A QUALITATIVE STUDY OF INTUITION AS EXPERIENCED AND USED

BY MUSIC THERAPISTS

Tina M. Brescia

Program in Music Therapy
Department of Music and Performing Arts Professions

Submitted in partial fulfillment of the requirements for the degree of
Doctor of Arts in
The Steinhardt School of Education
New York University
2004
I hereby guarantee that no part of the dissertation which I have submitted for publication has been heretofore published and/or copyrighted in the United States of America, except in the case of passages quoted from other published sources; that I am the sole author and proprietor of said dissertation; that the dissertation contains no matter which, if published, will be libelous or otherwise injurious, or infringe in any way the copyright of any other party; and that I will defend, indemnify and hold harmless New York University against all suits and proceedings which may be brought and against all claims which may be made against New York University by reason of the publication of said dissertation.

Tina M. Brescia

September 29, 2004
ACKNOWLEDGEMENTS

I am extremely grateful to my participants for being willing to offer their time and share their thoughts with me. I have great respect for each of them for their professionalism and for the way they continue to seek understanding and growth in their work. Thank you for leading me on this journey.

Barbara Hessler has been a mentor and guide. Her own keen sense of intuition and clarity of thought have inspired me in many ways to learn and grow as a music therapist. Thank you for sharing your insights and helping me to create a focus, for believing in this topic and in my ability to accomplish the task.

I truly appreciate Ken Aigen for the depth of his thinking and his integrity as a clinician, teacher, researcher, and author. Thank you for creating such a smooth path to follow.

To John Gilbert, I thank you for sharing your amazing knowledge of literature in so many related fields, for helping me to sculpt my original proposal, and for the support you have provided to me and the greater doctoral community through your seminars.

I wish to acknowledge Margot Ely for inviting me into the world of qualitative research; your passion and energy are contagious. Thank you for sharing your knowledge and for opening the doors of creativity in research. I acknowledge Clive Robbins not only for his pioneering thoughts on the
importance of intuition in the creative process of improvising with clients in music therapy, but for his willingness to sit down with me and share them first-hand.

To Dorit Amir and Michele Forinash, your accomplishments in music therapy research have inspired and influenced my thinking as a researcher. Dorit, thank you for your words of wisdom over the years and for the support and encouragement you have offered.

I know that I could not have completed this process without the support of so many friends and colleagues. To my original doctoral support group: Diane Austin, Peter Jampel and Rebecca Loveszy, thank you for all of those years of meeting and sharing thoughts and ideas. I extend a special thank you to Diane for reading my developing chapters and sharing your insights and reactions.

To Joe Fidelibus and Alan Turry, thank you for helping me get to the finish line. Joe you have been a companion and a guide on this journey, walking beside me all the way and shining the light on the path ahead. Your insights and questions about my writing propelled me forward. Thank you for your friendship, your scholarship and your humor. Alan, you have such a generous spirit. I am so grateful for the support you have given me throughout this process, especially at the end. I have so much respect for you and truly appreciate the thoughtful comments and sincere interest you have given to my research.

To the larger support group of music therapy doctoral students: Lucanne Magill, Suzanne Nowikas-Sorel, Mijin Kim, and Gary Hara – I appreciate walking this path along side of you.
I wish to thank Andrea Frisch Hara and Lisa Sandagata for their constant encouragement, support and friendship. I feel honored to have you as colleagues and friends. I would like to thank Jon Spitz for appearing out of my past and offering to read and comment on my writing. I truly appreciate your time and attention to details, not to mention your friendship. A special thank you goes to K.J. Denhert for being there to brainstorm that diagram with me – we finally found the right dog.

To my parents, Patsy and Dick Brescia, I am forever grateful for the many different forms of support that you have given me. Thank you for nurturing my intuition and my music. Thank you to my sister Bonnie, my brother Steven and their spouses, Jeanette and Jill for being there with support and encouragement every step of the way.

My final thank you is to my life partner Phyllis Bethel, and our children, Chaz and Nia. Phyllis, I thank you for your grounding presence, your love, support and patience, for the late night reading and editing sessions, for being my computer support person, and for being who you are. I cannot imagine getting through this without you. Chaz, you inspire me with your curiosity and intelligence and Nia you remind me to follow my heart. Thank you for being so patient with me.
TABLE OF CONTENTS

ACKNOWLEDGEMENTS iii

LIST OF FIGURES ix

CHAPTER

I THE RESEARCH OBJECTIVE 1

Purpose of the Study 1
Personal Source of the Study 2
Developing Thoughts on Intuition in Music Therapy 5
Perspectives on the Nature of Intuition 11
Research Questions 16

II THE RESEARCH METHOD 17

Intuition in Context: A Qualitative Approach 17
Participant Selection and Introductions 21
Data Collection and Analysis 23
Presentation of the Data 29
Trustworthiness 30
Stance of the Researcher 35

III HOW INTUITION IS EXPERIENCED BY MUSIC THERAPISTS 37

Introduction 37
Physical Messages 41
Where in the Body? 41
Sensations 48
Emotional Messages 52
Auditory Messages 56
In the Music 57
Songs as Messages 62
The Voice of Intuition 66

Continued
IV CONDITIONS THAT SURROUND THE EXPERIENCE OF INTUITION

Introduction 76
Trust: The Leap of Faith 77
Deep Listening to Self and to Client 82
Self-Awareness 85
Self-Questioning and Self-Dialogue 90
Previous Experience and Education 95
Relationship to Clients 100
Summary 104

V INTUITION IN THE CONTEXT OF THE THERAPEUTIC RELATIONSHIP 106

Introduction 106
Therapeutic Agenda 107
Making the Connections: Finding the Route In 110
Tension/Release: Movement in the Therapeutic Relationship 120
Timing: When to Act on Intuitive Information and When to Wait 125
Actions that Contradict Experience 129
Turning Points 134
Summary 139

VI INTUITION IN THE CREATIVE PROCESS OF CLINICAL IMPROVISATION 141

Introduction 141
Opening to the Music 145
When Intuition Informs the Music 151
Effortless Music: When Music Informs the Intuition 155
Messages in the Music 161
Summary 163

continued
VII HOLISTIC VIEW OF INTUITION AS EXPERIENCED BY MUSIC THERAPISTS 165

Introduction 165
Holistic View 165
Music Therapist as Intuitive Musician and Therapist 169
Summary 175

REFERENCES 179

APPENDICES 184

A OVERVIEW OF THEME STATEMENTS 184
B CONSENT FORM 187
C CLIENT CONSENT FORM 189
D PARENTAL PERMISSION FORM 191
LIST OF FIGURES

1. Holistic view of the music therapist’s experience of intuition 158
2. Influences on the music therapist’s experience of intuition during clinical improvisation 175
CHAPTER I
THE RESEARCH OBJECTIVE

Purpose of the Study

My purpose in this study is to describe how intuition is experienced and used by music therapists within a music therapy session. What informs a music therapist, within the context of a clinical session, in making decisions about how to interact musically or otherwise with the client? The music therapist brings to each session experiential knowledge about how to work with the clinical needs of specific individuals, an understanding of the developmental process of these individuals, knowledge of music and instruments, as well as knowledge that comes from clinical and general life experience. In addition, there are moments, as noted in the literature e.g. Amir, 1992, 1999; Bruscia, 1998, Forinash, 1992, Robbins, 1999, in which therapists find themselves acting on impulses that lead to interventions or choices based on intuition. It is the therapist’s moments of acting from intuition in the music therapy session that have been the specific area of interest for this study.

What is intuition? In a discussion of the literature on intuition Boucouvalas (1997) states that “intuition represents a way of direct knowing that seeps into conscious awareness without the conscious mediation of logic and the
rational process” (p. 7). For the purpose of this study, intuition has been defined as such.

In further discussing the experience of intuition, Bastick (1982) identifies certain characteristics associated with intuition. He defines these characteristics as follows: a sudden and immediate awareness of knowing; an association between emotional affect and insight; the nonanalytic (nonrational, nonlogical) and gestalt nature of the experience; the empathic aspect of the experience; the preverbal and frequently ineffable nature of the knowledge; the unavoidable relationship between intuition and creativity; and the possibility that an insight may prove to be factually incorrect. These important characteristics have all been considered integral to the definition of intuition for this study.

Personal Source of the Study

The origin of my interest in pursuing a study of intuition has grown out of my experiences as a music therapist and a supervisor of music therapy interns for the past seventeen years. Much of the clinical work that I have done has been in a hospital setting with individuals who are neurologically impaired. The effects of neurological damage can be devastating to an individual’s ability to function. Many of the clients that I have worked with have had limited or no speech and language abilities, which created a challenge when trying to communicate with them or understand their specific needs. Through experience I discovered different ways to connect to these clients and understand some of what they were
attempting to communicate with me. Part of this experience included acknowledging my intuition and using it to guide me in my work.

Some of the clients that I have worked with also included children with brain tumors. Many of these children did not survive and my work with them was focused on alleviating pain and helping the children and their families to let go when death was imminent. While working with these children at the end of their lives, I often felt that there were no easy answers for what course of action to take as a therapist. I felt that my role was to support the children as well as their families and as a result I was pulled in different directions at different times. I found that remaining open to the dying child and those who surrounded her, helped me to intuitively know what to do, from moment to moment.

Based on my experience with children at the end of their lives, I became interested in what others who work in palliative care or hospice settings might be experiencing, particularly while working with clients in a coma. In selecting participants for this study, I was conscious of my interest in learning from others who have worked with clients at the end of life.

As I was developing and honing my own skills as a music therapist I was also involved in the training and supervision of music therapy students. The task of supervising a student requires one to step back from the work and offer explanations for interventions and actions taken. In reviewing my own work and in explaining my clinical decisions to my students, I have often experienced those moments where a decision was made without apparent thought. I have attributed those decisions to intuition. Recognizing intuition in my work, however, did not
satisfy my interest in understanding more about the specific experience and what precedes and follows these moments.

So often clients have become my teachers, inviting me to learn from them through the particular path they lead me down. I share a story here of one client with whom I worked many years ago, but whose presence was strong, clear, and unforgettable. He was one of my guides on this journey to understand intuition.

Christopher was three years old when I first met him. He had suffered a stroke as result of sickle cell anemia. He had lost his ability to speak, was paralyzed on one side, and in wheelchair. Christopher had this amazing ability to communicate with his facial expressions, the guttural sounds that he made, and with the limited movement he had. He never uttered a word to me, yet I always felt somehow that I could understand what he was saying to me.

This puzzled me at the time and I began thinking about all of the information that is available to us when trying to communicate with one another. I knew there were some obvious cues that Christopher was giving me, such as facial expressions, the volume and quality of sound in his voice, and physical gestures. Yet it seemed that there was something more there, something that did not follow these logical explanations. I really wanted to learn more about the quality of these interactions and my ability to understand Christopher.

Christopher was discharged from the hospital before my questions were answered and five years later he was admitted again. There I was face to face with my guide again, wondering if our interactions would be the same or different. Not only was I still able to comprehend Christopher, but he seemed to have honed his
abilities to communicate without words. I soon discovered that I was not the only one who had this experience with Christopher. Some of the nurses and therapists on the unit as well as my intern all had similar experiences. Christopher was still unable to speak, yet we all had the experience of being able to hear his thoughts. One of the nurses said, “It’s almost like I can hear what he’s trying to say to me.”

I believe that Christopher was an extremely intuitive child who, as a means of survival, found a way to communicate his needs and interests without words. My experience of understanding him was beyond the logical explanations that I tried to create. Christopher inspired me to question more and more of what motivates my actions as a music therapist and to understand more about intuition.

In an effort to clarify my own use of intuition and possibly expand my clinical skills, I began to discuss my ideas about intuition with colleagues and to search through music therapy and related literature for ideas and answers.

**Developing Thoughts on Intuition in Music Therapy**

In searching through the music therapy literature, references to intuition are found only in more recent books and articles. The appearance of these references validates the increasing interest and importance of intuition to some practicing music therapists. Music therapy has evolved to include a wide range of practices since the founding of the National Association for Music Therapy in 1950. Bruscia (1998a) has identified these areas of practice as didactic, medical, healing, psychotherapeutic, recreational, and ecological (pp. 172-173). He defines music psychotherapy as an area of practice that helps a client to reach
greater self-awareness, the resolution of inner conflicts, emotional releases, self expression, changes in emotions and attitudes, improved interpersonal relationships, the healing of emotional traumas, deeper insight, reality orientation, cognitive restructuring, behavior change, greater meaning and fulfillment in life, or spiritual development. (p. 213)

He goes on to explain that there are a variety of theoretical orientations that guide therapists in their interventions and the direction of the treatment with their clients. Those therapists who practice music psychotherapy are the same therapists who are writing and speaking about intuition in their work (Amir, 1992, 1999; Austin, 1999; Bruscia, 1998b; Forinash, 1992; Hesser, 1999; Kenny, 1982; Robbins, 1999; Turry, 2001). This study may be of specific interest to music psychotherapists as it is relevant to this area of music therapy practice.

Though the experience of intuition has been referred to or alluded to in the music therapy literature, it has not been the sole area of focus for any one study.

For example, Amir (1992) completed a qualitative study of what she termed “meaningful moments” in music therapy. She looked at the verbal descriptions of both client and therapist in determining those moments in the therapeutic process in which “the participants experienced a sense of clarity and had a greater capacity to accept, understand and relate to both themselves and others” (p. 6).

One of the significant findings of her study was that all of the therapists who were interviewed "reported the use of intuition, instincts and impulses in their work" (p. 160). It is her belief that the therapists’ use of intuition, instincts and impulses is one of the factors which allowed the clients to move toward experiencing
"meaningful moments" within the therapeutic relationship. Perhaps this study which includes a closer look at the specific experience of intuition, how it is used, and how it might be developed, has taken Amir's ideas one step further.

References to intuition appear in the music therapy literature both directly and indirectly. Music therapists researching and writing about the Nordoff-Robbins (1971, 1977) approach to music therapy often refer to intuition as an integral part of this form of therapy (Aigen, 1996; Forinash, 1992; Robbins & Forinash, 1991; Turry, 2001). These references will be discussed further in chapter VI.

In addition, there are other terms that appear in the music therapy literature that bear further exploration as to their relationship to intuition. For example, music therapists coming from a psychoanalytical or psychodynamic perspective use the concept of countertransference as a way of explaining a process by which therapists learn more about their clients through recognition of their own feelings in relation to the client. Countertransference has been written about extensively in the music therapy literature e.g. Austin, 1998, Bruscia, 1998, 2003; Scheiby, 1991; Priestley, 1994, and when examined more closely it is important to consider some of these experiences in relation to the intuitive process.

Bruscia (1998b) states that “countertransference . . . is more than a mere reaction to the client at the unconscious level, as originally formulated; it is the total contribution a therapist makes as a person to the client-therapist relationship” (p. 52). The therapist's intuitive knowing is a part of this contribution. The
relationship between countertransference and intuition will be discussed further in chapter III.

Music therapy researchers, Langenberg, Frommer and Tress (1993) describe a phenomenon which is part of the theory of analytical music therapy (Priestley, 1994) that is referred to as “the resonator function”. The resonator function . . . is the personal instrument of relating and understanding by which the therapist ‘resonates’ to the latent content of the music, which allows it to become conscious and serve as an inspiration for clinical interventions” (p. 61).

In this qualitative study, the researchers were primarily interested in the similarities of experience of improvised music in a therapeutic session from the perspective of the client, the therapist and several outside “describers”. After listening to recordings of a session each person was asked to “describe your impressions of the improvisation as freely as possible. Feelings, thoughts, images, stories—even apparently unrelated—may be mentioned” (p. 61). The investigators found that listeners from different perspectives, who had no access to the clinical material, were able to discern the clinical themes by listening to recordings of musical improvisations from the session. These common themes were reviewed from analysis of the subjective report of images, stories, and sensations generated by panel members. It is my belief that intuition played a role in the listeners’ abilities to discern the clinical themes that were present in the musical improvisations particularly in their use of immediate images, thoughts and feelings.
Music therapists' use of their subjective experience can be important when attempting to understand the dynamics of the relationship to the client in music therapy, particularly in the area of how one comes to understand the music of another and what it might mean for the client within the context of the therapeutic process. Music is a non-verbal form of communication and as such music therapists often need to rely on their interpretations of non-verbal events that occur both musically and otherwise during a session.

In a study of his work with clients in Guided Imagery in Music therapy, Bruscia (1998b) also looked closely at his experience from a therapist's perspective as the process of therapy unfolded. He discovered that for him there were "four levels of experiencing; (which) correspond roughly to the four functions identified by Carl Jung (1933): sensing, feeling, thinking, and intuiting" (p. 496). These levels of experiencing were most important as he worked toward his goal of "being there" for the client and working with the client to meet his/her therapeutic goals. Bruscia (1998b) referred to these levels as "modes of consciousness" and used the words "sensory, affective, reflective and intuitive" (p. 499) to identify his experiences while working with clients in music therapy. He describes the intuitive experience as follows:

I experience at the intuitive level. I do this when I go beyond sensory data, feelings, and thoughts and create my own model of the world or my experiences of it. ...I "reflect" on my experience, but when I intuit, I have a spontaneous "inner" knowing of something that is not based merely on "outer" events in the same logical fashion; nevertheless, there is an organic
completeness to the meaning I have created. When I intuit, I go beyond what is given and what we know of the nature of things, gaining insights about the universe that are unverifiable or even unfathomable. (p. 497)

Here Bruscia begins to identify and define some of the experience of intuition from a music therapist's perspective.

Amir's (1992) identification of two aspects of listening that music therapists use when working with their clients complements this discussion. These two aspects are "listening to the self in order to gain an intuitive knowledge and at the same time listening to the client. When the therapists acted on this type of intuitive knowledge, it became an integral part of the work" (p. 160). Both Brusica and Amir suggest the significance of recognizing and understanding the use of intuition for the music therapist in practice.

In a discussion about phenomenological research in music therapy Forinash (1995) coincidentally uses the example of a study of intuition to illustrate the importance of researching experiences. Her description is useful here in explaining why a study of intuition could be valuable to others.

The phenomenologist's stance is that experience need not be categorized as either true or false, valid or invalid. Experiences simply exist and therefore are worthy of investigation. For example, some people believe that intuition exists, while others would argue that it does not. The phenomenologist would not address the realness of the event. If people experience intuition, then the researcher can study what they experience.
Providing a description of the lived experience of intuition will allow the participants who experience intuition to understand their own experience as well as to compare it to the intuition experiences of others, thus adding to their understanding of the aspects of the experience that are shared and those that are also unique. The description of the lived experience of intuition will also provide those who say that it does not exist with a deeper understanding of what the experience of intuition is for those who experience it. (p. 368)

As Forinash suggests a study of intuition in music therapy has the potential to invite new insights for those music therapists who do not currently recognize intuition as a factor in their work as well as shed light on the experience for those who do. Given the recent surge of interest in intuition reflected in the music therapy literature and the limited focus on the specific aspects of the experience as it is used by therapists, it is my hope that this study has added to and expanded the discussion that has begun in a way that brings further insight to those interested in this topic.

Perspectives on the Nature of Intuition

There is a vast amount of information written about intuition coming from the areas of philosophy, science, and spirituality. Much of this literature has influenced my thinking throughout this research process. The concept of identifying and attempting to understand or explain the experience of intuition is
not a new one. The process of reviewing some of the thoughts expressed by others has served to create a foundation upon which to build my own thinking.

Writing in the seventeenth century, Spinoza distinguished between knowledge derived from the sense perception and careful reasoning about observed phenomena ("opinion" and "reason") and the highest stage of human knowledge, in which the whole of the universe is comprehended as a unified interconnected system. This highest knowledge he termed intuition, something that grows out of empirical and scientific knowledge but rises above them. In essence, it is knowledge of God. (Deikman, 1998, p. 179)

While Spinoza associates intuition with a universal oneness that he associates with God, Kant places intuition within the context of space and time. From Kant's perspective

Intuition is the faculty through which we are put into immediate contact with particulars; . . . in the case of human beings this faculty is sensible or passive, rather than creative or intellectual. Our intuition is a complex of the matter of sensation and two formal elements of space and time.

(Popkin, 1999, p. 497)

Kant does not associate intuition with the mystical knowledge that Spinoza identifies, rather he associates it with an immediate knowing. Years later Bergson (1994) adds to the dialogue about intuition as he relates it to instinct.
Instinct is sympathy. If this sympathy could extend its object and also reflect upon itself, it would give us the key to vital operations—just as intelligence, developed and disciplined, guides us into matter. . . .

But it is the very inwardness of life that intuition leads us—by intuition I mean instinct that has become disinterested, self-conscious, capable of reflecting upon its object and of enlarging it indefinitely. (p. 194)

He goes on to explain:

Intuition may bring the intellect to recognize that life does not quite go into the category of the many nor yet into that of the one; that neither mechanical causality nor finality can give a sufficient interpretation of the vital process. Then by sympathetic communication which it establishes between us and the rest of the living, by the expansion of our consciousness which it brings about, it introduces us into life's own domain, which is reciprocal interpenetration, endlessly continued creation.

(p. 195)

Bergson's idea of "reciprocal interpenetration" seems related to Spinoza's idea that the "whole of the universe is comprehended as a unified interconnected system." Intuition holds the possibility of connecting the individual with the other, the environment, the universe, and spirituality.

Jung (1933) considers intuition as one of the four functions of consciousness which he identifies as "feeling, sensation, thinking and intuition" (p. 496). In Jung's view intuition "is one of the basic functions of the psyche, namely, perception of the possibilities inherent in a situation." . . . He states that
“the intuitive process is neither one of sense-perception, nor of thinking, nor yet of feeling, although language shows a regrettable lack of discrimination in this respect” (Campbell, 1971, p. 26). He believes that individuals rely on the language of thinking, feeling, and sense perception to identify and describe their intuition. For example a person might say, “I have a feeling something is going to happen,” or “I can see it already, something is going to happen,” thus using “feeling” and “sense-perception” words to describe intuition.

Jung’s concept of intuition as the “perception of the possibilities inherent in a situation” is relevant to this study. Since I have focused on the music therapist’s experience and use of intuition while working with clients, the experience itself has a purpose as it functions within the context of the therapeutic relationship. How does a therapist “perceive the possibilities inherent in the situation” with a client?

These clinicians in the field of psychology, who recognize and discuss intuition as it relates to their work (Bugental, 1978; Jung, 1933, 1960; Kottler, 1991), all indicate that it is an important aspect of the therapeutic process with clients. Bugental (1978), states that “effective psychotherapists are those who accept the need to cultivate their intuition, empathy, and sensing of human experience, who are alert to discover and remedy blind spots, and who know the areas in which they are apt to send distorted and biasing messages to their clients” (p. 42). For a therapist it is as important to understand one’s intuition as it is to recognize when thoughts and feelings arise from other reactions to the client or a given situation.
Kottler (1991) believes that using intuition is part of what makes a therapist effective.

Reason and intuition are complementary in the effective therapist's mind. They feed off one another. They validate the truth of what the other infers. One encourages and supports the expansiveness of the narrow belief of the other. And when applied together, they provide the high degree of flexibility that is so important to therapeutic work. (p. 127)

Similarly, in a discussion of the needs and skills of an effective music therapist in the Nordoff-Robbins training process, Turry (2001) explains the importance of cultivating intuition. He states that the students' "increasing ability to rely on their capacities for intuition and inspiration results in a natural development of clinical perception" (P. 355). If intuition is considered a valued ability to use and develop for the therapist, than it is important to gain an understanding of all that the experience entails.

How does one describe the elusive and ineffable experience of intuition?

In Forinash's (1992) phenomenological analysis of the Nordoff-Robbins approach in music therapy all of the music therapists who participated in her study made reference to intuition in their work, but as she stated, "all struggled with the explanation of the origin of their intuitions" (p. 130). Though they struggled they were able to come up with metaphors that begin to bring light to their experience. The participants in this study were engaged in a similar process and they too found it difficult, at times, to express all that the experience encompassed within the limitations of our language.
Research Questions

Having this foundation of ideas from those who have previously explored thoughts about intuition I approached this study with the following questions. My research question has remained the same since the original proposal for this study. In addition the initial sub-questions are the same with some new questions that evolved in the process of doing this study. My initial question was:

1. How is intuition experienced and used by music therapists within a music therapy session?

The sub-questions were:

1. What is the role of the physical senses and emotions in the experience of intuition for the music therapist?
2. Are there specific conditions that surround the experience of intuition?
3. What is the role of intuition in the music therapy process and therapeutic relationship?
4. What are the consequences to the music therapist’s use of intuition?
5. What is the role of intuition in the creative process of clinical improvisation?

These are the questions that either guided my initial data gathering and analysis or grew out of that very process. These questions now serve as an outline to the reader, a guide toward the direction that this study has taken.
CHAPTER II

THE RESEARCH METHOD

Intuition in Context: A Qualitative Approach

Since the focus of this study is to describe how intuition is experienced and used by therapists within a music therapy session, it was important to choose an approach to the research that was suited to exploring experiences and that acknowledges the value of such a study. My intention in this study is focused on illuminating the meaningfulness and expanding the understanding of the experience of intuition for music therapists. With these thoughts in mind, an eclectic method of qualitative research and data analysis was employed. The overall structure of the method followed the basic tenets of naturalistic inquiry which are outlined by Ely, Anzul, Friedman, Garner and McCormack Steinmetz (1991), Lincoln and Guba (1985), and Sherman and Webb (1988). Among these beliefs are the ideas that (a) events should be studied in their natural context, (b) the participants of the study have a voice and become the teachers to the researcher, (c) experiences are studied as a whole and not in parts, (d) the researcher is the instrument of the study, (e) the research is value-bound and (f) that multiple realities are valued as meaningful to the study.

