PERFORMANCE IN MUSIC THERAPY WITH MENTALLY ILL ADULTS

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Peter Jampel

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# TABLE OF CONTENTS

**ACKNOWLEDGMENTS** iii

**LIST OF TABLES** ix

**CHAPTER**

<table>
<thead>
<tr>
<th>I</th>
<th>INTRODUCTION</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Research Statement</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Source of the Study</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>The Need for the Study</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II</th>
<th>PERFORMANCE IN MUSIC THERAPY</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Community Building Benefits</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Tapping Into Strengths</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Increasing Motivation and Perseverance</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Networking and Ecological Music Therapy</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Working with the Personality of the Performer</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>A Vacuum of Multiple Perspectives</td>
<td>25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III</th>
<th>THE RESEARCH METHOD</th>
<th>27</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Addressing the Dual Role of Clinician/Researcher</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Choosing a Method of Inquiry</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>Finding and Selecting Participants</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>Interviewing the Participants</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>Evolutionary Factors in the Group and Public Performances</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>Emergent Research Design</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>Context of the Data Collection</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>Recording Devices and Collection Procedures</td>
<td>39</td>
</tr>
</tbody>
</table>

continued
Data Analysis 41
Coding Categories 44
Confidentiality and Trustworthiness 46
Peer Debriefing 49
Stance of the Researcher 50

IV  PROFILES OF THE PERFORMERS 53

Profiles of the Group Members 54
Music Making in the Family of Origin 61
The Music Performance Personality Profile 63
Internalizing Abusive and Critical Attitudes 64
Internalizing Supportive Attitudes 69
Cultural Attitudes Towards Mental Illness 71
Past Personal History in Music Performance 73
Performance Nightmares 74

V  THE PROCESS OF THE MUSIC THERAPY PERFORMANCE GROUP 77

Group Formation, Attendance, and Participation 79
Perceived and Assumed Roles in Group 82
The Process of Role Formation 85
Emerging Family Dynamics 89
Group Confidentiality 97
Connection and Termination Issues 98
Band of Performing Brothers and Sisters 100

VI  THE PROCESS OF GROUP AND PUBLIC PERFORMANCE 106

Performances in the Group 106
The Public Performances 107
Five States of Performance Connection 113
Connecting to the Self 117
Connecting to Other Performers 124
Gender Issues 124
Differences Between Lead Singers and Back-up Musicians 127
Cheering Sections 131
Connecting to Audiences 132

continued
Connecting to the World Beyond the Audience 141
Triggering Past Performance Memories 149
Connecting to the Spiritual 151

VII IMPACT OF THE MUSIC THERAPY PERFORMANCE GROUP ON THE PARTICIPANTS 154

The Impact of Doing Research on the Group Members 154
Building Self-Esteem 156
Building the Capacity for Self-Observation 160
Building Confidence to Take Action 162
Performance Dreams 164
Impact of the Study on the Researcher 166
Self-Assessing Performance Issues as a Music Therapist 167

VIII THE EXPERIENCE OF MUSIC PERFORMANCE FROM MULTIPLE THEORETICAL PERSPECTIVES 171

Profiles of the Performers 171
Music Making in the Family of Origin 172
Internalizing Abusive and Critical Parental Attitudes 178
Cultural Attitudes Toward Mental Illness 183
The Process of the Music Therapy Performance Group 185
Imparting Knowledge 186
Universality 187
Altruism 189
The Corrective Recapitulation of the Primary Family Group 190
Interpersonal Learning 192
Group Cohesiveness 193
The Process of Group and Public Performance as Therapy 195
Communitas 200
Audience and Connection 202
The World Beyond the Audience 205
The Spiritual Aspects of Performance 208
Impact of the Music Therapy Performance Group 213

continued
VIII CONCLUSION 218

The Intrinsic Rewards of Performance 219
Applause and the Need for Audience Response 220
Emotions and Creativity 222
Expansion of Enacted Roles 223
Toward the Notion of Performance as Culture 224
Thoughts for Further Study 226
Final Thoughts 228

REFERENCES 230

APPENDICES

A PARTICIPANT CONSENT FORM 236
B CALL FOR RESEARCH PARTICIPANTS 238
C STATEMENT TO SUBJECTS 239
D PROPOSED INTERVIEW QUESTIONS 240
E SAMPLE OF RAW TEXT ANALYSIS 241
F SAMPLE OF CODED TEXT ANALYSIS 242
G CODING CATEGORIES 244
H SAMPLE ENTRY OF RESEARCH JOURNAL INCLUDING ANALYTIC MEMOS 245
LIST OF TABLES

1. Group attendance and participation in performances 81
2. Play list of songs from public performances 109
CHAPTER I
INTRODUCTION

During the summer and fall of 2004, I conducted a research study in music therapy performance at a community mental health center in New York City. This study examined the performance experiences of ten mentally ill adults who had backgrounds in music.

As a way of introducing what the experience of performing can mean to a person who has gone through a lifetime of chronic mental illness, the story of Maxwell is I think, quite revealing. I worked with this forty-eight year old, African-American man in the early 1990s. His talent as a musician became apparent to me during the music therapy groups in which he participated. Though he talked in a monotone, mumbled, repeated statements echolatically, talked to himself at times, dressed in wrinkled garments, was usually unshaven, and displayed the blunted affect that is characteristic of people who are diagnosed with schizophrenia, there was a remarkable vitality about the way that he played music. He revealed that he was a performing musician with a rhythm and blues band from his late teens to his early twenties but at age 22, he was unable to resume his career due to the onset of his mental illness. He has been in and out of inpatient psychiatric facilities since that time. Though he has maintained an interest in music, he had not had the opportunity to perform since he became ill.

Within a few months, he began to participate in a performing band that I was directing at my clinic. He played the piano and sang. When performing, he
projected his voice more clearly, sang with feeling, and displayed a considerable amount of dexterity and digital independence. After his performances, he seemed to carry himself more uprightly and walked with a surer stride. His dress and appearance started to improve as well.

After a couple of months, the band was invited to perform on a cable television show that was being broadcast to the very psychiatric inpatient unit that had discharged him just six months earlier. On the day of the show, he came dressed in a dark suit and tie, and was clean-shaven. He sang and accompanied himself on the song *Groovin'* and I remember thinking how well he was playing and vocalizing. I looked up at the monitor and saw a long close-up that they were taking of him and thought how impressive he appeared. He seemed to be an almost entirely different person from the one that I had first met several months before.

When we exited the TV studio about forty-five minutes later, we were walking back to our vehicle across the campus of this inpatient facility. Maxwell was carrying the keyboard. He was stopped by a young man who recognized him and the two of them embraced. They talked briefly and it became apparent that they had been on the same psychiatric unit six months before. The young man had just heard him play on the TV show and complimented Maxwell on his performance. Maxwell smiled and then beamed a huge grin when he was asked if he wouldn’t mind signing an autograph for him. He complied willingly. I produced a pen and the flier of the show on which he then signed the autograph.
They shook hands, Maxwell wished him luck, and he said that he hoped that he too would soon be leaving the hospital. They waved to one another as they parted.

Maxwell’s TV performance seemed to complete his transformation from inpatient to touring artist. Though his illness would persist five years after that performance, he continued to play with the band and had not had a return admission to the hospital. He left the band after he decided to move to an adult home that was too far from the clinic for him to be able to travel to band rehearsals. He did however continue to perform in his new residence. I kept in touch with his therapist and about a year later, we arranged to have the band do a benefit concert for his residence. When he saw us walk through the doors, he smiled broadly and embraced each member. That afternoon, he played *Groovin’* with exceptional verve and style, wore his dark suit, and later bowed to the packed audience that cheered him on. It seemed as though his transformation had become a lasting one.

The story of Maxwell’s progression from the devastating effects of severe mental illness to becoming a resident performer is a tale of restored pride, talent, and accomplishment. In this dissertation, you will read about the stories of ten people whose lives also have been scarred by mental illness but who found through their experience of music performance, a path toward healing.

**Research Statement**

This study is an attempt to understand the experience of music performance for ten mentally ill people. I will focus on not only what happened in a music
therapy performance group that I led, but I will also explore the impact that this group experience had on their involvement in two public performances. Through an analysis of the transcripts for the thirteen group sessions as well as an analysis of the interviews that I conducted, I will tell their stories.

The approach that I used had two components to it. The first was a music therapy performance group. In this group, feelings, associations, and the history of the participants’ backgrounds were explored as it pertained to music and performance. They were encouraged to express their moods, feelings, and ideas about performance. Group members were encouraged to perform in the group. When they did, their experiences were processed in terms of emotional connection and resonance. Public music performances were the second component of the approach that I developed. It was in these performances that they sang and played the music that they chose. These experiences were later discussed in the group where their reactions and insights were utilized as feedback for further work. A second public performance was arranged to serve as a vehicle for gaining greater emotional resonance and self-confidence.

Being seen, heard and publicly acknowledged is important for most people but for people with serious mental illness, the opportunity to do so is often more limited. Illnesses such as schizophrenia and bi-polar disorder can lead to significant functional impairments in the cognitive and social realms. Symptom emergence occurs most frequently when people with these illnesses are under stress. Though the symptoms of the research participants were mostly under control when the study was conducted, the history that was found in their medical
records indicated that they each person suffered significant social, academic, or vocational disruptions at some point in their lives.

The demands to function in groups can often be stressful and can lead to the emergence of serious symptoms of mental illness. This often results in aborted attempts to return to pre-morbid (before illness) levels of functioning. Feeling discouraged by not being able to complete their efforts to accomplish their educational or career goals for instance, often resulted in their feeling left behind by their non-mentally ill contemporaries who seemed better able to master these situations. The present direction of community mental health points toward the fullest restoration of the mentally ill into the fabric of society.

It has been my experience that performing music can offer a path to learning how to master symptoms of mental illness. The music therapist should help the client understand what the challenges of working in performance might be and help them to become as emotionally prepared as possible to cope with the demands of the performance process.

The challenge for the music therapist involves trying to develop a culture in which performing music is nurtured and rewarded for the fullest possible effort made and not just for the perfection of technique. Performance should not just become a means of making money or gaining fame but understood as a process for gaining confidence, acquiring new skills, and finding meaning in making and in performing music. Essentially the problem is creating a new system where performance is available not only to the most talented but to the interested as well.
This view is supported by the music therapist Gary Ansdell (2002), in his discussion of community music making. Ansdell views performance as needing to be more accessible and multi-dimensional for clients. The models of community music that he discusses attempted to reconstruct not only society’s attitude toward performance but that of the performer as well. I do not believe that we can eliminate all stressful aspects to performing, but we might allow people with mental illness to experience making music before an audience as a process that has at least filtered out certain needlessly pathological elements. In so doing, the benefits can be promoted. We can help to make possible the fulfillment of each person’s musical promise. To those who dream of performing or for those who suffer from the trauma of performing, it seems as though a better understanding of the therapeutic application of musical performance is needed.

I believe that it is important to study the derivatives of the attitudes that involve performance. The focus should be on the origins of these attitudes, on why performers chose the songs that they do, and on how they feel when they sing, play, and perform. Through interviews, a better understanding of the context of these attitudes can be established; the effect that this has on their performance experiences; and what impact my approach had on them. Naturalistic Inquiry provides a qualitative research framework that can best study not only the diversity of the performers’ backgrounds, but the embedded performance culture that is unique to this setting.
Source of the Study

"Is this too much like a performance?" I used to think to myself as a young music therapist in groups. I was concerned not to put pressure on my clients, not to make them feel that their efforts were being judged or evaluated. It was important I thought, to eliminate from the experience of musical expressiveness any concerns that they might have about how good they sounded, or whether they had sufficient enough skills musically, or if they felt that they were being compared to other people in terms of talent. Even the awareness of being listened to was an issue that I thought about. Did the conscious knowledge of playing music in the presence of other people in a music therapy group somehow reduce the individual's capacity for authentic emotional expression? My intention was to create an environment where fear and anxiety would be minimized. One in which the individual could feel free to communicate from an inner place of security.

When performance began to emerge as something that grew out of a deepening of the music therapy experience of my clients, I realized that it was all a part of the work. I began to view these issues as challenges to the long-term evolution of doing music therapy in a community setting. I came to appreciate how performance naturally evolved and the potential that this had in developing a sense of community.

Ritual was needed in the weekly day treatment program in which I worked. We began the week together in a community meeting but we did not have a way of ending it together. A closing ritual was missing that could help tie together the week's events. Parting for the weekend had become a kind of mini-separation as
client anxiety became palpable on Friday. This day seemed to represent a loss of community support and a return to the emptiness of existing impoverished social routines.

I instituted the community sing to help process and put the week to a close. It became an event in which each community member and staff person was in attendance. New client arrivals as well as discharges were acknowledged there. Births, deaths, major illnesses, absences, pending vacations, major incidents or noteworthy episodes, new staff hiring or those moving on to other positions were all part of the ceremonial function of this group. It became more than a group; it was a community building structure that promoted belonging and membership.

The process and content of the music also evolved. Working with large numbers of people (at times there might be forty people in the room) necessitated the invention of new music therapy strategies. It was no longer feasible to expect that we could all be playing at the same time. At first we did songs that allowed each individual to have an opportunity to do lyrical improvisations or fill-ins. Songs acknowledged personal accomplishments, celebrated anniversaries, birthdays, and graduations. Songs also were a way of saying hello and goodbye to community members, as well as a way of grieving losses. My role as community musician grew with the community’s growing size and interests. Cultural diversity in the music was also critical to this multi-racial and ethnic community. Gradually, musically gifted people emerged from the community. They wanted to assume a more active music-making role in the community sing. This included clients as well as one particular staff member who often brought his guitar and
singing talents into the group. A dance therapist brought movement into the process and partnered with me the use of music and movement therapy. I also worked with the rest of the treatment team to help them learn how to model being in the music. I did not want to place undue emphasis on musical giftedness as a condition for participation. My intention was to try to lessen the role distinction between the musically gifted and non-gifted by encouraging each person to be more risk taking in their attitude towards performance and creativity. Gradually people began to share their music with each other with less fear and apprehension.

Client members of the community would at times sing songs that they found meaningful. When a request was made by a member to hear a particular song, sometimes a person would emerge who offered to sing it or to play it on an instrument. New talents often were first put on display in this manner. Eventually a small number of clients formed as my back-up band. It was usually percussive in nature but at times a guitarist, pianist, or other harmonic instrumental player would emerge.

I began to notice how these musical individuals gained special recognition for their contributions. Sometimes it would be a total surprise that a certain person possessed such a gift. Their spontaneous performances often presaged if not the beginning of a flight into health, at least the start of a journey. Roles as community musicians were solidified as these people performed on a regular basis. Almost all of the musicians who emerged identified music as one of if not the core interest of their lives.
What seemed to be happening in the community sing was a full-blown musical phenomenon that had very definite performance overtones. People were now seeking out opportunities to share their music with each other. Individuals were gaining recognition and status for their special musicality. I was playing and performing music when the situation called for it, and the situation seemed to be calling for it on quite a regular basis by then. I sang or played requested songs but I also offered to perform songs when the group context seemed to be right.

By 1991, these community musicians were expressing an interest in making music outside of the community sing as well as continuing inside. They were deeply engaged in all the other music therapy services that the program offered. Another music therapist was hired by my clinic that year, Rafael Picorelli, MT-BC. His extensive background as a performer led the two of us to pursue the development of a music therapy group that promoted music making for people who just wanted more time to play. This evolved over the course of about three or four months into a regular jam session. People who came into this group displayed a greater capacity for self-direction and musical leadership. They started playing grooves, improvising, and bringing in tunes. Singers joined us. Eventually we wrote a song about Martin Luther King that we performed at our hospital’s yearly holiday celebration of his life. This was our first outside performance. The group received a hearty response from the audience. They were mostly comprised of other consumers (a person with mental health issues who receives services from our facility). The idea of performing music for other events...
was new and exciting. We decided to formalize the group into a performing band and instituted regular rehearsals.

The recognition that they received seemed to boost the self-esteem and self-confidence of the band members. They enjoyed performing and wanted to do it again. They shared common interests and experiences. They had pride in their work and strove to work harder and improve the group sound as they gained more publicity, more jobs, and pay for their efforts. With my encouragement, they were hired by Hospital Audiences, Inc. to tour various hospital facilities and perform. They did this for the next two years and were well paid for their efforts.

Over time I developed other performance opportunities including a monthly cabaret in the auditorium of the site’s community mental health center. The cabaret developed as a community-wide performance event that included not only the program’s clients but one in which they could invite their friends and relatives, other consumers from the clinic, and members of other agencies within the building. The band became the house band and has continued to perform there on a regular basis since its inception in 1993. This cabaret became the hub of community music making. Other consumer groups were invited to perform. In 1997, Sten Roer, a music therapist who had developed a similar performance group from a psychiatric hospital in Denmark, brought his band to our clinic. I arranged a concert tour for them that included performing for the first of what would become a yearly creative arts therapy festival featuring consumer artists and musicians from New York City.
The Need for the Study

It seemed clear that the people whom I had worked with had felt that their performance experiences were important to them. They became on the whole more psychiatrically stable, compliant with recommendations to take medications, had fewer hospitalizations, moved into employment programs, and participated in and displayed multiple artistic interests and talents. More than half the band (by now about fifteen members) worked as graphic artists in the art therapy studio.

Despite these positive developments, there were inherent difficulties in performing that challenged each consumer. Often people over-valued audience response, or engaged in the kind of comparisons of musical giftedness that I had long tried to avoid in the past. It was quite apparent that some people were stable in terms of the symptoms of their depression, mania, anxiety, or psychosis but that this stability did not preclude the emergence of personality characteristics that all too often, revealed pathological associations that came through in the performance process.

Throughout the time that I worked with the band, I had observed that not all performances went as well as others. Not all audiences were equally attentive. Sometimes the performers’ efforts were uneven. The band struggled with the realities of the performing life that included the letdown some performers felt after a performance that did not go so well. They had to deal with audiences that were inattentive. They were confronted with the behavior of other performers who wanted to quit or who did not show up for rehearsals and who were less prepared
to perform. We had to process the feelings that people had about the different levels of commitment within the band.

The life of these performing musicians included other challenges including finding enough rehearsal time, getting to and from the concerts, and deciding who would set up and break down the gigs. There was also the reality of performers being hospitalized for psychiatric reasons and the ongoing eruption of psychiatric symptoms before, during, and after performances. These were daunting challenges.

At first, I had led the band as its music therapist by addressing these issues as they came up in a weekly, two-hour rehearsal. As time went on, people would pass by, hear us rehearsing, and were attracted to the music. The group decided to invite them to stay and listen and felt that their presence added energy to the music making. The practices became like dress rehearsals in which the performers had the experience of playing before a live audience. Although this promoted audience involvement, it was now difficult to develop the kind of consistent and confidential environment where they could still address the difficulties that they experienced in performance.

I realized that a modified approach was needed. The performers were struggling to work through their psychological impediments and the group needed to address this on a consistent basis. I felt that rehearsal time needed to be distributed on an as-needed basis so that group members could experience the freedom to give to each other in this way. It was also my impression that the advantages of the open rehearsal format were not sufficient to justify the intrusive
effect that this had on the group therapy process. There was a need to create a closed music therapy performance group in which consistent communication was emphasized.

I took this new group as an opportunity to study the effectiveness of these new ideas. I wanted to understand how the participants would experience working in a music psychotherapy group, and what impact this would have on the way in which they performed. I believe that the clients' perspectives on music therapy performance were missing and needed to be heard.
CHAPTER II
PERFORMANCE IN MUSIC THERAPY

In preparing to do this study, I wanted to engage the literature on performance in music therapy so that I could have a deeper appreciation for the benefits and challenges that other music therapists had encountered. Though the literature documented many uses of performance, in no account had the clients’ perspectives been elicited. Nor did I encounter an approach that employed performance as the primary therapeutic process while also attempting to address potential conflicts. Instead, performance has been discussed as having benefits in particular cases, or being used as a recreational activity, but not as an ongoing therapeutic process. Still I found it useful to compare my own experiences with those of other music therapists.

The ensuing discussion on the music therapy literature reflects the trends and ideas that I think are relevant to this study. Though my reading on this topic included the entire collection of music therapy journals in this country and selected journals from other countries and disciplines, as well as dissertations, book chapters, books, newspaper articles, etc., I do not intend to provide a comprehensive review of the topic of performance in music therapy. This subject is too broad I believe to be of use to this study. Instead I feel that a targeted discussion on the specific benefits and problems found in the music therapy
performance literature will be of more use in highlighting issues that pertain to the
source and the need for the study. Through a critical analysis, I intend to
demonstrate that there are gaps in the use of performance as music psychotherapy
and that this study addresses a vacuum in client perspectives. Later in chapter VII,
I will come back to the literature in music therapy as well as across the related
disciplines, to help explain and illuminate the findings of the study from multiple
theoretical perspectives.

Community Building Benefits

The community building benefits were a major aspect of the experiences that
I had had in performance. Music rituals that included music performance helped
to build awareness of, and identification with community. This generated a sense
of common experience and helped to weld together diverse cultures into a
community. I first encountered this when I worked with Florence Tyson at the
Creative Arts Rehabilitation Center in Manhattan for two years in the mid 1980s,
and observed how performance functioned in this outpatient community of artists
(Tyson, 1981). Musicales were organized by the staff at the center and
highlighted the use of the arts in performance on a community wide basis. These
productions helped to promote a sense of membership. The discussion of
community music therapy in the recent works of Ansdell (2002, 2004), Aigen
(2004), and Stige (2002a, 2002b, 2003) all reflected community building
properties that were similar to the elements in Tyson’s model. Performers can be
seen as culture-builders and culture-bearers and this resonated with my own
experience. Performers can model to the community how thorough preparation, risk-taking, and emotional commitment to the art form can be just as important to the performer’s success as is skill.

Stronger communities are established when lines of ethnicity, gender, and age are crossed. Performing music that reflects diversity can bring not only the performers together but their audiences as well. In Bowers (1998) tale of the performance experience of a multi-generational choir composed of troubled teenagers and the well elderly, the bonds that they ultimately formed helped to bridge the gap of misunderstanding and antagonism that had originally existed. They learned to appreciate each other through performing music. Through the intervention of the music therapist, both generations eventually became willing to open themselves up to musical idioms that were initially perceived by each as something alien. The resolution of this inter-generational conflict was critical in promoting understanding. I had experienced similar effects in working with performance. At any given time, I have worked with people in the band who were as young as nineteen and as old as their late seventies. Despite differing initial preferences for certain styles of music, the performers eventually learned to at least tolerate if not come to appreciate each other’s musical choices.

Community building also occurs through the connection that the audience and the performers establish with each other. Ethnic, cultural, and generational diversity among the audience was a huge factor that had to be appreciated by the performers in order to make this connection happen. Increasing sensitivity to this issue promoted rapport between the musicians and the audience. Joseph Moreno
(1988) provided an ethnological context for appreciating differing cultural perspectives on audiences and performers. He looked at the roles that performance played in Indonesia, in particular African tribes, and in India. In these cultures, performers reflected varying traditions as storytellers, wise men, and teachers. Audiences were often more interactive in these contexts and sometimes took part in the performances themselves. I have observed how audiences that reflected predominantly African-American or Hispanic roots seemed to be more active and participatory than other audiences of mixed ethnic composition.

**Tapping Into Strengths**

I have long been fascinated by how performance affords people the chance to have their otherwise hidden musical talents come to be known. I have witnessed this process happen at my center on numerous occasions. Mary Pickett (1976) described how a depressed widower in his mid fifties, who had been previously unresponsive to all clinical interventions on a psychiatric inpatient unit, blossomed when he had a chance to show his gifts as a guitarist and singer. This was an opening that led to his recovery and discharge. Pickett reported that a follow up visit with this man found him leading guitar and voice classes in the community.

Ann Capek (1981) chronicled the process of a young schizophrenic male in individual music therapy. In his sessions, he displayed gifts for playing the mandolin and guitar. He later gave concerts of his own original compositions to
the entire hospital. This changed the entire course of his treatment and the perception that the staff and his peers had of him.

Cody (1965) discussed how certain people with schizophrenia exhibited skills in music that were more intact than in other areas of their functioning. These innately musical people were able to build self-esteem and gain peer recognition for their gifts. This in turn improved their social functioning. This report struck me as similar to my own clinical experience.

Cassidy (1976) observed similar findings in his report about disturbed adolescent boys who publicly performed music. They received increased recognition and a boost in social status from doing performance.

I have also observed how appearance, grooming, and self-care can improve as a result of wanting to be seen at one’s best when performing before the public. Fenwick (1971) told a story about a regressed, mute, schizophrenic woman’s remarkable gains through performance. In music therapy, Fenwick discovered that she possessed a lovely singing voice. Eventually she sang solo before a hospital audience of over three hundred people. With this came a complete transformation in her self-care, grooming, and speech. She became more communicative and socially interactive.

