and show an expanding of the creative self (Fidelibus). This may be heard in changes of energy created through alterations of tempo or dynamics (Ritholz) or changes of instrument preference that may be significant (Fidelibus). Similarly, lack of change can be a meaningful indicator. Although Priestley (1994) does not believe that manifestations of change can always be heard in the music, change can be reflected in the way that people are relating both to themselves and others (Turry).

d. Playing Together in Time Can Mean Many Things

The complex nature of music therapy group improvisation can be illustrated by discussing as an example what it means for a group to play together on the beat. Playing together in time can mean many things. At its best, shared beat can be related to group cohesion because rhythm provides an ongoing flow of music that people have joined in together (Ritholz). There can be many positive benefits from playing together in time. First, it is a rewarding experience to share music that 'grooves' together (Turry) and this can increase the group members' desire to attend (Stephens). Second, it can help the group to identify as a whole, united in their music (Stephens). However, whilst playing together may help people affiliate, it does not necessarily achieve therapeutic outcomes (Hesser, Shapiro). It is a mistaken assumption that being in a beat is better - fusion and differentiation can both be good sometimes (Bruscia). Although a pulse may sound aesthetically pleasing, the connection between the players may not be as deep (Shapiro, Turry) or, in fact, it may be a form of musical denial in the early stages of the group (Lecourt, 1998)(Fidelibus). Playing together may be a way to avoid growth and, at its worst, the group beat can represent a repetitive form of the present, a musical-limbo present (Ansdell). Therefore, whilst playing in a beat in the early stages of a group may assist in forming a musical connection, it does not necessarily mean that the group is making meaningful music.

6) Listening to the Dynamics of the Group

a. Juggling the Dynamics of the Group

An essential aspect of listening to the group dynamics of music therapy improvisations is determining how to meet the individual needs of the group members whilst concurrently facilitating the group sound (Hesser, Marcus, Ritholz, Shapiro, Stephens, Turry). Music therapy group improvisations exist at many different levels, with a myriad of information being made available at any point in time (Stephens). While the music therapist is working creatively and intuitively with the musical material being created, they are also shifting attention between the individuals and the group through the kind of active listening they are trying to encourage (Shapiro). This involves a process of gleaning the life and evolution of the group and each individual in that group (Fidelibus) by listening to what is going on at the same time and what is happening over time (Bruscia). The music therapist listens to how the group members are impacting on one another and relating to one another through musical, verbal and non-verbal cues (Ritholz).

b. The Individual Within the Group

Each individual may be having a different experience of the music therapy group improvisation (Turry). Whilst music is self-expressive, making music in a group also involves negotiating an individual role within the group sound (Fidelibus). The music therapist is aware of how each person in the group reveals themselves and therefore makes musical decisions based on what might be needed to facilitate this process (Hesser).

c. The Group Sound

Perhaps, ideally, within a group the music therapist is working to create a shared group sound

(Marcus). This group sound can allow the whole group to speak together at once (Ritholz), with the music expressing a meaning that is jointly shared by all players (Ansdell). The sounds are in relationship to one another and involve inter-personal relationships that the group may or may not want to process verbally (Bruscia). The music therapist listens to the way the group members relate to each other through the music and works to understand the timbre and qualities of the sound being created by them (Hesser, Ritholz).

7) Music Reflects the Group Dynamics Over Time

Because music therapy is an expressive medium, interpersonal dynamics can often be heard within the music (Bruscia, Fidelibus, Hesser, Ritholz, Shapiro). The music communicates the nature of the group both in the moment and over time (Bruscia). For example, it may be possible to hear that the group members are listening to each other more (Shapiro), or to discern the stages of group development (Hesser). The affiliative stage of the group may be heard in a desire to play together and establish an identity as a group (Hesser, Marcus, Stephens). Musical connections may be made between people at this stage as they pay attention to how the music sounds and try to play in rhythm or try to fit in (Hesser, Stephens). Following the development of trust within the group, the musical material can be heard to change. Group members begin to take risks musically (Turry) and there may be more differentiation in tempi and different beats (Stephens). Harmonically, dissonance may be heard, or group members may refuse to play altogether (Hesser). Then, as group members learn to understand and respect the differences in musical playing they move closer to a genuine expression of themselves and the group (Turry). This stage of intimacy encompasses a new quality in the music, it shows the uniqueness of the individual as well as the group and the experience creates a musical community (Hesser). There is flexibility in the roles that people take on, and movement between different styles of playing (Stephens). There are more subtleties and nuances than were in the original material, and it is more exciting, interesting and creative (Hesser). The timbre of the music expresses the group as they are in the moment and as they change through the experience of making music together.

8) A Dissimilarity in Current Practice

Whilst this article has focused on commonalities in current practice of music therapy group improvisations, one facet of this review cannot be classified in this way. The level of structure and direction utilised by the specialists varied in accordance with their philosophical stance and the clientele with whom they work. Amir (1999) has identified similar influential relationships in her qualitative investigation into the use of words versus music in music therapy interventions. She suggests that this variety is valid and that those who feel "like a fish in water" (p. 158) with music believe that this is the most appropriate way to work, whilst those who focus on relationships as being equally significant "flow between the music and words" (p. 154).

Whilst these philosophical and contextual variants exerted a strong influence over the leadership style of the music therapist, it had less effect on the actual nature of the improvisations - neither the basic qualities necessary for facilitating nor the outcomes achieved. Similarly, it did not impact on the leader's ability to listen to the musical material nor on the dynamics of the group. However, it did impact on the amount of structure imposed on the group. Creative Music Therapy clinicians displayed a commitment to providing the musical form and structure for the group, preferring to play an instrument that could hold the group together when necessary. Those clinicians who worked with verbal clients, or maintained a transpersonal philosophy, were more likely to assume a non-directive leadership role, allowing the group to find its own meaning and follow its own volition. Specialists with a focus on interpretation were more likely to desire a verbal consolidation of what had occurred musically, in order to facilitate cognitive insight and behavioural change. It is interesting that the needs of diverse clientele do not affect the essence of the music therapy experience. However, leadership style cannot be considered an indigenous element of music therapy group improvisations, because it cannot be generalised across philosophical positions and client groups.

Conclusion

The material gathered from identified specialists in music therapy group improvisation was diverse and insightful. Within this article it has been collated to identify the similarities of opinion between those interviewed. However, it is essential to note that each specialist had unique and original ideas that were influenced by their own experience and philosophy of practice. Their willingness to take part in these interviews and to have their opinions published is greatly appreciated by the current author, and may be a vital influence on the development of technique in group music therapy improvisation practice in the future.

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