In an effort to gain information from multiple perspectives I chose the format of an interview study which included several participants, rather than a
study of my own work. Knowing that qualitative research is value-bound I understood that my own perceptions would enter into the process, but I wanted to gain insights by listening to the thoughts and ideas of others and to learn more about the possibilities in the different ways that intuition can be experienced and used.

This particular study was based on observations of video and audio taped sessions of music therapists in practice as well as interviews with these therapists. The participants in this study were asked to choose an archived example of their work that they felt represented their use of intuition in practice. I interviewed each participant after viewing or listening to their session examples along with them. The transcripts of these interviews became the data for this study.

The researcher involved in a naturalistic inquiry “elects to carry out research in the natural setting or context of the entity for which study is proposed because naturalistic ontology suggests that realities are wholes that cannot be understood in isolation from their contexts” (Lincoln & Guba, 1985, p. 39). The context in this study is the music therapist’s experience of intuition while working with a client. In a discussion of the use of naturalistic inquiry in music therapy, Aigen states that, "if one wants to research music therapy practice, one should study what it is that music therapists actually do rather than create an experimental approximation or abstraction of the clinical process" (1995, p. 291). How does one research an experience like intuition in a natural context?

As with any study that involves human subjects there are ethical considerations to be addressed. The design of this study was intended to discover
more about music therapists’ experience of intuition in the context of their work without disturbing the therapeutic process for the client or therapist. It is for this reason that only archived audio or videotaped sessions were used as examples during the interview process with the music therapists who participated in this study. Studying the existing sessions of therapists in practice allows for observation of the most natural setting for each therapist. In addition, the use of past sessions was the least intrusive for the clients who were not the specific focus of this study and whose therapy sessions need not have been disturbed by the introduction of an observer.

All of the therapists who participated in this study maintained an archive of video or audio tapes of their sessions. Many music therapists customarily tape sessions with client consent as a part of their practice. In almost all cases the session examples that were shared included clients that were no longer being seen by the participants which means that this study in no way influenced or changed the course of therapy for those clients.

In addition to protecting the clients’ therapeutic experience, the use of archived session examples seemed the most efficient way to gather information about the topic of intuition. By asking the participants to chose a session that represented their use of intuition in practice this created a more focused look at each person’s experience and interpretation of intuition. The therapists had specific thoughts and ideas to share about the sessions they chose to present in the interviews. I believe more information was gleaned in this process then would have been if I had observed random sessions of music therapists in practice.
Because of the elusive nature of intuition, I felt that my presence in a music therapy session and the therapists' knowledge that I was studying "intuition" would create a stress or distraction for the therapist and client that might change the nature of the way they work together and perhaps interfere with the therapists' ability to experience and use their intuition.

While I was conscious of the time lapse that occurred between the actual session and the point at which the participants were interviewed, I believed that the distance placed between the event and the discussion of that event, offered the participants time to gain further insight into their experience. The fact that the participants were choosing their own selections indicates that they had done some thinking about which session to present prior to our meeting. It also indicates that there was something significant about the particular session that they chose to share which stood out in their memory as capturing their experience of intuition.

James, one of the participants, articulated his thoughts about this time lapse and his ability to remember the details of the session he presented in this way:

Because of the passage of time, my understanding of this session and certainly my appreciation of it is much deeper than it was then. I think far from diminishing over time it has just gotten better, deeper. It seems that over time there are a handful of cases that stay very close to me, not necessarily just because of the outcome, but because my intuitive sense was so accurate that there was some real movement. You know when you see a beautiful sunset, you remember it, and you can remember in the
same way also what was happening at that moment with that beautiful sunset.

**Participant Selection and Introductions**

**Selection**

In an effort to gather the most fruitful information from the participants of this study, the music therapists selected were chosen through a process of "purposive sampling" (Lincoln & Guba, 1985, p. 40). Purposive sampling is a characteristic of naturalistic inquiry that allows the researcher to select participants that will "increase the scope or range of data exposed ... as well as the likelihood that the full array of multiple realities will be uncovered" (p. 40).

The criteria for selecting the participants in this study were threefold: (a) that the therapist had acknowledged the use of intuition in their work, either through their professional writings and presentations or through personal communication; (b) that they had been practicing music therapists for over seven years, indicating a level of experience in their work and in their ability to articulate their ideas about this topic; and (c) that they maintained an archive of audio or videotapes of their sessions.

While one might argue for the inclusion of a range of therapists in this study, those who acknowledge intuition and those who do not, the selection of those who have already begun to express some thoughts about intuition was purposeful here. One of the specific interests of this study was to look more closely at the language used by music therapists to describe the experience of
intuition. Since this is an experience that is difficult to describe, it was my belief that selecting therapists, who have already begun to articulate some thoughts about their own intuitive experience, would provide data that includes a wider range of the various aspects of intuition and how it is used by music therapists. In addition the process of having the participants select the session that they presented in our interview added one more layer to the purposive sampling as the data for this study was gathered.

An Introduction to the Participants

This study includes interviews with six music therapists, three men and three women, who will be referred to by these pseudonyms throughout the body of this document: Ellen, Nathan, Ted, Sandra, James and Cynthia. The balance in gender ratio of the participants was purposeful, as it was not my intention to study only the intuitive experiences of women or men but rather to glean information from the multiple realities of a variety of music therapists both men and women.

As a means of providing a foundation for the findings of this study, a brief description and overview of the participants follows. Some identifying information has been changed to maintain the confidentiality of the participants and their clients. During the interviews the participants referred to work with a variety of individuals and in a variety of settings which included: hospitalized patients, patients in hospice, children and adults in private practice, and children and adults seen through agencies or schools. The session examples presented to me during our interviews represented their practices in these settings.
All of the participants are music therapists educated at the master’s level and all have gone on to pursue further advanced training or studies in the fields of music therapy or psychotherapy. All of the participants are published authors and have had experience teaching and lecturing in the field of music therapy. These characteristics are significant as they indicate a high level of experience and ability to articulate ideas about music therapy which added to the richness of the data from the interviews.

It is significant to note that all of the participants use improvisational techniques within their work, each with their own primary instrument, two on piano, two using voice and two with guitar. Since each participant related experiences about their use of improvisation within the context of their experience of intuition, this became a major focus in the findings of this particular study.

Data Collection and Analysis

Using the qualitative research method of naturalistic inquiry requires the researcher to become the “instrument” of data gathering and analysis (Lincoln & Guba, 1984; Ely et al. 1991). As the researcher, I selected the participants, chose the questions to ask, organized and analyzed the data, all of which was filtered through my own system of beliefs and understanding of the world. As Lincoln and Guba explain, qualitative research is value-bound and each study is influenced by the researcher’s values. These values are evident in the choice of topic for study, and in the way in which the study is focused and ultimately presented.
The data collection and analysis began simultaneously. From the moment I started the first interview, I found myself engaged in a process of analysis. I met with each participant individually for an initial interview and then met with four of the six participants for a shorter second interview to clarify questions that arose during the analysis of the initial interview data. Prior to the first interview, each participant was asked to select an archived audio or videotaped example of a session that illustrated his or her use of intuition in their work. This example formed the basis for the discussion during the interview.

At the beginning of each interview I viewed or listened to the tape along with the participant, before asking any specific questions. During this process I took notes about events that seemed significant to me as an observer, specifically, events that might warrant further exploration leading to an understanding of how a therapist formed certain interventions. This guided me in formulating questions specific to each participant's experience.

Since I was observing other people’s experiences of intuition my initial focus was on the actions of the therapists, the interventions that were formed from intuitive knowledge. As the study progressed I became aware of those instances where these music therapists experienced intuitive knowledge but chose not to form an intervention based on that knowledge. This was not something that I would have been able to observe on a videotape. This learning came during the interview process as the therapists elaborated on their overall experiences with intuition while working with clients.
In addition to taking notes about events that seemed significant to me, I found myself writing my own impressions, ideas and images as I listened to the therapy sessions, using my own intuition in the process of researching the experience for others. This use of intuitive knowledge is a characteristic of naturalistic inquiry described by Lincoln & Guba (1985). They state that naturalistic inquiry

... argues for the legitimation of tacit (intuitive, felt) knowledge in addition to propositional knowledge (knowledge expressible in language form) because often the nuances of the multiple realities can be appreciated only in this way; because much of the interaction between investigator and respondent or object occurs at this level; and because tacit knowledge mirrors more fairly and accurately the value patterns of the investigator. (p. 40)

Once the initial listening of the session had occurred I invited the participants to discuss the reason for choosing the particular example that they selected and to describe their experience of intuition within that session. Some questions posed to the participants included the following: What is the process of thinking that occurs for you as clinical choices and interventions are made? If there is a moment of intuition, what do you remember experiencing leading up to, during and after that moment? How do you experience intuition, how does it come to you? If intuition were somehow placed in your body could you say where it would be? All of the interviews were audio taped and transcribed. Some of the
participants shared memories of other sessions to further illustrate the points they were trying to make as the interviews unfolded.

The interviews took place over a period of one year. After each interview was completed, I transcribed and analyzed it. I intentionally left space between the interviews for my thinking to develop. As a result, the interview questions and technique evolved over the year of continued engagement in the data collection and analysis. Once I completed the final interview, I returned to some of the participants that were first interviewed to follow up on new questions that had evolved throughout the data collection process.

This circular pattern of living with the data, analyzing it, moving forward with new understandings and returning to the point where I started with a different perspective was influenced by ideas from hermeneutic inquiry. Packer and Addison (1989) describe the circularity of understanding in hermeneutic inquiry as essential.

Although hermeneutic inquiry proceeds from a starting place, a self-consciously interpretive approach to scientific investigation does not seek to come to an end at some final resting place, but works instead to keep discussion open and alive, to keep inquiry under way. (p. 35)

As my inquiry into the experience of intuition moved forward my questions evolved from the new insights and ideas that were generated from each interview.

Throughout the entire process of data collection and analysis I maintained a research log which consisted of the interview transcripts and my evolving thoughts, impressions and questions. These thoughts were written down in the
form of analytic memos. Ely (1991) describes analytic memos “as conversations with oneself about what has occurred in the research process, what has been learned, the insights this provides, and the leads these suggest for future action” (p. 80). I began writing analytic memos prior to starting the interview process and continued to do so until the completion of the data gathering and analysis stages of the research.

The process I used for analyzing the interview data began with the transcription of the audio tape. Listening to the interview and typing the words that were spoken, brought me closer to the data. I found that with each progressive interview I was making connections to previous interviews even as I typed the transcript.

Once the transcripts were completed I returned to the interview again by reading through it, this time writing notes in the margins which included ideas that seemed significant and patterns that were observed within individual cases and across cases where multiple participants identified similar concepts. These notes formed the basis of my initial coding categories which Bogdan and Biklen (1992) describe as a way of sorting the data so that topic specific information can be separated from the rest of data. As I added new interviews to the research log, I returned to the earlier ones looking for comparisons and connections between the different participants’ experiences. This propelled my thinking forward into each subsequent interview.
As the analysis continued I used a format influenced by Ely’s (1991) process for developing themes (pp 150-151). “A theme can be defined as a statement of meaning that (1) runs through all or most of the pertinent data, or (2) one in the minority that carries heavy emotional or factual impact” (p. 150). Once the process of identifying initial coding categories was completed for all of the interviews I reviewed each one again, this time identifying larger bins that would encompass and organize the specific coded information. I then selected verbatim narrative from each interview connecting this data to the categories. When all of the narrative examples had been placed in categories I reviewed this data and made revisions as necessary, refining the categories in the process.

The next step was to return to each original interview and create theme statements in the first person in an effort to speak from the participant’s point of view while connecting data within and across categories. I continued comparisons and analysis of all of the findings throughout the process of presenting the data in writing. It was during this process that I created what Ely, Vinz, Downing, and Anzul (1997) refer to as cross-case theme statements. Though these statements are made in the first person they represent experiences that were similar for multiple participants. These cross-case themes are presented in each chapter as a way of highlighting the significant statements of meaning that emerged from the data analysis.
Presentation of the Data

The presentation of the data for me began with the actual words of the participants. Once I had arranged narrative segments into categories I began to generate further meaning from these categories by writing around the participants' voices. It was my intention to maintain the integrity of each participant's voice throughout this document, while at the same time present a cross-case analysis of thematic information that emerged from the entire body of data.

Theme statements are one way the findings of a qualitative study can be presented. In some studies researchers focus on one participant and each theme statement represents some aspect of that person's experience. In presenting the findings for this study I chose to focus on cross-case theme statements that characterized multiple participants' experiences up to and including everyone. Ely et al. (1997) suggest that "whether or not they are ultimately consolidated, whether they are finally presented in the form of theme statements at all, we do consider a thematic analysis to be a powerful aid in striving to see the essence of our data" (p.211). As I analyzed the interviews there were noticeable similarities in the descriptions offered by the participants. The cross-case theme statements that were developed from these similarities were intended to express some of the essence of the shared experiences of these participants. These cross-case themes are presented in italics at the beginning of each category discussed in chapters IV-VI. Though each category and theme statement encompasses the experience of more than one participant, the individual voices and particular perspectives of
each participant is highlighted in the narrative segments selected to illustrate the various categories.

Initially the focus of each participant interview was on the audio or videotaped session that was presented, though several of the participants related additional case vignettes as a way of elaborating on their experience of intuition. The reader will note that in those cases where participants only shared a single example, some narrative segments may be repeated in the findings, when those segments illustrate different aspects of the experience of intuition for that participant.

In addition to cross-case theme statements poetry was also used as a device to represent a cross-case analysis of multiple participants. Ely et al. (1997) suggests that “forms shape the subject matter to enrich meaning and understanding (p. 59). My intention with the poetry was to bring the reader into the language of the participants while highlighting specific aspects of the experience of intuition as it was expressed by the various participants. While each voice is slightly different, the juxtaposition of the phrases from each participant paints an overarching image of the specific topic. All of the poetry that appears in the presentation of the data is composed of language that came directly from the six participant interviews.

**Trustworthiness**

Throughout this research process I employed the following activities as established by Lincoln & Guba (1985) to maintain the trustworthiness of this
study: (a) prolonged engagement and persistent observation, (b) triangulation, (c) peer debriefing, (d) reflexive journal, and (e) member checking. “Prolonged engagement is the investment of sufficient time to achieve certain purposes: learning the “culture,” testing for misinformation introduced by distortions either of the self or of the respondents, and building trust” (Lincoln & Guba, 1985, p. 301). By interviewing the participants over the span of a year, I purposefully allowed myself time to live with the data of each interview and allow this to move my thinking forward as I planned for each consecutive interview. “The purpose of persistent observation is to identify those characteristics and elements in the situation that are most relevant to the problem or issue being pursued and focus on them in detail” (p. 304). Each time I returned to the data consisting of the interview transcripts, the researcher’s log of analytic memos, and the categories and theme statements, I engaged in focusing on the details of the elements of the experience of intuition for the participants in this study.

In triangulation the researcher makes use of a variety of data sources or methods in order to ascertain the accuracy of data. For a music therapy researcher, this could mean verifying one’s own impressions from observing a session by consulting the therapist’s session notes, or by interviewing the therapist or client. (Aigen, 1995, p. 306)

The variety of data sources may include “multiple copies of one type of source (such as interview respondents) or different sources of the same information (Lincoln & Guba, 1985, p. 305), as Aigen describes above. In this study there were multiple interview participants as well as multiple sources for
each interview completed. By interviewing several music therapists I was able to compare and contrast the experiences shared to illustrate the various ways that intuition is experienced and used. During the interviews I took notes of impressions and significant events observed in the music therapy session examples. These notes were then compared with the information offered by the participants. The notes were also used to verify observations made by myself and the participants.

Peer debriefing serves several purposes during the course of a qualitative study.

It is a process of exposing oneself to a disinterested peer in a manner paralleling an analytic session and for the purpose of exploring aspects of the inquiry that might otherwise remain only implicit within the inquirer’s mind. . . . [It] provides an initial and searching opportunity to test working hypotheses that may be emerging in the inquirer’s mind. . . . [and] debriefing sessions provide the inquirer an opportunity for catharsis, thereby clearing the mind of emotions and feelings that may be clouding good judgment or preventing emergence of sensible next steps. (Lincoln & Guba, 1985, p. 308)

Meeting with a peer support group was an essential aspect of this research process. Throughout the course of this study I met regularly with a group of peers involved in qualitative research. These meetings consisted of sharing ideas, logs, interview transcripts, and developing analysis. The feedback from those outside of the study was an invaluable addition to this process. My peer group helped me to
maintain clarity as well as to challenge me to view the data from different perspectives. When I reached a point in my analysis where I was trying to form bins in which to group my initial coding categories, my peer group helped me to see possibilities that I had not considered initially.

In one instance I had created an overarching bin that I called How Music Therapists Use Intuitive Information in Practice. After reviewing the categories that I placed in this bin, one of my peers suggested that all or most of these categories were related to a bin that I had already created which was Intuition in the Context of the Therapeutic Relationship. This led me to an entire reconfiguring of my findings to develop what has now become chapter V.

The reflexive journal is a place for the researcher to record information about her own process during the research study. This would include thoughts about method, analysis and reasons for making decisions throughout the course of the study. My journal of analytic memos served this purpose. I began this journal long before the actual collection of data had begun and I have been able to trace my thinking from beginning to end of the study.

The final element of trustworthiness for this study is the use of member checking. Member checking is a procedure whereby the researcher provides the participants in a study with the data; categories in which the data are organized; and theories, conclusions, and other inferences which constitutes the findings of the study in order to determine how well they match the experience of the participants. (Aigen, 1985, 306)
Member checking was done at various points throughout the data gathering and analysis portion of this study. Several participants were given copies of the verbatim interview transcripts and asked to make notes or comments. As the analysis evolved I shared thoughts as well as written portions of the document in progress with the participants in an effort to discover whether my representation of their experiences felt accurate to them.

In most cases the participants felt that their experience was accurately portrayed. Some participants, however, offered further insights so that I might more accurately portray certain portions of the data presented. In one instance, one of the participants read through the findings that I had presented in chapter IV regarding the conditions that surround the experience of intuition. Initially I had developed a category called *Self-Questioning and Self-Dialogue* which was included as a condition that surrounded the experience of intuition for several of the participants in this study. She offered that perhaps this was not a condition that surrounds intuition as much as it is a condition of being a therapist. Her perspective changed my original view of this category and while I did not eliminate it from the chapter, I did move it under the heading of *Self-Awareness* and changed the contents of my descriptions within this category.

I found that member checking was equally as valuable as peer debriefing. Getting feedback directly from the participants was both encouraging and extremely helpful in my quest to portray their experiences as accurately as possible.
Stance of the Researcher

Since qualitative research is value-bound by nature it is important to understand the context from which the researcher is approaching the study. I have already discussed some of this context in chapter I, *Personal Source of the Study*. I enter into this study with certain assumptions such as the fact that intuition does occur within music therapy sessions, that the specific knowledge gained is useful and that there is a relationship between the knowledge gained and the actions of the therapist.

Though my experiences as a clinician and teacher have provided impetus for this study, my interest in intuition predates my career as music therapist. Throughout my life I have had experiences that cause me to stop and wonder how it is that I have certain knowledge when I cannot logically trace the reasons for my knowing. I have always been fascinated by intuition and have spent a considerable amount of time trying to understand my own intuitive abilities. I am conscious of my tendency to understand the world through imagery and find that intuition can occur for me in the form of images. I am also aware of auditory experiences where, as I mentioned in my story of Christopher, I can hear information that is not being spoken out loud.

Another area of interest for me has been my experience of intuition in the context of relationships with others. There are certain relationships I have experienced, where it seems that intuitive information flows freely between me and the other person. My relationship with my mother is an example of this. We have become accustomed to our ability to read each other’s thoughts or answer
questions before they have been asked. While I could identify some logical reasons why a mother and child would have this kind of connection, there are other people with whom I share these experiences as well.

I am curious about intuition in the context of these relationships. Is there something about the quality or closeness of a relationship that allows for greater access to intuitive knowing between the two people? How is the information exchanged between two people, is one person sending information and the other receiving it? I believe that intuition is an ability that all humans are capable of experiencing, though some people have honed this ability more than others.

I believe in and use my intuition in the work I do as a music therapist. Intuition is an important aspect to my work and it has served to guide me through moments of uncertainty with clients. These basic beliefs and experiences influence my stance as the researcher and the human instrument of this study.
CHAPTER III

HOW INTUITION IS EXPERIENCED BY MUSIC THERAPISTS

Introduction

"See the quiet sound?" my three-year-old son asked me as we watched what was left of his bubbly bathwater going down the drain. The loud sound of the draining water stopped, leaving only quiet bubbles. These four simple words, see the quiet sound, evoked an auditory and visual sensation that invited me to enter the experience from a new perspective, his perspective. Logically I would not have thought to ask a person if they could see a sound, yet there are certain experiences that defy explanations and seem to lend themselves to a more open and poetic use of language in conveying the depth of what they hold. Even then, at times one can be left feeling unsatisfied with the limits of language. During the process of researching music therapists’ experiences of intuition, I discovered how challenging it is for people to put into words precisely what that experience is. I noticed how frequently poetic language was used in their descriptions, such as when James told me that he “views the world through his ears.” It is difficult to describe something that we cannot touch or see. How does one find language that does justice to this unique experience? Intuition has an indescribable quality of reaching past the senses or perhaps through the senses to inform us in a way that is not logical. Taking liberties with language and using it in a poetic fashion is one
way to explain or convey this experience to others. Consider Bergson's (1946) use of language as he describes the philosopher's attempt at understanding intuition.

What is this intuition? If the philosopher has not been able to give the formula for it, we certainly are not able to do so. But what we shall manage to recapture and to hold is a certain intermediary image between the simplicity of the concrete intuition and the complexity of the abstractions which translate it, a receding and vanishing image, which haunts, unperceived perhaps, the mind of the philosopher, which follows him like his shadow through the ins and outs of his thought and which, if it is not the intuition itself, approaches it much more closely than the conceptual expression, of necessity symbolical, to which the intuition must have recourse in order to furnish "explanation". (p. 109)

Each of the participants in this study had their own unique way of describing their experience of intuition. Using the collective language and voices of these participants, the following poem was created. By lifting moments from the interviews, this collective I illustrates some aspects of the experience of intuition through the eyes of these therapists. Their words help to bring us into their perspectives.

A Poem of Collective Voices

I am an intuitive therapist

When I listen deeply

The intuition flows
The intuition cries
When I trust
I can fly on the wing of intuition.

I am an intuitive therapist
When I listen deeply
The music is effortless
I am like a vehicle
When I trust, I become fluid
Like a river on a river bed,
Winding and floating with the current.

I am an intuitive therapist
I can harness my intuition into something clinically potent.
I listen, I feel, I trust, I question, I trust, I leap, I know
I breathe. . .
Intuition is in my body, my head, my heart, my hands,
My gut, my senses, my ears, the music
Intuition is a voice, I hear, I listen, I trust.
Intuition is creative.
Creativity sparks my intuition
I am an intuitive therapist.
As a music therapist approaches his/her work with clients there are many levels of knowledge that form the foundation for this work. The therapist brings to the clinical setting knowledge and education as a musician, knowledge and experience in working with specific individuals, an understanding of the emotional, physical, cognitive and developmental needs of their clients, a knowledge of oneself and the knowledge gained through clinical and general life experience. Intuition as a nonlogical way of direct knowing is yet another type of knowledge that a therapist may bring to the process occurring during a music therapy session. What the music therapist chooses to do with that knowledge and how aware he or she is of his own intuitive process helps in defining the importance of intuition in the practice of music therapy.

The nonlogical nature of intuition seems to be one of the reasons why it is difficult for people to describe this experience. Frances Vaughan, (1979) a transpersonal psychotherapist, describes intuition as “occurring physically through body sensations, emotionally through feelings and cognitively through images and ideas” (p. 184). The participants in this study each expressed his or her unique awareness of experiencing intuitive knowledge and many of these experiences related to Vaughan’s description above.

One of the questions that emerged during this research study was this one: How do music therapists receive intuitive information? In what form does information come through and how does it lead them to intuitive knowledge? The aim of this chapter is to identify and define some of the ways in which intuition
was experienced or recognized by the participants in this study; the nuances of these experiences will be discussed further in subsequent chapters.

The following categories were established from the descriptions of intuition given by the participants: *physical messages, emotional messages, auditory messages, visual messages, spiritual realm*. These categories illustrate the various ways in which the participants received or interpreted the intuitive information that was represented in the examples they shared. Some therapists experienced all of these levels of intuitive occurrences while others seemed to rely on one or two of the areas as their primary means of receiving intuitive information.

**Physical Messages**

Physical messages refer to the participants’ descriptions of where intuition is experienced in their bodies and to physical sensations that they have come to understand as intuitive information. This category is separated into two sections. The first is focused on the more localized experiences in specific places in the body; the second describes the more generalized physical experiences which were described more as overall sensations.

**Where in the Body?**

"*I know in my gut that it comes from a very true place.*" Sandra

When asked to describe where in the body they feel intuitive information coming to them, the participants spoke of the hands, the heart, the stomach, the
breath, and the ears. Each person was asked to respond with the first thoughts that
came to their mind. As they began to elaborate on their answers they expressed
awareness of other areas of the body. The question is somewhat abstract but there
were similarities in the experiences of the participants. Ellen raises an interesting
thought in her response. "My first thought was my head, then my gut – maybe
different kinds of intuitions come from different places because heart also
occurred to me." Do different kinds of intuition come from different places? Are
there different kinds of intuition?