Glassman (1983) reported similar findings though in a different setting. She worked with the well elderly in community center. After participating in a talent show, her clients seemed to experience a boost to their sense of vitality and self-worth. Performance had opened up their dormant interests and skills as musicians. With this, they also became more attentive to their grooming and appearance.
I have worked with a music therapist, Christina Conroy, MT-BC, who led a geriatric performance group. Our groups had gotten to know each other through the exchange of several concerts that we did for each other’s facilities. These senior performers wore matching purple outfits. The men had straw hats on and some of the women changed costumes several times during their show. It was apparent not only how much pride they took in their appearance but how nimble they were. Some did soft shoe dance routines while others cleverly rolled their bowler hats down their arms to their fingertips and caught them. One woman performed from her wheelchair. Having a stroke was just another challenge for her to overcome.

Increasing Motivation and Perseverance

As one might gather from the above example, performance can also serve as a motivating force in overcoming neurological trauma. David Ramsey (2001) works in music therapy performance with adult stroke victims at Beth Abraham Health Services in the Bronx, New York (Aigen, 2004). He reported similar outcomes in terms of the motivating effects that performance has had on his clients in persevering with their recovery process. He uses specially designed musical technology that assisted or compensated for the loss of movement. The recognition that they received for their performance efforts in a monthly hospital-wide cabaret was reported to be gratifying.

Performance programs such as the one at Beth Abraham do result in improved self-esteem and socialization. It is my impression that this motivates the
individual to work harder in the music and the harder that the person works, the greater are the rewards. This boost in self-esteem is self-reinforcing. Findings such as this were found frequently in the literature. Josepha (1964) described her work with a six-year old girl with a prosthetic left hand. This girl became motivated to improve her fine motor skills by learning how to play the piano. She eventually became so motivated by her piano progress that she then learned how to play the violin and later taught piano to other students. Eventually she joined and performed with the school orchestra. These experiences improved her self-esteem, her socialization skills, made her less self-conscious, motivated her to gain maximum benefit from her prosthetic hand, and promoted her successful adaptation to school. Despite the obvious difference in the client population between her work and mine, the process of improved skill development and improved socialization were very similar.

A choir project with a population of delinquent adolescents highlighted attendance and motivational gains. After gaining wide recognition for their performance work, these previously delinquent students displayed better school attendance and performance. They also became significantly less difficult behaviorally, and exhibited better work habits in the choir (Ragland & Apprey, 1974). All twelve participants who completed the choir project also graduated from high school.

All of these reports emphasize improved work routines. As I have discussed in the introduction, the performers that I have worked with became more active socially, artistically, expressively, in their appearance, and some even expressed
an interest in finding employment. The skills that are sharpened are not only expressive skills but organizational as well. These skill sets can be put to use in other ways.

Sue Baines (2000) discussed a music therapy performance model in psychosocial clubhouse in western Canada that illustrated these effects. She described how the consumers in her program became increasingly self-sufficient in organizing a talent show that included poetry reading as well as music performances. Eventually this model proved to be so effective that four other clubhouses throughout western Canada employed it. When asked in a questionnaire what they got from the experience, the number one consumer response was how it raised their skill level. One respondent saw the experience as a break from always seeing himself as having something wrong with him.

I addressed the topic of consumer arts employment in a presentation that I gave to New York Creative Arts Therapy Coalition’s yearly conference (Jampel, 2000). My discussion centered on how performance seemed to lead to an improvement in employment outcomes. I reported on my observations that improved work routines in music performance sometimes led individuals to feel self-confident enough to try to challenge themselves to go back to work. Being able to meet a challenge, work hard, and overcome obstacles created momentum and a greater willingness to meet other challenges. This involved helping the individual to see that they could successfully work through their fear, uncertainty, and anxiety. If psychiatric symptoms emerged, coping strategies could be implemented. As a music therapist, I used performance as a metaphor. I tried to
help clients visualize how through overcoming the obstacles that were met in performance, they could learn how to act on other stages.

Networking and Ecological Music Therapy

Performance leads to an increase of exposure to and interaction with other systems. This was evident in how the band became a performing group for Hospital Audiences, Inc. and then how this exposure promoted opportunities to play for other groups. The interaction of a system with other elements of the larger society was the focus of a discussion by Brynjulf Stige (2002, 2003) about ecological music therapy. Stige applied a four-tiered model of ecological activity on human development to music therapy (Urie Bronfenbrenner as cited in Stige, 2003). The band’s activity can be seen as a move out of the microsystem level (identification with their own group) and onto the mesosystem level (interaction with other microsystems). Hospital Audiences promoted networking that according to Stige, put the band’s ecological activity onto the exosystem or organizational level. The yearly creative arts therapy festival that I developed in New York City is another example of the exosystemic level. Bringing together consumer musicians, artists, dancers, poets, and actors from different agencies was an organizational endeavor.

These activities impacted the band members. They have expressed pride in the way that they helped to inspire their audiences, for the awards that they have received, and for being a model that has helped launch other performing groups. The mutual shaping that occurred between the band and the environment in which
it operated is consistent with Bruscia’s (1998) definition of ecological music therapy as promoting health between sociocultural layers (p. 229).

**Working with the Personality of the Performer**

As my work with music therapy performance continued to evolve, it seemed to attract people who were quite gifted. Some of them were more experienced performers. The issues that they presented were becoming increasingly complex, challenging, and filled with conflicts that seemed to be deeply embedded in their personalities.

Berger (1999) discussed some of these challenges in her music therapy approach with gifted musicians. She worked with their internalized feeling states and how they saw themselves in terms of their major instrument. She used performance as an in-the-moment, Zen-like experience that was aimed to reduce judgment and self-critical attitudes. She viewed music pedagogy and parental influences as often leading to perfectionism, anxiety, and fear of criticism.

Montello (1989, 1990) worked with musicians who suffered from performance anxiety in a music therapy group. Through verbal interventions and music improvisation, she attempted to identify and work through the conflicts that these musicians experienced.

Working with the experienced performer can place greater demands on the therapist. Identification can occur with the client’s struggle to perform. Musical challenges are presented in working with more musically sophisticated clients. The counter-transference (the therapist’s reaction) was the theme of a case study.
about an opera-trained music therapist who worked with a client who was an opera singer (Diaz de Chucmachiero, 1990). The author identified with her client’s world of performance, how it demanded perfection, the ways in which the opera singer is trained to hide behind their acting skills and mask their feelings from potential critics or employers, and the stress and tension of having to sell oneself in an environment where appearances are so important. The author attended carefully to her own feelings and reactions in working with this person. I thought that this article was particularly revealing in terms of how music therapists can become vulnerable to their own associations to the performance process. Feelings can be triggered of unresolved tension or anxiety.

A Vacuum of Multiple Perspectives

Collectively, these authors have identified many important issues. Performance promotes community building, it taps into strengths, it helps to increase motivation and perseverance, and it encourages networking. What is missing are the perspectives of the clients. To discuss performance in music therapy without being able to hear the voices of those who have experienced it, is operating from a vacuum of multiple perspectives. Without these reports, it is hard to determine the effectiveness of the approaches that were used.

Also missing from the literature is a systematic discussion that takes into account both how to employ the benefits of doing performance while also addressing the problems that might be encountered. The challenges that are associated with performance were often cited in the literature yet except for
Berger (1999) and Montello (1989, 1990), the authors who worked with performance did so without addressing how to work with the conflicts.

Absent from the literature as well were community settings in psychiatry where performance in music therapy was used. Anxious musicians, hospitalized psychiatric patients, neurologically impaired adults, children who have suffered amputations, and opera singers in private music therapy practice all have benefited from their experiences with music therapy and performance. People who seek out this form of music therapy to address the resolution of inner conflicts and who seek personal growth from performance, were not represented in the literature.
CHAPTER III
THE RESEARCH METHOD

This study examined the experiences of a group of adults who publicly performed music while participating in a music therapy group. The participants were all diagnosed with various mental illnesses and this study explored their attitudes toward performance and how their involvement in the group affected them.

Interviews were conducted with the participants in order to ascertain information about their backgrounds as performers and how they experienced performing music while they were in the research study. Each weekly music therapy group meeting was audio recorded and transcribed. Both public performances were video taped. Additionally, a detailed record of the experience was kept in a journal. It was through this journaling process that I was able to track weekly attendance, patterns of participation, clinical impressions, and observations about the public performances. Through an analysis of these records, I was able to derive a picture of what their experiences were like.

I served not only as the principal investigator of the study but also as the music therapy group leader. This dual role was chosen so that I could study my own approach to working with performance. I had been a staff member and a music therapist at the research site for many years prior to the study. The research participants had known me in this capacity before they entered the study.
Addressing the Dual Role of Clinician/Researcher

The decision to study my own approach was done with considerable thought and planning. On the one hand, it offered me an opportunity to study a process with which I was extensively familiar. I was confident that I could employ this foundation of knowledge to benefit the study. My clinical experiences provided me with a deep appreciation for the advantages and challenges that music therapy performance had to offer. I had tested my group approach with many different clients and had experienced performance in a wide variety of community settings. I had developed constructive, long-term relationships with many clients through my work as a music therapist. Most of the clients who were appropriate for this study were psychiatrically stable and I thought would make good candidates for inclusion. They offered a richness of personal experience with performance and could articulate those experiences clearly. I was also familiar with the literature on the subject as I had presented and taught on this topic in the United States and abroad.

I was aware of the potential complications of trying to balance my dual role as clinician/researcher. I have had extensive discussions about this issue with those of my music therapy colleagues who have also researched their own work. In particular, I learned from the experience of Diane Austin (2003) whose process and dissertation contained challenges that I would likely face. Austin studied her own approach to music therapy with clients in her private practice. Her dual role as clinician/researcher and mine have many similarities.
The relative advantages versus disadvantages of this dual role have been addressed in the music therapy literature. Smeijsters (1996) believed that it was preferable to use a team approach when doing clinical research arguing that an individual clinician/researcher is an inherently less trustworthy observer of his or her own work. Bruscia (1996) acknowledged that the boundaries between these dual roles can be problematic but he did not see the difficulties as insurmountable. Aigen (1996) offered a third perspective. He believed that the dual role when employed by senior clinicians, promoted more interesting and insightful projects due to the extensive knowledge that they have of the research area. While acknowledging that potential boundary conflicts can exist when working in this dual role, he preferred to work out appropriate procedures that can account for this rather than abandoning the approach altogether.

I realized that as a clinician, I would have to be careful not to try to influence the music therapy process in a direction that I would not normally pursue in order to promote a particular research outcome. If a client’s behavior needed to be addressed for any reason, I worked first as a therapist and did what I thought was clinically indicated. An example of this happened when I dropped one of the clients (Lilah) from the study for problems she had with group attendance and inadequate communication around this issue. I felt that the impact of her behavior was disruptive to the group. Her continued participation in the study was secondary. There were also several meetings outside of group with another group member (Trisha) who requested to meet with me to discuss her feelings about possibly dropping out of the study. In this clinical situation, I maintained the
position that she should act in accordance with what was best for her regardless of whether this meant that she would continue or not. I explored with her the reasons why she was feeling that way. Her decision to stay was her own. My thoughts were to act on her clinical behalf.

The fact that the participants knew me as a therapist, was an issue that was weighed carefully in terms of how I later returned to the field to do participant checking. In this researcher’s role, I only presented findings to an individual in his or her own words. I felt that this was the best way to gather their input about the accuracy of the findings. This was a clinical decision that affected my research process. I felt that to present other findings might be experienced as stressful for certain people with trauma histories (three of the participants). I thought that they might possibly experience these findings as critical of them. This decision was a clinical one that may have affected the scope of the research findings. My decision came from a place of overriding judgment as a therapist.

I was also careful to address the possibility that research group members might be more or less inclined to stay in the study because of the fact that they knew me. Instead of acting as they normally would, I was concerned that this factor might alter their participation in the study and thereby distort the findings. With Trisha, I assured her that our relationship in the past would not affect my attitude toward her current decision nor would it have any effect on our future work together once the study was completed. It was my intention to act in the same manner that I would have whether there was a study that was being conducted or not.
The process of doing research made an impact on me as a therapist. It provided me with fresh insights about the experiences of the clients. I heard their words more clearly as I typed them out in each week’s group transcripts. Interviews gave me depth, background, and individual perspectives that would not have been available to me had I not been in the researcher’s role. I felt that my interventions in the group were more accurate as their words were fresh in my mind. I had studied the videotapes of the performances and wrote out my observations. This affected the level of detail that I was able to capture and eventually feedback to individuals and to the group. I was buoyed by the emerging research findings. My energy and interest were both at a high level. This I attribute to the dual role that I played in the research process.

Choosing a Method of Inquiry

I felt that an approach which incorporated my values, accounted for them in terms of how they influenced my thoughts and perceptions as a researcher, but that did not try to eliminate them, seemed best suited for me given my relationship to the fields of study and my extensive experience in it. I was looking for a method that allowed me to bring my deep prior involvement in music therapy performance to this study in a way that had “personal relevance” and which reflected my own “unique stance” (Aigen, 2005, p. 353). The choices I would make in the study needed to reflect my values and theoretical orientations as a clinician. I saw in naturalistic inquiry (Lincoln & Guba, 1985; Ely, Friedman, Garner, & McCormack-Steinmetz, 1991; Ely, Vinz, Downing, & Anzul, 1997) a
method that could embrace my past experiences as long as I could account for them in the research. This permitted me to use my unstated, non-linguistic, or tacit knowledge (Aigen, 2005) of the topic in the field of investigation.

In the study, I knew that I would be involved with the participants on different interactive levels such as leading the performance group as a therapist, working with them as an accompanist, even setting up equipment for performances or transporting them if necessary. Expecting this kind of interactivity and the way that it would shape the research experience was another aspect of naturalistic inquiry that I thought would be an advantage. The inseparable and interactive relationship between the researcher and the participants that is characteristic of naturalistic inquiry, seemed to fit comfortably into what I wanted to do (Aigen, 2005).

**Finding and Selecting Participants**

I intended to study a community mental health site where performance had been done over an extended period of time and in sufficient depth so that I could investigate an existing culture. Seeking out an environment where the process under investigation is already to be found is vital to the integrity of naturalistic inquiry “since context is so heavily implicated in meaning” (Lincoln & Guba, 1985, p.187). I decided that the place where I could gain the fullest perspective on this process was in the New York City clinic in which I worked. This setting provided more opportunities to study the music therapy performance process in context than any other site that was known to me. It offered more candidates for
recruitment. It had an already established performance culture that could be investigated from a depth perspective and it offered adequate space and access. I decided to start a new group that would be open to any registered consumer in my hospital who had at least some prior musical performance experience.

In a manner consistent with naturalistic inquiry, I entered the field as the primary instrument of data gathering and analysis. I put recruitment notices on the bulletin boards (see appendix B) in prominent areas throughout the clinic waiting room and day treatment spaces. Candidates were instructed to contact me to set up appointments for screening. I met with each candidate in a private space within the facility. Each person with whom I met was asked if they had performed music and if so, to then to briefly describe their performance experiences. Each potential candidate was given a written description of the study as well as an explanation of the purpose and procedures to be used (see appendix C). If they were interested in joining, a copy of the consent forms (see appendix A) was discussed in detail and explained in terms of their right to withdraw at any time. Candidates had the option of calling me if they wished to ask questions or discuss it further.

Eventually I recruited ten people who fit the entry requirements for the study. All were registered hospital patients. I knew that if they were accepted and registered by my hospital, that they would have to have a diagnosis of a serious mental illness. Each person that was recruited had either an Axis I (clinical disorder) or an Axis II (personality disorder) diagnosis as listed by the Diagnostic and Statistical Manual IV-R. This is the approved text of the American Psychiatric Association (APA) of all mental disorders and was used to determine
diagnostic eligibility for admission to this clinic. As I will discuss in the chapter on Profiles of the Performers, most of the people who entered the study had long histories of mental illness, psychiatric hospitalizations, and were taking psychotropic (psychoactive) medications. As a staff member, I had access to medical records, was able to verify their treatment status and diagnosis, and review these records for relevant past personal and family history.

The ten participants ranged in age from (41 to 75), gender (seven women and three men), ethnicity (Hispanic, Afro-American, and mixed heritages: Italian-American, Irish-American, and Jewish), and diagnostic categories (bipolar or manic-depressive disorder, major depression, schizophrenia, personality disorders, post-traumatic stress disorder, and dissociative identity disorder or multiple personality disorder). As I will discuss in the Profiles of the Performers chapter, cultural and diagnostic diversity factors were reflected in the data. They also represented a range of experiences in performance with some having worked professionally as musicians (six) and other non-professionals who performed with high school or church choirs (four). I had hoped to include people who approached performance from as many different perspectives as possible. I hoped that this would enrich the study by taking into account how various degrees of experience might influence the participant’s perceptions. This was only one factor of course but an important one. I believed that the degree of centrality that music performance played in a person’s life was an important issue in this study.

The variety of participant background and experience was an advantage. As Lincoln & Guba (1985) put it, “The object … is not to focus on the many
similarities that can be developed into generalizations, but to detail the many specifics that give the context its unique flavor” (p. 201). By having people diagnosed with various mental illnesses, with different life stories in music performance, and from varied ethnic backgrounds, I felt certain that I was going to find a variety of perspectives. It might also yield I hoped, experiences that were different, unusual in some way that might convey qualities in performance that were less well recognized but no less valuable. These deviant or negative case examples are considered valuable in shedding light on the full range of possibilities that the investigative phenomena might yield (Lincoln & Guba, 1985). Together, these ten cases would hopefully portray the experience of music performance in great detail.

Interviewing the Participants

The total number of interviews conducted with each participant varied. Although each person was asked if they would allow me to conduct an initial background interview, one person declined (Doreen) and another became unavailable (Lilah). Doreen declined to be interviewed stating that she just wanted to attend the group. I sensed that she might be having safety issues in the group due to her past history of trauma and decided not to press the issue further. Lilah said that her work commitments could be moved around to accommodate being interviewed. When I asked her to look into the possibility of moving her schedule around so I could conduct the interview, she said she would get back to me. After
several weeks had past without her doing so, I felt that the problem with her scheduling was a clinical issue and addressed it in those terms.

The other members of the group each participated in at least the initial interview and one or two of the subsequent interviews after the public performances. Six people completed all three interviews.

**Evolutionary Factors in the Group and Public Performances**

Two aspects of the music therapy performance group evolved during the study. First, I was not exactly sure how long the group would run in terms of its duration. It ended up taking fifteen weeks even though there were only thirteen sessions (I took a two week summer holiday). Second, the length of each session was established at ninety minutes after the first meeting. This session length remained constant for the rest of the study.

Having two public performances was planned but the location of these events emerged during the study. The exchange of concerts with another mental health facility featuring consumer performers evolved, as did the interaction between these two groups. The reaction to the Bronx audience by the performance group emerged spontaneously in terms of how the participants felt about playing before this literally captive audience of mental health consumers (many were confined to the facility because of their inpatient status). The in-group procedure for viewing video replays of the public performances evolved. At first, I brought the tape into the actual group session for group feedback and processing. After the second performance, a special video review session was devised due to the fact that this
was the last week of the group and I felt that the group termination process was too important to allow the bulk of the time to be spent on video feedback and processing. Data from two performances outside of the study’s design was also included. Five of the participants performed in the first event and six in the later. Discussion of these performances happened in the group in the moment and I decided that these experiences were relevant for inclusion in the study.

**Emergent Research Design**

The number of interviews that were conducted with each participant evolved to three. The plan on when they were to be done did not change, at the start of the study and after each public performance. The only open question was about the number of performances although I had thought that two seemed to be appropriate given the length of the research period. The questions that were asked in the first interview about the participant’s music background were structured though I exercised flexibility by asking follow-up questions as needed (see Appendix D). The two follow-up interviews after each public performance had a more emergent interview format and were intended to explore the interviewee’s experience. The idea to interview the music therapist who led the Bronx performance group emerged during the study. Though she was interviewed twice for the study, the audio recording for the first interview was lost due to either equipment or human error. This interview was partially recaptured though through notes that I had taken in the researcher’s journal. The second interview was captured on audio in its entirety.
These interview procedures were aspects of the research that were not completely pre-determined and fixed in place. As Lincoln and Guba (1985) stated emergent design cannot be predicted, “because the nature of mutual shapings cannot be known until they are witnessed” (p. 208). The emergent elements of the research process added another dimension to the researcher’s understanding of how different contexts and circumstances need to be handled in terms of data collection.

**Context of the Data Collection**

The use of audio recording devices for education and training purposes was familiar to the group participants at the research site. This equipment had been used frequently in the training of music therapy students and it was thought to be minimally invasive to the clinical process. Video recordings had also been used at this site for similar training purposes and were employed only for collecting data from the public performances. The cameras were trained on the research participants only so there would be no recorded images of anyone who had not given their permission to be video taped. The video taping of these events was minimally intrusive to the performance process. The procedure for keeping the researcher’s journal was done after each group session and did not affect the clinical process (see Appendix H).
Recording Devices and Collection Procedures

A SONY portable mini-disk recorder equipped with a SONY condenser stereo microphone were used for the purpose of creating an audio record of all thirteen-group sessions, all interviews conducted with the participants as well as the two interviews that were done with the music therapist Gillian Stephens-Langdon, and to record an individual clinical intervention that was done with one of the group members (Trisha). Two other meetings with this client were not recorded by her request. Several other client interventions were not recorded because of the impromptu nature of how they were scheduled. A CANON Optura 300 digital video camera was used to record both public performances. Complete transcripts were typed each week from the audio recording of the group session. Video recordings of the two public performances were replayed and reviewed after they were made. The researcher then commented in the journal as to the salient aspects of the performer's presentation. This included the person's apparent connection to other performers, to the audience, to other members of the performance group who were not on stage but could be seen by the camera, how their physical appearance seemed, how they connected to the music, and how technical difficulties such as equipment problems (such as microphone placement and set-up) or poorly tuned instruments impacted their performance. Attention was given to non-verbal performance features such as posture, microphone technique, facial expression and movement vocabulary, technical musical proficiency, rapport, audience response and involvement, and the intangible qualities like energy and conviction that led or may not have led to charismatic
performances. Both the mini-disk recorder and the digital camera were operated by the research assistant/co-therapist who worked throughout the entire study in the additional capacity as the sound technician. He was responsible for setting up and breaking down recording devices as well as musical equipment and electronic amplification. Additionally, he assisted in the technical presentation of the video material by setting up the camera to a large TV monitor for the purpose of replaying it for the group.

All of the descriptive narratives of the performance replays were written down as they occurred chronologically according to the digital time display that appeared on the camera. This became part of the researcher’s journal that was kept throughout the study. The journal included logged entries made throughout the study and which were done directly following each session or meeting with a participant. Those sessions included a thirty-minute wrap-up between the researcher and the co-therapist/research assistant. Directly after these wrap-up sessions, the researcher reflected his feelings, thoughts, and ideas about notable occurrences that were happening in the group through the written summary of that session. This included analytic memos that created a record of insights and patterns of behavior or themes that were emerging (see Appendix H). “Analytic memos can be thought of as conversations with oneself about what has occurred in the research process, what has been learned, the insights that this provides, and the leads that this suggests for further action” (Ely et al., 1991, p.80). A record was kept of attendance for each session, who was late, who needed to be called
due to absence, or what needed to be done from an organizational standpoint in moving forward with the research project.

These documents became the foundation for the analysis of the study. They were extensive, thick descriptions of what took place. "Thick description is something more than a literal recording of what is witnessed, it is something other than amassing great amounts of detail. It is the ascertaining of multiple levels and kinds of meaning in a culture" (Ely et al., 1997, p.344). The collection procedure enabled the researcher to reflect on what he saw taking place. It also formed the basis on which to consider how to make changes in the emergent design of the study.

Data Analysis

Data analysis began in early phases of the collection process. The first analysis took place when analytic memos were written. They served as the source of in-the-moment reflections on the meanings that were taking place. The minidisk recording technology also had an immediate impact on data analysis. The tracking function of this device was used during the process of typing transcriptions by track-marking places in the session recordings that seemed to the researcher, to be transitional from one thematic segment to the next. These judgments were continuous throughout the transcription process for all thirteen group sessions, all interviews that were conducted, and the one recorded clinical intervention. The tracks served to index this mass of data as well as to sort it out by a preliminary analysis of transitional segments. This enabled the researcher to
easily return to specific segments later on for further listening and analysis. Session date and track numbers were used on the labels of all minidisks. These were then cross-referenced in the written transcripts. Interviews were recorded on disks that only contained other interviews. These recordings were therefore chronologically ordered and also cross-referenced by date, track number, and interviewee's name.

