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Musical Listening: Giving Audience to the Music and Our Clients

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"This is the first verse," he said to Piglet, when he [Pooh] was ready with it. "First verse of what?" "My song?" "What song?" "This one." "Which one?" "Well, if you listen, Piglet, you'll hear it." "How do you know I'm not listening?" Pooh couldn't answer that one, so he began to sing
(A. A. Milne, *Winnie-The-Pooh, Chapter VIII*. In Which Christopher Robin Leads an Expotition to the North Pole, pp. 109-110).

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This essay will discuss the experience of listening to music and the incredible power it has to both inspire awe and generate myriad questions about what musical listening is all about. I envision this essay in ABA form, although without a perfect cadence at the end. The B section will describe a research study in progress that I am conducting about how music therapists listen to improvised music. The B section will be encircled by A sections describing clinical work with an individual client that fostered my interest in this research topic.

The Clinical Work: The Source of Questions

For the past three years I have been working with two individual clients who are, in many ways, opposites. One client is a 13 year-old boy who lives at home with his parents who are originally from Egypt and Eritrea. Despite developmental delays, autistic tendencies, and being visually impaired, Sam (pseudonym) is musically sensitive and responsive--physically capable of joyfully entering into music through instrumental and vocal improvisations. His autistic tendencies, however, keep him relationally isolated to a certain extent. They also show up most noticeably in his music, e.g., repetitive playing of major/minor 3rds on the piano.

The other client is a 51-year-old woman with severe cerebral palsy who has lived in institutions for over 20 years since her mother died. Her father is terminally ill. She has normal intelligence and can move her head to indicate "yes/no" to "yes/no" questions. Physically, she is unable to play most instruments and cannot move freely or speak words. Because of her age and disability, she often experiences body pain. Active instrumental playing and verbal dialogue are not viable means of communication or expression for Sarah (pseudonym). She is, however, remarkably available through her listening presence, and emotional, relational and non-verbal ways of being.

With these clients I was increasingly mystified and intrigued by this rarified phenomenon we call "listening." It was with Sarah in particular, and her so called limitations, that I really began to reflect on the topic of "musical listening." The fact that I played most of the music *for* Sarah as opposed to mutual playing *with* Sam also significantly influenced my thinking about listening. Four questions that eventually led to my current research study were (1) What am I

listening for in my sessions with Sarah? (2) What factors have a bearing on how I listen? (3) What factors influence the building of our relationship in music? (3) What aspects of my music and way of being are meaningful or even useful for Sarah?

The Research

Context of the study

Clinical curiosity became research questions. These questions established a quest to discover how we, as music therapists, listen to improvised music co-created with our clients. This research quest, namely a qualitative interview study, eventually needed a purpose, that is, to investigate the relationship between how music therapists listen to improvised music in individual sessions and how they reflectively listen back to taped improvisations. An overall research aim is to study the listening perspectives of experienced music therapists who specifically study the music in their clinical work, albeit in a variety of ways. Participants are music therapists who work in a music-centered psychotherapy approach, although not all participants would necessarily resonate with this term. Bruscia (1998) states that "...the therapeutic issue [in music centered psychotherapy] is accessed, worked through, and resolved through creating or listening to music; verbal discourse is used to guide, interpret, or enhance the music experience and its relevance to the client and therapeutic process" (pp. 2-3). This term signifies that when I selected prospective participants, they had to not only be experienced clinical improvisers who work in-depth musically, but they also had to reflectively listen back to audio or videotaped improvisations.

At this time, 13 participants have been recruited from an international pool of music therapists. These music therapists work in countries such as Australia, Canada, Denmark, England, Finland, Ireland, Japan, and the USA. The representation of countries is largely guided by who agrees to be a participant since the research does require a commitment of time and mental energy. Many participants are certified in the Nordoff-Robbins approach to music therapy but their work is informed by variety of orientations such as humanistic, psychodynamic, and developmental theories.