If there are different kinds of intuition then one might refer to the
particular kind of intuition that Nathan described as a musical intuition. The act of
making music requires physical movement; the body is actively engaged in this
process. Nathan explained how this physical engagement leads to intuition while
improvising with a client.

If I were to place my intuition it would be somewhere in that place where I
am shaping my fingers while I play the piano. There is an exploration in
my hands, a reciprocal process. I am sensing something from the client
and then I am putting something out. I know my brain is telling my fingers
what to do, but I’m not conscious of the thoughts, my fingers are going
before I am conscious of what they are playing.

I might play something because of the way my body is moving or
the way my hands land on the keys, the shape of my hands leads me to the
music. I consider this a form of contact with the client. I am not physically
touching them, but I connect with them through the way my fingers hit the
keys. I am translating cross modally. If someone does a movement, I pick up something about the shape of it or the tone of it, I then respond with the shape of my fingers, or the shape of an interval. If someone’s walk is kind of syncopated, I find myself playing that way. There is a relationship between what happens in the music and the client’s movements. Sometimes it is so subtle it occurs before I am conscious of it.

Each therapist brings to a clinical improvisation a physical comfort level and familiarity with the movements associated with playing their primary instrument. Perhaps this comfort level allows for a more fluid expression of intuitive music. For Nathan the experience of his hands on the keyboard seems to help him to connect with a client. He “feels” or intuits the music through his fingers before he thinks about what he is playing. Berliner (1994) describes this experience from the jazz musician’s perspective:

The body plays an even more active role when, through its motor sensory apparatus, it interprets and responds to sounds as physical impressions, subtly informing or reshaping mental concepts. The dance of agile fingers on the keyboard can infuse melodic patterns with swing. Furthermore, as students learn early, the body can engage itself directly in the composition of new phrases, revealing its own capacity for creative thinking.

“Sometimes, the ideas come from my mind, and I have to find them quickly on my horn,” Harold Ousley says. “But other times, I find that I am playing from finger patterns; the fingers give it to you. As I play, my
fingers are walking through the yellow pages [in the phone book], so to speak. They roam around and they come up with ideas that I like.”

(p. 190).

In Berliner’s explanation he never uses the word intuition to describe the jazz musician’s experience during an improvisation and yet he refers to the body “interpreting and responding to sounds as physical impressions subtly informing or reshaping mental concepts.” The implication here is that the movement precedes the thoughts. There is a nonlogical order of events just as in the experience of intuition. He goes on to state that,

when leading, the body pursues physical courses shaped not only by the musical language of jazz, but by idiomatic patterns of movement associated with the playing techniques of an instrument. These, in turn, reflect the instrument’s particular acoustical properties, physical layout, and performance demands. Ultimately, all of these factors define the body’s world of imagination, inviting it to explore their relationships.

(p. 190)

Again he refers to the body as having its own world of imagination as if not governed by the mind. Following this line of thought, combining experience and competence on an instrument provides the music therapist with a freedom to access music on an intuitive level. Nathan’s description of intuition in this case is limited to the intuition that occurs during the act of making music.

Other participants described experiencing intuition in the body at times that may or may not necessarily occur during the act of making music with a
client. Several participants spoke of experiencing intuition somewhere in the torso region of the body: the heart, the stomach, the breath. The heart and the breath were linked in a way by both Sandra and Cynthia. They used the words “peaceful,” “calm,” and “open” to explain the way they know internally that their intuition is speaking to them. Sandra stated that

If intuition was placed in my body it would be right here (she points to her chest area near the heart). It’s the heart and it has to do with breathing, there is something about the breathing, the sense of breathing, when my body is calm and open. I know in my gut that it comes from a very true place.

Cynthia described what happens in her body when she receives messages of songs. By listening to her physical sensations she confirms her intuition:

The word that comes to my mind is peace, when I feel a sense of peace over something, like when you take a breath and you just feel this peace. It’s not something that I force it’s just something that I can feel. It comes across me that, “it’s okay.” If I don’t have that peace about something, then it may be me thinking this or hearing that song for me for some reason and I try to sort it out. But if I have that sense of peace in my chest and my abdomen, it kind of settles there and feels very peaceful to me, it’s a connection of some kind.

Both Cynthia and Sandra have come to trust in this inner sense of calm and peace as a confirmation of their intuition. They took the time to listen to how their bodies were feeling; their bodies spoke to them in a sense.
James revealed the difficulty in trying to separate intuition into parts or to identify specifically what is happening in a split second. Like Ellen, Sandra and Cynthia, he referred to the heart and stomach but he was also aware of his auditory and visual senses.

Where is intuition, where physically is the intuition? You know I automatically want to say my heart but I think that’s just a hallmark thing, not a very thoughtful response. The next place is my stomach, like this gut feeling, certainly. But I know it involves for me, my ears a lot. I purposely try not to engage the visual. It feels like there is some sort of switch, maybe it does feel like it’s in the heart somewhere, that I feel like I can turn on and off that enables me to really let go. I can be very easily carried away with imagery from the music which is a dangerous thing for someone who uses music. It’s sort of like administering serious drugs and taking them at the same time.

While other music therapists may find internal visual imagery useful and consider the possibility that it may be coming from an intuitive place, James makes a conscious effort to block it out because for him it is more of a distraction. He has become keenly aware of his internal process and was able to sort out that which was most useful to him during the music therapy session. He has come to rely more on his ears than the visual imagery.

Though Nathan spoke about intuition as occurring in his hands and fingers, he too made a reference to his ears.
It is definitely in my listening, in my ears, in my hearing things internally. It may be in the way I hear somebody say something, I may be tapping into my own musical self on an intuitive level. I’m not saying “Oh that sounds like an ascending third,” but I’m responding to the musicality. I perceive and interpret it through my own musicality so that I can respond through musical actions.

Ted described his physical messages in a more holistic way, with a consciousness around the heart area and a general awareness of all of the senses. “I feel intuition in my core, in the center of my body. All of my senses come together at once when I’m feeling intuitive.”

As Sandra thought more about where she experiences intuition in her body, she articulated a different sensation when listening to her inner intuitive voice, she gets a flash of insight.

When I get those flashes of insight I think it’s in a different place in my body, it’s more in my head. The words are often, “I have a gut sense,” but I don’t feel it in my stomach.

Though the task of locating intuition in the body seems somewhat abstract, each participant was able in fact to identify certain areas where he or she experiences intuition. In doing so they revealed the depth of their own awareness of the internal experience of inner knowledge that comes through the body.
Sensations

Another form of physical messages described by the participants is the more generalized concept of experiencing sensations throughout the body. These experiences were not attributed to any one specific area of the body when described by the participants. The sensations seemed to lead toward a feeling or mirror something that emanated from the client. Ellen described her reaction to a client that she sensed was pushing her away.

I have physical, somatic reactions to clients. With this client I felt like he was repelling me on purpose, I really do, like he was sending something out that was really gross.

Cynthia described having physical sensations while playing music for hospitalized patients who are near death or in a coma.

There have been times when I started to play for someone but then I start to feel very agitated. I feel like I want to let go of the guitar, I want to take my hands off the guitar. It's kind of this feeling that my arms want to move, like I want to stop the music. At other times I'll get a prickly sensation it's almost like, I don't feel it but I imagine it. It's as if the idea of that sensation comes into my mind. My sense in these moments is that the patient is feeling agitated, a sensory overload, it's too much. This happens to me a lot when I have cues like any kind of facial change or slight turn of the head, a turning away a bit or slight tensions. But without those cues it happens too, when there is no feedback at all. It's a very interesting phenomenon.
Kenny (1989) refers to the importance of the therapist's sensations as a way of interpreting information received during a music therapy session.

Although there is a distinction between thought or idea and sensation, both are equally important in viewing the world. Sensation is more closely associated with direct experience because of its physicality... sensation may be the critical link in mind and body, because of its location in both.

... It is direct experience. It also translates into mental constructs such as perceptions and thought forms as well as feelings. With this in mind we could consider sensation as an integrative force connecting mind and body. (p. 53)

Sensations are the body's immediate response to a situation and perhaps therein lies the connection to intuition. For some of the participants the sensations, though immediate, carry with them information that they are able to understand and react to without time to think about or process them.

Music therapists working from a psychoanalytical perspective consider somatic information to be a form of countertransference. Bruscia (1998b) states that countertransference “encompasses all facets of the therapist’s psychological makeup—both past and present, conscious and unconscious—that come into play when working with a client, through beliefs, attitudes, thoughts, motivations, feelings, intuitions, behaviors, physical reactions, and so forth” (pp. 51-52). In this statement he considers somatic, emotional, and intuitive experiences all to be aspects of countertransference.
Priestley (1994) explains countertransference in this way: “The therapist relates to the patient in an inner way through intuition and an outer way through the ears and eyes. The inner way is called countertransference” (p. 12). Here Priestley equates the experience of intuition with the experience of countertransference.

Priestley goes on to describe different types of countertransference. "Countertransference, in the first sense, is known among Siberian healers as the 'echo effect,' in that the pain of the patient can be echoed in the healer's own body" (p. 99). This implies that it might be possible for a therapist to begin to understand a client's pain by being aware of sensations experienced in his or her own body, just as Cynthia described her experience with the patients in the hospital. Priestley refers to this type of countertransference as "e-countertransference":

E-countertransference has always given me the image of a plucked string instrument (the patient) whose music resonates on its sympathetic strings (the therapist), and the very word concordant, which literally means 'with string', affirms this image. The therapist may find that either gradually as he works, or with a suddenness that may alarm him, he becomes aware of the sympathetic resonance of some of the patient's feelings through his own emotional and/or somatic awareness. (p. 87)

These words “to become aware of the sympathetic resonance of some of the patient’s feelings with a suddenness that may alarm him,” resemble the descriptions of intuitive experiences in which people have an immediate and
sudden awareness. I believe although there is a relationship between intuition and countertransference they are separate experiences. Perhaps intuition is the immediate information that comes to the therapist in the form of physical sensations, images or sounds while countertransference is the conscious awareness on the part of the therapist that these sensations may be echoing something that the client is feeling. Intuition leads to a more conscious decision making process concerning the meaning of the physical information that the therapist is receiving from the client or feeling in relation to the client.

Robbie Davis-Floyd (1997), a cultural anthropologist, completed a qualitative study of intuition as authoritative knowledge in American homebirth midwives. She speaks about Western culture and its emphasis on knowledge that is externally obtained through scientific research and classroom teaching. She states that “we so often forget, or tend to discount, internally obtained knowledge—the knowing that comes to us from the inside of our bodies, arising as a ‘gut feeling,’ an intuition” (p. 145).

I cite Davis-Floyd’s study here as it influenced me in the process of gathering data for this study. In her study Davis-Floyd asked her participants the open ended question of where intuition is located.

(They) received the following responses: “All through the body”; “It’s cellular”; “It’s in my stomach”; “It’s inner knowledge — you don’t know where it comes from”; “Your heart, your dreams”; “Your connection to the universe”; “My higher self”; “My heart, my chest, my throat”; “I’m very auditory — I hear it as a voice coming from deep inside.” We can
conclude from our interviewees, intuition seems to involve the body, psyche, and spirit, but not the rational mind. (p. 156)

The question that was posed to the participants of this study was this: If you could place intuition somewhere in your body, where would it be? This was a more pointed question than Davis-Floyd asked of her participants but the answers were remarkably similar.

Emotional Messages

There were some instances where the participants described their experience of intuition in the form of feelings that they had about a situation or an awareness of their own feelings. These will be referred to as emotional messages.

Nathan presented an example of his work with a young developmentally delayed boy during a difficult session. As I watched the videotape with Nathan there was a point early on in the session where the child began to scream and tantrum. Nathan was at the piano matching the child’s screams with a rhythmic chord progression and vocal sounds.

While Nathan was improvising with the client, something happened internally that led Nathan to make a change in the music from rhythmic chords to arpeggios. This new music had a lulling quality, a sense of openness and a constant repetition that served as a holding environment for the child. Gradually the child moved to a calmer place. Nathan described his experience in this way:

I was feeling turmoil. I was faced with a situation that I was grappling with and knew that there was some other thing I wanted to do and then
there was a moment. An “Aha!” moment. It was a seamless flow where I
was listening very, very closely and then I would say there was a sense of
relief, flow and relief in that moment.

By listening to his internal turmoil and following his immediate sense of what to
do, which came in the form of his musical improvisation, Nathan was able to
move from tension to what he described as “flow and relief” with his client.

Nathan spoke about an instance with an adult client where he seemed to be
led by his emotions to play a certain type of music. The music itself brought with
it associations for Nathan that he later was able to relate to his client.

During one session with this client, I started playing what I would call
children’s music that’s sad and poignant and it felt right. I wasn’t really
sure why and then I had this connection to another person and playing
music with that person. There was an issue that I felt had to do with that
person and also this client. I didn’t make any of those connections
consciously or know why but there was some intuitive feeling to do it and
then I could explain it. My unconscious processes in getting to that place.
Somehow that felt intuitive.

Once again Nathan illustrated the importance of his own internal process
of listening. He listened to his client and trusted his intuitive sense of what music
to play. The music and its associations for him offered additional insight useful in
this situation with his client. It is important to note that the process of awareness
occurred for him after the fact. He was moving through the music in the moment
and the greater significance of his actions only became apparent upon reflection.
In many ways emotional messages are similar to somatic information in that the therapist's internal sense of a situation provides information that can be a guide in working with clients. Austin's (1999) examples of her purposeful use of what she refers to as countertransference illustrate the use of emotional messages in her work with individual clients. In one case study she described this process as follows:

As I continued to sing with Liz, I noticed that I began to feel sad. I decided to use what I thought was induced countertransference - or, as Priestley (1994) calls it, 'E-countertransference'. I sang: 'I feel sad.' Liz's voice took on more feeling. She sang: 'Where are you?' several times. I then sang: 'Will I ever find you?' . . . Liz's crying intensified as she sang: 'Sometimes I feel like I can't even find myself . . . I get so lost in the feeling of sadness'. (p. 154)

In this example Austin was relying on her own feelings as a source of information to use in guiding her intervention with this client. In another discussion of countertransference in music therapy Austin (1998) says that "countertransference can be used to facilitate understanding of the patient's dynamics. I have found that . . . my feelings and reactions are intimately involved with the therapeutic interaction and can be extremely useful in understanding the client" (p. 331). Similarly Nathan followed his own feelings as a guide in working with his clients yet attributed his initial description of how the feelings came to him to intuition rather than countertransference.
Ted spoke of another kind of feeling that he experienced as intuition. He explained his work with an adult client who was hesitant to participate in the music with him. Though he was consciously trying to engage him in an improvisation there was another level of feeling that was driving him over a long period of time to trust in the unknown.

I felt like it was a chronic intuition with him. It wasn’t an instantaneous one like “Ah, that’s the thing that’s going to work.” I just had this nagging intuition, this image in a way that there was going to be some point. Some very simple musical point that we could start at but I didn’t know what it was going to be. It was like a chronic long term knowing yet it wasn’t anything specific. It was kind of a notion about how we would start. We were never getting to the music and it started to become a chronic block in the process.

I’d lose faith in it a lot of weeks because I’d just think, why am I hanging on to this and there was a gnawing self doubt of there might be something else that I’m not seeing but I couldn’t let go of this notion that it was going to have to be something very simple and I didn’t know what it was.

The repetition in Ted’s description illustrates that “nagging” intuition that he spoke of. He described having a vision of something he could not yet see but trusted that the answer would come and that it would be a simple point of arrival. By listening to this internal nagging over many sessions with this client, Ted
experienced a culminating moment where the client did join him in a significant musical interaction that was centered on a single note.

Each of these therapists described how their internal process of listening to their own emotions and nagging feelings can be an important guide in their work. Neurologist, Antonio Damasio (1999) believes that "The brain knows more than the conscious mind reveals" (p. 42). He talks about the experience of feelings and emotions but differentiates feelings as being private, internal, mental experience and emotions as being observable by others. Emotions are experienced physically in the body and therefore are observable. He also argues that feelings can occur without one being conscious of them. "The occurrence of a feeling in the limited time window of the here and now is conceivable without the organism actually knowing of its occurrence" (p. 43). The intuitive feelings of these participants arrive without logic and for this reason stand out as being different and noteworthy. Once these emotions have been acknowledged the therapist begins the logical process of making choices about how to use this information.

Auditory Messages

Since music therapy is a specific type of therapy with a strong auditory component to it, it was interesting to discover how intuition occurs for the music therapist through auditory sensations. The auditory messages that are described here contain elements of hearing on both an internal and external level. These music therapists explained that they are affected by the sounds that are in the
environment as well as being conscious of internal auditory experiences that carry significant information.

In the Music

"When the client speaks, I hear music." - Ellen

Some of the therapists who participated in this study described receiving intuition through the music or in the form of musical information that was improvised or pre-composed. From the perspective of a musician and therapist, listening is a significant part of the music therapist’s process when working with a client. The listening that James and Nathan described expresses a depth of awareness that leads them toward their intuition. James explained his difficulty separating the auditory from the visual as he takes in information. The visual becomes aural and the aural becomes visual.

I know that intuition for me involves my ears a lot. That’s sort of how I view the world, through my ears. It’s mostly based on what I’m hearing, although the visual certainly comes into play as well. But on this level it’s such an aural thing that the ears are really important. Sometimes when I’m working with people I hear the sound of music in my ears before playing it out loud. I’m watching the rhythm and tempo of people’s movements, how are they shaking their head, their speech, and I’m applying the principals of music to these events. I am also trying to be aware of the sounds in the environment because I know that they are all impinging on everything that we are doing.
James did not just listen to the client’s voice or music. He listened to the client’s movements and to all of the sounds going on around the client that may have been affecting what was occurring during the music therapy session.

Nathan also spoke about listening on many levels and the importance of remaining open to what he might hear in his mind’s ear. He presented an audiotape of an individual session with an adult client where an improvised song came very easily out of the moment and without apparent cognitive processing.

I offer my observations and experience while listening to this example to provide another perspective to Nathan’s description of his process. These descriptions are excerpts from my researcher’s log:

The tape began with a gentle piano chord progression. As a listener I experienced this music as an introduction or invitation to sing. There was a very simple melody rising upward and then a space, a natural breath in the music. The client began to sing, the words seemed to flow out of him with little effort. There was a natural feeling to the connection between the piano and the voice. The therapist echoed melodic rhythm’s and shapes from the client’s song. The piano and voice seemed to weave together with ease. The melody ends rising upward just as in the original invitation to sing. To my ears and my body as I listen to this music, I have a sense of completion, a sense that profound feelings have been expressed in a simple yet complex way that felt aesthetically rich. The music of the therapist had an ease about it that invited the client to sing and almost ride along on these rich chord progressions.
Nathan described his experience to me in this way:

Sometimes the form of an improvisation is almost stated before it happens. We don’t decide consciously, but this is an improvisation that sounds like we decided we were going to make up a song. But it wasn’t, it was improvised. So something about our mutual creating in the moment had to engage an intuitive process on both of our parts.

Just before we began to play, I had an intuition to play a very leading statement. What I played was an introduction to a form, a repeated melodic sequence, chord progressions, leading to, you know, here’s the song. There was some sense that even before we started, there it was in the future.

At other times I get a sense that there’s somewhere we need to go, or there’s some quality in his voice that gives me an idea of where to go, or there’s some quality in his voice that I feel isn’t there that I want to get to. I would just say in general, I feel that in my work with him my intuition has to do with my listening and that playing music without closing off the possibilities of where you go is a way of playing intuitively and using intuition in the session.

Nathan listened between the lines. He listened to the voice of his client but not just to what was there, he listened to what was not there. He listened for possibilities and listened for the music that was present before a sound was made.

Similar to Nathan’s experience, Sandra presented a session that she had with a child where the music came to her in a way that seemed to inform her. She
had a sense of something that was about to happen and expressed her presence to
the child in the form of musical improvisation using her voice and the piano. The
child ended up improvising with Sandra for the entire session. This was
significant for two reasons, it was not typical in their relationship and the child
was able to express through song, important insights about her current life
situation.

I think the music indicates this too, but I felt that something was going to
happen, speaking of intuition. I just sensed, and I feel like the music kind
of shows, you, I really wasn’t conscious of this at the time, but I was
conscious of the fact that I felt like something big was going to happen
and I felt that the music kind of sounds like that or sets the stage or
something like that. When you go see a show and you hear the beginning
music, like the overture of an opera, it’s setting the stage. That’s what
made me say that I really knew something was going to happen because
that’s what kind of music it was.

Sandra seemed to hear something before the music even started in her
session but as she began to lead her client into an improvisation, the music itself
appeared to be giving her information about what was to come. The music and the
creative process that occurs during clinical improvisation seem to bring another
element of information into the realm of the therapy. The music brings with it
information that some therapists are open to receiving. This concept will be
further discussed in chapter VI.
As the interviews for this study took place, the therapists were listening to recordings of their sessions. The experience of listening to improvisations with some distance allowed for additional insights for some of the participants. Ellen described how she found insight through the music while working with a client who had strong control issues. She was aware of her intent to help him to get more connected to his feelings as she guided him into an improvisation, but was surprised by the direction the music took.

So there is this thing of control. Over control, out of control that I think I noticed in the music. He is very, very controlled when he comes to see me. He is extremely rigid; he has charts of what he does. He is also very fearful of losing control. So there are these two sides and that’s some of the work, trying to balance these two sides. I could hear that in the playing. I was saying, “Why did I go with that music?” It got really chaotic, but it felt right to just go with it and see where it went and eventually it calmed down. Listening back to the music I didn’t remember getting that out there, that chaotic.

Though Ellen had some sense of the music as being chaotic, she heard this more profoundly as she listened to the tape of the session. She did recall feeling that even though the music was somewhat chaotic; it “felt right” to stay with it. Listening to the recording of the music helped her to hear the issues of control that her client was struggling with at this point in his therapy.

This is not to say that gaining insight through focused listening and hearing information in the music is solely based on intuition. Clearly these
insights come from experience and education as well, but deep listening seems to be an important factor for those music therapists who are open to their own intuitions within their practice. The intuitive piece of this example seems to be in Ellen’s sense or knowing that she should continue with this music, an approach that could potentially have become out of control. Instead it led the client to a moment of insight and to a different kind of music that reflected a more fragile side of this individual.

Each of the participants who spoke about their experiences of intuition occurring within the music also described the need to listen to and remain open to what is about to occur. Once engaged in the music making process, the music then begins to take on meaning between the client and therapist. As the therapists are playing, they are also listening to the music and to the messages that the music conveys to them in that moment.

**Songs as Messages**

"And so it comes in messages of songs for me." – Cynthia

Many music therapists use pre-composed songs as a part of their practice. Some clients will come to sessions asking for specific songs and some clients find comfort in singing familiar songs. Songs carry with them associations, both for the therapist and for the client. Songs can remind people of specific moments in their lives or bring them back to certain time periods that were either positive or negative. For this reason, a music therapist must be sensitive in making suggestions of songs to sing with a client.
Cynthia is a music therapist who often uses pre-composed songs in her work with hospitalized patients. She has been practicing music therapy in this setting for many years and has frequently found that when she is with a new patient, a song will pop into her head while listening to their stories. She is careful not to introduce these songs to her clients right away but has found when she listens to these inner songs it leads her to a greater understanding of her clients in ways that she cannot always predict. She described this type of intuition as follows:

I’ve been thinking about how intuition comes to me and it dawned on me that it comes very clearly and very strongly through songs. Sometimes a song is going through my mind, and then all of the sudden I hear it and I pay attention to it, and it’s just the right song at the right moment. It usually says a lot to me about what is happening around me, with whoever I am with, it’s very powerful.

It plays a huge role for me here in the hospital, a song suddenly starts going through my mind and I look at it really carefully just for a moment and listen to it and listen to the words. I find it’s really appropriate for the situation and it’s really speaking clearly to me of maybe something a patient might need to hear or be an underlying theme of what they are talking about.

I was with this man yesterday, this was my first time with him and he’s very sick. He knows that he doesn’t have a long time to live. For twenty minutes he told me a lot of details about his life, he spoke about his
history of being abused as a child, going through a divorce and dealing with drug addiction. The song, "Take Me Home Country Roads" started going through my mind and at first I couldn't really understand the connection but I decided to go with it. I started to play it and he started to sing along. At first he told me that he didn't think he would be able to sing because he was very weak and didn't have a lot of breathing ability and strength, but he began to sing along.

 Afterwards, he started talking to me about how that song really meant a lot to him in his life. He said it was because he always thought about his life on the road and that going home was kind of a theme for him. He was always wanting to go home but couldn't because of his situation and still that is the case, now for different reasons. He had that "feeling that he should have been home yesterday." It was really interesting to me how that song just came into my mind, without any pre-thought.

 That happens to me quite a bit with patients, you know that I will think of a song. I am always very careful not to initiate songs because I really want the songs to be from them. But sometimes I take that leap and just say, "Well would you like to hear this song today?" When I trust it, go with it, often it ties in, in a way that I wasn't really aware that it could tie in. Or sometimes it's much clearer, like a song will come into my mind and I will say, "Wow that song really duplicates what this patient is saying almost perfectly."
Not only did Cynthia listen to the song messages that were running through her mind as she was listening to her client, but she also remained open to the possibility that the song may have some significance to her client. A therapist who hears songs in her mind during a session has the challenge of sorting out her own associations to the songs from the possible meaning it may carry for the client. Some therapists might ignore these messages altogether, or try to push them out of their mind so that they can refocus on their clients. The more experience that Cynthia had with offering songs that came to her without the clients asking for those songs, the more she has come to rely on and trust these song messages that she receives.