The next analytic procedure occurred immediately after a typed transcript segment was given a tracking mark by the researcher. The recorder was put on pause while the researcher reviewed the just typed segment for significant statements made during that segment. These statements were then copied and pasted under the track number as a thematic summary of what had occurred within. Initially, a summarizing title was made by the researcher and put at the top of each compilation. These titles reflected the theme(s) that were found in that track and were later incorporated in the development of thematic coding categories (see Appendix E). This titling procedure changed over time as did the transcription process.

At first, transcriptions were not completely faithful renderings of the words that were said but instead were a combination of the actual words with some paraphrasing included. Within the first three weeks of doing this, it became apparent to the researcher that this expedience sacrificed the integrity of each person's words. Complete accuracy in transcription came to be seen as absolutely critical to the process of analysis. Exact words and phrases became vital links to meaning. They acquired a uniqueness that represented each person's particular
language patterns, ways of expressing thoughts and feelings, or essences of their musical performance style that could not be rendered in any other way except to try to capture these particular qualities through a faithful written transcript.

The titling process also changed. It seemed somewhat artificial for the researcher to make up a title for each segment. Instead of using my own words as a thematic representation of that segment I found that using an actual participant’s words as the title seemed to work better (see Appendix E, Raw Text Analysis). It kept out interpretations and reflected instead an increasing respect for listening to what was being said. There would be time later to analyze these statements into themes but at this point, it was more useful to take them in, distill the content, pluck out the most salient statements, and copy and paste them at the top of each transcript track. When all the data was transcribed, these theme statements were reviewed in terms of how well they reflected a re-reading of the entire content of that segment. Often additional segment data was included or possibly deleted.

This research process changed the perspective of the researcher in terms of what was seen. It promoted reflection and new perspectives on the data. For example, instead of just a phrase or sentence to represent some salient passage, the researcher now saw that the whole statement needed to be included or the dialogue that occurred before and after a statement was critical in some way so as to provide context and greater meaning to that statement (see appendix E). This next step of analysis reflected a view of the study as a whole and from this fuller perspective; the researcher was able to hear a participant’s comment somewhat differently. Locating a particular comment was now seen in a larger context of
where that fit into the larger scheme of things. Analysis, insights, and emerging themes were seen in terms of patterns of thoughts and decisions were made about how to treat them as such.

It was decided to make separate compilations of salient statements for all databases: group session transcriptions, interviews, individual clinical interventions outside of group, researcher journal entries, analytic memos, clinical interventions, and performance description narratives. The thinking was that each of these databases contained different types of information. The journals contained thoughts, feelings, and reflections of the researcher’s instantaneous experience of the study. Analytic memos (see Appendix H, Research Journal Including Analytic Memos) reflected thematic analysis, emergent design changes, and emergent patterns of individual or group behavior. Group transcripts reflected group dynamics, individual character and personality features. Interviews were the source of history and reactions to performances. Performance analysis reflected tacit knowledge of the researcher, non-verbal subtleties, musical components, visual interactions between performers, and audience response information. The indexes of each database were arranged chronologically and by track number. It was from these condensed volumes that the next level of analysis took place.

Coding Categories

Categories were developed that reflected the themes that the researcher saw in the data. Ely (Ely et al., 1997) describes categories as the “smallest elements
into which something can be reduced and still retain meaning” (p.161). A coding system was established that was intended to fit these categories into higher levels of meaning. This was done by highlighting different data categories through the selection of various combinations of colored fonts and backgrounds in the Microsoft Word Processing program (see Appendix F, Coded Text Analysis). Eventually forty color-coded thematic categories were established (see Appendix G, Coding Categories). At that point, all data-generated categories seemed to fit all of the existing data in terms of the themes that were extracted. Some of the data seemed to fit into more than one category and so it was sorted into multiple categories. This process enabled the researcher to see connections between certain categories that often had overlapping data. Through this and other inductive analytic steps, categories were boiled down to reflect essential, overarching themes. All of the data that had been analyzed and all of the categories that had been developed now seemed to fit into these over-arching themes. The information had become redundant. This became the basis for organizing the study into a presentational format. Winnowing is a term that Margot Ely (Ely et al., 1997) uses to describe the process of fitting data into themes and boiling this down for the purpose of writing, “The winnowing process helps us to edit; to decide what is excessive and/or unimportant to the study” (p. 188). The term metatheme refers to a statement that again in Ely’s words is a “binding theme … that characterizes, much like a good book title, a great deal of the experiences that she has studied” (p.118). These overarchign themes were crystallized into the chapter titles for the findings of the study. At this point, the data had become
redundant or as Aigen (2005) said, it indicated "a decreasing amount of new data and the stabilizing of the theoretical components (p.357).

Through the process of writing, organizational insights occurred. The formation and flow of chapters necessitated further conceptual processes to take place that changed in a dramatic way, the understanding of the relationships between *metathemes*. The current arrangement of the findings chapters on assessment, group process, performance process, and impact was not known until this document was being written. The writing process was also responsible for much of the insight and understanding of the content of each chapter. Ideas just flowed out that were previously not known. This had a very important analytic function and it is still happening as I write these words down. "Writing as an activity can profoundly shape the researcher’s self as it is simultaneously an act of self-discovery and discovery about the research findings" (Aigen, 2005, p. 360)

**Confidentiality and Trustworthiness**

The identification of the research participants has been kept confidential. Research participants have been given pseudonyms in this report. The location and the name of the facilities where the research took place have also been omitted from this document so as to further protect the research participant’s identities.

All research materials were kept under the control of the researcher at all times. They were placed in a locked security cabinet throughout the course of the study. All discussions that occurred about the findings of this report with regard to
both faculty advisors and peer groups adhered to these confidentiality guidelines by using only pseudonyms when referring to the participants.

The data in this study was accumulated from multiple sources to create varied perspectives about the experience of music therapy performance. The perspective of the client performer, the clinician/researcher, and another music therapist working with performance were all represented. The methods of collection varied including audio-recorded group sessions, personal interviews, video recording of public performances, and a journal kept by the researcher. This allowed data sources to be compared to one another. This comparative process can be appreciated by the way that viewing the video recordings of the public performances added visual information to the audio and written records. Additionally, multiple collection methods create a data back-up system in the event of technical error. An example of this process can be seen when the first audio recording of the interview with the music therapist Gillian Stephens-Langdon failed, but a partial recovery of data was made possible by reviewing the interview notes that I had written in the researcher’s journal. The integrity of the research findings are enhanced when there are both multiple data sources and varied methods of collection (Lincoln & Guba, 1985).

In order for the data to fairly represent the multiple realities of the participants, procedures were carried out that tried to insure an accurate report. This process required me to check with the participants as to the accuracy of the findings after the study was completed. This was done in order to determine whether the findings that I was coming up with reflected their recollection of what
had occurred. This *member checking* process “is not only to test for factual and interpretive accuracy but also to provide evidence of credibility” (Lincoln & Guba, 1985, pp. 373-374). As I have stated in the section of the dual role of the clinician/researcher, I felt that I had to carefully consider what findings to present to the participants as well as how I was going to do this. I felt obliged to exercise discretion based on my overt and tacit knowledge of each participant. Only data that was obtained directly from each participant was used in this process. Information gathered from medical records was not included for feedback.

About a year after the group ended, I returned to the field site to conduct a member check. I had decided that I would give each of the eight people who completed the study a typewritten statement that they had made that best reflected (in my judgment) their attitudes, feelings, or thoughts about what performance had meant to them. These statements were excerpts of their own words. I decided not to include my own thoughts or interpretations in any of these statements. I greeted the entire group that day and informed them that I wanted to make sure that I represented their ideas about performance accurately. I discussed why this issue was important to the purpose of the study report. I then met with each individual and asked if they would review the written statement. I instructed them to read it carefully and then to write any comments that they wished to make regarding how accurately this statement reflected their thoughts and feelings about music performance. I discussed with them how I would take their comments into account in terms of having their input reflected in my final report. This process of *negotiated outcomes* as Aigen (2005) stated it, allowed the
participants as the primary authorities of a naturalistic inquiry to “better reflect their experiences, feelings, and beliefs” (p. 356). I then took their comments and reflected any changes that they made to the participant statement document, into account in my analysis. Six of the eight participants felt that the written statement was totally accurate in how it represented their experience of music performance. One member (Sue) could not quite remember that she had made the statement but said that it sounded like her. One member (Nina) thought that the statement did not emphasize enough how hard she had tried to work with every audience that she encountered even with those that were not as responsive. She felt that her fellow performers attentiveness in the audience was just an additional support not the main focus of her attention. This comment did alter my perspective of her performance experiences.

**Peer Debriefing**

I have been in a doctoral support group for the entire time that this research was conducted. The process in these groups is referred to in the literature as *peer debriefing* (Lincoln and Guba, 1985; and Ely et al., 1997). According to Ely, this can help students to “explore with each other their insights and feelings as they progress in their understandings of qualitative research” (p.33). I had participated in this process with several previous generations of music therapy doctoral students and had become well acquainted with their concerns, problems, stresses, and the feelings of loneliness and frustration that emerge while being engaged in the research process. I continued to work with several current doctoral students.
throughout the time that I have been preparing this document. Their feedback and challenges to my data interpretation, the additional books and articles that they thought would be useful for my literature background, ideas to pursue or eliminate, strategies for emergent design, ways of thinking about member checking, the outlet for feelings, or just the knowledge that there were others who were experiencing similar issues, made a world of difference to me in trying to navigate an appropriate and hopefully inspired course of investigation.

**Stance of the Researcher**

I came into this study with an extensive, thirty-two year background in community mental health having worked as a music therapist. I also had thirteen years of specific experience with a band of mentally ill musicians. This background formed my interest and investment in the study. I cared deeply about people who had serious mental health issues. I had been a participant in the research site’s program development from its inception. I had a stake in the recovery of consumers and to promote their ability to live their lives as fully in the world as possible. I had seen the rise of the consumer empowerment movement and the dignity that it gave to people.

The relationships that I formed in the band had special meaning to me. We had worked together as a unit. We shared the mutual experience of having met performance challenges in front of many types of audiences across a variety of settings. We had faced frustrations, overcame many of them, and understood the risks involved in taking chances. We also knew how it felt to make good music
together and to experience the audience’s response. These experiences were very real and very powerful. I had seen people focus their attention to perform under circumstances that made such concentration seem heroic. These were people who had been hallucinating, talking to themselves before they went on stage or who were being talked to by others that I could not see; people who switched from one personality alter to the next; people who suffered from seemingly bottomless fear, anxiety, depression, flatness of emotional affect and from hyper mania. Yet somehow they mostly went out there and performed music. Sometimes they did not, could not, but when they could not, they usually wanted to try again. Almost invariably, these people felt better about themselves for having done this or at least for having tried. For many, it was truly transformative, turning around the way they saw themselves in relationship to doing things in the world.

These experiences made me a believer in the power of performance. I came into the study convinced that it had properties that were worthy of study. It challenged me as a music therapist to continue to redefine my connection to others in the music and in the relationships that were forged through performing together with one’s clients. I thought that I had worked out many issues regarding how to bring out the health in people, how to face risks, how to work together in groups, and as for myself, how to meet my own anxieties as a performer and as a music therapist.

I wanted to understand the performer’s experience of performance by bringing it under the researcher’s magnifying glass. I did not just want to confirm what I had already known. I was ready to reassess my assumptions. First, did I
really understand how people who are mentally ill experience the music that they performed? Second, did I appreciate what it was like for them to try to connect to an audience? Third, did I really understand how the performers experienced my own approach?

At first as a researcher, I did not listen that carefully to the words that I was hearing. I paraphrased them and made interpretive comments in my initial analysis of the data. It did not take me more than a few weeks of transcribing their statements in group to come to appreciate how true the words were that were being spoken. The research process made me a more attentive listener not only to the audio recordings but also in the music therapy performance group itself. In time, I was better able to listen to the music and felt more present in the performances. I would say that I was able to connect more deeply with the people in this study as a result of doing this research project. I feel that it strengthened my belief in the therapeutic aspects of performance but it also made me better appreciate the nature of the challenges.

I had brought certain values with me into the study about how to apply music performance to work with people who are mentally ill. In naturalistic inquiry, there was no need to deny my subjectivity as a researcher. Ely (Ely et al., 1997) would say that subjectivity is what makes us human and more able to recognize subjectivity in others. In her words,

By recognizing and acknowledging our own myths and prejudices, we can more effectively put them in their place. I also believe that greater self-knowledge can help to separate out thoughts and feelings from those of our research participants, to be less judgmental, and to appreciate experiences that deviate greatly from our own (p. 122).
CHAPTER IV

PROFILES OF THE PERFORMERS

The following profiles are sketches of the research participants as they presented themselves at the outset of the music therapy performance group. I met with each candidate individually prior to the study. In this initial meeting, I asked each person about their performance experiences, what instrument(s) they played, and what (if any) musical instruction they had received. I explained what the purpose of the study was and mentioned that they would be part of a group in which they would both perform music and discuss their feelings about it. They were told that the engagements for public performance had not yet been scheduled but would be announced shortly after the start of the group. I also discussed how the interview procedure would explore their music backgrounds as well as their reactions after each public performance.

I met with ten candidates for the study and accepted all ten who applied. Each met the inclusion criteria by having had at least some music performance background as well as being a registered client at the research site. All expressed interest in joining the study. I then discussed with the therapist of each applicant their thoughts about any issues that they felt might be problematic. We discussed this and some of the challenges I might be facing. The issues that they raised did not preclude any individual from joining the project. I reviewed each candidate’s medical record to become familiar with their histories, medications, and
diagnoses. When this review was completed, I notified the candidates that they had been accepted. All agreed to participate.

Each of the participants had prior experience with music therapy. This included exposure to music therapy improvisation groups, songwriting groups, a music and cultures group, and individual music therapy. Most although not all of this exposure had occurred at the research site. Some of these services were offered by music therapy interns (all individual music therapy services and some groups), some were offered as part of my role as a music therapist in this facility.

Profiles of the Group Members

Betty – was a 55 year old, Italian-American, divorced mother of two, diagnosed with Major Depression Recurrent and Crack Cocaine Abuse in remission. Her son was reported to have been diagnosed with schizophrenia and living in an adult home. Her daughter was living in a group home in an upstate facility. Betty had not had contact with her mother for the past seven years. She had a history of two psychiatric hospitalizations for severe depression, social isolation, and withdrawal. When she first came to the clinic she was dressed in sweat clothes and a stocking cap and had problems with her personal hygiene and grooming. Her active crack cocaine abuse became known one year after her admission. She agreed to go to a detoxification unit and then for follow up support at Narcotics Anonymous. She has been off street drugs since then. In her family there were amateur musicians including her mother and maternal grandmother. Betty had performed in her high school’s Glee Club. When she was accepted into the study
two years after her admission to the clinic, her appearance had improved, she was attending the day treatment program on a daily basis, she had established a sober and reliable social network, and participated in music therapy groups. Her self-confidence was low however, she was shy, and was anxious about performing music.

Connie – was a 75 year old, single, American born Puerto Rican female, who had lived most of her life with her recently deceased 96 year-old mother. She was diagnosed with Recurrent Major Depression, Poly Substance Abuse in remission, Diabetes Type II (non-insulin dependent), and Chronic Cardio-Vascular disease. As a child, her father blamed her for the death of her younger brother who drowned in a local swimming pool while she was present. Prior to being hospitalized, she was reported to have been eating poorly, neglecting her appearance, unable to sleep, abusing street drugs, and riding the subways at all hours of the night. During this time, she was unable to work. Her father was a professional musician who performed at the Cotton Club in Harlem, composed songs, and played a variety of instruments. As an adult she had studied voice with several teachers. Her performance history included working in the vocal chorus of a Broadway show in 1964, working as a nightclub singer, and singing in church choirs on numerous occasions. She also worked as a camera operator for Warner Brothers Entertainment for twenty years. Prior to that, she had designed shoes and worked as a professional photographer. She was hospitalized several times for suicidal ideation and depression. Current to the study, Connie was well groomed
and paid careful attention to her appearance. She also was very attentive to her psychiatric and medical medications and dietary restrictions.

**Denise** – was a 58 year old, divorced Italian-American female, mother of one married child with one granddaughter. She was diagnosed with Bipolar Disorder Type I (primarily manic). Denise has had numerous psychiatric hospitalizations since then but has not been hospitalized for over five years prior to this study. Her presentation prior to these hospitalizations included difficulty sleeping, intense affect, pressured speech, grandiose thinking, and difficulty in organizing herself. Her performance history included work as a professional nightclub singer. She was scheduled to sing on the Johnnie Carson show in the early 1980's but was hospitalized the day of her scheduled appearance with her first manic episode. Her mother also had a brief performance career as a singer while in her teens. At the time of the study, her affect was slightly intense, there were no signs of a sleep disturbance, nor any indication of pressured speech or grandiose thinking. She was well groomed with dark, graying hair.

**Doreen** – was a tall, 41 year old, divorced black female, mother of two sons, ages twenty-two and seven year, who were fathered by different men. She lived with her youngest son in their own apartment. She was diagnosed with Dissociative Identity Disorder (multiple personalities), Major Depression Recurrent with Psychotic Features, and Posttraumatic Stress Disorder. In her family of origin, there was a history of domestic violence and drug abuse. Her father left the family
when Doreen was six years old and has been absent from her life ever since. She has had a history of numerous psychiatric hospitalizations most recently six months prior to the study. By history she becomes withdrawn, appears to stare vacantly, her speech becomes sparse, and she becomes disorganized and unable to care for herself or her youngest son. She and her younger sister (also a client at the facility) had both sung in their church choir. Current to the start of the study, she appeared well groomed, her mood was bright, her speech rate was rapid, her thinking was well organized, and she seemed to be doing a better job of caring for her younger son.

Jerry – was a 48 year old, single African-American male born on the island of Tobago. He was diagnosed with Schizophrenia Chronic Paranoid Type, and medically he also was diagnosed with Chronic Hypertension. He had a history of numerous psychiatric hospitalizations with a usual presentation of paranoid delusions, lack of care for his personal hygiene, social withdrawal, blunted affect, and medication non-compliance with both psychiatric and hypertensive medications. His last hospitalization was four years prior to the study. In his early adulthood, he had played in a Reggae band for two years as a bass player and recorded one record album with them. There was no report of any other musicians in his family. He was well groomed, bathed regularly, showed no evidence of paranoid delusions, had a fuller affective presentation, was compliant with all medications, and was less socially isolated.
Lilah – was a 49 year old, Jewish female, divorced, and the mother of two. Both of her children were diagnosed with serious mental disorders. She was diagnosed with Bipolar Disorder Type II (primarily major depressive episodes with at least one manic episode). She had a history of two psychiatric hospitalizations due to her neglect of her daily routines including self-care, disorganization, hyper-manic behavior, sleep loss, and inability to take care of her household and her children. Her marriage dissolved in her late thirties, she became destitute, and ended up living in a shelter. As a child she had received extensive vocal training. She had sung in several school productions in college and with several vocal choirs since. Her mother was a pianist and her sister was a high school music teacher. She has not been hospitalized for the past four years and has been employed as a peer counselor for the past two years. She was living in her own apartment, was well groomed, but still had organizational difficulties including frequent lateness to her job.

Nina – was a 60 year old female, American born of Puerto Rican ancestry, twice divorced, a mother of two daughters (her oldest daughter was deceased), who lived with her second husband in their own home. She was diagnosed with Bipolar Disorder Type I. She has had a history of numerous psychiatric hospitalizations for hyper-mania when she would become intensely driven, awake for many days in a row, followed by severe depression and withdrawal. She has been medication compliant for the past seven years prior to the study during which time she has not been hospitalized. She had studied voice with several
coaches including working with the opera singer Maria Callas when Nina was in her early twenties. She has worked on and off as a professional singer since age eleven. Her mother was an actress and a “stage mother” who actively promoted both her career and her daughter’s. Nina has had an extensive work history as an executive secretary. For the past six months prior to the study, she has worked in a supported employment program as office assistant. She was well dressed, organized, articulate, and very social.

**Ralph** – was a 50 year old, single, white, Protestant male, one of ten children, who lived with his sister. He was diagnosed with Recurrent Major Depression, and Posttraumatic Stress Disorder. He was reported to have been physically and emotionally abusive to Ralph and to many of his other siblings. He had never been hospitalized though he has had episodes of severe depression that limited him in terms of work and socialization. He was mainly self-taught on the drums and the keyboard. He had performed in bands and clubs since age sixteen and once performed at the Blue Note in Manhattan when he was twenty-five. His deceased father was a professional musician who had played many instruments, composed songs, and toured with many bands. Ralph had several siblings who also sang and played instruments. He has been working for the past year as a peer specialist in music with clients at another psychiatric clinic. He was meticulous about his appearance but reports indicated that when he became depressed, he withdrew and stopped eating. He was at the time of the study, compliant with
anti-depressant medication and had not experienced a depressive episode in over three years.

**Sue** – was a 46 year old, obese, Irish-American female, mother of four with two grandchildren. She was diagnosed with Recurrent Major Depression and Asthma. Sue had been the victim of an abusive husband and has suffered several episodes of severe depression which has resulted in two psychiatric hospitalizations. During these periods she overeats, becomes withdrawn and isolated, stops doing all daily chores, and becomes uncommunicative. She performed in her high school choir under the tutelage of a music teacher who mentored her. She had worked as a karaoke singer in several New York City clubs since. Her father’s family boasted of having many amateur musicians among them. She had been attempting to diet prior to the study, had been attending the day treatment program on a twice a week basis for over three years, and had cut off contact completely with her ex-husband.

**Trisha** – was a 60 year old, childless, divorced female of Italian-American origin who lived alone. She was diagnosed with Posttraumatic Stress Disorder, and Colon Cancer in remission. She reported being physically abused by an older brother as a child, emotionally abused by her mother, and later was a victim of domestic violence and abuse throughout her nine-year marriage. Though she has never been hospitalized for psychiatric reasons, she did report frequent experiences of traumatic flashbacks. During these periods she experiences an
exaggerated sense of impending danger, severe patterns of sleep disturbance, reduced appetite, difficulty in concentrating and retaining information, and impaired sexual functioning. Both parents are deceased and she is alienated from two of her three siblings. She studied dance and performed with several companies. She also studied voice and has sung in choirs on several occasions. Her mother was musical and came from a family of amateur musicians. She has worked in various capacities for businesses and corporations over a span of twenty-five years but has not been able to work for seven years prior to the study. Her appearance was well cared for, she was thin, blond, and dressed with style and flair.

Music Making in the Family of Origin

In order to proceed with a sense of clarity about how performance in music therapy can help people in a consistent way, I used a model for gaining history and assessing personality that I had developed in my clinical practice over the years of my clinical experience. This procedure was similar in many ways to an intake protocol in psychotherapy. Both involve basically taking a good history. This included a thorough history of family, past personal history, treatment history, personality assessment, and past and current diagnostic information. With this information in place, it was also necessary to obtain information regarding the research participant’s past music history in order to formulate an assessment of the relative health of their creative functioning in music. The history of music included a picture of the music making in the individual’s family of origin, their
past and current relationship to music, and the participant’s past and current performance history. This information was not available from medical records and was obtained from the screening process conducted prior to the person’s acceptance into the study and from the first interview.

Through this process, preliminary treatment goals were developed. Assessing performance issues from a psychological perspective was critical to this study. My intent was to place the music history in the specific context of where it fit into the individual’s overall functioning. Evaluation of the relative health or pathology of the individual’s attitude toward themselves as performers was the key. The factors that I included were: how the person sees himself or herself as a creative being; what relationships do they form in partnering with other performers; how do they view the audience; and how do they feel when they perform in terms of the need for approval, feeling judged, or being compared to others. These features guided the formulation of a working hypotheses, preliminary treatment goals, and intervention strategies. With this, the assessment focused more precisely on the formation and significance of what I am calling the music performance personality profile of the performer. If the associations to performance were filled with fear, anxiety, and anticipated gloom and failure, interventions were employed that identified the sources of these concerns, and strategies were evolved to help them work this through. If on the other hand, the act of performing and music making stood out as an island of strength in the person’s psychological development, then I worked toward building greater ego
strength and self-esteem by making the performance process even more available for continued individual growth.

This chapter will go on to examine family history in music, how healthy adaptation ensued or psychopathology evolved, similarities and differences in how these features developed, and a way of conceptualizing how this leads to the development of working goals, hypotheses, and intervention strategies. Through the words of the participants, I hope to better explain how my plan for obtaining this information can promote the development of appropriate intervention strategies and treatment goals.

The Music Performance Personality Profile

The music performance personality profile drew upon personality features that were associated with the act of making and performing music. The selection of people who had performance backgrounds was done with the intention of examining the role that music played in the lives of people who exhibited a lifelong interest in performing music. For seven of the eight people discussed in this chapter, music was as an important part of their families’ interactions. For them, music was woven into a text of who they were in their families, how they related to or did not relate to significant others through their music, and contributed significantly to the shape of their self-images.