Data are collected through in person and email interviews. In person interviews are preferable because of the immediacy of face to face dialogue. But in person interviews are not always feasible because of geographical distance. I had the opportunity to conduct in person interviews with some participants in London, England and during the 10th World Congress of Music Therapy in Oxford (July, 2002).

To backtrack slightly, in 2000 I conducted a qualitative interview study with music therapists who work in New York and Boston, USA and Waterloo, Canada. This initial study investigated such topics as music therapists' beliefs about clinical improvisation, their approaches to using improvisation, what they listen to musically, and their thinking about the analysis and interpretation of taped improvisations. I learned much from these music therapists' generous sharing of their clinical and musical knowledge. It became clear that there is an essential circle of musical understanding between listening *in* sessions and interpreting improvisation tapes *after* sessions. This initial study had a major influence on my current research in regards to methodology. These early interviews relied solely on verbal data, i.e., verbal dialogue about listening to improvised music. In addition, my role as researcher, and my own clinical experience and its influence on the evolution of interview questions, were not formally part of the research.

In this current study participants are asked, if ethically appropriate, to share audio or videotape examples of their clinical work during in person interviews. These examples allow music to enter into the verbal arena. During interviews, it really is quite amazing how the tone and content of an interview changes once we, interviewer/interviewee, shift out of words into the more musical world of listening to taped improvisations. What comes to mind to describe this difference is the word "quickening" used by Gary Ansdell (1995) to describe "...qualities of aliveness and motivation to both body and spirit" (p. 81). When feasible, more than one interview is conducted with each participant in order to strengthen data analysis and interpretation of research findings. Self-inquiry is also a formal part of this study, i.e., studying the impact of this research on my own clinical work with Sarah (51 year-old woman with cerebral palsy) and vice versa.

Questions and Premises

A global research question underscoring this study is: "What is musical listening?

More specific research questions are:

- How do music therapists listen to improvisations?
- How do music therapists listen to their clients in individual sessions?
- What informs music therapists' listening in sessions?
- What impact does reflective listening back to taped improvisations have on music therapists' clinical work?

The schedule of interview questions focuses on six topic areas. Not all questions need to be asked during interviews because the dialogue tends to organically flow into pertinent questions and related ideas.

The topic areas are:

- Setting the context: musical and clinical background; theoretical perspectives
- Listening in individual sessions
- Listening back to taped improvisations
- Analyzing and interpreting improvisations
- Exploration of the words "analysis" and "interpretation"
- Musical analysis: music notation
- In and after sessions: compare and contrast

At this point, I want to describe two premises that influence my viewpoint as researcher and music therapist in this current study. These premises are (1) *acts of interpretation* and (2) *listening in context*. In regards to *acts of interpretation*, I believe that as human beings we constantly interpret our world in order to make sense of it. Due to the complexity of this world, the interpretive process means that we have to make choices about what and how we interpret. In the clinical arena, I maintain that a music therapist's involvement in different levels of musical listening are *acts of interpretation*. Our acts or musical choices as music therapists originate from deliberately and reflectively listening to all aspects of the music and musical relationship co created with a client. I chose the word "act" because it implies *attention, action, and movement*. In the research arena, the phrase *acts of interpretation* hopefully begins to integrate the classic research triad of description, analysis, and interpretation. I am also attempting, in terms of language, to open up the connotation of the word "interpretation" beyond potentially restrictive meanings located in particular philosophies or theories of therapy, e.g., classic psychoanalysis.

My understanding of *listening in context* is that context must be taken into consideration when attempting to understand improvised music. In an earlier article, I considered context to be a particular level of meaning: "At this level of meaning, the listener considers not only the inner context of music therapy sessions, e.g., events, interactions, or topics of discussion before, during or after improvisations that may influence clients' improvising, but also the worlds that clients live in outside sessions, e.g., past experiences, school, family, work" (Arnason, 2002, p. 6). I am more inclined now to see context as pervading all levels of musical listening.