Hesser (1999) describes a similar experience:

Sometimes in a session my intuition about someone comes to me as music – I actually hear music I haven’t heard before, a song might start running through my mind, or a composition that I know comes to mind to use e.g. Beethoven’s fifth symphony first movement. I am feeling a situation and the material comes to me as music. In sessions the music often comes into my consciousness this way before I play it. This is a distinctively different quality of experience to other times. (p. 2)

It is important for the music therapist to be aware of this particular form of receiving intuitive information through music. It is distinct in that the music carries many levels of information (the elements of music, the lyrics, any associations to the music) that the therapist must consider and make decisions about how to use in relation to the client.
The Voice of Intuition

"I listen and a voice will say to me..." - Cynthia

On another auditory level some of the participants in this study described hearing the "voice of intuition" inside their heads, a voice that offers information or guidance. Some of the therapists have become so familiar and comfortable with this phenomenon that they take time out to listen for their inner intuitive voice when uncertain about a direction to take with a client. Sandra described her intuitive voice in this way:

Sometimes I'll be sitting in a team meeting and I say "Oh my God," such and such is going on, from no information that's being directly spoken but I'm usually way ahead in my thinking. It's like a statement I will hear, like "This kid is being sexually abused," or "This person has a history of abuse." There is a voice that I hear but it's unidentifiable, it has sound but I couldn't tell you whose voice it is.

Sandra has come to trust this voice as it has frequently given her information that is confirmed at a later date. Cynthia relies on her internal voice and finds herself at times making room for that voice and listening for direction during her busy day at work.

Sometimes if I'm not sure what to say to someone or I'm not sure of whether to do something or not during the day, I will listen. When I need to decide which patient to visit, I will listen and a voice will say to me, "Go here." I will really listen, I'll stop and listen and wait for that voice to tell me what to do. And I know that has to be my intuition. It has to be and
I'm really learning to trust it more lately. I've also noticed if I follow what I want instead of listening to what the voice is telling me to do, there have been a couple of times when I've missed being with a patient right before they have died.

For both Sandra and Cynthia their intuitive voice seemed to carry information that had a quality of prediction to it. Over time these music therapists have learned to trust and follow their intuitive voice as experience has shown them that this voice, when heeded, conveys important and useful information.

**Visual Messages**

Visual messages refer to both the participant’s awareness of internal imagery and how they use this imagery. The imagery may appear as an insight or a guide and can occur during a musical improvisation or as a response to external visual information. In this example, the image is a response to what Ellen was seeing in front of her.

I get these feelings, it’s like something all of the sudden, I see something in a different way; it just appears in a new way and clicks with everything that’s in there, all the information I already know.

I have a client who plays the guitar. I like it when he plays the guitar but it hit me one day when I was looking at him, that it looked like a shield. I said, “I wonder if you are using your guitar as a shield? You know because you don’t play the other instruments.” And he asked, “What do you mean?” and I said, “Well it’s like a buffer between you and I.” He
laughed and said, “You got a good point there, I guess I do feel safer with this.” I said, “That’s fine, I just wanted to check it out.”

Ellen’s immediate vision of the guitar as a shield provided a useful metaphor for her to consider her client’s actions in a new way. She had been looking at this same person with the guitar week after week but in one moment everything came together in the form of this image.

Schön (1983) writes about a process he calls "seeing-as" where a person who is seeking a solution to a problem can call on knowledge that is already familiar and use the principles of one idea to generate solutions that may assist in the understanding and changing of another situation. He goes on to say that (when) two things seen as similar are initially very different from one another, falling into what are usually considered different domains of experience, then seeing-as takes a form that I call "generative metaphor." In this form, seeing-as may play a critical role in invention and design. (pp. 183-184)

Ellen used the metaphor that came to her as a way of bringing her client to a new awareness about himself and about the therapeutic relationship.

Other participants spoke about the internal imagery they experienced during improvisations. As James described earlier, his tendency to receive a lot of imagery while he is involved in music making or listening is something that actually seems to hinder his process with his clients, therefore he chooses to consciously avoid paying too much attention to his own imagery.
The imagery that I became aware of when I was an intern in a hospital would happen during the music and I had to work hard to not let it get in my way because I would be swept away by the music. I found that to be a big problem actually. I mean in terms of the intuition also there's a fine line of being part of the process and being engaged by the process but being engaged so far that you are no longer relevant, that you are lost in it. I found that really a difficult challenge especially at first, I'm much better at it now.

In contrast, Cynthia found that, after considering its possible relevance for the client, she often uses the imagery that comes to her while she is working with a client. She considers her images to be guides and noticed that this type of intuitive information comes to her frequently, particularly when working with clients who are approaching death.

Another way that intuition comes to me is through images. That's very strong for me. All of the sudden I will get an image of a bird or a cloud or sunshine, some image will just appear to me in my mind and this happens to me very often. Imagery is very strong for me it really guides me in a sense. The spontaneous imagery that occurs within me is an intuitive response, which happens a lot when I'm working with people who are approaching death.

There was one woman that I was working with who was dying. She was a nurse and she had a lot of pain. She wanted me to visit her often because she found such peace in the music from the pain. One day when I
was visiting her she had this beautiful smile on her face, it was just when I was playing music and I had this image of her lifting, and rising, and flying, like a bird. I just really saw that so clearly. I shared that with her afterward and she said, "That's very interesting because, I was imagining flying during that piece." She asked to play the music again. She had a lot of shoulder pain so this was a very brave thing for her, but she just started to move her arms very gently like this (makes arm gestures like a bird flying slowly) while I played the improvisation again. But that was something I shared. I will share my imagery if it is appropriate or seems like it's the right time.

Just as she is careful about sharing songs that come to her during a session, Cynthia trusts her sense of when it is appropriate to share an image with a client. She described a conscious recognition of the significance of the images that come to her and the need to make a choice about how and when to use these images.

**Spiritual Realm**

The spiritual realm refers to the participants’ references to intuition as being greater than the self. There is a relationship here to Spinoza’s ideas that intuition is a knowledge that rises above empirical and scientific knowledge. Where the universe is understood as interconnected and in this sense is what he referred to as knowledge of God. There were elements of the spiritual realm revealed in the descriptions offered by the participants particularly when they
were explaining their experience of intuition during the process of creating improvised music with and for the client.

Vaughan, (1998) states that “spiritual intuition as a holistic perception of reality transcends rational dualistic ways of knowing and gives the individual a direct transpersonal experience of the underlying oneness of life” (p. 192). With these thoughts in mind consider the following phrases spoken by the participants during their interviews.

Nathan: And what informs my intuition, I think are different ways of perceiving, psychologically, what the client is going through. Philosophical or spiritual, there is a sense of tapping into something that can be transforming or healing.

Sandra: What is intuition? How would I define it? What does it really mean? Just thinking about it, it’s the thing that connects all beings.

James: It feels like intuition is based on prior experience and possibly prior experience that we are not aware of. You know what it is that makes us who we are, the memories that we are born with. It feels like it is other than me at times.

It seems as though these participants are alluding to that “oneness of life” and the transpersonal experience that Vaughan describes.

Making a connection between intuition and spirituality is not a new concept. Palmer (1998) talks about what she refers to as the three centers through which intuitive knowledge is gained: the head, the heart and the abdomen or
"mental, body-based and emotional centers" (p. 174). She goes on to discuss the relationship of these centers to various spiritual practices.

from the perspective of the centers, every spiritual system does encourage stability of mental concentration, a sustained flow of refined, quiet energy from the belly center, and receptivity of heart. Whether the focus is mantra, visualization, prayer, breath observation, repetition, or any other spiritual object of attention, every practice clears an opening for spiritual energies to manifest through all three inner organs of perception. (p. 174)

Clearing an opening for spirit clears the way for intuition to move freely. Just as Palmer describes the relationship of intuitive knowledge to spirituality, Kornfield (1998) explains the connection of these same three centers through which intuitive knowledge is gained, the mind, the body and heart within a spiritual context.

The essence of this connecting is the bringing back of our attention again and again to the practice we have chosen. Prayer, meditation, repeating sacred phrases, or visualization gives us systematic ways to focus and steady our concentration. All the traditional realms and states of consciousness described in mystical and spiritual literature worldwide are arrived at through the art of concentration. These arts of concentration, of returning to the task at hand, also bring the clarity, strength of mind, peacefulness, and profound connectedness that we seek. This steadiness and connection in turn gives rise to even deeper levels of understanding and insight. (p. 204)
The greater the connection with self, the more one is able to connect to all that surrounds one. Sandra provides an example of this profound connectedness in her statement that intuition is the "thing that connects all beings" and in her experience of a profound connection to her client during an improvisation where the music seemed to move through her with great ease and clarity.

In a discussion of consciousness and "modes of knowing," Wilber (1977) distinguishes intuitive knowledge from inferential knowledge and he too traces the significance of intuitive knowledge through a number of spiritual practices.

"Taoism recognizes these two general forms of knowing as conventional knowledge and natural knowledge, that is, knowledge of the universe as it is conventionally named and defined as opposed to a knowledge of the way (tao) the universe is in its actuality" (p. 43). He goes on to describe two modes of knowing in Hinduism which are referred to as a higher and lower modes of knowing.

The higher mode, called paravidya, "is reached not through a progressive movement through the lower orders of knowledge, as if it were the final term of a series, but all at once, as it were, intuitively, immediately." This corresponds to our second or non-dual mode of knowing, for it is a "unique, self-certifying intuitive vision of non-duality". (p. 44)

Intuitive knowledge is identified and named in each system of belief and there are specific ways to achieve access to one’s intuition. Vaughan (1998) offers another example of intuition in spiritual practice. "In Yoga spiritual intuition is called soul guidance, and is said to emerge spontaneously when the mind is quiet" (p. 193). She goes on to state that "the practice of meditation prepares the mind for
experience of spiritual intuition, by clearing away the obstacles which ordinarily interfere with its becoming conscious (p. 193). All of the participants in this study spoke about the ways in which they clear away obstacles and open themselves up to experience the client, the music, and from this open place, to experience their intuition. These ideas will be discussed further in chapters IV and VI.

This same kind of clearing and opening of self is required of shamans as they prepare to receive a vision. Comparisons have been made between shamans and music therapists (e.g., Aigen, 1991; Austin, 2003; Kenny, 1982) as both are concerned with health and healing and as Kenny specifically identifies both music therapist and shaman rely on their own judgment and intuition about when and where to apply their skills. An individual seeking to become a shaman needs to create a clear space both internally and externally in preparation to receive a vision. As the shaman prepares to receive a vision he prepares to open to an intuitive form of knowing.

To seek a vision one should strip and wear only a robe, a breechclout, and moccasins. Clothed thus, he should remove every living or growing thing from a space on the ground sufficiently large for him to sit or lie upon. Then he should go to this space and remain on it until he has a vision, or until he is convinced that he will have none. When he enters the cleared space, he should invoke the Four Winds in order that they may not bring inclement weather upon him. Then he should await a vision, meditating continuously upon his quest. He may invoke the gods, verbally or mentally, either in song or prayer. (Corlett, 1935, p. 67)
The shaman clears his external physical environment to create space before turning his attention inward to receive a vision. Similarly, the music therapists in this study spoke of letting down one’s guard, moving away obstacles, letting go of rules and tasks, rituals for opening and bringing oneself to the music with a clear mind, this is when the intuition is most present and easiest to access.

Summary

This chapter begins to describe the music therapists’ experiences of intuition as expressed through the voices of the participants of this study. It is difficult to take something that is experienced as whole and try to dissect and describe this phenomenon. The divisions and categories can serve a purpose though by illuminating various aspects of the experience of intuition. The stories above have illustrated the variety of ways in which intuition is received and interpreted by music therapists during a session. The participants in this study listened to an internal physical sensation, a feeling, an inner voice, an inner song, or an image and then decided what to do with that information either during a session or during the course of the relationship with the client.
CHAPTER IV

CONDITIONS THAT SURROUND THE EXPERIENCE OF INTUITION

Introduction

The image of a kaleidoscope came to my mind as I was considering all of the information that was shared by the participants in this study. This image serves as a useful metaphor for the way in which I am presenting the data. The kaleidoscope is an instrument that one looks into and is constructed in such a way that an endless variety of patterns can be created by changing the position of that which is being viewed. At the base of the kaleidoscope are tiny pieces of glass that reflect in mirrors. The pieces of glass themselves do not change but by moving the kaleidoscope the viewer can create many different views and perspectives of these same few pieces of glass. In a sense I have found that the information shared by the participants during their interviews has become the pieces of glass in this research kaleidoscope. I invite the reader to consider this new view into the data by looking at it from a slightly different perspective.

This chapter is focused on conditions that surround intuition. Each of the participants spoke about what it is that they believe helps them to be more intuitive and how they feel they have come to develop their intuition in their practice of music therapy. Expressed in the interviews, there were a number of common factors that allow these participants to experience their intuition most
clearly. These factors are: trust, deep listening, self-awareness, previous experience and education, and relationship to the client. Combinations of these factors form the basis of the environment for the experience of intuition. This chapter will focus on these conditions surrounding intuition and the ways in which the conditions affect the intuitive experience for the participants. Cross-case theme statements appear in italics after each heading. These theme statements are intended to encapsulate the experiences shared by the participants as it pertains to that heading, while the narrative examples illustrate the individual perspectives.

**Trust: The Leap of Faith**

*Moments of intuition and actions that come out of intuitive knowledge are preceded by a leap of faith into the unknown. I must take a risk and trust this non-logical knowledge when I follow my intuition.*

JUMPING IN (a poem created from the words of the participants)

I Trust in Myself

I have learned to Trust

My Intuition

Trust is a Risk

I take a Leap of Faith

I Trust in the Music

I Dive in to the Unknown

I Trust in the Bare Essentials

77
I Trust in a Truth.

All of the participants in this study made reference to the idea of trusting in the unknown and taking a leap of faith when they felt they are using their intuition within a music therapy session. Trust in this sense is considered here as a condition surrounding the music therapist’s use of intuition. Having an intuition and taking an action based on an intuition are two different phenomena. One focus of this study is to understand more about the actions that are taken as a result of intuition. If intuition is knowledge that comes to a person in a non-logical fashion then the individual who uses that intuition in action must trust in the knowledge without understanding how it came to him.

Ted and Nathan spoke about their intuitive experiences during improvisations with clients. Ted described his need to take a “leap of faith” a “risk” when entering into a place where he could allow his intuition to guide him. He differentiated that point at which intuition comes to him and his decision to act on it.

I think I could say across the board, and I don’t think this is a generalization as much as a universal truth for me, is that any improvisation that stands as a significant improvisation, in any process with a child, an adult, whatever, there’s always been a risk that had to be taken and I feel like intuition and risk go together. Risk has to be taken for something to come into action. There has to be a leap of faith always. Because I can have this kind of “Oh, I know” but the jumping in, I’ve got to jump off the diving board too, even if I don’t have a clue where to go.
Otherwise it’s just fleeting, it will come and go. I’m thankful that I have those moments. I’m really grateful that I take those risks when I do.

Nathan described how he places his faith in the music. “Maybe that’s a part of intuition also, is having faith that in the moment of not knowing that the music is going to bring you someplace that you need to go.” His statement identified that sense of not knowing but trusting in something. His faith in the music seems to have become a part of his intuition in practice.

Cynthia spoke about trusting in the moment, “taking that leap” but also about a trust in her intuition that has built over time. Here again she described her experience when receiving messages of song while working with her clients.

It happens to me quite a bit with patients, you know that I will think of a song. I am always very careful not to initiate songs because I really want the songs to be from the clients. But sometimes I take that leap and just say, “Well would you like to hear this song today?” Usually it seems very interesting, when that happens I kind of trust it, go with it and it seems like it ties in, in a way that I wasn’t really aware that it could tie in. It has taken me a while to really learn how to trust my intuition but I think it is something that I am doing more and more in my work and in my life.

Perhaps for Cynthia taking the leap to act on her intuition is a risk just as Ted described. She has come to rely on her intuition more as she has taken risks over time and has learned that the songs that come to her intuitively seem to contain important information in relation to the clients.
Sandra too spoke about how she has come to trust her intuition more implicitly after years of experience in listening to it and following through with it in her own life.

I think the reason that maybe I could be considered, highly intuitive or why I trust it is that I’ve learned from using it for my own life. I can’t give you a definitive description, but I know in my gut that it comes from a very true place that it’s just like getting truth or being open to let the truth emerge. So I feel like because I’ve trusted it for my own life I then will trust it in my work.

There is a trust in the immediate moment of intuitive knowing and a more general sense of trusting in one’s own intuition over time that has been described by the participants thus far.

For James the discussion of trust in relation to his intuition is grounded in his education and experience. He viewed his trust of intuition as a skill that he has learned over time.

I believe that my training as a music therapist prepared me for the possibility of having a more intuitive approach. So the training comes in, in giving you the skills to trust that you can act on your intuition and that you are seeing and hearing something that is important that you can really enter into and get involved in, in a positive way. I don’t think it is something that everybody can do. It’s having the trust in your ability to respond in a meaningful way so that you are really able to enter into
someone else’s world, interact with them and still maintain your own integrity.

James described how important his education was in helping him to trust in his ability to respond to his clients, to enter their worlds while maintaining his own integrity. He discussed the importance of simplicity in the music when bringing his own musical sensibility to his clients. He is aware that his musical needs may differ from the client and, for him, trusting in the “bare essentials” is an important part of his intuition.

I struggle sometimes with the need for more musical diversity and wanting to be impressive versus just getting it down to its bare essentials and really presenting what’s necessary. It’s almost like having a meal, preparing a meal for somebody when they are sick and all they need is boiled carrots and chicken soup or something, but you make a soufflé and an apple pie just because you like to cook and you know that you get strokes for it. So part of the trusting of the intuition is to just get everything down to the bare essentials and work up from there rather than start at a really high place.

James implied that complex music can get in the way of his connection to the clients. Though he may have craved a certain kind of music he identified that trusting intuition for him means starting in a simple place and building from there.

Each of the participants made references to the concept of trust as they described their experience of intuition. The trust came in different forms and with slightly different points of focus but for each individual there was a universal
quality to the expression of the importance of trust. Trust moves the intuition forward into an action.

**Deep Listening to Self and Client**

*When I feel most intuitive, I am listening deeply to my own internal process and to external information from the client and the environment.*

Chapter III included a discussion about the participants receiving intuitive knowledge through auditory messages. Listening is an aspect of this experience that warrants further discussion. To better understand the music therapist’s experience of intuition, one must recognize that there are two people involved in the moment with a specific relationship to each other, the client and therapist. Some of the participants spoke about their inner process of listening to themselves as well as to the clients. For Nathan and James this listening is an integral part of their intuitive experiences.

Nathan identified that there are many levels of information that he experiences during a session with a client.

I would say that what is part of my intuitive process is, I can’t take it all in on the same level there is so much going on: The quality of his voice, the pitches of his tones, what’s going on before that, what the content of his words mean, how he’s singing the content of the words. You know all the different levels of input that I’m getting I think intuitively, when it works, I think I’m making the gestalt, I’m zeroing in on what is, what I’m resonating with the most that then gives us direction.
Taking in all of this information at once requires an acute awareness of himself and his client. He is listening deeply to his client and to where the music is leading him. He continued:

I would say in general, that my intuition has to do with my listening and that playing music without closing off the possibilities of where you go is a way of playing intuitively and using intuition in the session.

Nathan connected his listening and openness in the music to his experience of intuition. James described a similar sensibility in the way he listens to his clients and to his own intuitive process.

I’m watching the rhythm and tempo of people’s movements, how they are shaking their head, their speech and applying principles of music to extra-musical events. I’m also trying to be aware of sounds in the environment because I know that they are impinging on everything that we are doing.

There’s something about sensitivity to the environment, about being able to, in plain terms, be a good listener and to have deep empathy at the same time and still maintain your own integrity.

There is keenness to the levels of listening that have been described by Nathan and James. The depth of their listening informed their music and guided their intuition. McMaster (1995) describes listening as a “sacred act”. She says, “It is a sense of not ever knowing, completely, what is here, now, either within or around us a willingness to be profoundly surprised . . . an alert curiosity and ready acknowledgement towards all that we perceive” (p. 73). In many ways, intuition
can be profoundly surprising, that moment when one does not expect to know the answer or solution or next step but arrives there anyway.

In reference to listening, Cynthia described how she listens to her thoughts prior to a session with a client as well as to her inner process during a session. In chapter III she spoke about listening to the voice of intuition when she needed to make decisions about which patients to visit in the hospital. She described the process of inward listening which allows her access to her intuition. “If I’m not sure what to say, I’ll really listen, I’ll stop and listen and wait for that voice to tell me what to do. And I know that has to be my intuition.” She makes a conscious effort to quiet herself, stop and listen inwardly before taking an action.

Nathan, James and Cynthia provided examples of the importance of listening to one’s own experience of intuition, to listening outwardly to the client and the environment, as well as listening inwardly to oneself. The therapist’s task is to know how and when to listen to external and internal information. Amir (1995) describes her sense of the music therapist’s external and internal listening.

External listening occurs when the listener opens the door to his heart and allows the tones and rhythms to vibrate into his inner, private world. . . . In order to allow this listening to take place one needs to be open to receive the music without any judgment or preconceived ideas. This means being fully in the present moment, receiving the music on a moment-to-moment basis. . . . Internal listening is tuning into one’s own inner sounds and rhythms. It is the listening to inner messages that come from within the self, . . . In order to do this kind of listening one has to be still, to let the
mind rest and stay passive in order to activate deeper states of being. In this way one gains an intuitive knowledge about one’s own being. This kind of knowledge comes only when the person is open to hear it. (p. 54)

Based on the experiences shared by these participants I would add to Amir’s statement that not only does one gain an intuitive knowledge about one’s self through inner listening, but one can gain intuitive knowledge about the client as well.

Self-awareness

The more self-aware I become the easier it is to access and trust in my intuition.

Self-awareness can be considered an extension of the idea of focused inward listening as described above. The participants revealed in their interviews a certain depth of self-awareness as they described their experience of intuition. Included in these discussions were ideas about the importance of maintaining an inner clarity, taking care not to cloud one’s thinking with tasks and rules.

Ted, Nathan, Sandra and James spoke about self-awareness in relation to the process of improvising with a client. While describing a session with the adult client who was resistant to playing music with him, Ted explained his inner thought process.

And for me too was “How am I going to play with him?” There had been all this talk about playing so when we actually sat down to play I knew that I couldn’t think too much about it. I knew it had to be different. In any
kind of creative process there has to be a different kind of thinking that
doesn’t bog me down, because I can get bogged down if I start thinking
about interventions and tasks and rules. I have to really let go of absolutely
everything for me to start and in some ways we were having this parallel
process after a while because we both got locked into this talking about it
and trying to figure it out kind of mode.

Ted was aware of his own tendencies to get “bogged down” by too much
thinking. He described his need to let go of everything in order to enter into the
creative process of making music. This clarity allows him to access his intuition.
In the previous discussion on the theme of trust, Ted spoke about taking risks. He
is aware that there are times when he is more willing to take risks and this affects
his intuition.

When I’m not feeling so good about myself I kind of don’t take enough
risks. I feel like there are always opportunities, when I’m ready, when the
client is ready, when everything’s lined up, the intuition part can actually
be enacted in some way.

Ted’s description here and above illustrate some of the conditions that are
necessary for him to connect to his intuition.

Nathan spoke in general about his inner process as he enters into an
improvisation with a client.

I think there is something about having both clarity and ambiguity, you
know those paradoxical things, form but not predictable. I think all of
those things help to create, help to harness the intuition into something
clinically potent. You have to put yourself in that state of receiving and not ordering or planning or directing and yet you do something, we’re doing something, we’re creating something, we’re forming something. Nathan spoke about putting himself in a state of receiving and of not ordering. Here again this idea of clarity and/or openness is connected to intuition during the creative process of improvising music with a client.

Sandra related how she felt during the significant improvisation with the client she chose to present to me. “I think maybe there was a combination of calm and space. It didn’t feel cluttered with my stuff or her stuff but there was calmness and also some kind of anticipation feeling.” Sandra was aware of not being distracted or “cluttered” with her own thoughts and feelings. In her previous discussion about trust, Sandra spoke about “being open to let the truth emerge.” Her ideas and words open, uncluttered, calm and space, reflect a similar kind of clarity as described by Ted and Nathan. For these participants, openness seems to allow the intuition to emerge more freely.

James described his sense of knowing when intuition is working well for him during musical improvisations. His poetic description here reflects the same attention to clarity, openness and receptivity that were mentioned by the other participants.

I think part of the strength in intuition is allowing yourself to become really fluid so that you just go with whatever; it’s like a river on a riverbed where it’s just winding around. And the best times are when you can just
be paddling along with the current and just floating rather than fighting against it. Too much processing gets in the way of intuition.

All of these participants expressed their awareness of the moments when they are feeling most intuitive, most able to connect to their intuition as well as awareness of when one's intuition is being blocked. Hesser's (1999) thoughts about intuition in a music therapy context illustrate these same concepts as she speaks about centering and being in a receptive state.