The subsequent onset of mental illness occurred at different stages for each one of the research participants. All of them had already had experiences in music performance in the periods prior to their illnesses (pre-morbid). The occurrence of
mania, depression, massive anxiety, substance abuse or psychosis caused not only a disruption to their social and vocational functioning, but all too often to their music performance activities. For those who continued to perform after they became ill, a heavy toll had been taken on their lives in general but particularly on their capacity to perform music. For all eight of the people who were interviewed, playing and performing music was to a significant extent, woven into the fabric of who they were and how they saw themselves.

Internalizing Abusive and Critical Attitudes

Three members of the group had parents who had performance careers as musicians. All three Connie, Denise, and Ralph had performance careers themselves. These relationships were difficult on the whole but especially so when it came to meeting the demands these parents made on them musically.

These are Ralph’s word about his father who was a professional musician.

I had compliments but not from my family. He (father) would compliment the instrument but not me. I had to get the compliments outside in the clubs and the cheers and the applause. He would never say nice job or that sounded good. If I made a mistake he would know it. He was very firm, very articulate, a great artist when it came to music but not a compliment to me or to my brothers or sisters.

A similar theme was sounded by Connie whose memories of her musician father were one of still unresolved anger and bitterness.

He (my father) wasn’t the type of person who would teach you to play the guitar in a nice way. He was very rude. He was you know, if I made a mistake that was wrong, he would start yelling at me. So slowly, I started losing interest.
She reported that he was physically and emotionally abusive to her and to her mother. Despite his many musical accomplishments, she felt as though she was never complimented only criticized. “It had to be the way he wanted it, the way he said you know, and the key he wanted to play it in, even though he saw you turning blue.”

Denise’s mother had a promising career as a singer but decided that she did not like the sexual overtures that she had to contend with as a young and attractive vocalist. Denise’s early recollection of her mother’s attitude toward her own singing was filled with hurt.

She was a singer and when I was little, she used to sing all around the house and when I went to sing, like I said before, she said, “you stink.” She said “don’t even try, get out of here with that.” And I used to sing in the bathroom where they couldn’t shut me up there.

The struggle to be free of such negative judgments about her voice propelled her to find people and places where she felt affirmed about her talents. She found this in her performance career. “I felt like I was always the weird one, always the black sheep of the family. And that made me feel good inside about myself because I didn’t think I stunk. The people I sang for thought I was great.”

Later on when she had a chance to appear on the Johnnie Carson show but suffered a manic episode the day before she was scheduled to appear. She believed that her mother’s decision to have her hospitalized then was personally motivated as a way to prevent her from having a successful show business career.

That was my first breakdown. I was in mania probably. That big lift that I got on myself was a manic high. My family had the choice of either hospitalizing me or giving me medication and sending me home. And I was begging them to do that so I could get to that show. I felt as though my mother actually didn’t want me to have a chance at being a performer. Because maybe she
thought that they were terrible people. Who knows or maybe I had the feeling in me that she was jealous because she didn’t go for it and I was trying to go for it.

As shall be seen, the relationship with her mother would later operate in the group by the songs she chose to sing, and through her wish to come to a place of acceptance with her now severely demented mother.

This issue of how some parent’s live their lives through the performance experiences of their offspring came across in Nina’s recall of her mother’s unfulfilled ambition to become a movie star. She took her daughters out to the west coast in an effort to jump-start their performance careers as well as her own. Here are Nina’s thoughts about that.

She wanted to be a movie star and she didn’t get there. She was a stage mother and she, I forget what the word is... she lived vicariously through me and I did it to my first born the same way. I couldn’t tell my mother to stop. She was like Connie’s father, demanding implicit obedience.

Being very shy, she began her performance career at age twelve on television. She felt that her voice studies were driven in part by a wish to please her demanding and dominant mother. She studied with Maria Callas for a brief time. Singing became a form of survival for her.

I didn’t come from wealthy parents so I couldn’t go to therapy. Music was my therapy... I had a lot of sadness and if I couldn’t sing, I don’t know what I would have done. That was the vehicle that helped save all of us.

Eventually she worked as an executive secretary but continued to sing in nightclubs. Her first manic episode was in her late thirties. She referred to these continuing episodes as “cognitive disabilities” due to her experience of having trouble remembering things during them. They became more frequent and severe and led to a discontinuation of her career as a performer. Performance had
become a way of overcoming her shyness and this quality would later be conveyed in the group, as some compelling need for core survival,

Although they were not professional musicians, several other participants had parents who were musical and as it happened, were very critical and negative toward them. Betty fitted into this category. Her mother loved to sing at weddings and came from a musical family of amateur musicians. Betty felt that she could never please her mother and that her sister was always favored over her. She felt that she could not do anything right. “I grew up in a house where you can’t do anything.” Her critical mother has since become in her view an abandoning one, as she has refused to have any contact with Betty for the past seven years. She reported that her self-esteem plummeted in her early adulthood. She went into “hiding” as she put it. She slipped into episodes of crack cocaine abuse in later adulthood but has been clean for over a year prior to the beginning of the study. Her self-confidence as a performer was low as she had not performed publicly since her days in her high school Glee Club. She went into a “shell” from which she has only recently come out. Later she would say in the second group session in response to Trisha’s comment about her own lowered self-esteem, “I had a lot of criticism, more from my mother and it was rough. I’m 55 years old and I still don’t believe I’m good.” Anxiety, a tendency to give up on herself, and self-deprecating comments about her over-weight appearance were the prevailing aspects of her presentation. I anticipated that this family of origin issue would surface in the group.
Trisha’s experience of her family musical culture was very distinct. Music was on her mother’s side of the family. But so too was an environment of pervasive and hostile criticism, constant favoritism shown to a younger sister, and the experience that her voice was denied a full chance to speak or to sing. She chose to pursue training as a dancer and later had a dance performance career rather than continue with the early interest that she had showed through her participation in the school Glee Club and church choirs.

Nobody could shut me up because I wasn’t speaking. You know I have a history in my family of either speaking or being told to shut up… I realized that in the dance I could feel it and do it. What were they going to do shut my body off?

Her voice was to her a metaphor for unfettered free expression. But she also saw it as a potential target for emotional control, negative skill comparisons, and withering anticipated criticisms. The risk reward factor was so great for her that often she would feel as if she was choking when she sang. Trisha was highly conscious of how she sounded to others and often anticipated that she would be negatively evaluated. Getting a compliment was a double-edged sword as well since she would hear (in her mind) her mother’s rebuke against becoming too prideful. The internal presence of her mother was so powerful that her face literally hung in front of her during the performance group.

I know what that face is, I get up there and it’s my mother. ‘Well I didn’t want you to get a big head.’ ‘Did you ever think that I needed a hug?’ But the bottom line is so when I get up to sing it’s like my mother judging me. When I sing and they love what I sing, it is like getting my mother’s approval.
Internalizing Supportive Attitudes

Despite the internal voices of negativity and criticism that came through so strongly in the data, other voices could also be heard that tended to balance out to varying degrees, the blanket of self-doubt that so many of the participants had about themselves. Trisha offered a remarkable example of such contrasting internal attitudes. When she discussed her father’s memory, a whole different side of her family experience came through.

My father would say it was okay to fail. My father said there is nothing wrong with mistakes and my mother... it was like night and day. I was so into my mother. I had to be the top. Not because I wanted attention...you would think I would have found the middle but she got to me first. No matter what my father said, I never could relax, I already had that thing in me.

The existence of such counterbalancing forces was also true for Betty. She discussed the warmth and support she felt from her father in her initial interview. The following passage referred to how she experienced his presence at one of her high school Glee Club performances.

My father was there and my mother, but my father was beaming and that made me feel good because my father and I were close...yes, I was recognized. I knew he was approving of what I was doing and I was doing good.

There was another important figure in Betty’s music performance experience whose belief in her stood out and that was her Glee Club teacher. His patience and understanding made a deep and lasting impression on her. Several other performers also recalled teachers with whom they had worked and who then played important roles in their changing relationship to music. Connie and Nina both mentioned particular voice teachers who became mentors to them. Sue
fondly recalled her high school music teacher who inspired her to use her talents and encouraged her to strive for excellence.

Sue experienced one particular uncle as a strong internal presence during one of her performances in the study. “My uncle who passed away, I said ‘Richie be with me.’ It was so funny but I felt his presence with acceptance all my life.” Sue’s family life in music was considerably healthier than her recollection of them otherwise. “Music, it’s in my blood, it’s in my families’ blood.” There was more in their blood than music however, as Sue goes on to explain.

I came from a family of drinking. The music was, is, not was, and is a very positive thing in my family. It gave us a lot of joy, a lot of rhythm, it made us feel good, not only me but my whole family.

Connection to others through music came through in her earliest recollections of her life, “At two (years old), I picked my sister out of the crib and sang to her. I picked up the baby and started to sing to her! Rhythm was always in me,” she said in her first interview. Despite an abusive marriage and years of depression and withdrawal, performing Karaoke music helped to restore her self-confidence. “I think that brought me back out. That’s when I knew I had a hidden talent.” The presence of positive associations to music making was an important ego enhancer for Sue yet the fear that she might revert back to old tendencies of self-doubt was still there.

Look at me; I’m a big, fat woman. I’m a big, fat lady, right? I mean come on look at me! I can sing and you know, there are times I say hey you. I don’t know why, but there is still a complex. It’s like everybody saying ‘you’re good, you’re good.’ But that one person, that one person will say you could be better. That hurts me. That bothers me. Wait a minute; I’m not that good? A million people can say I’m good but that one person...
The performance process might be viewed from an assessment perspective like a battle between her fears of negative judgments being fought off by her relatively strong sense of self-worth as a performer. However, the following comment made it quite clear which part of her would still be standing at the end of this process. "If I didn’t have music I think I would be dead… I am not going to let it bother me. At one time I would let it eat me up but that has changed.”

**Cultural Attitudes Towards Mental Illness**

Several group members discussed their families’ attitudes towards mental illness in general but more specifically, what it meant to their family members when psychiatric services were sought out. These recollections included the reactions that their families had when their illnesses first became apparent. There were distinct cultural biases mentioned by three of the participants, two of whom were Hispanic and the third being from a Roman Catholic Italian-American background.

Connie and Nina both revealed in group how their Hispanic family members viewed mental illness. "The Spanish people attribute anything to the mind as physical," said Nina about her family. "The nerves, everything is the nerves," was Connie’s additional comment. This cultural attitude they later explained, viewed psychiatric disturbances from the perspective of the body being taken over by the mind. This reflected a somatic viewpoint about mental illness. Nina believed that it was forbidden to acknowledge that you had a mental illness in her family.

They do not want anything related to be relegated to that area that you’re psychologically or psychiatrically sick. First they want to put it physically
and then, I used to suggest to my mother to go to therapy, and she almost went there and then she would say, I’m not crazy. And so that’s what I went through, that very negative response.”

Connie went even further in her description of her families’ belief system that there were evil spirits that literally controlled the thought process of people who were disturbed. “When you are Hispanic there is another bad thing too, whenever you suffer from mental illness, it’s a bad thing, it’s like a long black tape. It’s like somebody did voodoo to you.” For Connie, her families’ reaction to her first episode of depression was to ignore it.

I went through that experience where the things that I was doing, it was obvious. That if you knew me and you saw the way I dressed, and the way that I carried myself around. I had money and all of a sudden, I am dirty, I am sloppy, stinky, not sleeping, riding the trains all night, come on, don’t tell me that you haven’t seen the change in me. If you knew me, understand? Now my family, like they pretended they didn’t know about everything I did. I had to do for myself.

She went on to detail the way she felt that she was treated when her family could no longer deny how she had changed. She felt that she was now an “outcaste” in her family. Her relatives and friends hid her condition because she felt there was shame about her illness. She said that they tried to “cover up” her problems and pretend that nothing was the matter. She attributed this atmosphere of shame as culturally bound to the Puerto Rican-American community in which she grew up.

Denise put it very bluntly about her feelings about how the Italian-American family in which she grew up had reacted to her mania. “My family thought that I was demonized. Their religion believed that I was demonized.”
Past Personal History in Music Performance

The participants who had professional performance experience offered their opinions about the demands and pressures of working in the entertainment industry. These observations focused on the effect that they saw on those people with whom they worked as well as on themselves. These issues were not only limited to performers but also applied to a broader range of industry related jobs; the people they had met had to continue to produce in order to survive. These pressures affected them and their creativity.

Besides a singing career, Connie worked as a camera operator at Warner Brothers and MTV for over twenty years. She had seen and gotten to know many people in the entertainment business and had this to say about her experiences, “I worked at Warner Brothers. And you see the pressure. The pressure on everybody… In the entertainment business the drugs are there. Tell me about it, I worked around it.” Both Jerry and Nina also had worked in the industry and concurred about the prevalence of drug use. “Everybody’s doing it,” Jerry said. “They feel that they have to be under the influence in order to create,” offered Nina. But for Jerry the memory also included coming to terms with his own drug problems as a performing musician. “Sometimes I don’t like doing it (performing) because sometimes I think it brings back bad memories. I might turn to drugs again.”

In addition to the references to rampant drug use, Jerry had another perspective on his experiences in working with bands. He had seen a number of
performing groups break up over personality issues. "When the band breaks up somebody in the group starts to become the problem case." He discussed how egos would get in the way between performers, and how often one person started to see himself as more important or more talented than the rest of the group. Money was also an issue in his experience. "Onetime I went to a gig and the manager ran off with the band's money... people make promises and then they lie."

Problems with both proper sleeping and eating were part of the performer's lifestyle according to Trisha. So too was trying to maintain a slim and attractive appearance which was something that was particularly critical for dancers. The performer was trained to know how to make the most out of their assets according to both Nina and Trisha. Sue saw appearance as critical in making it in the entertainment world, "Hey buddy if you want a job, a lot of people think it is because of how you carry yourself."

**Performance Nightmares**

The mindset of the performer coming into a performance can be affected by many factors. In a worst-case scenario, clients may project such overwhelming fear and anxiety about being critically judged, that they create an image of the kind of dreaded scene that they are most frightened by. The music therapist tries to understand what these fears are based on, what the conditions are that may trigger such a response, what to do if they do get triggered, how to bring this to
the person’s awareness, and then how to develop compensatory strategies to work these issues through.

Persistent problems can occur even for an experienced performer like Nina. She had had recent performance experiences of memory loss for lyrics that had frightened her and brought up her fears that she might be developing the early signs of Alzheimer’s disease. “I have anxiety about remembering the words. This is a new thing that has been going on. I used to have a terrific memory. I always think about Alzheimer’s.” As she had gotten older, she no longer was sure that she could hit the high note and was fixated during performances at times by this fear. These worries compounded an already existing doubt about living up to what people expected of her and her persistent feelings of self-doubt. “I don’t have that confidence. Where is it, why don’t I have it? What do I need to do before I get it? How many times do I have to sing?”

“I always get nervous when I get up here, I do. I fear, dumb mistakes,” Betty confessed to the group in session five. Without Connie to look at and use as her support, this anxiety could have become paralyzing. Even in her presence, the wish to give up on herself was both familiar and discouraging. “I don’t know if I can do it,” she said about the first public performance. “My mind’s going blank.” She wanted to withdraw from the performance but allowed herself to be convinced by the group and Connie in particular, to go ahead with it.

There was a foundation of self-knowledge that Trisha had about her inner critic that permitted her to make this observation. “It is the most horrible, frustrating feeling you can ever have when you know what’s in there, that you
want it to come out, and you know how to do it and it doesn’t happen. It’s like you have a straitjacket on.” This insight was shared in the initial interview. I viewed this comment as an indication of the presence of her observing ego. This awareness was crucial to the subsequent reconstruction of her experience of the music performance process that occurred later on in the group.

Insight and observing ego were critical aspects of the music performance personality profiles. The strong presence of these qualities balanced out even the massive presence of anxiety and insecurity. The profiles were like puzzles. The pieces varied in size and shapes: internalized criticism versus support or prescribed versus open-ended music making attitudes. As a picture emerged of what these pieces looked like when they fit together, I was able to imagine the arrangement of these personality pictures in the context of the music therapy performance group. What actually happened for each individual in the course of the group was something that could not be completely anticipated but looking back on what took place; it does at least seem comprehensible given the contour of the factors that I have discussed in this chapter.
CHAPTER V

THE PROCESS OF THE MUSIC THERAPY PERFORMANCE GROUP

The Music therapy performance group met in a large brightly painted room on the top floor of a building that stood above the brick row houses that surrounded it. Along one wall was a bank of windows facing south that emitted the strong summer sun. When the group performed, the chairs were arranged like they would be in an audience with two rows set up to face the instruments, microphones, and amplifiers. When they were talking, the chairs were swung around in a semi-circle so that the group members could face each other. I usually sat on a high stool with my back to the equipment. My research assistant/co-therapist usually sat on a drummer’s stool. When we played music, I would either move to an instrument or into a row seat in order to view the musicians from the position of the audience. It was my intention to try to simulate by the seating arrangement either a performance or group therapy environment.

We would start with whatever issues were raised by the members of the group. This ranged from how they were feeling that day to the music that they were interested in performing. I listened intently to the content of how a person was feeling and how closely their emotional state fit with the music that they were thinking about. I would ask them what brought that particular song to mind and explore their associations to it. This process often revealed specific situations and people from the past that either resonated with their current emotional experience.
or did not. When it did not, I would inquire about how they felt about doing a song that seemed to be so different from how they were feeling. This produced varying responses from wanting to do the song anyway so that it might change their mood, to feeling that it was not such a good choice and perhaps they had something else in mind that would feel more right.

At a certain point, we would move into the music. Two fake books were used that provided the group with the chords, melody, and lyrics for any particular song. If needed, these songs were then duplicated and distributed and served as the basis of the score for performances. I asked the person who wanted to perform how he/she heard the song in terms of arrangement, tempo, key, and feel in an effort to design these elements around the emotional state that the song invoked. The instrumentalists were Jerry on bass, Ralph on drums and keyboard, Todd on drums and guitar, Peter on keyboard, and occasionally Connie on hand drums. The other members sang. Each performance had various combinations of players depending on how the performer saw the arrangement of instruments in the way that this worked with their song rendition. Afterwards, we processed how it felt to the individual and to the group. With this feedback, we might try it again while altering certain musical elements so that the music making became more resonant with the performer’s feeling. Again this was processed. By this point, other group members often had identified with the performer’s experience and this generated discussion around their associations. This would lead to other performances by group members and we would then process their experiences.
When a public performance was ahead, the group worked on their feelings about and their preparation for these events. This often sparked discussions about how well they felt they were working together as a unit, as a team. This opened up the issue of how they saw each other in relation to doing a performance together. I tried to draw their attention to the approach that I used to help prepare them for the performance. I wanted to know how they experienced my strategies. I processed this with the performers in terms of how it affected their connection to the music, to each other, and to the audience.

The relationships that developed felt increasingly intimate to me. Over the course of the group, a greater degree of sharing and confidential disclosure occurred. This allowed me to make interventions that drew attention to the way in which the group elicited feelings that seemed embedded in patterns of past relationships. This allowed the members to recognize what these patterns were, where they came from, and how they were being played out in the group. With this established, both the verbal processing and the music moved into deeper layers of connection between the words, the music, the performances, and the people in the room.

**Group Formation, Attendance and Participation**

Of the ten original participants in the group, eight completed the thirteen-week experience. One member (Denise) was hospitalized for psychiatric reasons after week twelve and did not complete the study. It was reported that she had stopped taking her medications prior to this hospitalization and had become withdrawn.
and disorganized. Another member (Lilah) was dropped from the study because of communication problems regarding her attendance in the group and in the public performances.

The average weekly attendance was about seven members per group (see Table 1). Only one member (Connie) attended every session as well as every performance. Ralph attended the fewest sessions (three). Six people performed in both of the public concerts, two members performed in one concert each, and two members (Doreen and Lilah) did not perform in either. Of the ten research participants, six took part in both of the public concerts.

Lilah’s reported that her work schedule as a peer counselor required her to return to work and this forced her to leave the group before it ended each week. When I asked her if her work commitments could be moved around to accommodate the group, she said that she would look into this possibility. After several weeks of leaving early, I addressed her attendance as a clinical issue. I ultimately decided that she was not able to make the necessary commitment to the group and dropped her from the study after week nine.

The group was closed after week one. Norms were set by the group leader that each person would attend every group or call the leader if they could not attend a session. Each member was expected to stay for the entire ninety-minute session.

There seemed to be a connection between consistent group attendance and the individuals’ involvement in performing in public concerts. This factor seemed to
Table 1

Group attendance and participation in performances

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Performance 1 (P1) & Performance 2 (P2)

**Key:** x (attended group session)
predict their willingness and availability to be interviewed. It should be noted however, that follow-up interviews were only sought with people who had performed in the public concerts. There also seemed to be a connection between stable group attendance, performing in concerts, taking part in the interviews, and the perception by the individual that their participation in the group had impacted on them in a meaningful and constructive manner.

**Perceived and Assumed Roles in Group**

The data revealed tendencies by each participant to act in certain characteristic ways. These characteristic behaviors reflected how they saw themselves as well as how they were seen by the other group members. These assumed or perceived roles were reflected not only by their verbal interactions but also through the musical roles that they enacted. I have chosen to highlight this issue by discussing the roles of two members, Connie and Jerry. These were relatively enduring roles that did not change throughout the study.

Connie was perceived as the group leader. Her strength was experienced in different ways. Jerry said of her “she’s very strong and represents some kind of leadership between us.” To Betty, she was the rock whose gaze could make her feel more confident about herself during performances. ”All I have to do is look at Connie’s face and she is there and she looks at me and I feel her love.” On another occasion she said to Connie “I couldn’t sing without you.” “She helps the
other singers in the group” Jerry concurred. But Jerry also perceived Connie’s presence as having an additional dimension, “I love Connie very much but one thing I found out about Connie, most of the times she is depressed.” Nina said “she’s a very strong lady. She’s also got tender feelings that she is wanting her mother.” This perception of Connie as possessing strength yet conveying her tender and depressed sides created an expanded perception of her role in the group. She was someone who was seen as strong yet tender, the leader whose mere gaze was experienced by Betty as loving and supportive. It should again be noted, that Connie was the most consistent member of the group in terms of her pattern of attendance and participation in all aspects of this study. Yet Connie’s perception of herself was notably different than Nina’s view of her. “I’m a good actress, I hide everything. I don’t talk about it, I keep it inside, hold it inside, if you say something, you’re going to get in trouble.” Much information was revealed in session twelve about her internal experience of the role that she played in the group:

When somebody says something (positive) it makes me like so uncomfortable. Is it really true what they’re saying? You know, it’s not me. It’s like my mind was already saying what my father already trained my brain. He trained me well. You’re not supposed to cry, I’ll bounce you and I’ll hit you until you don’t cry. You’re not trustworthy, you’re no good, you’re a dummy. Those are the things he taught me when I was growing up as a child… I’m not used to it. It’s hard you know like maybe it’s just the way I was brought up, no love, no understanding. I have always been treated like I was worthless.

Connie’s self-image made it difficult for her to receive compliments. Despite her leadership position in the group, there was a clash of opposing perceptions she had about herself and how she appeared to other group members.
Jerry's role revolved around his perception of himself as the "bass man." "I am the bass player. I have to wait for you guys." He went on to say at another point, "I represent the backbone, the bass man, the back, like what keeps the back up...I am like sturdy." His perception of himself as the spine of the performing group extended to his attitude towards tension and conflict in the group. "I tend to stick to the program, stick to the music, ignore the negative stuff when it comes along." Jerry was the calm presence, the dependable one in the music but in another way, he was seen as somewhat hidden by Connie. "He is behind, he is back there, in a safe spot. Anything that happens up here, that's not his problem...Nobody sees them (the bass player) so anything that they do, even if they make a little mistake, they are always hiding." This allusion to his role as a performer contrasts with his own statement about himself. "Even if I'm backing up on bass, I want to do my best because if I do well, it makes them look good. It makes the whole band look good." The image of Jerry as the subtle, hidden backbone of the group seems supported by Betty's comment "The bass guitar is just a little extra that you give us. But if you didn't play bass, I would like you for you Jerry." Jerry's attendance pattern showed inconsistent attendance in the first seven weeks of the group but then consistent weekly attendance. After the first public performance, he did not miss any other group sessions, interviews, or performances.
The Process of Role Formation

The image of the roles that Connie and Jerry played - the head and the spine of the group—contrasted to the roles played by others. Beneath the surface of the behavior of each group member was the possibility that family of origin dynamics were being unfolded. These deeper layers revealed characteristic patterns of interaction that seemed embedded in their past. It was remarkable how much data surfaced in this study that related to the individual’s family of origin. The patterns were revealed through the development of their behavior in the group. The history taking helped me to perceive how these patterns became established. I learned what the individual’s perception was of themselves in their family of origin in terms of the role that music and performance played. This particular lens offered an alternative view of family role development. Often it provided vivid examples of the hopes, aspirations, expectations, disappointments, talents, and dreams both fulfilled and unfulfilled, that surrounded the development of the individual in terms of their emerging musical performance personality traits. Family roles were played out that allowed the individual to experience greater or lesser degrees of connection, encouragement, and support from significant others. The particular configuration of personality development, family dynamics, family attitudes toward music and creativity, sibling issues, generational exchanges through music, parental music history, cultural variations, socio-economic factors, and enacted gender roles all contributed to a complex formation of the roles that they enacted in the music performance group.
Some of these roles appeared to be brittle, rigid, or otherwise pathological in character. Other roles contained remembered experiences in music of deep empathy, support, or encouragement. The relative degree of health or pathology of the performer's role was critical. Areas of intactness and strengthened ego were associated to performance for some group members like Sue, whose recollections of music in her family were the happiest memories that she had of them. When associations to performance were pathological, reconstructive strategies were devised. The following vignette is an example of a more pathological association.