There are many significant external factors that occur outside of the sessions, which inform music therapists' listening in the moment of sessions. For example, a music therapist's *listening stance* is, metaphorically speaking, the ears we have developed. This listening stance seems to traverse client groups and different clinical settings. But it is not totally immutable. Music therapists' listening stances are informed and developed by factors such as theoretical frameworks, level of education, experiences as a musician, life history, gender, sexual orientation, multi cultural issues, the reflective analysis of taped improvisations, and supervision. In individual sessions, there are multiple levels of listening which a music therapist can draw on to make musical choices. Ansdell (1995) describes the essentialness of "listening-in-playing" when improvising with clients: "To people playing music from a score, the eye can still guide the way and keep them on course. Improvisation, on the other hand, is often called 'playing by ear', and its success relies on the imagination of the players and their ability to be acutely sensitive to each other's playing and musical ideas" (p. 158).

Based on research findings from this current study and my own clinical work, I propose that listening to music requires various acts of interpretation. That is, all levels of musical listening require some kind of interpretation both in the description and analysis of what is being heard musically, and the process of discerning what is meant by the music and musical relationship.

Levels of Listening

Because this research is in progress, it is not an aim of this essay to present definitive

research findings. Levels of listening *in* and *listening back* to individual sessions will be listed and some levels will be discussed. I will then move back into an expanded A section (clinical work) in order to discuss musical listening in my work with Sarah (individual client). Levels of listening include:

- The client's music - musical characteristics
- The client - presence and body language
- The music therapist's music - musical self
- The music therapist's feelings, thinking and intuition
- The co-created music
- The relationship in music - interpersonal connection
- Verbal dialogue (if applicable)
- Silence and space
- The intangible - spiritual

When participants were asked the question - "What catches you ear when improvising with a client?" their responses revealed that musical listening comprises not only the aural experience but also all our senses and more. Perhaps the most obvious, although multifaceted level of listening is a musical one, i.e., *the client's music*. This level includes noting specific musical elements, e.g., tones, intervals, melody. But it also includes musical listening that requires a more sophisticated act of interpretation such as determining the characteristics of a client's music making (musical signature), noticing a change of intensity in a client's music or recognizing emergent musical shapes and patterns in improvisations.

We listen to our clients, i.e., their body quality, presence and (if applicable) verbal dialogue. Body quality is the interpretation of a client's body language, facial expression, and gaze. Listening to a client's presence refers to the intangible aspects of musical listening. These aspects derive from our ability to "hear" a client, e.g., when a client does not, or is not able to give us, clear musical cues, physical signs or verbal direction.

We listen to our own music informed by our musical self when improvising with a client. For example, the musical qualities of clarity and openness allow for balance in our playing, that is, the essential balance between a client's music and our playing that creates the musical therapeutic relationship. This balance seems to be achieved by listening for 3 important qualities in our own music making:

1. Directness (musical structure and form)
2. Freedom (exploration and ambiguity)
3. Direction (clinical movement and process)

Listening to our feelings is intertwined with listening to our own music in relationship with a client. This level of listening entails being astute to what is being "said" in our music, i.e., what we are knowingly communicating consciously and unconsciously. As one participant said - "[I listen to ensure] that my music is communicating directly something about the client's own needs." Although this level accentuates feelings, the self monitoring that occurs seems to also be a process of a therapist "listening to" her/his thinking, physical sensations, intuition and, possibly, imagery evoked by the music.