As I have become more still, more centered, and learned to stay more and more in my "Being" without "Doing" - I have learned that my intuition increases tremendously. When I become busy and filled with rational thinking, I do not have as much access to my intuition. It seems that intuition increases when there is a quiet space for it to manifest. When I give a music therapy session I prepare myself ahead of time to be in a receptive state to receive this kind of information. I feel it can enhance and expand my therapy work. (p. 1)

Hesser also describes the way in which she prepares ahead of time for a session and for the most optimal use of her intuition, a practice she developed over time.

In this discussion about self-awareness it is important to note that all of the participants in this study have been practicing music therapy for many years. The cumulative experience has given them more time to reflect on what works best, to understand their own intuition and to create the internal clarity and trust that they need in order to really connect to and utilize their intuition.

Sandra described her experience with intuition over time:
If I were to rate myself as having good or correct intuition on a continuum, I would say that I’m pretty high up. And I think in some ways that might work against me because sometimes I don’t feel the need to analyze at a certain depth because I know it. Maybe I can’t tell you how I know it but I do know it, both verbally and musically. The other thing I would say is that the more work I’ve done on my personal growth and the more work I’ve done professionally, the more I absolutely use and trust my intuition.

For Sandra, inner personal work and professional experience have built a foundation upon which her intuition has grown. In both of these areas she has increased her self-awareness and has become more inclined to trust her intuition implicitly.

There are times when there can be obstacles to intuition as Ted and James described. Above Ted expressed his awareness of the fact that he does not take the risks involved in intuition when he is not feeling good about himself. James is aware of his own needs as a musician and how that can interfere with his intuitive connection to a client. He gave an example:

There was one case with a woman, a very intelligent person, very warm and very loving and I was intimidated by her. She asked for a lot of music that I didn’t know and I felt inadequate and suddenly my needs are rising and I felt like I was disappearing and my ability to be with her got more and more diminished because I allowed myself to enter into that place where my ego needed to be fed and it wasn’t being fed, and I’m too hungry, so I can’t afford to be with you. So my intuition, it felt like it was
not very strong, I couldn’t afford to be very creative or to be with her in a real way. So there is an example of the opposite happening, it feels like as soon as the personal comes up, the intuition just goes south.

It is significant to point out James’s awareness that he had lost his footing in relation to this client and that he was not able to be intuitive with her. In understanding the experience of intuition it is as important to recognize what allows a person to have that experience, as it is to consider what hinders the experience.

Cynthia referred to the times when she felt less able to access her intuition, "If I haven’t taken care of myself, whether it’s food or rest or if I’m not happy about something, then it’s not quite as clear for me and that is definitely something I’ve noticed." She brought her awareness to some very basic issues of self-care and realized how her physical and emotional states affect her ability to be intuitive.

Self-Questioning and Self-Dialogue

As a therapist I find myself looking back at intuitive actions with many questions. The logical mind wants to understand this nonlogical experience or place it in a logical context within the therapeutic relationship.

Self-questioning and dialogues are an aspect of self-awareness that was revealed by the participants when they were looking back at their experiences. While describing moments of intuition that occurred with their clients, all of the participants included a series of questions that ran through their minds either as
they were reflecting on the session or that they remember asking themselves at the
time of the session. These questions and inner dialogues demonstrate the
participants’ conscious need to understand and remain aware of all that occurs
within the sessions with their clients.

There is a paradox between the idea of self-questioning and trust. In order
to act on an intuition one must trust in it and yet there is this element of
questioning that can occur before or after the therapist has acted on intuitive
knowledge. Is trust the answer to the self-questioning? Ellen described her work
with the client who was experiencing issues of being over-controlled and out of
control in different areas of his life. After leading the client into an improvisation
she questioned why she took the direction that she did in the music.

So there are these two sides and some of the work is with the balance of
these two sides. I could hear that in the playing. I was saying, “Why did I
go with that? It got really chaotic, but it felt right to just go with it and see
where it went and eventually it calmed down.

For Ellen the self-questioning occurred after the session while listening to the
tape. During the improvisation she followed her intuition, that sense that “it felt
right” to proceed the way that she was. She trusted this and yet when she listened
to the session with some distance she questioned her musical interventions.

For Ted the questions came before the music. His intuition was a long
term nagging feeling that was described in chapter III. He had this sense of how
he might help his resistant client to become engaged in a musical improvisation
with him, but was not entirely clear about what that moment of contact might look like. He explained:

I was confused, but the intuition part for me was that I’d think, “that’s what it’s going to be,” but I don’t know what it’s going to be. I’d lose faith in it, and spent a lot of weeks thinking, “Why am I hanging on to this?” And going to the piano with him, it could either push him away or draw him in or I don’t know what. And for me too was, “How am I going to play with him?”

Ted found his way through the questions to the moment when the action of his verbal and musical interventions finally did engage his client in an improvisation. His question, “Why am I hanging on to this?” is an important one because it reveals his logical mind trying to make sense of something that was driven by his intuition.

Both Nathan and Sandra present excerpts from sessions with clients in which the music was experienced as almost effortless. The connection to the client in the music moved with ease and even with this experience, they still had questions. Nathan recounted:

This session was like a flow, although there were subtle changes like, Why did I go into arpeggio and change the pattern? Why did I take it out of time? How did we know when to end? Those things, I think, you know they are formed by the music but there is also a certain intuitive factor in doing it together.
Once again the act of listening to the music in a more removed way brought up questions for Nathan. In the moment of the improvisation he did not describe himself as asking questions, it came later, when his logical mind was trying to explain what moved the music in the direction that it took. Sandra’s questions followed a similar pattern as she wondered why she chose the music and the instruments that she played with her client.

I really knew something was going to happen because of the kind of music it was. I mean, she was playing the triangle, I could have played diatonic, I could have played melody, I could have just played the drum. Again, her questioning came in hindsight and not at the moment of the music making. What she did play was the piano and her choice in the moment felt like the “right thing to do” just as Ellen had described.

James revealed his self-reflection in a way that occurred both in the moment of the improvisation and afterwards. His questions reflect alertness to the many layers of information that he is considering while he is with his clients. Here he speaks about a session where he provided musical support for an oppositional interaction taking place between a hospice patient and his aide.

They are having this dialogue. I was playing the guitar at the time and without conscious thought I began playing chords to their interaction, giving it some sort of musical underpinning and perspective and meaning. The feeling was that I had no idea what I was doing and I was just flying along with them. And I think what was necessary in that moment was to have this deep sense of trust in the process that I am part of it.
So you choose this particular thing to play, why these notes? Why this harmony? Why this dissonance right now? And then I would ask myself, “What am I doing? Am I supporting them? Am I supporting him? What was going on?” And from the tape it just sounds like trying to insert something that would help them to come to some sort of resolution.

James talked about his need for trusting in the moment and the process while at the same time questioning himself and his sense of what he was doing. He was able to continue to play through his internal questioning yet remained present for his client. The trust in his intuitive sense of what to play moved him forward.

Whether the questions came before, during or after the actions taken from intuitive knowledge, each of the participants included these moments of questioning within their explanations of the intuitive experience. The choices made by these music therapists were not made without careful consideration of the clients and the therapeutic relationship. The participants are aware of their intuition and they are willing to use it, but they also experience interplay between the logical mind and the nonlogical intuition. It is in this interplay that the questions and self-dialogue appear.

Schön (1983) speaks about the “reflective practitioner” in a variety of professional fields. The process of “reflection-in-action . . . consists in on-the-spot surfacing, criticizing, restructuring, and testing of intuitive understandings of experienced phenomena; often it takes the form of a reflective conversation with the situation” (pp. 241-242). All of the participants in this study revealed moments of reflective conversations with themselves and with the situation.
Ironically, while considering how this repeated theme of self-questioning fit into the rest of the data, I found myself involved in a process of self-questioning. What happens when a person receives intuitive knowledge? Does the logical mind try to figure out where the information came from or why a certain choice was made over another? I believe there is an important connection between the music therapists’ acting on intuition and being self-reflective. It is clear that for each of the participants in this study the act of self-reflection surrounded their explanations of their experience of intuition. That is not to say that one must be self-reflective to experience intuition in a general sense, but rather to say that the therapeutic focus of the music therapist seems to require some self-reflection in relation to intuitions experienced in order to maintain the integrity of the work that is being done between client and therapist. All of this is an aspect of the therapist’s self-awareness.

Previous Experience and Education

*All of my experiences and educational training create a fertile ground where my intuition can flourish.*

Another condition that surrounds the experience of intuition for the participants in this study is the knowledge that they bring to each moment based on their skills, education and life experience. All of these participants are experienced musicians and clinicians. Learning comes through experience. Each experience of listening to intuition, trusting it and acting on it during a music
therapy session builds a foundation for the next experience. Over time the facility for using intuition becomes honed.

James believes that his intuition is based on his life experience as well as knowledge that he was born with. He described it in this way:

I believe intuition is based on prior experience and possibly prior experience that we are not aware of. You know what makes us who we are, the memories that we are born with like a collective unconscious. And then there is who you are as a person and all of your experiences since birth and then there’s your training. I feel that my training in music therapy really prepared me for the possibility of having a more intuitive approach. So the training comes in, in giving you the skills to trust that you can act on your intuition and that you are seeing and hearing something that is important that you can really enter into and get involved in, in a positive way. I don’t think it’s something that everybody can do.

Sandra also talked about how years of personal and professional growth, have clarified her ability to act from her intuition.

The other thing I would say is that part of my process, in terms of professional growth which results from my own personal process, has been the more work I've done on myself, and the more work I've done professionally, the more I absolutely use it and trust it. Like now with an adult for instance, I very rarely think, “Oh I just thought that, should I say it?” I just say it. I wouldn't have done that in the past.
There is a confidence that comes with experience. As a result of this confidence and increased sense of trust in her intuition, Sandra expressed that she is more certain of her intuition and allows herself to act from intuition more immediately.

Music therapists bring their personal history of education and life learning to their interactions with clients. Each therapist has strengths and weaknesses on the variety of instruments that are used in this profession. Some individuals have a classical background in music, others do not. There is also a variety of therapeutic approaches that can guide a music therapist in their work with clients. All of these educational and philosophical foundations become the ground from which the therapist’s work will grow.

The individual music therapist’s system of beliefs will also affect his or her experience of intuition. James expressed awareness that his knowledge of music and certain principles about consonance and dissonance guide his intuition during an improvisation.

I have sort of used these principles as a beacon to guide me through so much and it helps me to try to determine, within a musical choice and within how to play it, how much tension do I want? How much resolution do I want? And I can manipulate those things, especially at the piano, it’s a lot easier. So that plays into the intuition part because I’m staying aware of those principles while I’m being intuitive. So they are helping to guide me in a certain way to hopefully an outcome that my intuition is telling me is the right place to go.
James clearly stated that there is interplay between his guiding musical principles and beliefs and his sense of intuition. During an improvisation with a client he uses his musical principles as a basic structure while allowing his intuition to guide him.

Ted also relies on his knowledge of music and aesthetics to inform his intuition during an improvisation. After listening to the tape of Ted's first improvisation at the piano with his resistant client, I asked him how the improvisation came to an end. From my perspective of listening to the music for the first time the ending sounded like one person playing the piano. The client and therapist seemed so connected at that point that it was difficult for me to discern who initiated the ending or how it came to be. Ted responded:

I think I had an end point in mind. Right after that build up it just seemed like aesthetically it would be a place to have an end. Because there were some plateaus and then we would go to another plateau and another and then there were a few of these swells but this was the biggest one it seemed and to me just aesthetically, musically, that this can be an end because there was a climax and then you can bring it down to an end. I was listening to it too thinking, "Well, if this is the first time that this kind of thing has happened at the piano certainly, then why not just keep it going? But it's not a matter of length of time; it's the musical quality of what's happening. I'm thinking as an aesthetic form that's the important thing because that's what we are involved in. That's what we are emotionally involved in. That's what I was thinking about and I felt like
he was with me on that. I didn’t feel like he was surging ahead into a new section. I felt like he was with that.

Ted’s ability to intuit the ending of the improvisation with this client was guided by his sense of musical aesthetics. He was a part of the swells and plateaus in the music and could have chosen to continue to engage his client in the music for a longer period but he sensed the ending and trusted that his client was “there with him.” All of this occurred without a word spoken between them. It was all in the music. There was a system of beliefs about music and therapy that guided Ted through the music to that point of ending that was so connected with his client.

All of the experiences, education, and inner personal growth that form the systems of belief for these participants are conditions that surrounded the way in which they used, trusted, and acted from intuition during a music therapy session. There is a relationship between intuition and experience. Based on the statements of these music therapists, intuition grows clearer with experience, the ability to trust intuition becomes greater over time and intuition is guided by or grows out of their educational foundations and learned systems of belief.

Fidelibus (2004) identified that for music therapists in clinical improvisation with the client, personal and professional musical histories were somehow related to their conscious experience. . . . Aspects of these background experiences had the potential to qualitatively affect and inform the therapists’ present experience in clinical improvisations. (p. 39)
Kottler (1991) also speaks about the relationship between experience and intuition. He believes that intuition is "only available for those who have sufficiently mastered their fields. It is only the expert who can take a dozen separate steps of the beginner, and in a single leap, find the essence of a problem" (p. 125). He goes on to say that intuition "is a form of organized experience that allows effective therapists to access knowledge and find meaningful patterns. It is relied on, not as a substitute for rational thought processes, but as the springboard that initiates them, or as the guide that validates whether we are headed in the right direction (p. 125).

**Relationship to Clients**

*My perception of the relationship to my client has an effect on how I experience and use intuition in relation to that client.*

Since this entire study is based on the music therapist's experience of intuition within the context of working with clients, the relationship between the therapist and the client cannot be overlooked when considering the conditions surrounding the music therapist's intuitive experience. The quality of the relationship with the client can have an affect on the therapist's ability to experience intuition.

Each participant in this study had different reasons for selecting the session he or she played during the interview. The relationship between the therapist and client was discussed by each participant as a part of the experience of intuition. Certain patterns became evident throughout the interviews. For some
participants their use of intuition was needed to get through a block in a relationship with a client, for others the intuition came through in the easy flow of the improvised music based on an open connection with the client.

Nathan selected a session in which the music flowed from both the therapist and the client without conscious thought about the form and the results were something complete and satisfying.

I chose this session to play because it's an improvisation that sounds like we decided we were going to make up a song and if we would have written it out it would have looked like a composed song but it was improvised in the moment. So something about our mutual creating in the moment had to engage an intuitive process on both of our parts. So that's why I thought to play this.

The relationship is embedded in the music and he believes that the mutual process of improvising and creating from moment to moment engages an intuitive process not just for the therapist but for the client as well. Nathan went on to say that

When you get a sense of someone's music, it's like having a child, getting a sense of who they are and them with you, and bonding. It's like you imprint your musical beings on each other and I think that evolves and interweaves.

Nathan’s choice of words “imprint,” “bonding,” and “interweave” reflect the extent of the connection with this client. It appears from his experience that intuition may flow more freely within a relationship where the connection is clearly established.
James spoke more generally about how the relationship between the therapist and the client affects the intuitive experience. He has his own guiding beliefs about the therapeutic relationship and the importance of self-awareness on the part of the therapist.

An important part of the intuition and training also is not to put your own agenda on the client but to allow him to find his way and to help him along musically as much as possible. The way I like to think of it is, "can one really afford to be in this relationship?" And by afford I mean do you have the inner resources that enable you to do that? How much do you need to take care of yourself? If you are using the session to take care of yourself you are not going to be very available to the client.

James relies on inner clarity and inner resources to be most present with a client and with his intuition in relation to the client. He is aware too of times when he can get in his own way, feeling that his intuition is not available to him. He explained more about the client who had intimidated him musically and as a result he became self-conscious in her presence.

As with this patient that I wasn’t able to engage, I’m sure it was a fine session and good things came out of it but there were some things missing and I think what was missing was me — me really being able to dance with her. It didn’t feel like anything bad happened but not anything particularly moving or there wasn’t a great deal of movement. That’s what music is all about, it’s all about movement, I mean the vibration of things, of air, our having to make something move in order for it to sound. But there’s the
movement of music therapy, let’s say, two people toward each other, with each other and then something moving, shifting, within there. ‘We had a moving experience.’ There is movement everywhere and if it’s not working, it’s not moving, it’s pretty static and you feel it. So without the movement you are either not utilizing your intuition or you are not getting it. You are in your own way or something is in your way.

Here James revealed even more of the beliefs that guide his therapeutic process and relationship to his clients. He spoke about the importance of movement in the music and in relationship between client and therapist. He believes that without movement in the session or in the relationship, he does not access or use his intuition.

Ted was one of the participants who relied on his intuition in relation to a client who was resistant to entering into a musical improvisation. The relationship was stuck or blocked and like James, he was compelled to move it forward. When he and his client actually reached a place where they were able to improvise together at the piano, Ted describes his awareness of what occurred. He is conscious of the relationship between the client and therapist as well as the relationship between each one’s music. He recognized the importance of the movement that occurred when he trusted his intuition.

That’s it, it is this idea of a point, and it’s like a pointed relationship between his tone and the harmony. That’s where it felt like the intuition was coming true, like what I thought I knew was going to be, how we
were going to connect and move into music and move into a whole other emotional realm together.

Ted trusted in his sense of how to move this relationship to a new place. He had an image of a meeting point, which ended up being a single note on the piano. The client played the note and Ted’s harmonies wrapped around that note and carried it to different places. The meeting point in the music moved this relationship forward and also became the fruition of Ted’s nagging intuition with this client.

The discussion of the therapeutic relationship is an important aspect of the conditions surrounding the experience of intuition for these music therapists. Chapter V is dedicated entirely to further exploration of intuition in the context of the therapeutic relationship but with a focus more on how the therapist’s use of intuition affects the relationship and subsequent progress of the client.

Summary

For the participants in this study, the experience of intuition is a rich one, one that is interwoven in different ways with the conditions discussed in this chapter. Some conditions appear to be necessary aspects of the experience of intuition while others surround and affect the experience as the music therapist receives it. Trusting in self, in the moment of intuition is necessary in order to act on that intuition. Deep listening both inwardly to self and outwardly to the client and the environment are also significant components of the experience. Previous experience in life, education and the therapist’s system of beliefs are conditions
that surround the experience of intuition and shape the actions a therapist makes from intuition. The therapist’s relationship to the client forms the emotional waters in which the two people swim and either find the intuition or do not.

Using the metaphor of the kaleidoscope, all of these conditions and factors surrounding intuition are the tiny pieces of glass reflecting different images and ideas, while being viewed from different angles. Moving on to the next chapter, I turn the kaleidoscope one more time for yet another view of the same material, the same pieces of glass and a new image emerges.
CHAPTER V

INTUITION IN THE CONTEXT OF THE THERAPEUTIC RELATIONSHIP

Introduction

What is the role of intuition in the relationship between the client and therapist? When a therapist’s interventions are informed by intuitive knowledge, how does this affect the client? Intuition in the context of the therapeutic relationship refers to the ways in which the music therapists who participated in this study have used intuition to connect with their clients and the effect that using intuition had on the relationship, the client and the therapeutic process. This discussion differs slightly from the discussion of relationship to the client in chapter IV, which was specifically focused on the quality of the relationship between therapist and client and how this impacts on the music therapist’s ability to receive and utilize intuition in the process of working with that client. The quality of that relationship is one of the conditions that surround the experience of intuition for the music therapist.

By examining the ways in which therapists are using intuition in relation to their clients, specific areas of focus emerged from the interviews. These categories form the basis of the discussion for this chapter, The Therapeutic Agenda, Actions that Contradict Experience and Turning Points. Once again
cross-case theme statements appear in italics at the beginning of each category or sub-heading.

**Therapeutic Agenda**

*Based on my knowledge of music therapy and my assessment of the client, I enter into each session with a focus or purpose. This agenda often guides my use of intuition.*

Each of the music therapists who participated in this study shared their own therapeutic reasoning behind the choices that they made in relation to their clients. They had assessed the needs of their clients and had formed ideas about how to move the therapeutic process forward. One basic therapeutic agenda that was discussed by the participants was the need to form a connection with the client.

*By connection I am referring to the establishment of a trusting relationship or a comfort level between the client and therapist where the client is able to move in a direction that is therapeutic. The manifestation of this comfort level appears on a continuum depending on the client’s level of functioning. A connection to a client who is in a coma or near death would appear more as an energetic comfort level between client and therapist. This might be observed by a reduction of agitation on the part of the client while listening to the therapist’s improvised music, for example. A connection to a non-verbal client might be observed in the physical movement and eye contact of the client or in the sounds uttered indicating some relationship to the music offered by the therapist. For*
those clients who are verbal a connection might appear when the client feels safe enough to begin to share and express feelings with the therapist.

According to the American Heritage Dictionary (Morris, 1980), one of the definitions of the word connection is “to establish communication between” (p. 282). It became evident from the experience of these participants that each had their own sense of that point when they felt they had established communication with the client. This might be considered a point of contact. The word contact is defined as “the state of being in communication” (p. 287) but it is also used to describe an electrical event, in this case “contact” is “a connection between two conductors that permits a flow of current” (p. 287). Perhaps the experience of sensing that one has made a connection with a client is similar to that flow of electrical current that occurs between two conductors. The client and therapist each bring their own energy to the relationship and there are times when the flow of energy between client and therapist moves freely and times when it does not.

The quality of a therapeutic relationship is dependent on the connection that is made between the therapist and the client. When faced with a challenge in making a connection with a client, many of the participants spoke about how they rely on their intuition. Another therapeutic agenda that was revealed by the participants was the need to move through tension or blocks in the relationship or in the client’s life. The third aspect of the therapeutic agenda that was discussed by the participants was the therapist’s sense of timing. Some therapists spoke about the experience of receiving intuitive information and making the conscious
choice of waiting to use that information to form an intervention with their clients because they believed the clients were not yet ready to accept the information.

Although the participants were clear about their agendas they were not entirely clear about how to accomplish these goals. Each of these music therapists still needed to rely on their intuition, which is inherently nonlogical, to move the client forward in the therapeutic process. Kottler (1991), a psychotherapist believes that using intuition is part of what makes a therapist effective.

Common to those with heightened sensitivity, intuition represents all the predictions and interventions we make without being able to explain fully just how we know. That is not to say that we do not make something up that sounds reasonable if we are challenged to account for our behavior.

But when we are really honest with ourselves, we know that it was not just a "lucky guess," nor was it a deliberately and carefully thought out plan. In fact, we do not really know what it was. One minute we were just buzzing along in a session, doing what we usually do, and then, before we quite knew what was happening, some strange idea just popped into our head.

(p126)

The music therapists who participated in this study related experiences that reflect Kottler’s claims. By participating in this study they were challenged to account for their behaviors by reviewing and recounting their stories of the sessions that they selected to present in our interviews. Even with time to reflect on their experiences they still related this sense of doing something without really
knowing why at the moment they were doing it and there was a sense of knowing that they were doing the right thing.

Making the Connection: Finding the Route In

There are times when I have exhausted all logical forms of communicating and my intuition serves as a beacon that guides me toward the essence of another person.

As the participants in this study exemplified, there are many different ways a music therapist can form a connection with a client. There are also times when forming that client-therapist connection can be challenging for a number of different reasons. This discussion about making a connection is focused on those instances when the therapists came up against a challenge that presented no logical solution and found themselves relying on their intuition to guide them. Some clients have communication limitations that make it more difficult to form a connection with them while others may become resistant to participating in the music for different reasons. As each therapist described their interactions with the clients they spoke about trying to find a “route in” or way to connect with their clients in the music. In each of these examples the therapists expressed their intention to make a connection with their clients. They also illustrated how their use of intuition was a significant part of this process.
First Contact

The need for a therapist to find a route in and make a connection with a client can occur at different points in the relationship. One most obvious and significant point is at the beginning of the therapeutic relationship when the therapist first meets the client.

Music therapists who work in short term settings need to make that connection with clients quickly as the time to develop the relationship is limited. Cynthia works with hospitalized patients who are often approaching the end of their lives at the time she is first meeting them. In chapter III she described her awareness that she receives intuitive information in the form of songs that come to her while she is with a client. Often she is not aware of the connection that these songs have for her clients but when she takes the risk to introduce the songs to her clients she discovers that the songs are meaningful. I repeat her story here to consider it from a new perspective. While it is an example of how songs come to her as a form of intuition it also illustrates her use of intuition in making that first connection with a client.

As I listened to the story of his life this song started going through my mind and at first I couldn’t really understand the connection but I decided to go with it. I started to play it and he started to sing along. Afterwards, he started talking to me about how that song really meant a lot to him in his life, and how the lyrics touched on a recurrent theme in his life which was “going home”. It was really interesting to me how that song just came into my mind, without any pre-thought. Songs are one way that I can hear
or understand on a deeper level something that I may not even be able to
cognitively understand.

Cynthia’s trust in the song that came to her intuitively while she was with this
client became a route in to making a greater connection with him. The limited and
unknown amount of time that Cynthia had to work with this client made the
importance of that initial connection even more significant. When working with a
dying patient it is possible that the first meeting is also the last meeting and
Cynthia is conscious of the need to establish a meaningful contact within a limited
period of time.