"I don't see myself the way others see me...you see I was never acknowledged in my family, not only was I never acknowledged but I was criticized up the wazoo," declared Trisha in an interview a month after the group began. "I see myself, or I hear myself differently than other people hear me. A lot of times I'm harder on myself. I have very high standards for myself. And I get very frustrated." This perception of seeing herself differently, of not being acknowledged for her talents but of being massively criticized, pervaded her early experience with the other members of the performance group. "I felt more accepted by audiences than I have ever felt by this group," she stated to me.

Twice during the course of the study, Trisha threatened to leave the group. She experienced certain individuals in the group as hostile to her. She felt differently than other people felt in the group. She had a hard time hearing what they were saying to her and anticipated that she was going to be criticized. The role that Trisha played in the group was that of the temperamental one, the jealous one, and the abused one. Her past history of physical and emotional abuse by her mother
and one brother and the subsequent abuse she experienced in her marriage, was not one that she was going to have played out again but was prominent in the fears that she had in the group.

"I can’t be around people, when I am vulnerable. I won’t be good to anybody. This is my problem; I have done this all my life... I was getting flashbacks, I was feeling upset." In an environment with other performing musicians, Trisha felt competitive with the other singers and vulnerable to possible putdowns or perceived negativity. “They are piranhas, they are looking to bring me down. I don’t want to close up. I don’t want to run away," she remarked in my office when she first felt like she wanted to leave the group.

“With peers, it feels like they don’t have patience and then ...I withdraw and then I am dead in the water.” She was highly aware of comparative skill levels among the singers and saw herself in the lower tier in this regard. “How am I going to sing with them if they hate my guts? It’s hostile, it is jealousy. Why I don’t know. They can all sing. It’s a hostile environment for me.”

She was in fact, always ready to hear criticisms but compliments were much more difficulty for her to hear. During a clinical intervention in my office after the second week of group when she felt that she wanted to leave the group, she and I had this exchange, “If you had insulted me I would have remembered,” she said to me. “The insults you remember. What happens when you hear the compliments?” was my reply. “I don’t think I believe it.”
Bringing these patterns to her awareness and helping the group understand how her cycle of vulnerability and negativity were self-perpetuating, became an intervention strategy of mine. I wrote in an analytic memo:

As a group, the focus is to be aware of the experience of each other so that the group does not unwittingly recreate dynamics that have operated in the performers’ past that were critical, negative, or mean spirited.

Trisha’s role in the group shifted somewhat to that of the converted one. She was more able to receive compliments and experienced a greater level of support from the other group members. This was particularly true of the feedback that she received after her performance in the first public concert. She had a need for but also her fear of, caring and supportive relationships. In another exchange that we had in my office, I remarked to her, “When you get that trusting, caring supportive relationship it helps to kind of balance you.” “It frees me up” she replied.

It should be noted that despite occasional lateness that diminished as the study went forward, her attendance in the group was second only to Connie’s in terms of consistency.

Jerry was the spine of the music and he stayed there throughout the study in terms of his role. In contrast, Trisha occupied a place in the heart of the words. This was her entry point however, as she was eventually able to find her place in the music. Connie on the other hand started in the music and eventually was able to find her place in the words. With more time, I believe there would have been more shifting back and forth between the words and the music thus allowing a deeper, more authentic emotional fit to take place.
Therapeutic transferences and projections between group members were prominent. This particular intervention would not have been possible in individual work alone or at the very least, it would have taken considerably more time. The variety of personalities and performance styles in the group promoted the greater possibility for transference to occur. They experienced each other as performers by sharing their fears, triumphs, and tragedies. There was I think, a very complex process of context diversity for these performers. One of the principle contexts for this diversity concerned the perception by seven of the participants that their parents were hypercritical, disapproving, or conditional with their support and love, Initially, this created an atmosphere of tension and anxiety. Eventually it provided a common ground for shared experience that helped to break through their barriers of isolation.

**Emerging Family Dynamics**

"It's hard to take in compliments. When I get a compliment from here, there and everywhere it overwhelms me...Maybe I didn't want to accept them (compliments) because I never had compliments or had enough of them at home."

These were Ralph's words in the fourth group session in response to a comment that I made about the difference between him and another group member (Denise) who said that she just ate up compliments. Ralph expanded on this difficulty in an interview. "I can compliment myself...why is it difficult for me to accept compliments from my second family here at the clinic? I would say when I got
home, darn it, I was good, and they said I was good. But when it came to my own family, not a compliment at all.”

Ralph was the only group member who both sang and played an instrument (keyboard and drums). He performed with energy and skill and had this to say about him, “I am a hambone.” Betty who loved his singing and performing, said to him, “You’re my little celebrity.” The more that praise was lavished upon him however, the more difficult it became for him to accept these statements as compliments. The issue in the group seemed embedded in Ralph’s troubled relationship with his deceased musician father from whom Ralph could never seem to do well enough in order to receive praise. This relationship appeared to have affected his role in the group. He was the talented and endearing but often the absent and elusive member. Ralph had the poorest attendance record of any group participant as he missed ten of the thirteen group sessions. He also was expected for but did not show up to the second public performance and was therefore, ineligible to be interviewed for the second time. Despite my efforts to address the reasons for his absences, Ralph deflected any effort to interpret these absences and seemed to always have some reason for not being able to attend the group. He did become more consistent in calling me to let me know when he could not attend a session after I had requested that he do so.

Despite his inconsistency, Ralph perceived the group as helpful and important to him. “I am learning, it is getting much, much easier and I thank you for that.” He could even laugh at his difficulty in accepting compliments “Betty always bops me on the head when I don’t accept it.”
For Betty, the performance group created an atmosphere where her mother’s imagined presence was so strongly felt, that she could almost feel her in the room. “It’s like my mother is hearing this. My mother’s voice is telling me oh, you made another mistake!” Anxiety about how others would react to her anticipated mistakes distracted Betty. She would often stop herself as she was singing and berate herself for not remembering the lyrics or for singing off key. At first, she could not hear that the group supported her making the effort not for the outcome of that effort. She was her own worst critic and often experienced anxiety before she sang that promoted her tendency to want to withdraw or in feeling too tired that day to try.

In addition to the hypercritical parent who lurked inside of her, she also struggled with a sibling rivalry that often made her feel like she could not measure up to her sister. She would hear her mother say, “Why can’t you be like Barbara and it is still with me at 55 years old. I try to not let it bother me but it’s there.” Praise from others was hard to take in. “You can’t believe it, you know, did I really deserve it? Did I really earn this? Her self-doubt, reduced self-esteem, and perhaps even consciously hidden rivalries with other group members who might have been perceived as more talented than her, resulted I thought in her wanting to hide in the group.

Over time, Betty did learn how to employ the support that she felt Connie gave to her as a performance strategy. Connie’s gaze could reduce her anxiety and insecurity. She also became more able to accept and feel deserving of praise. It seemed that Connie and Ralph became her group surrogates for support. She had
had similar relationships with both her deceased father and her Glee Club
instructor. Their pride and encouragement made her feel more confident.

Coming here it cracked through that shell because I was hiding…it feels good
to be appreciated for whatever I have to offer from all my peers. The clinic
opened that up for me in a good way. I never thought I would be singing. I
know I’m not the best but it feels good to be appreciated for whatever I have
to offer, from all my peers, it feels good.

Nina saw similarities between herself and Connie. “She (Nina’s mother) was
like Connie’s father - implicit obedience.” She discussed this relationship further
during the initial background interview that I conducted with her. “She wanted to
be a movie star and she didn’t get there. She was a stage mother and she, I forget
what the word is… she lived vicariously through me.” She had struggled against
this domineering presence in her life and was well aware of how much her own
identity meant to her.

Nina had well defined interpersonal boundaries and a capacity for accurate
self-reflection. Nina was a voice of reason and of hard-fought independence.
Although sensitive to negativity and criticism, she did not exhibit any
compulsively pathological qualities. She had enough healthy observing ego to
recognize her areas of vulnerability yet she was also be wary about criticism.

“How people only look for one person’s judgment of their performance.
Sometimes a lot of people are overly critical and I think that is my problem.”

Her over-riding experience of being in the group was that of having found a
family that supported her independence. “It’s acceptance into a feeling of family.
Like I am part of the human race and I’m being acknowledged. I’m saying, wow,
somebody really thinks I’m okay.”
Denise grew up with a talented but highly critical and negative mother. Her mother aborted her own career as a singer because she disliked the sexual advances that she had to continually fend off as a very attractive young woman of fifteen. She not only discouraged her daughter from going into the music business because of her own harsh experiences, but she made Denise feel untalented and unappreciated as a singer. This image of the hypercritical mother still seemed to be lurking inside of her. At times, she experienced this as an inner opposing force to her own will and yet at other moments, she still had hopes of being able to come to some kind of terms of reconciliation. “I felt like I was always the weird one, always the black sheep of the family. And that made me feel good inside about myself because I didn’t think I stunk. The people I sang for thought I was great.”

She often kept a low profile in the group’s verbal process but sang and performed with skill and passion. She considered the performance group a place of refuge from the constant arguing that went on in her own apartment between her daughter, her son-in-law, and herself. When an argument broke out in week two over Trisha’s feeling upset that other singers wanted to sing songs that she felt were hers, Denise felt as though this seemed too much like her current family. “The different arguments I live in that constantly.” My response to that was, “So this is reminding you of your family a little bit?” to which she replied, “Not everybody, just one person.”

That one person (Trisha) became for Denise, the negative, hostile, self-centered, judgmental presence that made her feel like someone was trying to take
her music, her pleasure away from her again. Only not this time, not in this family.

"I'll support you but please don't be jealous of me. I hate that feeling," Sue said about the argument during session two concerning whether songs were the property of individuals in the group. That "feeling" of pathological jealousy had contributed to her experiences of depression, withdrawal, and profound isolation that were a prominent part of the cycle of violence and domestic abuse that had been so painful for her in the past. Performing music as a singer had become synonymous with her newfound freedom and independence and any hint that she might be subjected to that "feeling" was not tolerable. She explained it this way in her first interview.

People scare me because if they think I am better than them, they are going to hurt me, crucify me on it. You are really out there and vulnerable if you are performing and you feel you might be judged or put down. Yeah, I don't like to be judged. If I don't block it out, they'll win if they bother you. They are not going to win, not with me. This is a new Sue. They are not going to win. Do the best you can and fuck everything around you. Go with the audience. I want positive, everything positive and if anyone thinks negative, I am not going to let it bother me. At one time I would let it eat me up but that has changed.

It is not clear from the interview or from the group who Sue was referring to when she said those 'people' in her life that had tried to put her down. It was also not clear whom Trisha had come to represent in the group from her past. It was abundantly obvious though that feelings had been triggered that went beyond and before the experience that she had in the group. "The bullshit people, I don't like the bullshit people. I like people who are straightforward to me. I don't like
plastic faces, people that are phony people. I don’t like jealous people. I can’t deal with them.”

Not enough data emerged on Lilah to be able to identify what role she played in the group or how she experienced the group in terms of repeated patterns of family behavioral dynamics. She missed six group sessions, frequently came late and left early while explaining that she had to get back to her job. Lilah also did not call when she missed sessions though she had said she would do so. Whether this pattern of excessive and unexplained absences, frequent lateness, and an overall lack of accountability was a reflection of past family role enactment is not clear.

Although Doreen did not complete the study due to her psychiatric hospitalization that happened after week twelve, and attended only five of the thirteen sessions, she did seem to establish a presence in the group in terms of her perceived role. It was harder to put this role in the context of potential family re-enactment because she was never interviewed and did not participate in either of the performances. Therefore the basis for the role that she played in the group cannot be supported by emergent data from the study. Access to her medical records however, did give at least some context to understand what her participation might have been about.

“I stay in the shadow because I can’t argue with people over stupid things,” she said in the second group. This comment occurred when Trisha was arguing about whether songs belonged to the particular people who had previously sung them. Doreen then said, “let’s do it because jumping off gets to me.” I believe that
what she meant by “jumping off” was that the issue was becoming upsetting and argumentative. Doreen came from a background of physical and emotional abuse in her family of origin that according to her records was filled with drugs, alcohol, and domestic violence. She carried a diagnosis of post-traumatic stress disorder and dissociative identity disorder. She became the group’s shadow member, hidden and held back, constrained yet poised it seemed to the other members of the group, for a possible breakthrough in her performance attitude. Her fears seemed to take over however and she experienced a psychiatric break down. It was not clear whether the conflicts in the group contributed in any way to her subsequent hospitalization.

In the first group, she discussed how she could only sing when she was feeling happy. In the second session, she and I had this exchange after Trisha walked out of the group following the previously mentioned argument. “Last week you said you could only sing when you are happy” I said. Her reply was “I am happy, I am happy she walked out the door” (laughter).

When Betty did not feel like singing in session three because she was not feeling in the mood, Nina likened her attitude to the absent Doreen by saying to her that you are “doing a Doreen.” As I shall later discuss, working with the performer’s existing mood as an emotional basis for performing rather than rejecting an emotional state because it was seen as unacceptable by the performer, became a key concept in the group. “Doing a Doreen” thus became a metaphor for being locked into some pre-existing emotionally acceptable standard of happy mood congruence. This approach came to be seen by the group members
as inflexible, inconsistent with the ever-shifting reality of peoples’ changing emotional states, and as an inaccessible creative fuel for the energy needed to perform. Jerry’s succinct comment to Doreen summed up his perception of her role; “You’re a good singer but your shy.”

Group Confidentiality

Concerns developed within the performance group about whether conversations would be held as confidential. Connie put it this way in session eight, there were “too many people walking in and out and listening to our conversations and talking to people out there.” This was an apparent reference to Trisha who left the room on occasions when she seemed upset. This happened less frequently as the group progressed. Although the door was shut, the group room abutted a small hallway separated only by a door with a glass panel. Nina said in that same session “How about putting a sign on the door?” saying ‘session in progress’ so no intruders would enter. This was done.

The concern for privacy and confidentiality seemed to follow the path of ever increasing self-disclosure. Toward the end of the experience, Connie confided, “I sort of exposed myself. I said things that I thought I would never say.” Despite her concerns, it became clear that the group had become a place where the participants became more revealed and exposed to each other. Since some group members belonged to other groups outside of the music therapy performance group, anxiety arose over how faithfully people who adhere to the stated group norm of keeping all group discussions confidential. These fears reflected, I believe, a growing sense of intimacy and trust within the group. It also indicated
an awareness that the group was taking on a kind of special quality in terms of what it had come to mean to the participants. The disclosures and the closeness that this seemed to imply, ran a certain risk for the group members. As Connie put it, “Damn, why did I expose myself?” Such concerns were to be expected in a group that had become intimate and cohesive. For Connie though, the pending termination of the group brought up separation issues that contributed to her ambivalent feelings about self-disclosure.

**Connection and Termination Issues**

“I don’t get close too much to people. If they need me it doesn’t bother me. But if I get emotionally involved with that person, and if that person leaves, then it’s like a trauma to me.” These were Connie’s words in the last session. The dilemma of allowing herself to expose her feelings, become vulnerable, caring, finding the group to be a special place, and then experiencing the ending as another possible trauma summed up her process of connection and termination. It appeared as though she had lost control of herself, stopped protecting herself from being hurt. “In this one particular place like no other place in the world, I can be whatever I feel like.” Although it was not clear from this comment what made this group feel like the one place where she could be whatever she felt like being, it did point to how she felt about the group and how difficult it was for her to be herself elsewhere. She even expressed her belief that other people had similar special feelings about the group experience, “I’ve heard other people speak and say things they would never have said in another group.”
The following exchange occurred between Ralph and Betty in the last session. Despite his spotty attendance, the group appeared to have taken on special meaning to Ralph. “I just want to have fun. And this is a release for me of tension and whatever.” “Ralph, this is my get-away,” she replied. “This is my hide-away but it is not a hide-away,” he said.

Despite his inconsistent attendance, the group had become a place where Ralph did not need to hide himself. Much like Connie, it was here that he could authentically be himself. His release through singing, piano playing, and drums permitted him a much-valued outlet. “I don’t want to take away the joy of our group. I don’t want to take away the singing because I love each singer. I don’t want to stop that…I want to play the drums; I want to play the piano.”

When she was reminded that the group session being held that day was going to be the group’s last, Denise first seemed stunned and then said, “I’m going to miss this.” My recollection of that moment was that she seemed deflated, unable to either speak or hide her feelings of loss.

Nina, used the word “shrinking” to describe her reaction to the attendance in group nine when there were only five members present (the smallest number of people to have attended any one group). I asked her what her concern was and she expressed anxiety that the group might not be attracting people to it. The following week when attendance rebounded to eight, I noted in my log entry that day how a special feeling had developed in the group. “There was a level of animation, of genuineness, of honesty and candor that set this group apart from
previous sessions.” Sue expressed in this session her feeling that people were valued in this group and not just evaluated.

Nina disclosed more about herself and her connection to the group in the last session, “I am the type of person where I don’t want to feel, it’s too much. Where I feel their pain and I feel my pain and this is a group that can really help put those feelings together.” She too seemed to experience deeper feelings than she was prepared to experience. Yet she had the perspective that this unexpected development might lead to greater wholeness. As I shall discuss later, the integration of the performance and verbal realms left deep impressions on several participants about how they felt like they were coming together in a new way.

Nina was somewhat philosophical in her approach to the group’s ending,

You can vent, you can give into to them, you can cry, mourn, but in the end we have to go on with life too. And we cannot control somebody from leaving. This was a way to get out our feelings with the songs and our instruments and so now, we know that we can vent our feelings either by singing, by dancing if we feel like it a little bit, by… screaming if we want. If we need to cry, we can do it with somebody or alone.

The isolation that existed between people had been bridged. Through caring and deep connection this gulf was made bearable. Connie addressed this dilemma poignantly yet succinctly, “The point is I’m alone and when I come here, I’m not alone.”

**Band of Performing Brothers and Sisters**

“They told me never criticize your brother,” Connie said referring to advice she had gotten in the past about how to act towards other performers. The relationship that formed among the members of the performing group conformed
to certain codes of behavior that seemed to have been established prior to the existence of this group. These are handed down codes on how to dress, how to act (and not to act) on stage toward each other, how to be a good audience for one another, and how criticism should be intended as a constructive response. Performance came to be seen through different perspectives. At times it seemed like a trial by fire that could only be understood by others who take similar risks; or how performers experience life on the road together with its share of bad food, getting lost on the way to the gig, or coping with equipment failures; or how wonderful the feeling is when after a good performance was given, a performer can share the experience with those people who understood the hard work that made it possible. The experience can be stressful, exhausting, and frustrating but it can also pull the group toward cohesion.

What happened in the course of this study was that performing music became a unifying experience. The members of the research project grew into what I am calling a band of performing brothers and sisters. The high level of self-disclosure, the capacity for deepened connection to other performers, and the correction of previous family group experiences occurred within the group. This promoted feelings that grew into a sense of group camaraderie and solidarity.

The giving and receiving of feedback was a major issue in the group. When it was done in a way that seemed critical or judgmental, it often triggered family of origin issues involving harsh and pejorative inner voices. This process could be subtle involving perceived slights, unspoken negative attitudes, anxiety states, projected inner critics lashing out, fear that comments intended as caring might be
misinterpreted, worry about whether performers were being compared to each other, or feelings of exclusion when subgroup formation was perceived.

The backgrounds that several of the participants had as working musicians, helped to promote values being distributed in the group that were derived from their previous teachers and colleagues. This seemed to instill in the group’s collective cultural, certain norms of behavior that emphasized the need for unselfishness. But these former professional musicians also often recounted tales of destructive behavior that took place. They had experienced performers where drugs, me-first attitudes, endless conflicts, break-ups, ruthless competition, and skill comparisons produced feelings of emptiness. These performance experiences became embedded in the culture of the group. The members who had informal performance backgrounds, seemed to listen to these stories and take in the lessons that had been learned by others. Nina’s strong performance background put her in such a position.

You need to have an audience when they (the audience) are not paying attention to you, that you have someone who is paying attention to you and it should be your fellow performers who are cheering you on, who are listening to every note and who anticipate when your going into that bridge and brings you up.

These qualities were in evidence during the first and second public performances among the members of the group. They were sitting together at the same table, anticipating each other’s material, cuing each other from the audience, going up on stage or tweaking the sound system at times when they perceived that there was some problem that needed to be attended to, and acted as beacons of alertness and attentiveness for each other and for the other performing group as
well. “We should be a model audience for each other and for the rest of the group,” Nina said. Gillian Stephens-Langdon, a music therapist whose performing group shared the stage with us in both performances, shared this perception with me in an interview completed after the second public performance, “You can see the camaraderie in your group around the table and I think they supported us when we played.”

This supportive attitude came across to the less experienced performers. To help her relax on stage, Connie cued Betty from the audience during the first public performance and said this, “She just kept looking at me and I just kept giving her the words. I was like a director. I would give out the words and she didn’t make no mistakes.” In Betty’s words this is how she experienced Connie, “She is the calmness that overcomes me. She says you can do it. You can do it! Even if you think you can’t. She is my rooting section. My private rooting section.” Betty eventually came to feel appreciated and accepted by the group. “My peers convinced me, you got it. They all made me feel so good, you got it Betty. I do? They convinced me. Each time we are together, my peers convinced me, you got it, you’re not bad.”

Trisha had the most difficulty feeling accepted and supported by the group. Her membership into the band of performing brothers and sisters seemed to require the processing and understanding of her family of origin issues. It was not until after the first public performance that Trisha experienced a feeling of support and belonging. This resulted in her connection to herself and then to the performance group.
It felt like I was accepted especially by my peers. That really meant a lot to me. That finally they acknowledged me as a person. They were so warm, so there. It was them. There was no pretentiousness. They got right into the music.

There was a line between being a cheerleading section and giving accurate feedback. For Sue, getting realistic feedback was very important. “If I sound like shit, tell me I sound like shit,” she told me in her first interview. She was driven to improve herself and if she trusted your opinion, she wanted it straight. Nina could not accept feedback from just anyone. She said this in the first group session referring to her, “Some people only look for one person’s judgment of their performance. Sometimes a lot of people are overly critical and I think that is my problem.” Through the duration of this study, the group developed a balance of realistic, accurate feedback in the performance group along with a mixture of active cheering-on that occurred when the person was in the performance arena itself.

The resulting band of performing brothers and sisters implied a transformational process from a potentially dysfunctional re-enactment of family tensions to a sense of pride in becoming. It seemed that the act of performing played a critical role in this transformation. It elevated the struggles of the individual onto the metaphorical platform of the stage. The history of performance etiquette, the techniques, values, and the sense of belonging to a tradition that had been handed down, were very much evidenced in this study. This brought about an entity that I am calling a band of performing brothers and sisters. Betty’s comment perhaps best captured the essence of the transformational
performance process. "You've created a monster. He (Ralph) said 'you can do it.'

I started really believing what he was telling me."
CHAPTER VI
THE PROCESS OF GROUP AND PUBLIC PERFORMANCE AS THERAPY

I have been searching to find a definition of performance that adequately conveys the context in which the participants in this study experienced it. The closest suitable dictionary definition that was found was, "The manner in which or the efficiency with which something reacts or fulfills its intended purpose" (Webster’s new universal unabridged dictionary, 1996). Performance in music therapy is intended to resolve personal conflicts that inhibit growth, to enhance expressiveness, and to promote healing and transcendence. I used an approach that employed group discussion as well as group and public performances. This created a system in which performance as therapy developed in a clinical setting, was then applied to community settings, and later was brought back to the group for further reflection and intervention.

Performances in the Group

Performance in the music therapy performance group was done before a consistent and known audience. This promoted an atmosphere that at times was a therapy group and at other times seemed more like a master class. In this setting, the audience was comprised of knowledgeable vocalists and musicians, as well as a few novices. There was feedback, social learning, support, and sharing of techniques, but there was also personal sharing about fears, anxiety, past trauma,
and family of origin issues as it related to the experience of performing music. This combination of factors made the performance process multi-dimensional.