Clinical Example

This essay format does not allow for musical illustrations. But I will attempt to illustrate texturally the factors that influenced how I listened in a particular individual session with Sarah. She and I have worked together for almost 3 years for a total of 81 one-hour sessions. Overall, my listening stance with Sarah consists of *balance* and *care*. I aim for:

- Balance in the timing of my responses (immediate versus waiting)
- Balance in the amount of music played (simplicity versus complexity)
- Taking care to build the relationship *in* music (recognition and commitment)
- Taking care to access and draw on my musical, clinical, life, and education experience (different forms of knowledge)

At the 10th World Congress of Music Therapy in Oxford, I played a videotape excerpt of my work with Sarah. This excerpt was the last 8 minutes of an opening improvisation created in

session 73. Sessions usually begin with improvised opening music in order to meet Sarah's apparent mood or feelings, to welcome her back, and to transition into a musical environment. I position Sarah's wheelchair at the treble end of the piano so she can play tones or melodic fragments with me, if and when she wishes. Sarah played tones on the piano and vocalized intermittently during this improvisation. But, more significantly, her musical being and thoughtful listening were the ways she profoundly engaged in the music. The improvisation developed a four note melodic motif (C sharp, F sharp, E, D) in the tonality of F sharp minor in a 6/8 meter. The lyrics were "Welcome to music on this beautiful afternoon." The contrast between rich F sharp minor sonorities and the simple but nurturing lyrics was striking in this improvisation.

There were important external factors, which influenced my listening and playing in this improvisation with Sarah. Some of these were:

- Her father's declining health because of cancer (loss of her remaining parent).
- My clinical aims, e.g., to give Sarah an aesthetic and relational experience in music that would otherwise be denied her because of her disability and isolation (living in a long-term care facility).
- Regular study of videotaped improvisations. Analyzing tapes has taught me what helps Sarah to musically engage. In this improvisation, three musical techniques were prominent: (1) playing only bass accompaniment on piano to allow Sarah's voice to provide melodic tones and/or my voice to sing melody, (2) playing a single bass line on piano to suggest, but not fill in, harmonic movement, and (3) playing a repeated tone (unison on F sharp) in contrast to a moving bass line to both sustain (hold) feelings and signal possible changes in levels of relating.
- Impact of the research process and findings on my clinical work, i.e., the reflective analysis of participants' responses to interview questions about musical listening.
- Nature (a sudden and unusually hot and humid day in April).

What was I listening for during this improvisation? My listening converged on numerous levels at different times such as:

- Sarah's intense listening to the music
- My own music, e.g., musical flow, two part counterpoint, moving bass line versus repeated tonal centre (F sharp), musical stretching (intervals/harmony) and returning (repeating unison F sharp)
- A palpable and sustained connection between us
- My feelings, e.g., two very different women meeting in music
- A quiet and intimate musical space
- The directness of Sarah's gaze
- Her presence and body language (intent stillness)
- The emotional quality of her vocal sounds and changing facial expressions
- The sense of sacredness in music (fleeting yet eternal)

Coda

The separation of factors, which take place outside sessions, and levels of listening that occur in sessions is a rather artificial demarcation. There are significant and evolving factors that affect Sarah and I both in and outside sessions. Her physical dependence (she needs total care) has always defined her life and it impacts both our lives in sessions. Working with Sarah for three years has developed a trusting relationship that contains both musical and interpersonal transparency, i.e., genuineness. For example, I will "reflect out loud" my thoughts about the process of sessions or share my thinking about the type of music that I feel she might need. The reflective and regular analysis of session tapes has had a significant impact on how I improvise and interact with Sarah. This knowledge is crucial since there are so many unknowns in terms of how she thinks and feels.

I do have access to basic background and family information since her brother lives close by. But Sarah is not able to tell me what it is like to be a 51-year-old woman born with cerebral palsy who has lived in institutions for over 20 years. I will never know in words what importance music therapy sessions have for Sarah. But the ineffability of getting to know Sarah through music has created a close relationship that is far more profound than words. Our work together has given me greater confidence to work with someone whose inner life is so shrouded in

mystery. I have also learned not to seek those "amazing moments" in music but to trust that they will happen if I listen closely enough.

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