Beyond Verbal Communication

When working with clients who are unable to communicate verbally,
music therapists are often challenged as they attempt to make a connection with
these clients. Some of the participants in this study have extensive experience
working with clients who, for different reasons, are unable to communicate
verbally. Some clients may be alert and active but have either lost the ability to
communicate with speech or have never developed it due to neurological deficits.
Some clients may be verbal but do not speak the same primary language as the
therapist, thus limiting the ability for the two to interact with words. Other clients
may be in a coma or approaching death and unable to communicate. In each case
the music therapist is challenged by the client’s inability to communicate with
words and must rely on other sources of information to make connections with
these clients.
As the participants described, the therapist’s use of intuition with these clients opened up possibilities for connecting with them beyond words. Nathan spoke in general about his experience of working with non-verbal clients who also have significant physical limitations:

I can think of sessions with severely disabled persons where all you could go on was hunches and an intuitive sense of let’s go this way because you are not getting visual clues. I guess one could argue that the less you really know the more you have to rely on intuition so you believe in it because you don’t have another choice. But there’s a feeling, I don’t know, it’s hard to put into words, but there’s a certain feeling after you’ve done it, it’s not always there but there’s a certain feeling after you’ve created something that you feel like something new has happened for them and for you.

Just as in an interaction with a verbal client, there are times when therapists make a connection with the client and there are times when they do not. Nathan clearly described his sense that there are certain times where the experience of interacting in music with a non-verbal client leaves him with a sense that something new has happened.

The fact is that we will never really know what is going on for the client and the only cues we have to inform us are so subtle, like a change in breathing, a slight movement in the body, or a change in the music. Nathan raised the argument that a therapist may decide to rely on intuition and believe in it because there is little else to rely on. His awareness of this lends credence to his statement
that there are times when he does believe his intuition has helped him to connect in some way with the client.

James described an experience he had with a client in a hospice setting. This was the only session he ever had with this client and he was limited by the fact the man did not speak English. He explains what occurred when he and his co-therapist arrived on the unit:

There was a case with a Romanian pilot who was in a hospice. We got off the elevator together and we were besieged by nurses and social workers, "You've got to go see this patient he's actively dying." And for him that meant that he was in a great state of agitation. He was tearing off his clothes, he didn't speak any English, there was no way to communicate with him, he was under a great deal of stress and they couldn't find a way to calm him down. We quickly looked in his chart, found out his background and then without much or any discussion we went in there. I was thinking I could improvise Romanian melodies and I wasn't sure what my co-therapist was going to do. She ended up sitting at his bedside and taking his hand, humming while I played the guitar and in a few seconds he was calm and we left him sleeping. Sleeping so calmly in fact that they thought he had died. Again that was another sort of transformative experience where we went in there without any real plan and just did something right.

James needed to act quickly to make a connection with his client and help to reduce his agitation. There was no discussion between the two music therapists
when they approached the client and began to work with him in the music. Together they were able to find a music that soothed this man. James attributed his ability to work so well with his co-therapist without creating a plan to, in his words, "having a deep knowledge of the co-therapist and of your and their strengths and weaknesses. It's not so intuitive you just fall into patterns of working." What he did feel was intuitive was the way they were able to connect to this client without knowing his language and having limited information about him.

Cynthia also works with clients who are dying. One of the ways in which she experiences intuition when working with a client who cannot speak to her is through imagery. She explained:

I do know for a fact that the spontaneous imagery that occurs within me as an intuitive response, that happens a lot when people are approaching death, or near death. I see a lot of images, and it happens to me often. I incorporate the images into the music. If I am meeting a patient for the first time and that person is in a coma then I am just totally on the wing of intuition, just totally guided by that.

Cynthia's expression of being "totally on the wing of intuition" is similar to Nathan's thoughts about how "the less you know the more you rely on intuition and believe in it because you don't have another choice." During the interview with Cynthia I asked her if she is conscious of where she is gathering information from when she is working with a non-verbal client. She responded by saying:
Sometimes I take in environmental cues, you know if I see something in the environment that will kind of affirm or guide me in terms of where to go with a patient, like family or just objects. But often even in the intensive care unit, in places like that there is nothing. Initially age and culture are things that I look at but outside of that there's not much, so it's just trusting. Sometimes I may hear a melody too, and again I don’t know where that is coming from, it might be me or it might not, but there’s a certain mood to it and a certain rhythm and then I go with that too.

Cynthia described concrete and logical ways to begin to connect with a person who cannot communicate. She also expressed her awareness that there is other information that comes to her in a less logical way. She hears melodies, or sees imagery that guides her music making with these clients. Cynthia's intuition is a significant part of her work with the non-verbal or non-communicative client.

All of these participants described the information that they gather in order to connect to a client where verbal interaction is not possible. They look for visual cues, they consider the age, culture and physical condition of the client and even with all of this information they still need more. Intuition seems to rise up to fill a void when logical information gathering has been exhausted.

When the Client Resists the Connection

It is not uncommon in a therapeutic relationship for clients to resist breaking out of patterns of relating that have served to protect them in their lives.
These patterns carry over into the therapeutic relationship and can become barriers to the therapist's attempts to make a true connection with a client. The session that Ellen described offers some insight into how she uses her intuition at times to move through resistance from a client. Here she explains how acting on a sudden impulse effected change in the relationship with an adult client.

He gets caught up in talk and talk and talk and no feeling to the point where it's not therapeutic. So I had this impulse I said, "Why don't you pick something to sing to." I wanted to get him out of the obsession. I was hoping for a route to get to a younger part of him.

Ellen revealed her agenda which was to find a route to an inner part of the client. She needed to get through his obsessive talking which had become a barrier to making the connection to a different part of her client. She described her intervention as being an intuitive one and as a result of this intervention the client engaged in an improvisation in which Ellen felt she finally connected to him in a new way.

It is important to note that Ellen's intervention in this instance was not new to her way of practicing music therapy and yet she intuitively initiated this idea with this particular client for the first time. This seems significant in considering the relationship of intuition to experience. The actions that one takes out of intuition need not necessarily be new but perhaps experienced in a new way or create a new or unexpected experience for the client.
There were similarities in the stories that Ted and Ellen shared about their clients. Just as with Ellen’s client, Ted explains how his adult client spent a lot of time talking and resisting making a connection with Ted in the music.

Improvise, not improvise, for him it was about getting out of that lethargy of taking a step for one and the other was making some kind of contact with someone. He was really afraid to be in that vulnerable place of making music that he didn’t know what was going to happen and didn’t know how to start. So I decided not to push. You know we’d sit and if there were little entrees into maybe making music I’d suggest it and he’d refuse and then we’d go on to talk about something else. So my challenge with him or his challenge, our challenge was “How are we going to play music together?” I just really felt that was the work. I was just trying to see what all the layers were, where he felt guarded. What could be a way to let some of those things fall away?

Ted clearly stated his agenda as being focused on how to get this client engaged in the music. He needed to find a way in, past the client’s talking and his fears to make that connection. As he had stated previously he believed that his intuition guided him in finally leading the client to the piano and engaging him in an improvisation. The route in was through the single note that Ted invited his client to play. The musical connection flowed from that point of entry.

In a session that Nathan presented he was working with a child who begins to tantrum and he needs to find a way through the child’s screams in order to make contact and calm the child. This is not something that has occurred with
this client in previous sessions and as Nathan described, he and the client are in new territory together. This is a session that Nathan has viewed on tape more than once and as a result has gained more insight into the actions that occurred in the moment, in the improvisation. He attributes his ability to connect to this child through the music to his use of intuition in the moment.

So I’m trying to find a way to work with him in the tantrum and work through it or in some way deal with it. To me, there is a very specific moment where something happens in the music that I felt was based on my intuiting what he needed and looking at it, it’s very clear why I did that. Different musical elements help me to cue in intuitively to people and for him it was rhythm. And so there was something about his movement that gave me the intuition to do the arpeggios and that really helped to soothe him. I think we were both struggling to find an answer. I think we were living in a situation where we had to come up with something we hadn’t done before.

What seems significant in Nathan’s description is when he stated that he and the client were both “struggling to find an answer.” They needed to move through that tantrum and it was in that struggle that he relied on his intuition. By cueing into the child’s movement, Nathan felt he was able to intuitively find the music that became the route in and the way to move the child to a calmer place.

Making a connection to a client is a universal part of any therapeutic process. Each therapist has his or her own unique way of finding that route in, past the barriers that are often set up by clients, consciously and unconsciously or
that exist because of a client’s physical limitations. Each of these participants found that, at times when they faced challenging barriers, an awareness of their intuition and a trust in it provided them with some answers to finding that route to a more connected and therapeutic relationship.

Tension/Release: Movement in the Therapeutic Relationship

If I listen deeply to the client and to my intuition during moments of tension that arise for the client or within the clinical relationship I find unexpected ways to move through that tension.

Several participants shared stories about clients who reached a place that was blocked. This block occurred in the form of resistance on the part of the client to move in a certain direction or as an obstacle in the client’s life that needed to be overcome. The stories shared by the participants illustrated points of tension that occurred either within a particular session or that were pervasive throughout the therapeutic relationship. The agenda for the therapists then became focused on moving from a point of tension to one of release. Ted described the point of tension in the relationship with the adult client who was so resistant to engaging in the music with him.

He was in a catch-22. He wanted to play the piano but he felt he couldn’t play. “The piano is what I’m drawn to yet, I’m afraid to go to the piano either with you or alone.” So I stayed with him in that catch 22 for a long time but at the same time I do remember thinking, something is going to appear somewhere along the line that I can’t think of right now; something
practical, yet something that fits the pattern that we are already in now. Something is going to have to pop up that’s going to break us out of this pattern. I’m going to make a move or he is going to make a move, we’re going to make a move together and we’re going to go into a different place but I don’t know what that is.

It was in this blocked place that Ted experienced his “nagging intuition.” He trusted that something was going to bring them out of this place but the clarity of that moment did not arrive right away. His intuition was to invite the client to play a single note, one tone at the piano as a starting place. The client agreed to try this. Once Ted was finally able to engage his client in an improvisation with him at the piano the movement in the relationship became more evident. The words he chose to describe his experience during the music conveyed this sense of movement.

I just felt like we were going to go on a harmonic journey together. That it wasn’t static. We were going to go somewhere and obviously I was being influenced by the way he was playing those tones. It spurred me on to playing different harmony and thinking, “Oh something new here,” There was some kind of tension like sustaining a diminished 7th chord and then resolving or then an abrupt shift from major to minor and then back. Just these shifts that were, like all of the sudden it was all possible, it could be abrupt, it could be smooth, it could be, I just felt that once we started, we could just keep going.
Ted described the tension and release that was played out in the music. After listening to the improvisation, I asked Ted to describe what happened to the nagging or gnawing sense of intuition that had been with him in relation to this client. He responded by saying,

I felt a tremendous release of tension, inner tension in me. It’s palpable when you are sitting next to someone at the piano after you’ve been through a musical experience you just both feel like if nothing else ever happens in this relationship or in this room it doesn’t matter. This happened, it’s complete, there’s a sense of completion.

Ted’s trusting in his intuition affected this relationship by helping him to create movement forward. The client moved toward Ted by participating in the music. The improvisation moved the client and therapist through a point of tension to one of release and a “sense of completion” as Ted described.

In this next example the point of tension is not between client and therapist but rather a tension that arises out of the client’s current life experience. Sandra presented a session with a young girl who has developmental delays. In this session the child engaged in an improvisation with Sandra. The child sang to Sandra about a recent separation between her parents and revealed that she was aware of what was going on with her parents. The child’s mother indicated to Sandra that the child was not aware. Sandra described this session as “showing how stuck” her client’s situation was at this point in time. The therapeutic agenda for Sandra was to move through these feelings with the client and support her
expression. Sandra explained her sense of the child’s actions during the
improvisation:

I think a lot of what she’s doing, or a lot of what she’s showing is how
stuck the situation is. I believe this really moves her. That is what I love
about this session besides the fact that I feel like we were so connected.
The big part which you might not even hear is that she sings, “He’s not
coming back,” it’s like this huge realization.

Sandra felt that the music she improvised with her client in this session was
driven by her intuition. Sandra believed that her intuitive connection to the client
in the music helped to move the child through her expressions of sadness about
her father’s leaving and her realization that he would not be returning.

James too referred to this idea of tension and release in the session he
described in chapter IV with an adult client who was having a difficult interaction
with his nurse’s aide. He explained his perspective of what occurred between the
client, the nurse and himself.

They are having this dialogue. I was playing the guitar at the time and
without conscious thought I began playing chords to their interaction,
giving it some sort of musical underpinning and perspective and meaning.
The feeling was that I had no idea what I was doing and I was just flying
along with them. And I think what was necessary in that moment was to
have this deep sense of trust in the process that I am part of it.

He went on to describe the tension and release that evolved in the session.
The tension was rising and rising, their voices were rising as well, I’m getting louder on the guitar and the culmination was him finally saying “no, no, no, no!” (James taps out the rhythm of the “no’s” on the table and then begins to sing a familiar song with the same melodic rhythm. The song was one that had been used with this client in other sessions.) I went right into that song and he was singing, the aide left and came back. At the end of the singing they were both in a very different place. They were smiling and laughing and they seemed to have been able to work through whatever it was that caused the tension.

The combination of James’s deep listening and intuitive playing as he supported this interaction guided him to a song. James heard the song in the rhythm of the patient’s “no’s”. By introducing this song James was able to break through the tension between the patient and his aide. The interaction was moved into a different direction.

In each of these examples the therapist’s agenda seemed focused on movement from tension to release. Ted, Sandra and James all relied on their intuition leading up to and engaging in the music with their clients. The agenda of moving through tension is common in a therapeutic process but it is significant that these therapists, when faced with the client’s resistance, chose to use their intuition to move through it. In each case the therapist’s described their use of intuition as integral to the movement that occurred for the client and for the therapeutic relationship.
Timing: When to Act on Intuitive Information and When to Wait

There are times when my intuition leads me to actions before I have thought them through and there are times when I am aware of intuitive knowledge and choose not to act from that knowledge based on my sense of how ready the client is to receive this information.

How does timing relate to the music therapists experience of intuition? Based on the experiences shared by the participants in this study there were two aspects of timing that are significant to the experience of intuition in the context of the therapeutic relationship. There are some moments when intuition moves the therapist to act before he/she has time to consider what is occurring or how the client may react. There are other times when the therapist receives intuitive information but has enough time to consider how the use of this information might affect the client. In these cases a conscious choice can be made on the part of the therapist to hold the information for a more appropriate time in the client’s process or to refrain from using it at all. Each instance seems driven by the therapist’s agenda and consciousness about the client’s needs and present state of being.

Sandra explained that she often receives intuitive information long before her clients are ready to hear her thoughts. She is conscious of her intuition and is cautious about her timing.

I think the only thing that gets me into trouble working with adult clients now is that sometimes I am absolutely on the mark but I’m way ahead of the client. Timing is a huge thing. When you get the intuition and when
you act on it, sometimes it’s immediate and then other times you have to hold it and save it, it stays with you.

Like Sandra, Cynthia is conscious of how and when she uses her intuitive knowledge. She described how she receives images and hears songs often when working with dying patients. She explained that she is much more careful with sharing the songs she hears with her patients than sharing the images.

It seems that images come to me a bit more easily than songs. Again with the music part I am always very careful. The timing of that is so important and I really want to make sure that it’s the right time. But with the image, it seems very natural usually. I tend to share the image more often than I would a song. But with both I always make sure that the timing is right.

Each client’s process of becoming more self-aware is unique. Sandra and Cynthia raise an important aspect of the experience of intuition for the music therapist and that is their consciousness around timing and their willingness to hold on to intuitive information when it seems to be in the best interest of the client. The decision to hold on to or to share intuitive information may be based on the therapist’s learned understanding of the client’s emotional state or it may itself be an intuitive sense on the part of the therapist that the client is not ready to hear something new.

While holding on to intuitive information is one way that a therapist responds to their own intuitive experience, there are times when intuition moves the therapist to action before he or she really has the chance to make any logical choices about that intuition and how to use it or not use it. James and Nathan
described such instances when they found themselves acting before they really had time to consider what they were doing. Once again, James speaks about the music that he provided as a support and underpinning during the tense interaction between a patient and his nursing aide.

The intuitive part of things in this case was certainly that it sort of took hold of me rather than my being able to intuit or come up with some idea and then say “Hey, I’m going to go with this now.” But it was more like, I’m swept up into this stream of being right now and I’m going to provide music to this environment. I still don’t know what I’m doing, but I’m going to do something and hopefully that something will be a good thing.

In this case it was.

In his description, James differentiated between the times when he might experience intuition and make a choice about it and this particular time when he felt driven to action without time to think. He acted from the unknown and his actions moved him into the unknown.

Nathan described a similar situation where he improvised music to support a client’s song improvisation. He felt that the timing of this particular music in relation to the client’s process seemed to come together in a way that he could not have planned or predicted.

What feels intuitive in this example is that the form of what we created was perfect for my client’s thinking and creating the words that he did.

There was something about the timing of it and the flow of it, it just came
together. He didn't have to struggle to make up the words they just kind of flowed out of him.

In each of these two examples, James and Nathan described their sense of being in the moment. There was no time to think, they simply acted from an internal sense of what needed to occur in that moment. Robbins & Forinash (1991) describe what they refer to as “Creative Time or Now Time” which is the moment of intuition, of perception, of sudden insight or understanding. It takes place in the creative instant. It is felt in the moment of recognition, of knowing with certainty how to proceed with what we are doing, saying or thinking… Now Time, occurs in a state of action, it becomes instantly expressed in that action. (p. 53)

This description reflects the experiences described by James and Nathan. Both therapists were in a state of action and had a sense of certainty about how to proceed in the moment.

The timing of a therapeutic intervention that is guided by intuition can occur in the moment without mediation, the intuition and the action are one. It can also occur in such a way that the therapist becomes conscious of the intuitive knowledge and is able to choose when to use this information. The knowledge can be used right away or it can be held until such a time as the therapist believes the client is ready to receive that information.
Actions That Contradict Experience

When I trust my intuition there are times when my actions in relation to the client are out of the realm of what my logic and experience would dictate.

In chapter IV there was a discussion about the importance of a therapist’s experience and education as a condition that surrounds intuition. Each of the participants who were interviewed for this study have had many years of experience as clinicians, established a knowledge of the specific needs of the clients that he or she is working with and developed a unique way of practicing music therapy. There are times when the knowledge that comes from experience forms the foundation for intuitive actions. At these times the therapists’ interventions come with ease and without the need for much thought or deliberation.

There are also times that were described by the participants where they found themselves intervening with clients in ways that contradict what their experience and learned knowledge would tell them to do. Once again we return to the act of self-reflection as these participants questioned their actions in the process of recounting the stories of the sessions they have chosen to present. Ellen, Ted and Sandra each came to a point during their interviews where they described a moment during an improvisation or leading up to an improvisation where they were moved to respond to their clients in certain ways but at the same time questioned their actions when compared to their experience and general way of practicing music therapy.
I return once again to Ellen’s story of the client whose improvisation became very chaotic. In this view of her story I am interested in Ellen’s response after listening to the recording. She noticed that she allowed the music to become more chaotic than she generally would have. She explained:

There was one part of this improvisation where he said, “NO!” and I felt like he was starting to access something important. He was really angry about something that had occurred when he was a child. I think that is why I stayed with this chaotic music. With somebody else I might have changed the music slowed it down or calmed it down. And while I was listening to this tape I really didn’t remember getting that out there and chaotic.

As Ellen was describing her experience she became aware that she might have calmed the music down to move out of that chaotic sound with other clients who presented similar music. She trusted her intuition in the moment to stay with this client in the “anger” and “chaos” as she described it. Listening to this session on tape allowed her to hear the music differently than she did while she was engaged in it.

Ted found himself questioning more than one aspect of his actions in relation to the client who was so resistant to engage in a musical improvisation with him. Ted had formed an idea about how to engage his client in the music and he offered this idea at the risk of possibly insulting the client. He also chose to sit at the piano with his client, which concerned him. It was Ted who spoke in chapter IV about how risk taking is a part of the intuitive experience. He takes
some risks here but again, on some level he trusts his intuition and sense of how to move this client forward. Another view of Ted’s story reveals how his intuition guided him in a direction that he would not have normally taken. Ted explained how he invited the client to the piano once again as his client seemed interested yet ambivalent about playing it.

He did mention the piano again, there was something about the piano that was more expressive and he was drawn to it. So I thought, once again, let me kind of negotiate with him. Maybe we could come up with a plan together how to start and that’s when we were sitting there and that’s when something did pop into my mind. This idea of . . . and I was afraid to say it because I thought it might be infantilizing, I said, “What if you played one note?” that’s all I said, “What if you just really zero in on one note?” and I think at that point I was thinking “one meeting point.” But what I didn’t even know though was how I was going to deal with that. Then he was getting up to go to the piano and I thought, “Well let me sit with you at the piano.” And he was somebody that I wouldn’t necessarily have sat so close to because he had a history of crossing boundaries and being provocative with another therapist. So I was trying to be clear about boundaries but I found myself sitting next to him at the piano, even though in my mind I thought it’s really not the thing to do. He was kind of on the fence about playing music with me and going to the piano with him it could either push him away or draw him in or I don’t know what.
There were two issues in question for Ted, the first one was his concern that if he asked his client to play just one note it may be insulting or infantilizing and his second concern was about maintaining his boundaries. Ted followed his inner sense about sitting next to the client at the piano while at the same time his experience and knowledge of this client would lead him not to do this. Once again he trusted in his intuition and in this instance it served the client and the therapeutic relationship by finally creating the environment and invitation that this client needed in order to express himself musically in Ted’s presence.

During my interview with Sandra she presented a videotape of her work with a young girl. This is a session that she has presented to others and at certain points during our viewing she stopped to explain some of the questions that have been asked of her in the past by people viewing the tape. The entire session that Sandra presented was an improvisation with the child, from the beginning of the session to the end. The child moved around the room, singing, playing instruments and play-acting as she sang. At one point Sandra began singing the word “today” which came from the child singing it. Sandra reflected this word several times back to the child in song. There was a high-pitched sound that came from the child like a scream. The child moved to the drum and Sandra began to reflect the drumming with her piano playing. At this point Sandra stopped the videotape and reflected out loud.

Watching this session it’s fascinating to me, why did I persist with saying, “today, today, today?” I would not normally do that if a person doesn’t pick up on it fairly soon I would usually drop it but I just kept singing that.
Actually, I should just say here, a lot of people have said, "I can't believe how free you are, weren't you afraid she was going to break the drum?"
I'm not always so free with a child and she could sometimes be very destructive but again that is an intuitive thing. I just had a sense that she was working, it wasn't about trying to break the drum, it was about the work she needed to do.

We resumed watching the videotape, the child moved under the piano and was playing under there while Sandra continued to play the piano and sing to her.
Again, Sandra reflected on her actions as she explained questions she has received in the past from others who have viewed this session.

This is a point where people who view this tape have said, "How could you let her do that?" and again I didn't feel it was destructive I trusted her. I also feel like for me, I don't necessarily play through a whole session at all but I feel like this was the ultimate holding environment. I can't imagine not playing through this. She was still working.
As discussed in chapter IV, Sandra explained how she trusted her sense that the child was not going to hurt herself or the drum during this particular session. She trusted that the child was working through something important and trusting in her intuition seemed to open Sandra to act in ways that she or others questioned upon viewing the videotape.

The issue of trust is important to this discussion of moments when music therapists find themselves acting from intuition in ways that may not seem like the logical therapeutic choice to make. Ellen, Ted and Sandra all spoke about
these moments when in hindsight they questioned what they had done. They stepped back and saw their actions as being out of the norm of what they might do with clients in similar situations. There was, however, something leading them forward to take these risks and trust that their actions were the right thing to do in these particular moments. For each therapist their actions brought about responses from the clients that moved the therapeutic process forward.

**Turning Points**

*There are clear moments, following intuitive interventions, when I know something new has happened, a shift has occurred for the client and the relationship.*

As I read through the interviews it became evident that almost all of the participants were describing sessions in which there was a turning point in the relationship between the client and the therapist. Each of the participants chose examples of their work that they felt illustrated their use of intuition. In choosing these examples the participants described what occurred during the course of one music therapy session and in the course of therapy that followed the selected session. Each therapist felt that they had relied on their intuition to guide their therapeutic interventions and in doing so significant changes occurred for the client and the clinical relationship. These are some of the phrases that the participants used to describe these occurrences: “it was the first time,” “it was a breakthrough session,” “something important happened,” “that was significant,” and “it was a pivot point.”
In a study entitled, “Moments of Insight in the Music Therapy Experience,” Amir (1993) identified insights that occurred for both the therapist and the client. In her description of the therapists’ insights she talks about those that concern the therapeutic process. “These are moments when the therapist has a sudden intuitive idea about how to proceed in the process. In this study, therapists reported that these moments were followed by a strong change within the client” (p. 94). She too noted the relationship between intuition and a significant change in the client.

Several of the participants spoke about something occurring for the “first time” in the sessions that they presented. Ellen and Ted were able to engage their clients in improvisations at the piano for the first time. Sandra said that it was the first and only time her client remained engaged in the music for the entire session; Nathan was faced with a child who had a tantrum for the first time in his presence and in each case the therapists used their intuition to guide the client to a different place. In reviewing their sessions during the interviews the participants were able to look at the experiences with hindsight and see the significance of what had occurred. Ellen described her observations of her client:

This was the first time; it was the first time he sang. He came to the piano and played another time. It was the first time he cried also. So I guess the intuitive piece was, knowing that singing to an object would help him connect to this younger part of himself. I wasn’t sure but it just felt like the right thing to do. This was kind of a breakthrough session. He was so defended up until this session and then things started to loosen up.
She stated that she “wasn’t sure” about what she had done but she took a leap and trusted her intuition. The client opened up in a new way following this intervention. She learned more about him and strengthened her connection to him.