The relationship that developed between the performer and the group as an audience was a special one. It was intended to promote a feeling of safety where group members could try out new ideas without concern for how they might sound. It was a place where associated emotions and memories that were attached to each song were first excavated and then integrated into a story of that performer’s experience. These stories became a dialogue between the members of the group and eventually, as a bridge to the audiences that they would later perform in front of publicly. The process was intended to help the individual connect to the song as deeply as possible and in so doing, connect to other members of the group. Fear of judgment, insecurities about appearance, and concerns about the degree of one’s talent lessened as each performer was encouraged to work these issues through by playing in front of each other.

The Public Performances

The first public performance involved playing before an audience that was completely new and in a setting in which the group members had never before set foot. The challenge of this newness was an intentional part of the therapeutic process. This required sizing up and evaluating the acoustics, how to best set up the equipment on the area designated as the stage and adjusting sound levels, scoping out the audience, meeting the other band, and making the kind of adjustments in delivery of the music that happens in the moment of performing.
The second public performance occurred in the familiar setting of the auditorium of the group’s community mental health center. The audience in this setting was mostly people that the performers knew. This situation had its own challenges: figuring out the play list in coordination with the Bronx band in terms of the order and length of the program; when the food should be served in relation to the performances; and whether to try to connect the music of the two groups with each other in terms of doing a combined performance.

The performance play list (see Table 2) was developed prior to both events. It represented the opinions of the performers and the music therapists about which songs worked best and in what order. In the first performance, Connie decided that the audience looked too young to appreciate the song that she had originally chosen to sing, *Till There was You.* She came up to me on stage between songs and said that she wanted to do something upbeat after her emotional rendition of *How Deep is the Ocean.* I not only agreed with her assessment but I welcomed her input. She was someone who had performed publicly for over fifty years and I trusted her radar when it came to reading audiences. She really put a charge into a fast rock version of *Home on the Range* and the audience responded with loud cheers.

We had also decided to include a recorded version of Nina singing *If Ever I Would Leave You.* Unfortunately, Nina had an unbreakable work commitment that day and was not able to obtain permission from her employer to attend the performance. She was quite upset by this and I asked her how would she feel if we recorded a song of hers to play at the upcoming concert. She was very
Table 2

Play list of songs from public performances

**First performance in the Bronx:**

Denise – God Bless the Child, Beyond the Sea

Connie – How Deep Is the Ocean, Home on the Range

Nina (on tape) – If Ever I Would Leave You

Trisha – House of Cards (original song), Dream a Little Dream of Me

Betty – More

Ralph – Can You Feel the Love Tonight

Ralph and Sue – Run to Me

Sue – Falling in Love

**Second performance at the research site’s cabaret:**

Betty – O Sole Mio

Denise – Me and Bobby McGee

Trisha – Plastic (original song)

Connie & Perry (duet with Bronx lead singer) – You Are My Sunshine

Sue – Runaway

Nina – If

Sue & Perry (duet) To Love Somebody
enthusiastic and appreciated my willingness to do this. It seemed appropriate to try to include her and this alternative allowed her not to be excluded completely. Before we played the recording, I explained to the audience the circumstances that had led to this decision. My impression was that the performance group felt glad to have Nina represented in this way. Her trained operatic voice fit this song perfectly and the quality of the sound was very good. The response from the Bronx audience was enthusiastic.

I encouraged Ralph and Sue to include a duet at the end of the program of *Run to Me*. My intention was to promote a joint musical ventures between the performers to add richness and complexity to the music. It also modeled a way of seeing each other as allies and not competitors. It was easy to do this as they enjoyed singing together and had already worked this song out on their own outside of the group. I also felt that a duet as a symbol of unity was a strong way to end our segment of the program.

A drama unfolded behind the scenes of the second public performance. I got a phone call from the music therapist, Gillian Stephens-Langdon, the day before the concert. She was concerned that one of her two lead singers would not be given permission by the unit psychiatrist to leave the hospital due to his past criminal history and his current escape status. This possibility had caused him to feel hurt, angry, and resentful and made the members of the Bronx band feel anxious that without him, the quality of the their performance would be diminished. The morning of the concert, Gillian called me and said that the doctor had denied him permission to leave. This made him at first sulk, and then to act in
an agitated manner. He ended up retreating to his room and refused to come out. About ten minutes before the band departed, he did come out and met the performers as they were getting ready to leave. He helped them carry the instruments to the door of the unit. As he wished them all good luck, it was said that his attitude had changed to one of sadness as he made an effort to support his fellow performers on their big day out.

I informed my group about what had happened before the Bronx band had arrived. There were protests of how unfair this was. Even though everyone was upset, it was my impression that this adverse situation brought the two groups closer together. They had already established a connection from the first performance. Now they greeted each other with hugs and smiles. The Bronx band went on first. When we played in the Bronx, they gave us the opening slot to perform. Now the favor was returned. The group sat together at a special table that was set up for them. A similar table was set up for their Bronx counterparts also near the stage. Each song that they performed was met with rousing cheers and a standing ovation that was led by the performance group.

When their set was completed, they greeted the Bronx musicians as they stepped down from the stage. Our play list was designed to produce a shorter set than usual to accommodate the lengthier than normal performance program. Food was heating up and so were the appetites of the members of the audience. Betty opened with O Sole Mio. This song that so reminded her of her grandmother, was a personal triumph and was greeted by prolonged applause and a standing
ovation. She sang it in Italian and English as she mixed together the traditional version with the one that Elvis Presley remade into *Its Now or Never*.

The order of the play list was designed to shift moods with Denise’s Janice Joplin-like version of *Me and Bobbie McGee*. This brought the house down with her gritty, down-home styling. Trisha’s own composition *Plastic* was next. Unfortunately, the cabaret food coordinator was getting complaints that the crowd was getting hungry and restless. The performance was going on for about an hour and fifteen minutes and since it was nearly one-thirty PM, we decided to take a twenty-minute food intermission. Trisha was very upset by this and felt that she would not be able to get the audience back after they ate. The break was more like a half an hour before the performances resumed. Trisha seemed thrown off by the delay as well as by the crowd who were noisily consuming their food. She commented later of being particularly aware that the Bronx band was all busy eating and did not according to her, pay any attention to her performance. She felt insulted by this slight of etiquette from her fellow performers. When she finished, she experienced the modest applause that was given to her as “pity claps.”

Connie was up next. She decided in the moment to abandon her song *Cry* and spontaneously invited the lead singer from the Bronx to get up and do a duet with her. They sang *You are My Sunshine* with a heavy funk feeling. The two of them sang together in a call and response manner that had some gospel-like qualities to it. This seemed to really enliven the performance and created an improvisational spontaneity that produced cheers and hoorays from the audience when they finished.
Sue was a bit off on the song *Runaway* as the tempo seemed to be dragging. Nina however sang the song *If* with a lilting sweetness that changed the mood of the performance. It had been intended to be lovely and moving and it was.

The set was supposed to end here. Originally Ralph and Sue were going to sing a duet but Ralph did not show up that day and did not call. On the spur of the moment, Sue invited the lead singer back up on the stage and asked him if he would sing a duet with her. She had admired his rendition of *To Love Somebody* which he had done in the first set. He agreed and the two of them sang with great intensity together. When they ended, both groups rushed to the stage to greet and congratulate them. It seemed that their performing together had sealed the bond that had been first formed two months earlier.

Five States of Performance Connection

The moment-to-moment experience of the research participants alternated between five discernable states of connection in the process of performing music. The first state is connection with the self, where the performer seems to concentrate solely on his/her internal experience of performing. As you will read, Denise’s intense connection when she sang exemplified this state. This included the emotions that were evoked or the memories that were stirred up by an association to a particular song, or a powerful aesthetic reaction to a certain melody, lyric or harmony. This state was at times so all embracing, that sometimes the performer was not even aware of the presence of the audience or of being with other performers. This experience of the self in performance also
included feelings of being alone and isolated or being preoccupied with an internal stimulus. Trisha most clearly fit this pattern. This state often produced disconnection for the performer from being able to release emotions and instead, seemed to block energy flow needed for creative expression. On a technical level, it seemed to promote the making of mistakes that then further diminished the performer’s capacity for expressiveness.

At different times, the performers were very aware of connecting to others. The connection to others during performance had two distinct states that I will be differentiating. One state of connection was to fellow performers. The other was connection to the audience. Making and performing music with another musician had very special qualities that appeared throughout the data. In many ways, Nina described this process most distinctly in her comments about how important it was for her for musicians to listen to each other. These experiences produced a range of responses depending on how close or how satisfying the music making was between the musicians. This process often deepened the felt connection of the performer to the music as well as to the soulful connection that they experienced with others. Adversely, when the rapport in the music was not there, a feeling of isolation, even alienation, occurred between the musicians.

The third state focused on the connection between the performer and the audience. The process of being listened to by others was a powerful dimension unlike that of any other. This state involved a complex experience of receiving and being received by the audience. Though each performer commented on how
this process was revealed, I think that Connie’s experience is most striking in this regard in the open way in which she interacted with the audience.

The fourth state of connection existed on the world-as-a-stage state. This experience of performance involved projecting oneself from the stage and out into the world beyond the immediate audience. In certain ways, Sue’s experience of wanting to make it “big” someday was a projection of her current experience onto the larger stage of her dreams. Playing in front of a gathering of people brought the performers before both seen and unseen audiences. The unseen audience included the sensation that each performance was a kind of audition that could promote their future musical careers. This state included more than the projection of their musical technique. It involved a projection of attitude, appearance, dress, manners and stage courtesies, organizational skills, and social skills. Performing to the larger audience brought out a consciousness of how they looked and acted.

Another dimension of the larger world was the network of artists and other people who have experienced mental illness. Playing home and away concerts between two psychiatric facilities, helped to foster a connection between people who were in various stages of recovery and institutional control. The performance group seemed aware of this and related to these audiences and to their fellow artists in a special way. This connection evoked identifications with each other and a sense of solidarity.

Then there was the connection that existed on a spiritual level. This state included a healing force that was directed at themselves as well as others. It included the thoughts that they directed toward demented or deceased parents
who were reachable now only on some metaphysical level. It reached out to people from whom they had become deeply alienated. In this state, they connected with God or other powerful, all-embracing belief systems. Performance became an opportunity for healing and wholeness. Betty’s process of healing and reconciliation touched deeply on these issues.

I need to add that these five states were not at all mutually exclusive. The performers experienced connections through several states simultaneously and moved fluidly between them at different times.

My intervention strategy was initially to foster the individual’s capacity to concentrate more deeply on the self in order to develop a deepened ability for expression. It was my belief that isolation took place when an individual had difficulty accessing and tolerating his or her own internal states of experience. Isolation when seen in this light, was an expression of inner conflict that appeared as a difficulty in getting into the music. The inconsistency of self connection sometimes looked like not feeling in the right mood to make music, or not being able to meet the technical demands of the music, or forgetting the lyrics, of being unprepared and disorganized, or of being easily distracted, or being late, or being absent. Trisha was the group member who most closely fit this pattern. For her, the more deeply she was able to connect within, the more able she was to connect deeply with others. My intervention strategy was based on a continuous reassessment of the person’s capacity for self-connection and through this, to promote deeper connection to others.
Connecting to the Self

For Nina, the piece of music that she chose for a performance was of critical importance to her. “A song is something that you feel in your brain and in your body and if you want to include, in your soul...it transcends time, place, it’s another dimension.” Nina was very clear about how she chose the right material for herself. “I measure music that I want to sing by the way that it stays with me when I hear it. I actually hear it in my brain and that’s how I measure what a great song is. If you hear a song and like it but don’t remember it, it’s not important.” She believed that she had to balance herself for a performance between her existing emotional state and the feelings that a good song induced in her. At times during the study, she became overwhelmed if she allowed her current marital problems to take over her thoughts. Instead she tried to descend into the feelings of her chosen song. This seemed to help restore her sense of being more in control of her life. Each song that she picked had to sing to her and give back to her something that she needed. “That raw energy is what I look for. That little edge you get from a performance is something you work from...and if it’s a good song, basically a good song, there are so many nuances that you can add.” By the group’s end, she changed this perspective and seemed to be more willing to allow herself to find her inner emotion first and then put that into the song. “I think you’re very right to say that as long as it is sung with all your heart it doesn’t matter what song it is.”

Song choices were left up to the individual though I asked them what these choices were about. In numerous instances, the song represented a person, a
memory, a particular event in that person’s life that was then discussed in terms of what it had meant to them. As Nina alluded to her outside personal life overwhelming her at times, other people offered a range of feelings and motives for choosing the songs that they did. Betty made this comment about the song that she had performed for her first public performance. “I wanted people to know that it’s not just a song, a love song but it’s a song I chose that has meaning behind it. I really was pouring my heart out with that song. I was feeling that song. I was feeling my grandma’s presence.” Initially, Betty was as anxious and as unsure of herself as she was about the songs that she wanted to sing. In time she became more self-assured and less concerned about how she sounded to other group members. She realized that the songs she had heard in her family of origin were the songs that she felt connected to and wanted to sing. As her confidence grew, so did her ability to connect deeply to the feelings and memories that certain songs like *O Sole Mio* stirred up. The inner connection that she felt to this song transcended physical boundaries and allowed her to experience an internal spiritual reunion with her deceased grandmother. “When I sang the song, like she was inside my body, my grandmother.”

Conjuring up the images of people associated to particular songs occurred with other performers. *How Deep Is the Ocean* was a song that brought up two special people in Connie’s past. It was one of her deceased mother’s favorite songs and it was a song that brought back memories of her ex-fiancé.

When I was singing after a while I was starting to get depressed. I was into a trance with that song. Every time I do it, I don’t know what it is with that song. Maybe it’s because it brings memories, it brings my mother back. That was her favorite song around the house. So when I sing it she comes to my
mind. And then like many years ago, this man, we were going to get married, he got sick and he passed and then I said to myself I’m never going to find another man like him you know.

She also chose to sing a song that her father had composed. Despite the troubled history of her relationship to him and of her memory of him as a troubled but formative figure in her musical life, she returned to this song as something that she could sing now as an older adult but sing it in her own way. “Can I sing my father’s song? He would get mad at me cause I used to sing the wrong words. But now that he isn’t around, I sing it the way that I want to sing it.”

Past lovers, ex-husbands, granddaughters, and a deteriorated mother suffering from advanced Alzheimer’s disease were all associations to songs that Denise chose to sing. These choices were not at all random but were done with the intention of accessing the emotions that were embedded in those memories. “There is more feeling in a song when it has a history,” she said. Many of her song choices were tunes out of her youth that she had heard her mother singing around the house. These were the same songs that when Denise would sing them as a little girl, her mother would say, ”You stink.”

These internal images were brought forth by Denise purposefully so that she could put more feeling into her singing. The more experienced performers like Denise, Connie, Nina, and Ralph had already established systems of putting themselves in emotional touch with the chosen song material. When asked how she went about connecting to songs, Denise responded, “Close your eyes, think depressed.” On the other hand, Connie did not like to feel emotionally exposed, “I don’t like to show emotions and to expose myself. Showing a feeling is exposing
yourself.” Nina worked from the lyrics of a song and found her emotions there.

Ralph not only sang but also played the keyboard and drums. He described how each musical outlet allowed him to reach different inner states.

On the piano, you are more soothing more calming. When I sing, I put myself into another world. When I sing I do sing with feeling most of the time. I try to just send myself into that story that the song is telling. As a drummer, you are letting out energy, letting loose of the stress. You are expressing your energy. Either you are stressed out for the day or you express at least the stress. Just boom, boom, boom, and I was full of stress and it was a good way of letting loose of the stress and enjoying music at the same time.

Ralph was the only performer who both sang and played instruments. He experienced playing these instruments in different ways. He also connected to singing in a very special manner. His perspective on these differences was unique in this study. These were his words about the synergy between his vocals and how it felt to accompanying himself on the keyboard.

It brings me closer to the music closer to the gut of what it is all about. It is the same thing with music and letting out your feelings. Does that make the music different somehow, deeper? That song had a lot meaning. It helped too, reading those words and playing the piano helped. I was fighting it at first but it was too powerful. It just all came out and I am glad that it did...It is a way of deepening your relationship to your inner experience of feelings and it adds more power and expressiveness.

Emotional release or catharsis was an experience desired by most participants although the degree and frequency with which each person was able to satisfactorily achieve this experience varied considerably. In Denise’s case, this release was felt as an urgent necessity. “Once I start singing like I told you before, I get lost in the song. I start trembling when I sing... It has to come out.” Her presentation of what this state was like can be likened to a total immersion
process. In her first interview, she detailed what she experiences when she performs.

I don’t know if I can describe it or not. It’s like I’m off the ground. I’m just gone somewhere. I’m not even noticing the room or the music being played. I think I’m just in a grey place maybe. Once in a while I’ll open my eyes and it will bring me back to normal and I will see that there are people there. But normally if I just keep going and I’m singing and my eyes may be open but I don’t see anybody. And a lot of times I don’t even hear the music when I’m in it. That is why sometimes if you stop playing, I don’t even know it. I’m just so lost in it.

Certain performers entered their existing emotional space and performed from there. Others transformed their energy through entering the emotion of the song. Still others tried to block out unwanted feelings by entering the different emotions of the music. For Nina, it was difficult to perform when her life was troubled. “When I am having trouble performing it is because of sadness or my life isn’t going very well at all. It takes quite an effort to perform.” Connie could not put aside the sadness that she had felt since her mother’s death either. “I couldn’t look forward to a performance. My mind was always at home.”

The person who expressed the most difficulty performing was Trisha. Her internal state varied greatly depending on how comfortable she felt with the group that day or other factors going on in her life. She had difficulty blocking out the anticipation of negative judgments from others. She did however, come to see this process and was able to comment upon it.

It (solo vocal performing) ranges from torture to heaven with all the stops in between. Well torture probably because I beat myself up. When I know what I can do and I don’t hear myself singing that way, I am so frustrated and annoyed. I have to relax and not beat myself up, to give myself a break and permission to like maybe not be on my A list that day. I have to allow for the fact that I can’t be perfect and just forgive myself and take a shot anyway.
Performing in a choir or dancing with an ensemble or even performing as a solo dancer, did not present the same conflicts for Trisha as did singing solo. This made her feel more personally exposed, vulnerable to negativity and criticism. As a dancer, she could move freely, expressively, or as she put it “dance from the inside out.” But singing was a different art form and presented itself as a different kind of challenge. “I wasn’t anxious that you could be somehow cut off or told to stop when you were dancing. I realized in dance that I could feel it and do it. What were they going to do, shut my body off?” Her voice needed to become more connected to her inner state as I saw it. She needed to feel respected by others before she could convey her authentic self vocally. “When it comes to dancing I don’t care what anybody thinks.” The objective was to make this equally true for her singing. By the ninth session, Trisha could observe herself and comment upon her not feeling centered, calm, or internally connected. She had discovered that she needed to be in touch with her body as well as her inner voice.

I didn’t give myself a chance. I know I was going off. I have to give myself more time so that I can be calm in here. My body has to be there and I was tensing. I was trying to perform and I’m not a performer.

The awareness of performing for Trisha was a distraction. It made her feel self-conscious, doing something for somebody else, not for her. It put her in the position of seeking approval yet expecting criticism. This was in contrast to Sue’s attitude about performing. For her there was some conscious difference between doing a performance and just singing. “Not only was I singing but I was trying to perform. Singing is just getting up and singing but performing is making moves
and dancing.” The issue of doing a performance was not a problem for Sue. In fact she enjoyed it. She did report having powerful internal images during her second public performance when she remembered having a fight with her ex-husband while performing the Bee Gees’ song *To Love Somebody*. This internal process allowed her to feel the power of those painful memories and how hurt and angry she had been in the past. Those emotional memories helped her to connect more powerfully to the song. As I shall discuss later, this made her feel more connected to her singing partner and to the audience.

I attempted to bring to the performer’s awareness how their internal states affected their ability to perform. This started with putting each person in touch with what they were feeling and thinking. Did their mood match their feeling about the chosen song? Perhaps they needed to try to bring their present mood into their chosen song, or choose a different piece, or allow the song to transform their mood? Awareness and flexibility were the key concepts. When there was a mismatch, I brought this potential conflict out into the open. In time, I hoped that the participants would be increasingly able to know themselves well enough to do this on their own. It was my belief that the better able they were to connect their inner states to appropriate musical material, the more consistent they would become as performing musicians. That included knowledge of their illness and how stress might trigger symptoms. Armed with more knowledge of themselves as people and performers, they could tie together the act of performing and being in touch with inner states. As Connie said to Lilah about how good it made her
feel to sing and to perform in the third session, “It’s like taking your medicine.”
To which Lilah replied, “It’s better than medicine.”

Connecting to Other Performers

Relating to other performers involved a complex array of processes. The one that was most discernable in the data was through the music. The music promoted at times a state of wordless communication that brought the musicians together in a bond that was both special and particular to them. It also led to states of tension when the rapport between the performers was off. Other connecting processes existed between performers such as the cuing that happened in regard to lyrics and entry points, or the help that they gave to each other by adjusting equipment volume levels, or the warnings they gave about wires that could be tripped on. The cheering sections they provided for each other’s performances were another way of connecting. This occurred as they sat in the audience or stood nearby on the stage’s wings. They also connected through the roles that they assumed as musicians during performances. This consisted of how the relationships formed among them, how singers related to other singers and to instrumentalists, or how instrumentalists communicated to each other and back to the singers.

Gender Issues

In the group, all eight females were singers exclusively. The two male participants were both instrumentalists though Ralph was a singer as well. Both the group leader and co-leader were males and both were instrumentalists.
Though it does not appear that frequently in the data, this role differentiation along gender lines did emerge in my observations of the group’s activities in the researcher’s journal. It was evident to me in both of the public performances that certain dynamics seemed to be happening due to the composition of the performance group in terms of female lead singers and male back-up musicians. The female singers tended to be more dressed up for the performances than did the males. Trisha, for instance, dressed in short skirts, wore make-up, and seemed to be more obviously feminine in her performance attitude than she was during the group time alone. Nina and Denise also mentioned getting their hair and nails done for performances and dressed up for each occasion. Betty and Sue were both dressed more casually for performances but made sure that the group knew they were appearance conscious as well. When a male audience member came up and hugged and kissed Sue during the first performance, much was made of this event in the group by the other women later on. They kidded her about turning on the men in the audience.

Sue and Connie both had separate and spontaneous duets with the male lead singer from the other band in the second performance. There was a definite male-female chemistry going on in their movements as each duet sang. Here was how Connie described what took place for her in the interview immediately following that performance.

He was like a little shy with me. I wanted to show him that he could get close to me. I’m not going to bite him. He came right next to me and I put my arms around him and he put his arms around me. Like he loosened up, he really loosened up. When he was singing with his band there wasn’t much of a smile on his face if you noticed but when we did it, he was all smiles and he was moving around...It is similar to the way that you work as a performer to
work towards that one person and get them. It was him that I got to come alive...at the end he told me, you know, I really like you. I feel so close to you. That's what he said to me. I didn't have to say a word. It was just the way I put my arms around him and sang together. I felt so close to you, you are so friendly, he said to me... You know it made me feel good that I made this thing with him, this contact with him.

In my notes after the first performance, I commented that there was a "heightened feeling of male/femaleness evident in the whole event that conveyed an eroticism that is so often missing in doing the work in the clinic." There was some electric charge that seemed to occur between the performers that promoted this male-female pairing. For Sue, the experience had an added dimension. While she was singing to her partner *To Love Somebody*, she described what she was feeling about him at that moment, "I'm not singing to him, I'm singing to him to myself. You sing something that is going to give you a feeling and it did. It was like to let myself, to let my feelings go... and when I am singing to him, I'm singing to someone in the past." This inner experience was so vivid that Sue had an urge to pick something up and throw it as if she was having a re-enacted fight with her ex-spouse while singing to her new partner. She went on to say, "I thought about it but I wouldn't do it. Thinking about it and doing it are two different things. It was a song that somebody got hurt in. It brought me out."

After the first performance was finished, I was driving the group back together in a vehicle and I noted that there seemed to be a high level of female to male flirting that was going on between the performers. The women seemed more animated and forward than the males. Ralph in particular seemed very uncomfortable when Betty started to initiate some playful touching between them.
My observations of this heightened gender dynamic were confirmed in a
discussion that I had later that day with my co-therapist/research assistant.

There was I thought, gender connected role distinction in the way that the
men related to the instruments and equipment. They carried all the heavy gear, set
up and broke down the sound equipment, adjusted volume levels, tuned and
played the instruments, packed them and unpacked them in the van, determined
appropriate keys for the singers and modulated when necessary to the register of
the singer, stood for the most part downstage while the female singers were front
and center, and provided melodic, rhythmic, and at times vocal harmonic support.
There seemed to be a certain kind of partnering going on. A kind of traditional
male-female stereotypical role enactment with the men being the ones to do the
heavy lifting while the women were the ones to dress up, look good, and take the
lead parts.

Differences Between Lead Singers and Back-up Musicians

The perspective of the lead singer was in Connie’s way of looking at things,
anything but a safe spot. She was the one most visible if something went wrong in
a performance. For her, the instrumentalists could hide their mistakes more easily.
This was what she had to say to Jerry the bass player in the twelfth session. “He is
behind, he is back there in a safe spot. Anything that happens up here, that’s not
his problem. He’s over there. Nobody sees them (instrumentalists) so anything
that they do, even if they make a little mistake, they are always in hiding.”
Jerry saw himself as the one who was there for the singers. He was the one who waited for them, held them through the song, watched out and covered for them when they sang a part out of turn. “Even if I’m backing up on bass, I want to do my best. Because if I do well, it makes them look good. It makes the whole band look good.” Here was another take on his view of this relationship as stated in that same session twelve.” I’m the bass player, I’ve got to sit and wait for it. I got to wait for you guys. It’s kind of frustrating. But I like it. I’ve learned that people appreciate me as a bass player. It’s actually for the singers that I do it.” Yet Jerry also expressed some unfulfilled need that he had to be the person who played the lead part. Always being in the background, under the shadows, had its downside as well. “I’m the bass player. I’m in the background. I don’t vocalize but I wish I could.”

Each singer had his or her own perspective on how they heard and connected to accompanying instrumentalists. Betty was not initially comfortable with being backed up by instruments. “It throws me off,” she said about singing to accompaniment. She was unsure of her entry points, conscious of the instrumental parts to the point of getting distracted by them, and anxious about making mistakes or hearing mistakes being made by others behind her. Singing as a solo performer after her limited performance experience as part of a high school Glee Club, was a very new musical process for her. As she relaxed, she became more self-assured. She began to experience the group as supportive for her both emotionally and musically. She eventually gave herself over to the process of musical partnering. Hers was a complex process of singing to the internal image
of her much-loved daughter (which she projected above Connie's reassuring face in the audience) while also relying on her for lyrical cuing when necessary. Being aware that musicians were trying to relate to her in the music took time for her to come to really understand. "If I'm not too far in that space, I hear them." But when performing, Betty was mostly conscious of herself. Here was her comment after the first performance. "I didn't really hear yous. All I heard was me."

Nina was the singer most in touch with her surrounding musicians. She had sung with many accompanists over the years and knew how important it was for her to have sensitive partnering. She described in the group how alone and lost she felt when she played an outdoor concert with a performing consumer band in Harlem. This occurred during the later part of research group's existence. "Maybe I heard the wrong key but I am always aware of my atmosphere of musicians. I never go away from the surrounding instruments. Because I feel that it is better to be in sync. That's for me." While playing the keyboard for Nina in the fourth group session, Ralph commented on how close he felt to her while playing the keyboards for her. "I felt your emotions just entering my system into those keys. You make me play it so I felt it in the tips of my fingers because I felt so emotional. That's how beautifully you sing this song."

One very different reaction that Denise had to her otherwise total internal focus to being musically accompanied was when she reported about her experience at an audition she went to that summer to get into a consumer musical review. Ralph was her pianist for that audition and she felt that his playing was so inaccurate that it threw her off. This made her feel more anxious fearing that
she did so poorly that she was not going to be included in the show. “We could
not have been much father away and be in the same borough,” she expressed.

Trisha’s performance background in dance and theatre made her more
conscious of working off of other performers. After a particularly bad experience
that she had with the back-up guitarist in the group’s final performance she said,

I just didn’t hear him. I didn’t know when to stop. I was faking it. I had no
idea if he was there or wasn’t there. It’s like when you’re acting on stage and
you feed off of the other person. I don’t know if it sucks, I don’t know if it’s
mediocre or good. I was devastated, I felt deflated.

She worked very consciously with other musicians. She was sensitive to
instrumental volume levels being too high, how fast or slow the tempo was, the
vocal register that made her feel comfortable, how particular arrangements
worked better for her own compositions, and how stage interactions worked best
if she was able to dance or move on stage.

Connie was very reactive to the tempo being too slow for songs that she felt
required an upbeat feeling. She often wanted to adjust the volume on her vocal
microphone up so that the bass would not drown her out. After reviewing the
videotape of the first performance she commented that the bass player Jerry was
“much too loud.” She often snapped her fingers to set the tempo before she began
a song and if she didn’t like something in a performance, she would turn around
and grimace to her back-up musicians while hiding her displeasure from the
audience.
Cheering Sections

Despite the bickering that might happen in the group about the difficulties they experienced with each other on stage or in rehearsal, there was wide-spread agreement about the importance of having other performers being as attentive as possible to each other during the performance event. Nina summed up her feelings this way.

You need to have an audience when they are not paying attention to you, that you have someone who is paying attention to you. It should be your fellow performers who are cheering you on, who are listening to every note, and who anticipates when you’re going into that bridge and brings you up.

The audience of fellow performers stood out upon review of the video tapes as particularly enthusiastic, attentive to technical problems, anticipating entry points, feeding lyrics to the singer if they struggled, aware of staging, gesturing, and sensitive to the rest of the audience’s reactions to the other performers. They sat together in strategic locations where they could see and be seen by each other. The performers were highly aware of each other’s presence and often looked for emotional and musical support from each other. During performances they cheered loudly and long for one another while saving their criticism for later. The line drawn between performances and rehearsals was most evident in their behavior toward each other in the presence of a live audience. During a live performance, they acted more like they were unabashed fans of each other whereas in rehearsals, they tended to give each other realistic feedback.
Connecting to Audiences

The music therapy performance group worked dualistically as both a therapy group and rehearsal space. When it was time to rehearse, the atmosphere often changed to a business-like place where the work at hand was performing music. Performance techniques were shared – breathing, phrasing, intonation, lyric interpretation, microphone technique, how to use the hands, posture, facial expressions, vocal register and key adjustments, arrangements, entry points, audience strategies, volume adjustments, accompaniment styles with other instruments, vocal back-ups, movement vocabulary, and more. They taught each other and learned from one another but they were an audience for each other as well. There was awareness that they were a special kind of audience, one that understood the performance experience from the performer’s perspective. This audience was more familiar, intimate, and knowledgeable. Yet because they got to know each other so well, there was an intangible something that was missing. The increasing familiarity of playing before each came to be seen in a way that was almost too predictable. Connecting to new and unknown audiences was riskier but offered potentially rich rewards. Nina tried to describe how the experience of working towards and doing a live performance differed from rehearsals.

To just rehearse and rehearse and to not have a performance in mind kind of makes me not do my best. When I’m going to do a performance, I still get a little bit of edginess or butterflies in my stomach. I always, always try to do my best.

The audiences in live performances evoked a range of feelings and reactions that reflected a spontaneous in-the-moment quality. For participants such as Connie, performing deeply involved trying to directly connect to members of the
audience. She was the person most sensitive to the composition of her audience, making special efforts to try to relate to specific members of the audience through the performance of her music. She experienced winning their connection as evidence that she had made contact with them. "When I'm singing, I try to look at the audience. When I sing you notice, I always go out to them. Those that don't light up, I try to make contact with them." She was very conscious of not wanting to be the first to perform feeling that she did better when the audience was already warmed up. "I look at the audience and I look at their faces, their body movements because already the other singers have come on and I can see if they are a good audience or a bad audience... Let somebody else warm up the audience." She tried to establish a relationship that was reciprocal, one in which she got back what she gave. "They feel that I have respect for them and they give it back to me. I just want to give more of myself to them."

Connie prided herself on being able to read an audience, on adjusting her material to what she thought they wanted based on how they were reacting to her performance. After the first public performance she said, "I knew already the type of audience that was sitting there. I could read their faces... If I feel there is a song that I should not sing it's because my insides are telling me don't do it." She had theories of how certain cultures and ethnic groups tended to have particular personalities as audiences. "The black audience is the toughest audience ever... because if they don't like you, they'll let you know if you're not good enough. If they like you they will make you." She sized up the audience in the first performance as being composed of people from a wide range of ages and tried to
make her music appeal across generations. She decided to do a fast version of the song *Home on the Range* believing that the heavily accented rhythm and up-tempo style of the arrangement would appeal to them.

She saw an audience as a challenge to her skills. If they were distracted she saw her task as winning them over. She measured her success by how deeply they connected to her. In the second public performance, she was conscious of connecting to the audience by working in a duet with the lead singer from the other band. "I really drew him to me... If I connect to him then I connect to the audience." She reported that while singing with him, she also zeroed in on one segment of the audience that was not paying attention to her and was determined to win them over. "I kept looking at them. You're going to smile if it kills me."

For her, the payoff was in having made contact with the audience and in the process, allowing her inner emotional state to find some respite if not escape. When she did not feel well emotionally, she was still able to perform.

When I have a problem and I might be depressed emotionally, I have to put that, I have learned, you know, to put that on one side. Music is like, is like medicine. Just give me words that you can listen to and you say, gee, that's the way I'm feeling today.

Connie had the ability to connect to the audience while simultaneously experiencing herself connecting to the lyrics and to the music that she was performing. Through this process, she found a way to discharge her inner emotions. "So then I said I made a hit with both sides. Uh, it's like a release, a release like oh, let me, let myself go. Releasing all that energy, I'm giving to the people on the other side." She went on to describe how she was able to give more and more of herself as she felt that she was receiving more from the audience. It
was the connection to the audience that seemed to allow her to find balance. Her drive to connect kept pushing her on in performance. When she did not make the audience connect to her she took responsibility for it. “I like to connect with the people in front of me. If I don’t connect, I know I’m doing something wrong.” But when she felt that connection, something else happened for her. She was able to receive by the act of giving.

It made me feel good to give, to give back. Because when I receive, it’s like giving back. When you sing and it comes from the heart, other people know it. You really have to react to people and make contact. Let them feel that they’re important. That is what you get from giving.

Perhaps the performer whose experience of audience connection was most starkly in contrast to Connie’s was Nina. She could not tolerate looking at the audience. She needed them to be unseen so as not to distract her from concentrating on the song. In an exchange with Connie in the eleventh group session, Nina was asking her in a rhetorical manner what Connie’s secret to performing was. She recognized that they were very different and that Connie seemed to enjoy engaging directly with the audience. Nina had often felt off balance by allowing the presence of the audience to interfere with her inner connection to the song. She had a tendency to become conscious of her inner critic which she then projected out onto potential critics in the audience. She performed best when she felt enveloped by the music and darkened by house lights. “I don’t want the audience to be known to me. They’re not hidden. I want them hidden, no lights and not there.” She would open her eyes to look at some spot “at the end of the concert hall” while she sang.
From her own description, there was usually some tension in working live that propelled her into the music. A good song allowed her to channel her thoughts into the story being told by the composer and to find the beauty in the melody. She tried to craft her performances around her favorite song material. This provided her with a source of creative renewal by allowing her to continually reinterpret the classic standards in her repertoire. Yet there was some sense of anxiety that surrounded her performance preparation as if she anticipated that the edge of working before a live audience was a necessary but fearful ingredient of a successful performance experience. Here was her comment shortly after the second public performance.

There is a sense of the power of the audience... The raw energy is what I look for. That little edge you get from a performance is something you work from...and if it's a good song, basically a good song, there are so many nuances that you can add. I keep changing the songs. And I forget that you can work on one song and do it differently. I really thought about the words again and tried to give it my all.

Despite the zone that Denise occupied while performing that seemed to freeze out the awareness of anything other than her own internal state, she reported that she was very much aware of the audience before and after she sang. She did not mind going first but she definitely did not want to be last. Her main criteria for performing was to have a large and hungry crowd on hand and a tall stage on which to sing. “When I am last, there is hardly any audience to give me what I need from them, applause and compliments...I like a big audience...once they eat, they leave.” The stage had power for her. The bigger it was the greater her sense of power. The microphone added to that feeling. “Holding the microphone and singing, it feels good. I don’t know what it does to me. It’s better than pills.”
Food was the metaphor that Denise chose in describing what she got from the audiences’ applause. “Applause is like food. That’s like food to me applause.” But unlike Connie, she did not connect to the individuals in the audience. “My only connection with the audience is the applause.”

When a cold that she had made her uncertain about being able to perform prior to two upcoming performances (including the second one for this study), Denise’s reaction indicated how important these performances were to her as sources of nourishment. “I was crying because I thought I wasn’t going to be able to sing Wednesday” Denise said. “I am screwed out of Wednesday and I am screwed out of Friday because of this lousy rotten cold.” “It really made you sad thinking that you may not be physically well enough to go on” I said. “Yeah, it broke my heart” she replied.

It was more than just missing the crowd’s applause and what that gave to her. Performing was a release of her pent up inner emotional states. Not performing denied her an opportunity to rid herself of unwanted tensions and stresses. Her week was built around releasing herself through song. If she could not sing, she feared that her feelings concerning her unhappy living situation with her son and daughter-in-law would stay stuck within her. Performances and the performance group were emotional outlets for her and the sources of food for her appetite for applause. The rehearsal fed her to a certain degree but she really feasted on the applause that she received from live performances. Here was how she described what it meant to her to be able to go through with the performances that week. “It’s my escape. When I come here either in the practice or in front of an
audience, it takes all that anxiety out of my body.” “So the thought that you
couldn’t take that anxiety out of your body?” I prompted her. “It made me more
anxious (laughs). It made me so anxious, I was crying like a baby.”

The reaction of the audience was a consistent benchmark of success for every
performer in the study. Yet each person had his or her own way of measuring that
reaction. For Sue, a sure sign of audience connection was if people were dancing
to the music. “When I perform, I watch the audience and when I see people
dance… that’s when I know that I did real good.” It was not only important to her
that the audience danced to her music but she felt that dancing herself was a
crucial characteristic of her performances. “You want to show how good you are
to the audience. So for me, that’s performing. You’re trying to put on like a little
show for them.” Holding the microphone was an important symbol for Sue as it
was for Denise. She was able to describe what this meant to her, “it gives you a
feeling of powerfulness as opposed to powerlessness.”

Sue balanced out trying to please the audience while not losing her own needs
in the process. She was motivated to work harder if she felt that she could
improve on her performance. The harder she worked, the better the response she
got and this motivated her to keep improving. Yet it was clear to her that she had
to “please myself first before I please the audience. That what counts the most
because I am healing myself by doing that and I know I am healing myself with
the music.” By reaching out beyond herself and witnessing the effect that her
music had on others, Sue was able to further her own healing process. “You
reached out to somebody and you touched someone, you touched someone,
connected with someone.” Reaching out, touching, and connecting were recurring themes for many of the performers.

This was certainly true for Jerry. This was his comment after the first performance.

It feels good to sound on stage, to entertain not only for people but for yourself. If I can make somebody feel good and they go home and they feel good and they come back looking for more, hey that’s great. It heals my heart and my mind. It makes me feel much better.

Yet for him, connecting with the audience did not mean that he felt comfortable about sharing himself in a personal way. His focus was on the music, on being the backbone of the band, on being the reliable, dependable bass player. He did not feel ready to share his inner experiences nor did he even connect on that level to the music. It was not a personal saga of his life that he was experiencing while performing. It was more of a musical job during which time he felt good about making others feel good. He was aware of his tendency to keep his feelings inside and expressed how he felt about this. “My frustration is first of all with me. I don’t like to share my personal self with how I really feel.” Yet despite this awareness, it was not at all clear that he wanted this to change.

Trisha’s experience of audience connection differed vastly from the first to the second performances. Her description of the first experience distinguished between how she felt about the response she got from the public audience and from that of the audience of her peers. For Trisha the memory of performing that day seemed etched by her exceptional inner concentration. The audience was like a witness to this process and seemed more like an afterthought to her rather than as a conscious presence while she was performing.
I wasn’t aware that I was performing for anybody. I don’t know if I am saying it correctly. I was unaware that anybody was paying attention. I was really in my most intimate…my really intimate way I was singing. I felt it just as though it was just myself and the other person in the room. I forgot where I was. I was just really inside, really in the words, not just the words, really into what that whole song meant. I was lost to the outside… It felt like I was accepted especially by my peers. That really meant a lot to me. That finally they acknowledged me as a person. They were so warm, so there. It was them. There was no pretentiousness. They got right into the music.

The second performance experience was a complete turnaround. She was distracted by the food that was served prior to her appearance on stage. She was frustrated with the guitar and bass players’ volume levels. And she did not feel that the band members from the visiting hospital’s performing group were paying attention to her singing. “It was like a flip-flop. The best audience and the best time, the best everything that I had was up in the Bronx and then I can flip it around and say it was the worst.” She described her performance like an elevator that never got off of the first floor. When she finished, she described the weak applause that she received as “pity claps.” The quality of the applause seemed to trigger memories of Trisha’s need for approval from her family. “I never had approval. If I wasn’t good nobody said I was good… What I learned from that is I can’t judge by my feelings. I never had approval. If I wasn’t good nobody said I was good.” Applause received when Trisha felt deserving of it was not a problem for her. When she did not feel deserving, the reception of applause was harder for her to understand. Yet in the face of this response, she did maintain this perspective. “Hey, you win some, you lose some. I didn’t take it personally.” Despite the disappointment she felt that day, she was able to balance this experience somewhat by the perspective that she stated during her interview six
days later. “I don’t want to look like I’m having a hissy fit or I’m being a diva and I don’t want to stop in the middle and look like I can’t handle it.”

For all of the anguish that it caused her, she maintained a position of optimism about performing in front of an audience. “Even though the voice may not be that great that day, whatever, but you’re open. Your walking into an unknown where there is always a chance to put a smile on someone’s face or to have them feel the song.” This intangible aspect of live performance, the possibility that through the music someone could be reached, touched, and made to feel connected to, gave her hope that each time they or she might be transformed in the process.

Connecting to the World Beyond the Audience

Suiting up for performance day was more than a figurative metaphor for getting ready to make music publicly. The performance group members seemed not only more highly conscious of their appearance, but of how well or poorly they had prepared and organized themselves. They were entering a larger world by doing a gig. This brought back memories for them of experiences from past performances. These were not the sheltered memories they sometimes thought of when they were performing in their own clinic where empathy and support could almost always be counted upon. No these were recollections of situations where they had to meet standards set by others whether that was in the entertainment and recording industries, or of high school music teachers, or of parents who expected them to pay attention to attire, to socially appropriate conduct, to stage etiquette,
and to the impressions that they were making for possible future performing opportunities. Each performance had a stand-alone quality to it. There might never be a second chance to show the person in the third row what you might really be able to do. There was a go-for-it, give-it-your-best attitude among those who had worked professionally and who understood that each time a performer went on a stage that he/she had an obligation to themselves and to the others performers to give it their best.

My therapeutic intention was to try to help each person maximize their own skills, help them acquire new ones if needed, and to help them come to appreciate how to develop greater consistency in producing the highest level of quality for each performance. Deficient work habits like lateness, excessive absences, deficient communication skills, not taking music home for further study, or not organizing music into folders and losing sheet music, were targeted for intervention as they tended to undermine consistent effort. These behaviors often left the performer less than prepared. These poor work habits I believed indicated and promoted lowered self-confidence. The intention was to promote more successful performance outcomes that would then lead to improved self-esteem through the acquisition of better habits. Hopefully this would carry over into any endeavor that they might wish to pursue.

The preparation process was both internal and external. Internally it required the individual to gain greater self-awareness about their emotional and cognitive states prior to and during the performance. This included areas such as recent family problems, medication side effects, symptom eruptions, anxiety about self-
image, musical apprehension about the mastery of the material being performed, or possible personality dynamics among the musicians and how this might affect their reliance on each other during the performance. External concerns focused on such things as hand gestures, body posture, facial expression, movement vocabulary, microphone technique, staging issues, and the memorization of the lyrics or music instead of needing to rely on following sheet music during the performance. It also included the kind of apparel they were going to wear for that performance and whether they would try to coordinate the look of the entire group on stage or express their individuality. In whatever way they decided to look and to act, the point was to make these choices intentional projections of how they wanted to look to the world. Hopefully, the greater their awareness was of how they projected themselves out to others; the more carefully they would consider what worked for them and what didn’t.

Those people who had the strongest background as performing musicians tended to bring into the group more highly established work ethics. These group participants tended to act as teachers and mentors to the less experienced members. Nina and Connie often echoed each other’s sentiments when it came to the level of preparation needed before a concert was given. “You have to present a totally in-control person,” Nina said. She went on to elaborate that during a performance “it means you don’t fool around, talk to people on the side and you wait your turn.” In the very first session of the group, Connie picked up on this issue. “A professional has got to have discipline... How you carry yourself, the
manner in which you speak to others, the way you treat others, and the performance that you do on stage.”

Both of these women were always prepared for rehearsals by having their music organized and knowing their songs ahead of time. For performances they dressed sharply and heeded to the rules of proper stage etiquette. “Appearance is the most important thing. They judge you by your appearance,” Connie proclaimed in this same first session. The following exchange occurred after the viewing the video of the first public performance in the group.

“You don’t do the things that were being done like walk by the person or do some maneuvering. You have to have a certain decorum that you don’t have during rehearsal,” Nina remarked. Connie added, “Everybody should be in their own place.” “You guys who have played professionally you know the decorum and the protocol,” I observed. “Everything is in order and nobody is walking around,” Connie retorted. “We should be a model audience for each other and for the rest of the group. Everybody is sitting down and there is no talking. All things have to be done thoughtfully,” was Nina’s response.

The importance of appearance and hard work were also values that Sue strongly endorsed.

Both my mother and father said, remember when you go out there, appearance and the way you look are very important. If you want a job, hey buddy, a lot of people think it is the way you carry yourself.

She carried herself gracefully for a large woman. She dressed carefully for both performances and paid special attention to her clothes and grooming. She brought a photograph of herself to the group showing the lavish gown that she wore for
the talent show that she had participated in that summer. She received glowing reactions from the other group members for her appearance.

Sue’s work ethic when it came to music was different from the way she saw herself otherwise. In music she was a “perfectionist” and attributed this attitude to her high school music teacher who imparted the importance of hard work, practice, and the willingness to be open to honest criticism.

I am a perfectionist only when it comes to music. Performing for me, I just want to get the work done. It is like working. I want to make sure you get it right which is what I was taught as a kid.

A number of group participants saw similarities between performing well and working well as one might in a job. These people expressed their ideas about how to handle personal troubles that threatened the performer’s ability to concentrate for a show. There was a general although not a unanimous agreement about the importance of separating one’s private and working lives. Sue agreed with this philosophy. “It’s like working, don’t let work and your private life get involved.” Connie agreed with this approach and said that she had learned to “put that to one side” the feelings of depression that she sometimes experienced before she had a performance to do. “Leave your troubles at the door” was the way that Trisha put it even though it was not always easy for her to do so. Nina tried to block out overwhelming troubles but she did try to use if possible, her existing emotional state as a basis for finding new ways of connecting to her song material.

I am not thinking too much emotion right now. As far as my personal life, right now I’m thinking about Tuesday and being able to sing well. Unless it was something really catastrophic, the show would go on. The show would go on but sometimes I use it to feel the emotions in my song.
Showing up for a performance or to use the old cliché that the show must go on, was not a value that Ralph bought into necessarily. It seemed as though it would take considerably less than the catastrophe that Nina referred to for Ralph to miss a performance date. “The shows are a different thing. If I can’t be my best at a show, I’d rather not show up.” How he prepared himself to do his best was unclear. His attendance in the group was the lowest of any member and he also missed the second performance. Ralph’s focus seemed to be more on how ready he felt rather than how this might affect the other performers or the audience if he decided not to show up.

There was some resentment that the performances were being done without financial remuneration. The expectation that hard work should be rewarded was to a certain extent balanced by the intrinsic rewards of performing, but not completely. As Jerry said, “We rehearse and rehearse and rehearse, how are we going to get jobs, the money, well there’s no money.” Financial pressures were very real for every one of the participants. Most of them received supplemental social security (SSI) that was awarded to them because of their chronic mental illness. Nina was in an internship program doing clerical work at age 60. The belief that she should get paid for her labors even if they were labors of love was quite apparent. “Correct me if I’m wrong, but you want the future to be to make a lot of money, or to get famous.” It did not go unnoticed by the group that the food provided to them by the Bronx psychiatric facility was cold pizza and warm soda. This prompted the following response from Sue.
The only thing I didn’t like and I think the other people didn’t like either was the cold pizza and warm soda...they really could have went out of their way for us. We can feed them anything. They are mentally ill.

Her comment seemed to reflect more than resentment about food but touched upon the issue of stigma and whether they would have been treated differently if they were not mentally ill. Sue experienced I believe, the attitude of the larger society toward those with mental illness. Her statement of wanting equal treatment and respect was one aspect of this consciousness. I think what she was saying was that even though they were performing for other mental health consumers at a psychiatric hospital, this should not excuse the absence of courtesy. Musicians who were already performing for free should at least be provided with hot pizza.