When Ted was finally able to engage his resistant client in an improvisation with him at the piano the client’s music started out tentatively, wandering around the keyboard and then there was a shift. Ted described his experience during the improvisation:

Once he started when he was moving up and down and all around and then when he paused ever so briefly on a tone. That was when I just knew I had to jump in and then it changed. The quality of it changed, absolutely, completely and then I felt like he was listening to me, I was listening to him and then that was the point. That tone I think it was a D and my playing like a D minor chord with that. Those two, that was the meeting point that I felt like was going to happen between us. I think it was one of the pivot points in our therapeutic process—absolutely.

Ted was so clear about the moment when he intuitively knew what to do, the music shifted along with the interaction between client and therapist. Ted went on to describe what happened after the music:

I don’t know what was going through his every thought as he was getting to the piano or at the piano. And then once the music is over you are kind of in a different space. He was someone who talked a lot; he would fill space with talking and that silence that was there after the music was profound. That there was a mutual silence, that we were both creating this
silence together, right afterwards. And then when he did talk about that idea. I remember him saying, “It’s not just you, it’s not just me, it’s the both of us.” There’s something about parity, feeling equal. So that was significant, just that alone. The fact that there was some kind of equality, that we were on par with each other in the music. That was a huge concern of his. And it felt like our relationship shifted with this kind of push and pull. I arrived at a place where I was no longer embroiled in this push and pull with him trying to pull me into what he wanted the relationship to be, and me trying to move the relationship to what I thought it could be.

Ted was also clear that a shift had occurred. He spoke about the change in his client’s behavior after the music, his ability to be in the silence and not fill the space with talking. He also spoke about the shift in his relationship with the client. He described the experience of this particular session with his client as a “pivot point” in the therapeutic process. The shift and changes occurred directly following the moment where Ted felt his intuition guided his intervention.

Sandra explained the significance of the session that she chose to present. In this session Sandra engaged her client in a song improvisation. The child worked through some important issues within the music. Earlier Sandra spoke about how she intuited from the opening music of the session that the child had important work to do that day.

What was moving about this session was that her parents were going through a separation and I feel like it is in this session that she puts together the fact that her father has in fact left the house and what that
means. What was amazing was that I felt like within the session you could see how it gave her some freedom and some mastery. I think it was the only time where she was engaged musically and sustained that engagement from absolutely beginning to end. I felt like I could have gone on for three hours with her.

Sandra stated that this was the only time this client stayed engaged in the music for an entire session. When Sandra spoke about this session in previous chapters she described her experience of the music as being intuitive. She felt that she was using her intuition within the music throughout the entire improvisation. The session itself and the improvisation as a whole became the turning point for this child in mastering and understanding her feelings related to the changes in her parents’ relationship.

In the discussion about Tension and Release above, Nathan presented a session with a child who had a tantrum for the first time in his presence. He described how he felt that he and the child were both faced with a new situation where they needed to find a way through this tantrum. He was able to connect with the child through the music by cueing into the child’s movements.

Looking back over the relationship with this child as it progressed after this session Nathan stated, “He never had a tantrum after that.” It is significant not only that it was the first time the child had a tantrum but also that it was the only time.

Again there is a turning point that is described by the therapists as they are presenting their experience of intuition. The connection to these turning points
and intuition raises some questions for me as a researcher. Are there certain points within the therapeutic process where music therapists find the need to rely more on their intuition? Does the use of intuition by a music therapist help to bring about these turning points? Goldberg (1983) believes that “when we attempt to be logical in complex situations, when we are forced to deal with incomplete information, unfamiliar subject matter, or ambiguous premises, we are dependent on intuition to tell us whether we are on the right track” (p. 34). Perhaps these turning points are the confirmation that intuition has these therapists on the “right track.”

Summary

The music therapist’s relationship to the client is integral to this study. How can one look at the music therapist’s experience of intuition without considering the context of the therapeutic relationship? The intuitive information that these music therapists received informed them about their clients and about how to work with their clients. The interventions made by the participants that were guided by their intuition had an affect on the relationship with the client and on the client’s process in therapy. There were specific aspects of the therapeutic relationship that emerged as significant among all of the interviews: the Therapeutic Agendas of Tension and Release, Making a Connection, and Timing; Actions that Contradict Experience and Turning Points. These were the areas where the participants seemed most aware of using their intuition and of the
changes that occurred within the therapeutic relationship as a result of having listened to their intuition.

The discussion of the music therapist’s experience of intuition moves on now to focus on intuition in the creative process, specifically during clinical improvisation.
CHAPTER VI

INTUITION IN THE CREATIVE PROCESS OF CLINICAL IMPROVISATION

Introduction

All of the participants in this study use clinical improvisation in their work and each one spoke about their experience of intuition while improvising with clients. They also described the relationship that they saw between intuition and improvisation. This chapter is concerned with the music therapist’s experience of intuition during the process of clinical improvisation. While the act of improvising with a client is related to *Intuition in the Context of the Therapeutic Relationship* as described in the previous chapter, I believe there is significance to this topic that warrants a separate discussion.

Hesser (1995) describes clinical improvisation as a here-and-now experience where the music of the session is improvised based on the person or persons present in the session. . . . Many percussive and melodic instruments from around the world are made available to the clients and can be played successfully without previous training. These instruments tap the innate potential of all people to make and respond to music. (p.47)

The therapist and client engage in a spontaneous musical interaction. The immediacy of improvisation mirrors in some ways the experience of intuition. A
clinical improvisation moves forward propelled by the players, each musical moment unfolds into the next as client and therapist interact with each other. There are moments of intuition, moments of understanding and moments of contact between therapist and client.

As a researcher and music therapist, I was particularly interested in the participant's discussion of their experiences of intuition during clinical improvisations. Once again the language that people chose to describe these experiences was poetic, evoking in me both imagery and emotions. Improvisation is a creative process that many of these music therapists connected closely to their intuitive process. While describing her own sense of what intuition is Sandra stated that, "There is a creative process to it and that's what we should be doing, tapping into that creative source." She believes that intuition has a creative component to it and by "tapping into" her intuition she finds that her music is more fluid and that she is more connected to her clients.

Some of the participants in this study were trained as Nordoff-Robbins (1971, 1977) music therapists. Music therapists using this model place a primary emphasis on improvising music with clients. These music therapists speak of intuition as an integral part of therapy particularly as it affects clinical improvisation. Forinash (1992) interviewed several Nordoff-Robbins clinicians about the process of clinical improvisation. She discusses the therapists' experiences of spontaneity, creativity and intuition:

In Clinical Improvisation, therapists experience moments of spontaneity, creativity, and intuition; spontaneous, indicating the therapists' ability to
freely respond to the therapy situation; creative, suggesting therapists' ability to develop and expand both their own and their clients' responses; and intuitive, implying therapists' sense of knowing in what direction to proceed without any apparent external reason. The combination of these three words suggests one aspect of the total experience. (p. 130)

It is not surprising then that these participants explained their experience of intuition as an integral aspect of the process of improvising music with a client.

Once again I return to the kaleidoscope image, and with another turn of the data a slightly different view or perspective is revealed. The specific areas of focus that emerged as categories in this chapter include: Opening to the Music, When Intuition Informs the Music, and Effortless Music: When Music Informs the Intuition. The relationship of these categories to each other seems so close at times that there is a sense of overlapping or interweaving. Again, cross-case theme statements are written in italics and presented at the beginning of each new category.

The following poem, just as in the earlier chapters, was created from the collective language and voices of the six participants. As I became more and more familiar with the participants descriptions of their experience of intuition during clinical improvisation I began to have this image of a circular pattern in which the music informs the intuition and the intuition informs the music. It was not always clear where on the circle each music therapist started as they described their experience of intuition during clinical improvisation but there was a clear sense of movement and motion in the descriptions. It was almost as if they had gotten on a
ride, jumped on a spinning circle and became a part of the creative and intuitive experience of improvisation.

Intuition Informs . . . the Music Informs . . . Intuition

I Open myself to receive what is there,

To receive the client,

To receive the music

To Receive

I Breath in and out, I let go of everything

Express what Is

In the music

I create

I am the vehicle

For the music

The music flows through me

I am fluid, like a river

I am in sync, connected with the client

Connected to all beings

There is easiness in this place

And yet, there is paradox,

Clarity and ambiguity

Form but not predictable

I am open to what comes
From this creative source

I am open to my intuition, my intuition opens the music.

Opening to the Music

When I engage my intuition during an improvisation I have entered into it by letting go of rules, opening myself to receive the client, the environment and all of what is about to occur in the music.

If we consider the circular shape and motion of the relationship of intuition and improvisation it is not always clear where to enter that circle and begin the journey. As the participants of this study spoke about their clinical improvisations with clients several of them discussed the ways in which they open themselves to the music and to the possibilities that improvisations hold. Much of what they shared echoed the discussions from chapter IV, The Conditions Surrounding Intuition. The ideas of trusting in the process and taking risks, listening deeply to self and to the client, and self-awareness all seem to be a part of this creative process of intuition and improvisation.

How do music therapists approach a clinical improvisation, particularly when they feel they are using their intuition? James speaks about his work in a hospital environment. There are times when he improvises music out in the hallway for the benefit of the patients and the staff. He described how he approaches this music and his experience while playing.

I have this ritual when I start to play music, of playing 5ths, and not only is it opening the environment up, it’s opening me up and I just get

145
involved in this whole dance experience. I'll stand there for a few seconds at least and listen and look and I try to start each playing with a deep breath and then on the out breath I sort of think. So I'm trying to just take in the whole environment and I do look around and obviously things in the environment are changing while I'm playing and because of the nature of what I'm doing I can't respond. It's not like I'm writing music to choreograph this whole experience, but I'm trying to get a feeling of what's needed out there.

He consciously uses the music to open himself to the environment and to the music that he will create. He also spoke about how he is affected by the music while he is playing.

Sometimes I'll be in the hallway, and there might be nobody there and I'll come very close to crying and I notice that and I use it now because I'm thinking, it's working both ways, not only is the music affecting me but I want to put this into the music so that people can hear it. You know what ever "it" is.

When asked if he felt like he is intuiting that sadness from the environment, James replied:

Sometimes yeah, sometimes it's just from the music, often it's just from the hospital setting. It does feel like it's other than me. In terms of improvisation and intuition there's another issue. How much do you allow yourself to be distant from the experience? Or how much do you need to be distant from the experience in order to function, versus allowing
yourself to be swept away by the music and still be there and maintain
your integrity so that you can manipulate it in such a way. I still find it a
very fine line.

James's descriptions here touched on the ideas of deep listening and self-
awareness. Once he has opened himself up to the environment and to the music,
he has entered that circle of moving the music and being moved by the music. His
intuition informs his music and then he allows himself to be moved by his own
music and use the emotions that arise by bringing them back into the music. He is
cautious of remaining present in the moment and not getting swept away by the
music to the point where he feels he is no longer functioning as a therapist.

Berliner (1994) presents an example of one jazz musician's ritual of
opening himself to the music or as he states "relinquishing control" so that he can
engage in an improvisation with more flexibility.

A conga drummer in Chicago once followed this course as he periodically
dropped his hands limply onto the drum head from different heights,
allowing them to rebound freely, then immediately imitated their complex
alephonic patterns and played off of them. "There is such a thing as
letting the music take you, if you are willing, or if you are open enough"
... "Instead of trying to play the music all the time," ... "you sometimes
have to let it play you, and you have to be relaxed enough to let that
happen." Developing the confidence to do this can be an important turning
point in the maturation of improvisers. (p. 219)
Berliner suggests that developing the confidence to allow the music to move the musician or to open to the music is a sign of a mature improviser. This implies that it is a skill that can be developed and honed, a skill that may in fact be useful to the music therapist.

The musician’s statement above of letting the “music take you” or letting the music “play you” is similar to James’s description of being “swept away by the music,” the only difference is that James also speaks about his need to maintain his integrity as a therapist while at the same time being an improvising musician.

While there are clearly similarities between James and this jazz musician’s experience of improvising music, the music therapist has an added layer of consciousness that needs to be maintained while improvising and that is his attention to the needs of the client. The music therapist is creating music in response to the clients needs. In this particular example James was playing for an environment rather than one particular client but his consciousness while creating the music was on the needs of those around him.

Ted described the state that he needs to reach in order to become open to the process of improvisation. He too referred to a process of letting go.

With any kind of creative process there has to be a different kind of thinking that doesn’t bog me down. I can get bogged down if I start thinking about interventions and tasks and rules and things. I have to really let go of absolutely everything for me to start.
There is a consciousness and self-awareness on Ted’s part as he enters into an improvisation. He knows what impedes his ability to begin, to open to the music or enter the circle. There is an element of trust in his statement, by letting go of everything he must trust in the unknown. Aigen (1996) created the following theme statement based on lectures given by Paul Nordoff and Clive Robbins:

“Doing this work requires a level of faith in our own abilities and intuitions, courage, and faith in the music itself” (p. 30). There is a level of courage required to trust in our intuitions and have the faith to move forward with the knowledge that comes from intuition. These elements of trust and self-awareness were identified earlier as conditions that surround the experience of intuition.

Nathan’s description of his state of mind as he enters into and becomes engaged in an improvisation echoed some of what James and Ted have expressed in terms of letting go and opening oneself to the experience.

I think there is something about having both clarity and ambiguity, you know those paradoxical things, form but not predictable. I think all of those things help to create and to harness the intuition into something clinically potent. You are vulnerable. You have to put yourself in a state of receiving and not ordering or planning or directing and yet you do something, we’re doing something, we’re creating something, we’re forming something.

Ted spoke about letting go of tasks, rules and interventions, James spoke about opening himself to the environment and Nathan talked about needing to be in a state of receiving, not ordering or planning. Nathan went on to describe the
paradoxes that he experiences during an improvisation: clarity and ambiguity, and form without predictability. His description of improvisation and intuition are woven together and almost exemplify the idea of the circle. Once he is in the state of receiving the interplay of intuition guiding the music and the music guiding the intuition begins.

As Sandra related her sense of intuition in general, she quickly made a connection to her experience of improvising with her young client.

I was thinking what is intuition? How would I define it? And what does it really mean? I think it’s the thing that connects all beings. That’s why I could play music that seemed to connect with this little girl. It was something about being open and therefore being connected to where she needed to be or where she was going. How would I define intuition? It’s almost like the ability to know something before it is somehow expressed concretely to you. There’s a creative process to it which is what we should be doing tapping into that creative source.

She too makes a reference to being open and described how that openness allowed her to make a profound connection with this child in the music.

Previously, Sandra described intuition itself as a creative process and a creative source that can be tapped into. In each of the participant statements above there is a sense of weaving the experience of intuition into the experience of improvisation. Intuition is creative and creating an improvisation can be intuitive.

In a discussion of creativity in music Joni Mitchell states, “If you are too reasonable, then creativity won’t come around in you, because then you’re not
intuitive, and it requires a great deal of intuition" (Boyd, 1992, p. 246). All of the participants found a way to enter the circle to open up to this creative process, by letting go and receiving what is there.

When Intuition Informs the Music

*When I open myself to the moment and listen deeply to the client, my intuition can guide the music that I play. This music comes from a place where I am not analyzing or organizing in a conscious way.*

During the interview process as the participants listened to their own clinical improvisations they began to reconstruct some of what they were experiencing at the time. In addition observations were made as a result of repeated listening to the improvisations on tape. Based on the descriptions given by these music therapists, there were times when their intuition informed the movement of the music.

The "Creative Now," a concept developed by Clive Robbins, "refers to the potential creative moment in which the therapist is poised to receive and respond to what the client is presenting—either in active playing or merely in presenting him/herself in the room—as music" (Turry, 2001, p. 352). There is a great importance placed on being open to the client and ready to receive whatever may come to that moment. The therapist is poised to allow intuition to inspire the music. In a discussion of the Nordoff-Robbins approach Aigen (1996) describes how a therapist prepares to enter into a session.
This preparation for clinical work has a Zen-like quality in which the therapist becomes cleared of any extrinsic thoughts, ideas and feelings which inhibit a deep living in the moment. The ability to completely be in the moment allows the creation of clinically potent music and this is the key to effective therapy. (p. 10)

I would add that the ability to be completely in the moment allows one greater access to their intuitive faculties.

Nathan described his internal process after listening to a song improvisation with an adult client. He described how he opened himself to the client and to the possibilities in the music. He did not approach the client with a preconceived idea about what the music would or should have become.

When I started playing I didn’t think, “Oh, here I am playing this chord progression.” I didn’t know what I was going to play. I was just letting my fingers go and where I stopped was really a chord that didn’t take us to the root chord, it was some other place, it was still open. So there is something about intuition to me that feels like if I’m really going to tap into it, the thing is not totally predictable before, like here is the chord progression, “I, vi, ii, V.” I’m not thinking that way. I’m playing something that’s creating a deeper in the moment, not knowing, but there’s still the overriding, in this session, structure of song form.

In this example Nathan allowed his intuition to guide him into the music. His intuition informed his music. He continued with a more general discussion about clinical improvisation and his sense of how he uses his intuition.
I think it’s different in different situations. I think sometimes it comes out all at once, and sometimes you have an idea, the inspiration that you then form and within that you were having little intuitions about doing this or that. Sometimes the Aha! is about a sensitivity to something. “Oh, he needs this,” but the actual manifestation of it is an intuition. Why that particular thing that you choose to do is intuitive? You know why you are doing it, but you don’t know why you made those specific musical choices.

Nathan described a consciousness about making clinical decisions based on experience but he also leaves himself open to intuition that might move him to play in a certain way before he has consciously made a decision to do so. Nathan believes that when he is improvising he is always tapping into his intuition.

When you are improvising I think it’s just part of the process that you are tapping into the intuitive faculties. There’s something about creating music, you are harnessing something that’s more than just intellectual cognitive choices, you are getting into something archetypal or universal and to me when you enter into that musical potential creative space you are harnessing intuition.

From Nathan’s perspective the act of improvising requires the use of intuition. There is more to the process than making logical choices as he plays, he enters into the music making with openness to potential creativity and this for him is intertwined with intuition.
As Ted played the tape of his improvisation with the adult client who finally joined him at the piano, I listened as the client began the music with tentative single notes played in the upper register of the piano. After some wandering around on the keyboard the client’s melody moves down toward the middle register of the piano and finally lands on a single note. Precisely at this point I can hear the client’s note joined by a chord in the lower register. Ted has entered into the improvisation and as a listener I felt a clear shift in the music, the tempo settled into a slow 4/4, and the client’s melody changed from wandering to something more expressive and connected. Ted described his experience at the point in the music where he joined the client’s music with his chord:

I felt that shift, as if we had started something. This is going to be something. I felt like as soon as I played that chord and his one tone, the quality of that one tone changed. I knew we were in a different place, everything changed. And then I felt like I could move around harmonically. I just started to move and the other thing that came into my mind was, "Yes one tone," obviously octaves, but harmony, changing, shifting harmony. I just felt like we were going to go on this kind of harmonic journey together. That it wasn't static. We were going to go somewhere and obviously I was being influenced by the way he was playing those tones. It spurred me on to playing different harmony and thinking, "Oh something new, now something new here." I played more forcefully or there'd be some kind of tension, like sustaining a diminished 7th and then resolving or then an abrupt shift from major to minor and
then back. Just these shifts that were, like all of the sudden it was all possible, it could be abrupt it could be smooth, it could be. I just felt that once we started, that was it, we could just keep going. And when you keep getting that, kind of feedback of it happening it spurred me on to do, to be more.

There is a quality of movement in the words and the way that Ted described his experience in this improvisation. He was so clear that a shift had occurred the moment he heard his chord with the client’s single tone. This was where he entered the circle. It seemed from his description that his intuition helped to guide the movement in the music and then the process became cyclical as the music from the client informed his intuition and so on.

Ted’s experience and description illustrate that circular and interconnected relationship of intuition and improvisation. As stated above the relationship of the categories in this chapter are so close that at times they seem to overlap with each other. One really moves right into the next and perhaps these defining lines are useful only in considering a slightly different perspective of the same experience.

**Effortless Music: When Music Informs the Intuition**

*When I am deeply engaged in an improvisation with a client the music begins to move through me with ease. The music seems to inform my intuition.*

Just as there were times when the participants were clear that their intuition was informing their music, there were also times when the music began
to move along with an effortless ease and it appears at these times as if the music itself is informing the therapist’s intuition.

May (1975) discusses creativity from a psychologist’s perspective. He sees one aspect of the creative act as an “encounter” in which the person involved in the creative act encounters a subject, idea or task.

The encounter may or may not involve voluntary effort— that is, ‘will power.’ A healthy child’s play, for example, also has the essential features of encounter, and we know it is one of the important prototypes of adult creativity. The essential point is not the presence or absence of voluntary effort, but the degree of absorption, the degree of intensity . . . there must be a specific quality of engagement. (p. 40)

If the music therapist is involved in a creative act with the client it may be true that at times the quality of engagement is so great that the therapeutic thought processes are not in the forefront. When the therapist allows his or her intuition to guide the music, this is when the music moves effortlessly.

Sandra spoke about her experience during the session with her young client. Sandra and her client improvised music throughout this entire session. She described her sense of being a vehicle for the music as it seemed to come through her with little effort.

I think that this session was one of the most meaningful sessions that I have ever had. What I always say about this session is that the music was effortless and that the music came through me. I felt like a total vehicle. That is the strongest way that I think of intuition, musical intuition or just
general intuition. And I feel like there is a tie in with creativity, almost like
the best creative moments feel effortless, like it's just coming through. I
felt that I had no trouble whatsoever matching where she was in terms of
timbre or any of the elements of music, volume or quality of sound. It was
just somehow there. And there were several changes in the type of music
during the session and there was no trouble staying with her. I equate
intuition with being in sync.

For Sandra the experience of intuition is closely connected to creativity and she
believes that the best creative moments feel effortless. She also spoke about being
in synchrony with her client, this sense of connectedness that she attributed to her
intuition. She was able to be fully present and engaged with her client in the act of
creating music by remaining open and allowing the music to move through her.

Sandra went on to describe her own surprise at her musical abilities during
this particular improvisation. There was something different about this experience
that she attributed to her intuition.

I know myself musically; I did things throughout this session, in the
middle and at the very end where I either brought back melodic phrases
and harmonies from the beginning of the session. That is not always easy
for me if the music is improvised and this session was all improvised. I
can often remember the music but I can’t reproduce it easily on the first
try. This time it was like the music was just there. I remember even at the
time thinking wow! It was almost an out of body experience, as I was
observing myself and saying “Wow, look what I just played, I wish I
could do that every session.”

At other times when Sandra focused on trying to reproduce melodies or
harmonies from an improvisation with a client she has had difficulty doing this on
the first try, but in this particular instance she described the music as just being
there. She was able to access her creative skills but also engage her mental and
physical memory in reproducing improvised music without apparent thought. It is
as if the music became a part of her intuition. The music informed her intuition.

Berliner’s (1994) description of the experience of the improvising jazz
musician capture’s the essence of Sandra’s experience with this particular client.

As exciting ideas flood their imaginations, continually presenting new
melodic options, improvisers articulate them so effortlessly that they feel
at times like recipients and conveyers, rather than inventors, of ideas. John
McNeil describes himself as “a spectator in a way, and I’m usually
surprised by what I play,” he admits. (p. 218)

Sandra felt as she was a conveyer or vehicle for the music and she too was
surprised by the effortless flow of the music and her ability to recall and play
what she had created.

James spoke about his experience of intuition during clinical
improvisation. Another look at his imagery here shows a connection with
Sandra’s ideas about being a vehicle where the music moves through the musician
with an effortless flow.
I think part of the strength in intuition is allowing yourself to become really fluid so that you just go with whatever comes up, it's like a river on a river bed where it's just winding around. And the best times are when you can just be paddling along with the current and just floating rather than fighting against it.

James’s words seem to summarize Sandra’s experience. She allowed herself to become fluid and was able to move along with her client. She was not fighting the current she was a part of it.

Guitarist Richard Thompson described a similar experience from his perspective as a performing musician:

You get inside the music to such an extent that you kind of are the music, or the music’s you. You’re thinking about it but you’re not thinking about it. Sometimes I think it’s almost a flashing backwards and forwards of intellect and intuition: One minute you’re thinking G flat, seven five, and then it’s gone and you’re doing something that you’re not aware of really. You’re just sort of flying along, and then you have another conscious moment where you think, ‘oh, yes, two bars left’. (Boyd, 1992, p. 162)

This idea of becoming the music and flying along with it in a way that is not conscious illustrates the unmediated actions that can occur as a result of intuition. Once all of these music therapists and musicians opened themselves to their creativity, to the music itself and to the potential of what improvisation has to offer, they were able to tap into their intuitive faculties and the music moved freely.
In a qualitative study of “flow experiences in clinical improvisation in music therapy” (p. 17), Fidelibus (2004) identified a shift that occurs in the improvisation experiences. He calls this shifting place “The Point,” and describes the point as “being right there in music in an absolute sense” (p. 156). Based on the descriptions that Sandra and James gave of their experience of intuition during improvisation they seem to have reached that point of being in the music.

Fidelibus (2004) goes on to explain the importance of mindfulness, in the Buddhist sense, to the music therapist’s experience of clinical improvisation:

Apparent in clinical improvisation, as in meditation, the improvising practitioner has the capacity to be keenly aware of what is happening for him in the present musical moment. He is able to separate thoughts and mental and emotional reactions to the music event from the actual experiencing of the core musical moment. In a paradoxical sense, the therapist’s mind is both receptive, involved, and detached from the experience. (p. 212)

Here Fidelibus touches on the ideas of being receptive and involved in the music just as the participants of this study spoke about their experience of opening to the music and then being so engaged in the music that it began to move through them with ease. He also talks about being detached from the experience which is similar to the concerns that James described when he spoke about being “distant enough from the experience” so that he does not get “swept away by the music” and lose his integrity as a therapist. As the music therapists in this study described
their sense of experiencing intuition during their improvisations, they have touched on the ideas and practice of mindfulness as well. It seems that an important relationship exists between being mindful and being open to or accessing one’s intuition.

Messages in the Music

It appears that when a therapist is able to detach from the music while at the same time remain present in the music, there is another layer of information that can be intuited from the music. In these examples the participants described other ways in which the music informed their intuition. They talk about the experience of simultaneously being both listener and performer of the music. They are in the music, creating the music and at the same time listening to how the music moves them. While Sandra watched the videotape of the session she selected for our interview she made the following observation about the music that began the session. She was playing at the piano and the child was playing a triangle.

I wasn't really conscious of this at the time, but I was conscious of the fact that I felt like something big was going to happen and I felt as if the music gave me that impression. What did that music sound like, that first music? I guess it was fairly open, it's sort of like when you go to see a show and you hear the beginning, like the overture of an opera, you hear the beginning music, it's setting the stage I think that's what made me say that I really knew something was going to happen because that's what kind of music it was. It started immediately in a constructive way as if she had
work to do. That was the feeling, she was coming to this place to work and she knew she could do it here.

As Sandra created the music along with her client she was intuiting what to play based on her sense of what the child needed. Simultaneously, as she listened to the music it seemed to inform her about a sense that something big or important was going to occur during this session. In this example Sandra illustrated that cycle of intuition informing the music and the music informing the intuition.

Nathan too spoke about being informed by the music. In this case he was talking about his experience working with a co-therapist. He was not the one creating the music but he felt that the music informed his intuitive sense of what to do with a client.

I can remember working as a co-therapist where the music just told me what to do the whole time. The person at the piano was playing and I just knew what to do the whole time. I don’t know if that’s intuition or just understanding about or having a relationship to music that gives you clear ideas about how to respond to it. Maybe that’s a part of intuition also, having faith that in the moment of not knowing the music is going to bring you someplace that you need to go.

As Nathan thought out loud here he was conscious that he has a strong relationship to music. His experience and education have some bearing on how he responds to the music but he also refers to his intuition. He reminds us of the conditions that surround intuition: experience, education and having faith or taking that leap of faith, trusting in the music and deep listening. All of these
conditions acting in concert with one’s intuition create that immediate sense of knowing. In this case Nathan felt that the music informed his intuition and told him what to do.

All of these conditions are also related to Clive Robbins’s concept of being “Poised in the Creative Now,” which was alluded to earlier in this chapter and is further described by Turry (2001) as

a state of balanced, receptive alertness on the part of the therapist. In this state of readiness, listening is a creative musical act. There is no script, no game plan, but a willingness on the part of the therapist to act, respond, and enter into a mutual musical relationship with the client. (p. 352)

Some aspects of Robbins conceptualization of being “Poised in the Creative Now” include: “Intuition, Faith in the Power of Music, Trust in Own Abilities, and Musical Background and Training” (p. 353) which reflect some of the conditions surrounding intuition as identified in this study.

Summary

I return to the circle or cyclical nature of intuition as part of the creative process of clinical improvisation. Once a therapist has entered this circle and becomes engaged in the process of improvisation, there is a pattern and interplay between intuition and the creation of music. There is an opening of self to the process of creating and an opening to receive the client. This opening requires a letting go of rules and a freedom of thinking. The opening leads to a deep inner listening where intuition begins to guide the music as it is formed. The therapist
then becomes so engaged in the music that he or she feels it is moving freely through them and at once the music begins to inform the intuition and the cycle continues.

Nachmanovitch (1990) describes the multilayered aspects of improvisation in music:

In improvisation, there is only one time: This is what computer people call real time. The time of inspiration, the time of technically structuring and realizing the music, the time of playing it, and the time of communicating with the audience, as well as ordinary clock time, are all one. Memory and intention (which postulate past and future) and intuition (which indicates the eternal present) are fused. (p. 18)

This statement in some ways summarizes the concept of the circular pattern of intuition as part of improvisation. If memory and intention are fused with intuition, all are acting in concert or affecting each other so quickly that the movement from one to the other is almost undetectable. Past, present and future are fused and the movement in the improvisation is measured in the passage of time, yet the experience of being in the creation of the music feels timeless.
CHAPTER VII

HOLISTIC VIEW OF INTUITION AS EXPERIENCED
BY MUSIC THERAPISTS

Introduction

Throughout this document I have referred to the interconnectedness and overlapping nature of the various categories that have been described to illuminate the music therapist’s experience of intuition and how it is used during a music therapy session. This chapter is a culmination of all of the thoughts presented and a putting back together of the pieces that have been separated in service of this exploration and explanation of the experience of intuition. The ways in which music therapists experience intuition in the body, the conditions that surround this experience, the effects that intuitive actions have on the therapeutic relationship and the use of intuition in the creative process of clinical improvisation with a client are all part of a whole. The separate elements are occurring at once within the interactions between therapist and client.

Holistic View

As I began to review all of the categories and theme statements from chapters III – VI, there were many images that came to my mind in an effort to somehow envision a totality of the these participants’ experience of intuition in
the process of providing music therapy to clients. The first diagram that I created to encapsulate my thinking began as a series of concentric circles, with Intuition at the center and moving outward was Experience, Conditions, and Therapeutic Relationship/ Creative Process of Improvisation. What I was trying to depict was an image that could be read from the outside in or the inside out, one that was not necessarily a hierarchical way of viewing the experience as a whole but rather a way of seeing the multilayered aspects of all that is occurring in a single moment as the music therapist uses intuition while working with clients. In the process of creating this diagram the circles began to grow into ovals and as I looked at this new form I was reminded of an image from an analytic memo I wrote after completing my first participant interview.

Researchers Memo 7/12/02: Interview 1.1

As I was driving home from this interview I had this image of a flashpoint come to my mind, that moment when a match strikes something and then ignites. That was how I pictured this participant’s experience of intuition. There were concrete foundations to her process, like the match and the friction needed at the point of striking the match, but it all comes together in a moment to create that spark that leads to the flame.

When I wrote that memo I remember thinking that I was not sure what the significance of this image was but I did know that imagery and metaphor has always served me when I seek to understand something more deeply and so it seemed significant to include in the memo. As I looked at the diagram of concentric ovals I began to see the image of a flame and was once again returned
back to the very place where I started, the first interview. Coming full circle but on a journey well traveled and returning to this point with greater insight and understanding of that early image.

Some of the participants referred to intuition as a spark or flash. These are words that can also be used to describe the flashpoint of a flame. A flame is a source of energy that moves and changes the form of that which surrounds it. Similarly, the intuitively informed actions of these music therapists’ led to changes in their clients and in the therapeutic relationships.

Figure 1, represents a summary of all that has been discussed in chapters III-VI. If one views it using the metaphor of the flame, Intuition is positioned at the base of the flame at the flashpoint, and the elements of the experience move upward away from the hottest point. Intuition in this position serves as the source or center of the flame. The next area on the diagram contains the different ways in which intuition is Experienced, such as visual, auditory, physical, emotional and spiritual.

The experiencing of intuition through the various modes all occurs within the context of the Conditions that Surround Intuition which is found in the next oval and those conditions exist within the greater context of the Therapeutic Relationship and Creative Process, which is the outer most oval. Since this diagram depicts the music therapist’s experience of intuition, all of the various aspects of the experience were purposefully encapsulated within the contexts of the Therapeutic Relationship and the Creative Process as the experiences of intuition described by these participants all occur within these contexts.
Figure 1. Holistic View of the Music Therapist's Experience of Intuition
One can view these same aspects of the music therapist’s experience of intuition from the outer oval in toward the center.

As I spent time reviewing and revisiting this diagram in the recursive style of qualitative research it brought me further into the experience of intuition and opened up more thoughts and questions on the topic. Specifically I began to wonder, is there something about the experience of intuition for the music therapist that differs from the musician or therapist who uses intuition?

Music Therapist as Intuitive Musician and Therapist

Music therapy is a multidimensional experience which includes a therapeutic process that coincides with a creative process. The music therapist who works within an improvisational framework is both creative musician and therapist simultaneously. The literature cited throughout this document indicates that psychologists and musicians both use intuition in their work as does the music therapist. Is there a difference in the experience for musician, psychologist and music therapist?

The intent of the participants in a music therapy session defines and orients both the verbal and nonverbal processes comprising the session in a manner that is not reducible to the significance of these activities in fundamentally different contexts, such as that of verbal psychotherapy or a musical performance. Thus, there is the need to understand music specifically—and solely—in terms of the uses it is put to in the context of music therapy process. (Aigen, 1991, p. 78)
Just as it is important to understand music specifically in terms of its uses in a music therapy context it is important to understand the music therapist's experience of intuition as it occurs within this therapeutic music making process.

Because all of the participants in this study work within an improvisational model of music therapy, there is an emphasis on the experience of intuition during improvisation throughout this document. Comparisons have been made to the improvising jazz musician’s experience of intuition. The music therapist who enters into an improvisation has a slightly different focus from the improvising musician. Though there are similarities in the ways in which the two may experience intuition during improvisation, the therapeutic agenda adds another layer to the music therapist’s thinking or intuiting. Kenny (1982) believes that

although the jazz or blues musician interprets musical improvisation as being a mutual agreement on some basic form and variations and interpretations of that form,... musical improvisation for the Music Therapist usually follows a more spontaneous form. Development, interpretation, and variation of spontaneous music produced by the patient or client becomes the focus. (p. 116)

Ruud (1995) elaborates on these ideas as he makes a similar comparison to improvisation in music therapy and in jazz.

Improvisations in music therapy may have fewer musical rules and conventions to follow, the musical frames may be established by the participants while playing,... By letting the improvisation be handled
within the cognitive boundaries defined in our culture as ‘therapy,’ there will be themes which may be significant within the therapeutic context. It is this therapeutic reality, which deals with existential themes, conflicts, or dramatic life circumstances, the musical improvisation – as play – will seek to transform. (p. 95)

There is a freedom in an improvisation that occurs between music therapist and client that differs from an improvisation between jazz musicians. Perhaps this freedom from musical rules and form enhances the music therapist’s experience of intuition during an improvisation.

There is something about the act of creating music that provides a fertile ground for the experience of intuition. Hesser (1995) believes that “the abstract nature of music allows for a deep expression of the emotional and transpersonal aspects of life” (p. 46). The experience of intuition is one of the transpersonal aspects of life.

Csikszentmihalyi (1998) describes what he refers to as the Flow Experience:

Flow denotes the wholistic sensation present when we act with total involvement. . . . It is the state in which action follows upon action according to an internal logic which seems to need no conscious intervention on our part. We experience it as a unified flowing from one moment to the next, in which we feel in control of our actions, and in which there is little distinction between self and environment; between stimulus and response; or between past, present, and future. (p. 150)

171
Csikszentmihalyi speaks about an “internal logic that seems to need no conscious intervention.” Intuition has been referred to thus far as a nonlogical experience, Csikszentmihalyi’s idea of an internal process that moves without need for conscious intervention bears some similarities to the experience of intuition. The unified flowing from moment to moment and the sense of connection between self and environment are aspects of the experience of intuition as described by the participants in this study.

Csikszentmihalyi (1998) goes on to explain that the flow experience is most typically seen in play. He says “The working out of creative ideas also involves analogous experiences. In fact, almost any description of the creative experience . . . gives experiential accounts which are in important respects analogous with those obtained from people at play” (pp. 150-151). The process of creating improvised music has the potential for this flow experience and creates the potential for the intuitive experience as well. I believe there is a relationship between intuition and the flow experience, particularly as it relates to the process of improvisation.

Where the rules of music may be somewhat suspended for the music therapist, the doctrines of therapy are present and influencing the improvisation and intuitive experience. This is where the musician and music therapist’s experience of intuition in improvisation differs. “The clinical efficacy of improvisation is not due to the absence of structure, but lies in the fact that it consists of spontaneously and flexibly evolving structures” (Aigen, 1996, p. 19).
The intuition that guides a music therapist during an improvisation occurs spontaneously and requires flexibility on the part of the music therapist. As music therapists enter into improvisations with their clients, the possibilities that lie in the music grow out of an openness of form that is centered on the clients' needs, abilities and music. It is the dual role of improvising musician and therapist that is the foundation for the intuitive experience of the music therapist. The intuitive knowledge not only informs the creative process of the music itself, but it also informs the therapist's sense of how to guide or direct the client toward growth in the music therapy process. In the moment it all occurs at once; the roles of musician and therapist are fused and must move in concert with each other.

Due to the nature of a therapeutic relationship, the music therapist at some point must reflect on intuitive information and how it is being used to determine what is in the best interest of the client. This reflection may occur before or after the music therapist has taken an action based on intuitive knowledge. An improvising musician may or may not find the need to reflect back on the direction that his intuition guided his music.

The psychologist or therapist who uses intuition in their practice is similarly guided by the needs of the client, and a sense of the direction in which the client could move toward growth and self-awareness. What the psychologist does not have is the creative interaction of improvising music with the client. That is not to say that psychologists do not interact creatively with their clients, but there is something distinct about the interactions that occur between client and music therapist as they enter into a musical improvisation.
As stated previously the process of creating music holds the possibilities for the flow experience not only for the therapist but for the client as well. The therapists in this study have stated that they feel most intuitive when the music moves with ease from both client and therapist. Thinking back to the circular pattern of music informing intuition and intuition informing music, the music itself becomes a conduit for intuitive knowledge which then feeds back into the creative process of music making. This distinguishes the music therapist’s experience of intuition from that of the psychologist.

With one more look through the kaleidoscope I saw a parallel between the music therapist’s experience of intuition during an improvisation and the inner workings of a kaleidoscope. Figure 2, illustrates the relationship of the different aspects of the music therapist as they interact with each other to influence the experience of intuition. Inside the kaleidoscope are three mirrors positioned in the shape of a triangle. This formation of mirrors reflecting off of one another is part of what creates the images that are seen through the kaleidoscope. If the kaleidoscope represents the creative process of clinical improvisation then the mirrors could represent (a) the musician, who is concerned with aesthetics and has a foundation of learned techniques and skills (b) the therapist, who moves with a therapeutic agenda from a specific therapeutic approach or model and (c) the music therapist, the combination of these two with the freedom to let go of musical rules. It is the constant interplay and reflection of these roles off each other that bring forth the insights, and intuitions guiding the music therapist’s clinical improvisations.
Figure 2. Influences on the Music Therapist's Experience of Intuition During Clinical Improvisation

Musician
- Influences: Aesthetics, Skills, Techniques

INTEUITION IN CLINICAL IMPROVISATION

Therapist
- Influences: Therapeutic Agenda, Therapeutic Model

Music Therapist
- Influences: Musical Freedom
Summary

Throughout this study I have described and captured the experience of intuition as it was related to me by the participants. It was my goal to delve deeply into the experience so that others who are interested may gain a greater understanding of their own intuition. I return to one of the characteristics of intuition, as described by Bastick (1982) cited in chapter 1, which was the nonanalytic (nonrational, nonlogical) and gestalt nature of the experience. The intention of this chapter was to present the gestalt nature of intuition, the final view through the kaleidoscope.

Intuition occurs in a moment, a flash and the flame has been ignited. All that has been said up to this point leads back to the completeness and simplicity of that moment. There is no logical explanation for this experience yet; listening to the voices of the participants offering their insights on this topic gave me a greater understanding of the experience of intuition. Based on the experiences of the participants in this study I have come to understand that (a) the knowledge gained through intuition is useful to music therapists, (b) intuition does influence the actions of music therapists as they form musical and verbal interventions, (c) the interventions guided by the music therapist’s intuitive knowledge have a positive effect on the client and the direction of the therapeutic process, (d) the ability to recognize and use intuition is a skill that can be developed through experience and self-awareness, and (e) intuition is integral to the process of clinical improvisation.
Music therapists, who value intuition and believe that the cultivation of intuition is a meaningful pursuit, may find this study to be a useful starting place for considering one’s own experience and the various conditions that surround and enhance that experience.

Turry (2001) discusses the importance of assisting students in developing their intuition.

The development of intuition cannot be directly taught to the trainee in supervision. It needs to be nurtured, like cultivating a plant. By creating an understanding, resonating space for the trainee, the supervisor can created the conditions for him/her to become more intuitive. (p. 357)

Turry offers conditions for enhancing the intuitive experience of a student which include the creation of a space, just as the participants of this study created space for their own intuitive knowing to come through. Space can be a useful thing.

I conclude here with a story from the Tao Te Ching that talks about the usefulness of “nothingness” or space:

Thirty spokes on a cartwheel, go towards the center, but look there is nothing at the center and that is precisely why it works.

If you mould a cup you have to make a hollow: it is the emptiness within it that makes it useful.

In a house or room it is the empty spaces – the doors, the windows – that make it useable.

They all use what they are made of to do what they do, but without their nothingness they would be nothing. (Kwok, et. al., 1993, p. 46)
I create a space now for the reader, to take what is useful from this document, to consider the contents but leave room for the doors and windows to open to new possibilities and views of this experience of intuition.
REFERENCES


APPENDIX A

OVERVIEW OF THEME STATEMENTS

This list includes all of the theme statements from chapters IV – VI

CONDITIONS SURROUNDING INTUITION

Trust: The Leap of Faith

Moments of intuition and actions that come out of intuitive knowledge are
preceded by a leap of faith into the unknown. I must take a risk and trust this non-
logical knowledge when I follow my intuition.

Deep Listening to Self and to Client

When I feel most intuitive, I am listening deeply to my own internal process and to
external information from the client and the environment.

Self-awareness

The more self-aware I become the easier it is to access and trust in my intuition.

Self Questioning – Self Dialogue

As a therapist I find myself looking back at intuitive actions with many questions.
The logical mind wants to understand this nonlogical experience or place it in a
logical context within the therapeutic relationship.

Previous Experience and Education

All of my experiences and educational training create a fertile ground where my
intuition can flourish.

184
Relationship to Clients

My perception of the relationship to my client has an effect on how I experience and use intuition in relation to that client.

INTUITION IN THE CONTEXT OF THE THERAPEUTIC RELATIONSHIP

Therapeutic Agenda

Based on my knowledge of music therapy and my assessment of the client, I enter into each session with a focus or purpose. This agenda often guides my use of intuition.

Making the Connection: Finding the Route In

There are times when I have exhausted all logical forms of communicating and my intuition serves as a beacon that guides me toward the essence of another person.

Tension/Release: Movement in the Therapeutic Relationship

If I listen deeply to the client and to my intuition during moments of tension that arise for the client or within the clinical relationship I find unexpected ways to move through that tension.

Timing: When to Act on Intuitive Information and When to Wait

There are times when my intuition leads me to actions before I have thought them through and there are times when I am aware of intuitive knowledge and choose not to act from that knowledge based on my sense of how ready the client is to receive this information.
Actions That Contradict Experience

*When I trust my intuition there are times when my actions in relation to the client are out of the realm of what my logic and experience would dictate.*

Turning Points

*There are clear moments, following intuitive interventions, when I know something new has happened, a shift has occurred for the client and the relationship.*

INTUITION IN THE CREATIVE PROCESS OF CLINICAL IMPROVISATION

Opening to the Music

*When I engage my intuition during an improvisation I have entered into it by letting go of rules, opening myself to receive the client, the environment and all of what is about to occur in the music.*

When Intuition Informs the Music

*When I open myself to the moment and listen deeply to the client, my intuition can guide the music that I play. This music comes from a place where I am not analyzing or organizing in a conscious way.*

Effortless Music: When Music Informs the Intuition

*When I am deeply engaged in an improvisation with a client the music begins to move through me with ease. The music seems to inform my intuition.*
APPENDIX B

CONSENT FORM
CONSENT FORM

You have been invited to take part in a study to learn more about the experience of intuition and how it is used by music therapists during a session. This study will be conducted by Tina Brandon, from the Music Therapy program, in the Dept. of Music and Performing Arts at the NYU School of Education. This study is being conducted as part of her doctoral dissertation. Her faculty sponsor is Barbara Hesler who can be contacted at NYU Music Therapy Department (212) 998-3482.

If you agree to be in this study, you will be asked to do the following:
1. share a video or audio taped archival session of your choosing.
2. view the session along with the principal investigator
3. identify moments of intuition and write a few notes at this time
4. participate in one interview to discuss your experience of intuition as you have identified them on the taped session.

Participation in this study will take about 3 hours of your time. There are no known risks associated with your participation in this study.

Although you will receive no direct benefits, participation in this research may help the participant as well as other music therapists to increase their awareness of the experience of intuition as it is used in music therapy sessions.

The investigator has explained this study to you and answered your questions. If you have additional questions or wish to report a research-related problem, you may contact the researcher at (718) 320-8835 or nhb@mindgrip.com.
For questions about your rights as a research participant, you may contact the University Committee on Activities Involving Human Subjects, Office of Sponsored Programs, NYU at (212) 998-2121.

Participation in this study is voluntary. You may refuse to participate or withdraw at any time without prejudice. Nonparticipation or withdrawal will result in no loss of services to which you are otherwise entitled.

The principal investigator will maintain confidentiality of your research records. No identifying information will be included in any of the data materials that are shared with the investigators support group, or academic supervisors.

Your interviews will be audio taped. You may review these tapes and request that all or any portion of the tape be destroyed.

You have received a copy of this consent document to keep.

Agreement to Participate

Participant's Signature ____________________________ Date ________
APPENDIX C

CLIENT CONSENT FORM
CLIENT CONSENT FORM

You have been invited to take part in a study to learn more about the experience of intuition and how music therapists use it. This study will be conducted by Tina Bongiovi, from the Music Therapy program, in the Dept. of Music and Performing Arts Professions at the NYU School of Education. This study is being conducted as a part of her doctoral dissertation. Her faculty sponsor is Barbara Heuser who can be contacted at NYU Music Therapy Department (212) 998-5432.

If you agree to be in this study, you will be asked to do the following:
1. Allow the principal investigator to review a video or audio taped session of your music therapy.
2. Allow the principal investigator to view the session along with your therapist.
3. Allow your therapist to select the session that will be viewed though you have a right to request that a particular session not be shared with the principal investigator. You will be notified of the session that is selected before it is included in the research for your approval.

Participation in this study will take about 5 minutes of your time. There are no known risks associated with your participation in this study. The focus of this study is primarily the experience of the therapist.

Although you will receive no direct benefits, participation in this research may help your therapists and other music therapists to increase their awareness of the experience of intuition as it is used in music therapy sessions.

The investigator has explained this study to you and answered your questions. If you have additional questions or wish to report a research-related problem, you may contact the researcher at (718) 320-8235 or nbongiovi@nyu.edu.

For questions about your rights as a research participant, you may contact the University Committee on Activities Involving Human Subjects, Office of Sponsored Programs, NYU at (212) 998-2121.

Participation in this study is voluntary. You may refuse to participate or withdraw at any time without penalty. Nonparticipation or withdrawal will result in no loss of services to which you are otherwise entitled.

The principal investigator will strictly maintain confidentiality of your research records. No identifying information will be included in any of the data materials that are shared with the investigators support group or academic supervisors.

You have received a copy of this consent document to keep.

Agreement to Participate

Signature: ___________________________ Date: ___________________________
APPENDIX D

PARENTAL PERMISSION FORM
PARENTAL PERMISSION FORM

Your child has been invited to take part in a study to learn more about the experience of intuition and how music therapists use it. This study will be conducted by Tina Brosius, from the Music Therapy program, in the Dept. of Music and Performing Arts Professions at the NYU School of Education. This study is being conducted as part of her doctoral dissertation. Her faculty sponsor is Barbara Hesser who can be contacted at NYU Music Therapy Department (212) 998-5432.

If you agree to allow your child to be in this study, you will be asked to do the following:
1. Allow the principal investigator to review a video or audio taped archived session of your child's music therapy.
2. Allow the principal investigator to view the session along with your child's music therapist.
3. Allow your child's music therapist to select the session that will be viewed though you have a right to request that a particular session not be shared with the principal investigator. You will be notified of the session that is selected before it is included in the research for your approval.

Participation in this study will take about 5 minutes of your time and no time will be needed from your child at all. There are no known risks associated with participation in this study. The focus of this study is primarily the experience of the therapist.

Although you or your child will receive no direct benefits, participation in this research may help your therapist and other music therapists to increase their awareness of the experience of intuition as it is used in music therapy sessions.

The investigator has explained this study to you and answered your questions. If you have additional questions or wish to report a research-related problem, you may contact the researcher at (718) 320-8835 or tin@mindspring.com.

For questions about your rights as a research participant, you may contact the University Committee on Activities Involving Human Subjects, Office of Sponsored Programs, NYU at (212) 998-2121.

Participation in this study is voluntary. You may refuse to participate or withdraw at any time without penalty. Nonparticipation or withdrawal will result in no loss of services to which your child is otherwise entitled.

The principal investigator will strictly maintain confidentiality of your child's research records. No identifying information will be included in any of the data materials that are shared with the investigators support group or academic supervisors.

You have received a copy of this consent document to keep.

Agreement to Participate

Parent/Guardian's Signature: ___________________________ Date: ___________________