For Connie there was a feeling of pride that the members of the performance group were already known and recognized by the host facility for their involvement in another consumer performance band. In the introductions, the host acknowledged that these performers had helped to inspire the development of the band in the Bronx facility. This was her comment in the interview that was done afterward.

We told them after the performance how great they were. They were inspired by us. That is saying something. We must be doing something right if we can inspire other people to do the same thing. There is something that we are doing right that people want to imitate us. I said that this is an achievement, a big achievement. The way she came out on the microphone and said that she was inspired by you, by us. Denise looked at me and said that makes me feel like a million dollars.
The only time that Denise experienced the audience as something more than a source of nourishment for her need for applause was when she identified with them as people with similar psychiatric problems.

I look at the audience when I first walk up there. And once I start singing like I told you before, I get lost in the song. The only thing I was thinking about while I was singing *God Bless the Child* was that all these people are probably in the same predicament as we are. When I feel it like that, I start trembling when I sing. It has to come out.

These musicians felt a special bond with the audience and the other performers. They empathized with the captive audience in the Bronx. They also resented the decision that did not allow the lead singer of the Bronx band to participate in the return performance at the research site. They identified with his patient status.

The connection that occurred happened with audiences not only of the present, but with past and future ones as well. The performances can be seen as representing values that had been inculcated over a lifetime of performing and passed on to the group through parents, teachers, mentors, and experience. Connie summed it up this way in describing her experience:

There really is no excuse not being prepared. You knew you were going to be on that stage ... you got to do 100%. There isn’t any 90%. That was what I was taught. You can’t do 90% or 95%. ... You do 100% or 110%, that’s what I was taught. That’s the way it is, that’s the way this business is.”

During that summer of 2004, members of the group participated in two other performances that were not associated with this study. The first was a theatre show that was being sponsored by a large consumer organization. The second was a concert given in Harlem. These experiences brought back vivid memories of other performance situations.
Triggering Past Performance Memories

Performing in a Manhattan theatre before a packed house, and then performing at a later time on a large fabricated outdoor stage in a busy Harlem location, were both intensely exciting and scary. For Denise, it brought back memories of performances she had given before she became ill including some that had also been done on big stages. She relived the feeling of power in these past experiences. There was something about the elevation of height above the audience that brought back this memory.

For Connie, working such a large crowd brought back performance memories of a concert she had done in front of seven hundred people. She recalled how she had momentarily blanked out on the lyrics of a song but was able to buy enough time with her humor so that she could remember the lyrics again.

The audition for the consumer theatre performance however, brought back and in some instances flooded the performer’s memories, with thoughts of other auditions where they felt they were being judged. Connie put it this way in the group when she heard about it from Denise and Nina.

When you’re there in a cold audition, this is what I am hearing this was, a pretty much a cold audition, it’s talent, it’s how you come across in the moment. You don’t get any points for who you are or where you came from, everybody starts the same. Either you stay or you go.

Nina and for Denise both reported experiencing intense anxiety that persisted well after the audition was over. Nina was sure she did not make the cut and so did Denise. When they later found out they were accepted into the show, they were quite surprised that they had made it. Both thought that they had performed
poorly at the audition. The experience for Nina produced a wave of feelings that she talked about in session eleven.

It was like a test of our life, the real thing. When we were younger and what could have happened and what didn’t happen and now at this point in our life in recovery, what we know about everything that has happened to us. Going through therapy and all of that so it was like a test of our life. A test of how are we, how are we really because they’re not professionals, they’re not music therapists, they’re not therapists. They are regular people who are criticizing us, and who are relegating a rating for our singing, how we look, can we do that show. Which we hope could have been answered when we finished but is still not finished because they still have to let us know.

This was as Nina later put it, the “real thing.” The unknown of who these people were and how they were going to evaluate them had thrown both Nina and Denise into a state of psychological shock. Both were numb, having only a sketchy recall of what had taken place. They were unable to accurately gauge how well they did. There was for Nina almost a regression to an earlier period of her life. The “test” of revisiting that youthful time and place engaged all of her new found therapeutic resources. The experience of performing in music therapy had a considerably different feeling to it than did this type of auditioning. Here, there was no safety net and one could fall through and land with a crash. These memories were reminiscent of falls that felt more like crashes.

As Nina put it, “the big deal was that this was very similar to the real thing.” What had she meant by this? Was there something about this outside experience that the performance group could not replicate? It seemed that one principal difference for Denise was in her reaction to my personality as the group leader as compared to her reaction to the talent evaluator at the audition. “You put your
heart and soul into your job and it shows,” said Denise. To which Nina replied about how she saw us differently. “They don’t have to have any pity.”

Connecting to the Spiritual

Several members of the performing group reported that they had experienced a feeling of connectedness while performing that went beyond the immediate sensation of the self and the others in the room. This was described in differing ways. For some, it was an inner feeling of musical transformation that was so profound that they did not realize where they were until they snapped out of it when they heard the audiences’ applause. Another experienced a metaphysical bond with the spirit of a relative no longer alive. Another account described a healing force that connected the performer to the musical spirit of humanity.

For Nina, the experience was something that she could feel but had difficulty describing. It occurred while she performed even though she was overwhelmed by her life’s problems. When the performance process clicked, a connection occurred that came at a moment of need. This moment came along unexpectedly and reminded her why she loves to perform. It had transformed her emotionally and lifted her up.

It is somewhat of a spiritual goodness, a spiritual thing that I cannot even describe. I am happy that I touched somebody ... it is something that you feel in your brain and in your body and if you want to include, in your soul.

In his interview, the following exchange occurred between Ralph and myself as he attempted to describe what it meant to him to perform music in the previous (fifth session) music therapy performance group. “It (performing) brings me closer to the music, closer to the gut of what it is all about. It is the same thing
with music and letting out your feelings.” “Does that make the music different somehow, deeper?” I asked. “That song which had a lot meaning helped too.

Reading those words and playing the piano helped. I was fighting it at first but it was too powerful. It just all came out and I am glad that it did. To me it’s like a spiritual thing too,” he replied.

His previously mentioned description of feeling like he was in “another world” when he sang seemed more like his own solitary place of peace rather than a space that he shared with others. This space was a healing experience for Ralph.

It heals. It makes me feel like I am someone. It brings out the ability I have, a gift and I am somebody who can share that gift with other people. Why was I born with that ability? I don’t know. We all think of God in different ways, I was born to this world and I was given this gift for a reason and the reason was to save my life. I love performing. It has saved me and it continues to do so.

Sharing his “gift” for performing and coming into contact with his music permitted Ralph to release the emotions that needed to come out. By doing so, he seemed to cleanse himself of pent up feelings and attained something spiritual in the process. At another point in his interview, Ralph discussed what it was like for him to perform in front of 3,000 people a couple of years earlier.

I brought a smile to so many faces that I just could not believe I had the ability to do it. I am somebody who can share that gift with other people. Standing up in front of 3,000 at the Picnic for Parity I couldn’t believe I was standing there. Is this really happening to me or am I dreaming? You’re in a different world, in a different aura.

Other performers used the word “soul” or “healing” to capture what it feels like to make contact with the self through the act of contacting others in performance. Sue said that she felt a healing in the music going on for her when she performed. “Wow, you opened up your soul!” Jerry also used the word
“heals” when he discussed his experience of what it does for his heart and mind to entertain other people. Lilah described her experience this way, “It feels good to sing, let me tell you. It’s a good feeling, it makes you feel good, your soul, when the people around you enjoy your singing and start dancing around.”

There was one report of a very different spiritual nature that Betty experienced while performing the song *O Sole Mio* in the second public performance. This song was associated closely with her dear and departed grandmother who was herself, very musical and often sang this particular song. Betty sang it as a medley in both the original version (singing the lyrics as her grandmother had done in Italian) and the updated Elvis Presley rendition in English. Her previous difficulties while performing seemed to vanish, as she felt immersed in the song and transported by it.

I really was pouring my heart out with that song. I was feeling that song. I was feeling my grandma’s presence. It brings her close even though she’s gone. I was more or less over the audience. And once I got done and the applause, it was like I bounced back, I came back to reality. When I sang the song, like she was inside my body, my grandmother.

The performance process had brought about a spiritual reunification that seemed to suspend time and place for Betty. The audience acted as a witness to this experience. Instead of maintaining a consciousness that she was being listened to, Betty got lost somewhere. The applause brought her back but not to the same place she had previously occupied. This event had changed something for her.
CHAPTER VII

IMPACT OF THE MUSIC THERAPY PERFORMANCE GROUP ON THE PARTICIPANTS

The members of the music therapy performing group each came into this study with their own histories, attitudes, and associations to performing music. In their thirteen weeks of participation in this study they explored these facets of themselves as performers and to varying degrees, expressed what this experience came to mean for them. It was not the intention of this study to evaluate the long-term effects of this approach on their subsequent functioning so no follow-up was done. What they reported as having happened to them should be viewed from the perspective of a relatively short-term therapy. This being said, however, the accounts of what it meant to each person to have participated in this experience seemed to reflect a strong and often poignant quality.

The Impact of Doing Research on the Group Members

The participants were well aware that this was a research project. They knew that they were being audio recorded and that the group data was being reviewed and analyzed by the researcher on an ongoing basis. Who would benefit from the research process was a question that was asked in different ways by several group members. Even though this issue was addressed in the recruitment process, it resurfaced in the group. How would the participants of the group benefit? How
would future generations of music therapists and their clients be helped? And how
would the researcher himself benefit from this process?

"Let me ask you something, has this research group helped you?" Connie
asked me in the seventh session.

"It helps me to understand the whole thing better so that I hope that I can
work more effectively in the future," I replied.

There was an awareness for several group members that the research findings
might be of interest to others or listened to by others even though they understood
that the identity of the participants as explained in the research screening protocol,
was strictly confidential. This was highlighted by Nina who jested about the
potential visibility that her participation in this project might have on promoting
her music career. She asserted that she did not care whether her real name was
used or not "except if somebody hears our voices and likes it, then you can give
our names right away." Public visibility and career promotion were something
that was seen as desirable by many of the performers in the group. The audience
that might read this dissertation some day was still an audience and as such, it was
not to be overlooked by a singer who seemed quite aware of potential audiences.

This potential audience of readers also seemed to be a factor for Trisha in her
struggle to decide whether to continue in the performance group or not. She felt
ostracized by others and perceived that they did not like her. At two different
points in this study, Trisha experienced feelings of hurt and alienation from the
group that were so intense that she thought about dropping out of the group. In
each case, she met with me individually to discuss the issues that were making her
feel that way. She reported in both instances that she was more inclined to stay in the group because of her desire to help others in the future who might benefit from her present experience. I wrote in an analytic memo at the time of the second episode, that she might view the performance group, “as a kind of trade-off of giving her experience to the world as a contribution to learning about the experience of performance in music therapy.” This altruistic perspective seemed to give her balance at a time when she was having great difficulty finding one and helped her to decide to remain in the group. She said “is there anything that I can do to promote this (music therapy performance group) as a tool. I think it’s very important.” She seemed to get something by wanting to give something of herself.

Building Self-Esteem

Through years of depression, social withdrawal, spousal neglect, family disintegration, and repeated episodes of crack cocaine abuse, Betty’s self-esteem had taken repeated blows. Her social outlets had shrunken to the point where she reported that she became reclusive and would not get out of bed for extended periods of time. “I used to hold everything in and get myself sick. I’d be under my blankets.” She had given up on her health and neglected her appearance.

When she came to the performance group, she had already experienced the constructive affects of her daily involvement in a therapeutic community. This provided support and encouragement for her to come out of her house, get off of street drugs and attend Narcotics Anonymous, take her anti-depressant
medication, communicate with others, and care again about the way she looked.

But the artist in her had not yet appeared. In high school she enjoyed performing with the Glee Club but this had been relegated to the distant past. For most of the ensuing years, she would sing alone while listening to music in her apartment.

At first in the performance group, she withdrew from making an effort to sing if she did not immediately feel good about her singing. During the fourth session, she was strongly urged on by her peers to keep going and to try to sing the song More. Despite her frustration with it and her wish to stop, she eventually persisted, mastered the song, and had this to say about what that encounter had meant to her.

They just put my self-esteem sky-high. I was blushing especially with no teeth in my mouth. My peers convinced me, you got it. They all made me feel so good, you got it Betty. I do? They convinced me. Each time we are together my peers convinced me, you got it, your not bad...To be able to finish the song to the best of my ability, it made me see that I still had it. My voice went aagh, all of a sudden I felt a little nervous. I was like what they call writer’s block. A little overwhelmed but once I got that song done, and everybody was clapping, I said I did it! I felt so good because I didn’t really think I was going to do it that day. I really honestly didn’t think I was going to finish it but it felt so good afterwards. To finish that song, I said I can do it! You can do anything that you set your mind to or heart to. We all have insecurities, self-esteem problems. It surprised me to hear myself and to see the response of other people. I’ll try, what do I have to lose?

Just being able to get up and sing in front of other people and persevere as a solo performer was the most difficult part of finding her voice. When she performed for the first time, she did so despite the fact that her new dentures were painful. She decided to go ahead and perform without them. Despite experiencing some anxiety during her performance, she felt exultant that she had done it and in
the process, had done something that her sister, the one she had been compared to all her life, had never done.

To see how the people from the Bronx reacted, I said “Oh my God.” I went like this, because I really, sincerely appreciated that. It made me feel so good, my inner spirit, the inner me. It made me feel really good. It uplifted me. I surprised myself. I just got up there and looked over to Connie and saw her and a calmness came over me. I said I’m going to focus on that because if I go away from that, something may happen. I wanted people to know that it’s not just a song, a love song but it’s a song I chose that has meaning behind it. Everything is going to be okay. You know, it was okay, it was better than okay. It was an experience that I really enjoyed. It made me feel good about myself, that I still, I still got it (she laughs). Even the Bronx is applauding! I was on the ultimate high. The best high I ever had. I have this over Barbara. She never sang in a Glee Club. She never got up and sang.

Her second performance and the response she had gotten from the audience helped to crystallize what she felt she about the experience. In the group session afterwards, her newfound self-confidence did not go unnoticed by the group. Sue said that she seemed to be over her “shyness” and Betty agreed with that. In fact she not only seemed no longer shy, but she viewed herself in an entirely different way. She attributed this change to Ralph’s encouragement. “You created two monsters, Sue and me, but you created good monsters,” Betty said. “I’m very proud of it if that’s what you think,” Ralph replied. “You created two good monsters,” Betty told him.

The opportunity to perform and sing whatever she wanted to sing, and to be whoever she wanted to be were like “magic words” that gave her the permission to be herself without criticisms, comparisons, or rancor. This she experienced as “breaking out, freedom.” It provided her with a chance to open up. “I was like a flower blossoming because I was closed for so long.”
There were many similarities in the experiences of Betty and Sue in terms of self-esteem building through performance. That other "monster" that Betty referred to was Sue. In her experience, the group helped bring the "good stuff" from the past and allowed her to leave the "negative stuff" behind. This referred to the healing force of music to bring out her drive, her motivation to improve herself, her capacity to focus on her assets and not be haunted by people who doubted her or who tried to tear her down. It seemed as though the performance group reaffirmed her past family experience that music could somehow transcend any problem. It was also clear that she had come to understand something about how performance as therapy worked. It no longer mattered how good it sounded to other people but how good it felt to her. "It is music therapy. That is the title, music therapy. It means music therapy. It doesn't mean how good you are or how bad you are. It's music therapy!"

The experience for Trisha had its highs and lows. When it did not work for her as it did not in the second performance, she was able however to achieve some philosophical perspective and said that she did not take it "personally." When it did work for her, a sense of wellbeing was experienced that made an enduring impression on her. This was reflected by the following comment that she made about what the Bronx performance.

"It was enlightening, it was enervating (her word), it was freeing, it gave me confidence. I had to go inside myself. I am not a performer in the sense that I am not a ham. To reach out is very hard except if I am doing it in musical theatre. I am singing, dancing, I have done comedy. That's different because I am kidding around. I put my heart on my sleeve. I put myself out there and I felt like I was accepted. Understood, I can't explain it to you. It was just wonderful. It was the best experience... the best move that I have had in a
very, very, very long time... it was the best time I have had ever. It meant the world to me.

Jerry experienced a sense of wellbeing about his involvement in the group but it is not at all clear that he was changed by it or even understood what was trying to be accomplished. "This group, I am learning in sort of a way, music therapy how that works. Uh, I don't quite understand it. But I kind of got an idea of it." In the last session, Jerry did say this about his experience in the group. "I get confidence, I get knowledge, I get friendship." But when asked if the group had changed his experience of performing in any way he answered, "Well actually no. I would say no. It hasn't changed me."

Building the Capacity for Self-Observation

"I can't accept compliments," Ralph said in the last session. This simple self-reflective statement summed up a critical issue for him. As my co-therapist/research assistant said in session eleven, "You have to be able to self-observe to some degree." Ralph learned to anticipate his own reluctance to accept compliments and could even reflect on the origins of this difficulty that stemmed from his past relationship with his father. This ability allowed Ralph to see new possibilities even if the old tendencies were still there. "I am learning and it is getting much, much easier and I thank you for that," he said about accepting compliments.

This ability to self-observe had also becoming increasingly evident with Trisha. Her traumatic background and her fears of hostile and withering criticism were now issues that she could observe about herself and to some extent, reduce
her reactivity to being triggered by them. The group had created an environment in which Trisha was more able to look at her fears of intimacy. “For me, intimacy is pretty traumatic. Intimacy it scares the hell out of me. I realize that now. It triggers all kinds of anxiety.” She became aware that she had difficulty with singing and letting herself go. She learned to use her greater freedom in movement to propel herself further into the music, and even at times to act more carefree. She saw this about herself. “I can never be silly. I always have to be reserved.”

Betty came to understand her tendency to withdraw into patterns of despair and depression. She could now look back on her past behavior and say, “I used to hold everything in and get myself sick. I’d be under the blankets.”

For Denise, her troubled relationship with her ailing mother who suffered with Alzheimer’s Disease was put into a different perspective by singing the songs that she had associated with her mother’s past. Understanding, acceptance, even forgiveness was now possible for her. The following exchange occurred in the last session. “And I would say that maybe I understand my mother a lot better,” Denise said. “Really,” I replied. “And in my mind, I have more understanding for my mother. Because I sang most of her songs that she used to sing.” “How does that help you understand your mother better?” I asked her. “Just thinking about her walking around the house singing all those songs made me come to terms with her because we really didn’t hit it off. And now I feel if she was able to speak, I could hit it off better with her but she can’t speak.”
Nina still struggled with knowing herself as a performer and as a person. She wanted to know why she no longer enjoyed performing as much as she once had. Through the exploration of her fear of criticism, she began to understand how the presence of an audience could trigger anxiety. Nina began to deepen her capacity for self-observation. This brought her to the point of letting go of the constant need for control and to just start singing again. “I started remembering how it felt, enjoying it and let myself go. I am usually very tight...I forgot that I’m singing, it’s just a good feeling.” By the time of the last group session she felt prompted to say, “You are helping me understand my performing self...it really has become a part of me.”

Building Confidence to Take Action

“You have to take risks,” observed Connie when talking about what it means to be an effective performer. One common denominator among the members of the performance group was how very challenging it was to go out and perform. Meeting that challenge and being acknowledged for doing one’s best came to be seen as even more important than how well a particular performance went. Risking the possibility of failure by taking certain calculated risks was supported by the culture of the group. As Trisha said about her father’s attitude in this regard, “It is okay to fail.”

Connie became the spokesperson for the way that performance forged each person’s strength. In response to Betty’s amazement about having performed in the Bronx, Connie replied, “You know what that proves? When you want to do
something, you can do it. I don’t think any of us in this group can say, no I can’t.” This prompted Betty to reply that even if she hadn’t any teeth in her mouth, she felt like she can still do it. She seemed to be building more confidence and determination that she could do “anything that you set your mind to or heart to”.

Persisting, wanting to improve, taking pride in being able to profit from well-meaning criticism were all values that Sue held about herself as a singer. This stood out as the one area of her life where her perfectionism existed and that made her feel more discerning about what she wanted to be and did not want to be. She did not make any excuses for lateness or avoidant behavior that had undermined her past efforts. She was confidant that she was preparing herself to do things with her life that had been long dormant. “Singing gave me a pride that I could do anything...you need discipline to be good and never give up on your singing.”

Despite his inconsistent group attendance, Ralph made music every day either at home or in his job as a peer music specialist at another clinic. He saw me as a “great role model” and admired how I was able to be consistent and “take a compliment.” His ambition was to search for a career in music therapy.

Consistency was a value that was often discussed in the group. It applied to many behaviors but especially to internal consistency while making music in front of other people. This involved taking the locus of control away from external factors such as the acoustics in the room, the mood of the audience, how rehearsal had gone the day before, or even distracting personal events in the performer’s life. I tried to help the performers use these external variables as catalysts for creative inspiration. In this sense, learning to perform translated into becoming a
more adaptable person. The following comment was made to Nina in the eleventh
session following her question about why she still felt anxiety when she looked at
the audience.

I am going to help you reach for the deepest part of yourself as consistently
as possible in every conceivable performance environment that you find
yourself in... Some people have incredible consistency. Those people just
make it happen. And other people are like, I'm good here and not so good
there (laughter), and this, never.

By turning performing challenges around into life challenges and by meeting
them in as fully prepared a manner as possible, the group members were provided
with a strategy that tended to minimize self-induced failure. It was clear that in
Connie's world, being able to meet the challenges of performance allowed a
person to learn to cope with most any other difficulty. "When you stand in front
of an audience and do what you're doing, there is nothing in the world that can
stop you from doing other things. It has to take a little courage."

Performance Dreams

The dreams of still "making it" in the performance world were quite different
for Sue from how they were for Nina and for Denise. Sue was still aspiring to
become a performer. She had never had a chance to fully realize her hopes.
Someday she still imagined herself as perhaps "making it big." The feeling that
performing was something she had to do seemed to propel her to keep trying.

If I had my weight off, I will be Rod Stewart, Tina Turner, and Mick Jagger.
I like to perform too. It was always in me. My head's there but my body ain't.
It's a dream and I'm going to make that dream come true.
Though she struggled at times to fight off the feelings of discouragement that could make her late or absent altogether, Sue persisted in seeing music as a part of her future career plans. She was interested in more than performing and saw songwriting as a way to put her emotions into music. “Maybe one day I will want to learn so maybe then I can become a writer. I would love to try. That’s what I would like... it’s feelings, putting music into feelings.” Still the idea that she might some day meet her music idols and mingle amongst them had an irresistible pull for her. She felt that this might only happen if she worked hard for it. “I am going to come as much as I can because I really want to make it. I do. I don’t know what I’m going to make. I mean I dream of meeting somebody big.”

Nina had already met many well-known people in show business. She no longer looked forward to this but instead, looked back. She remembered particularly one opportunity that had slipped through her fingers. Years before, Nina had once helped a crime victim. He turned out to be a famous musician who had played at that time with Miles Davis and Thelonius Monk. They kept in touch and at some later point, he came to New York to hear her sing at a local club. He became so impressed with her voice that he offered to fly her out to Chicago for a recording session with Davis and Monk. Because her daughter was still small at that time, she decided to pass his offer up and still to this day, regrets that decision and what may have come of it had she responded differently.

Regrets about missed opportunities also filled Denise’s memories about her performance life. After she lost the chance to go on the Johnnie Carson show because of her manic episode, she recovered and was again singing in New York

165
City nightclubs. One club offered to initiate a publicity campaign for her but she held out for more money and said that her reason for making this decision was that "you can’t eat publicity." They declined to pay her more and so too did her career. Looking back on that choice now, she realized how valuable publicity might have been to her. She did not have anyone advising her or helping to guide her career. She thought that if she had, she would have better understood the value of publicity.

I figured I would be a very rich woman if I got famous. Now I don’t think I’m going to get rich at all unless I hit the Lotto. It’s a different feeling. I had a whole life dreamed out in my head.

**Impact of the Study on the Researcher**

It would not have been possible to operate effectively in this group if I had not tried to work out my own issues regarding performance. It became clear to me that one challenge in doing this kind of work involved being able to model an attitude toward performance that promoted authenticity. I was aware coming into the study that I had my own difficulties when it came to performing. These issues were clear in my review of the data that came from my journal writing, from the videotape reviews that I conducted, and from the numerous discussions that I had with my co-therapist/research assistant. I found that all of these procedures allowed me to profit from the being able to immediately understand what I was experiencing. This process accelerated my capacity for building self-observation.
Self-Assessing Performance Issues as a Music Therapist

There has really been only one axiom that I have developed as a therapist and particularly as a music therapist who works in performance and that is: do not expect others to investigate places that you have not already investigated in yourself. As I worked with the people in this group and their issues in music performance, I revisited my own and had to do so quite frequently. Although this process was already familiar to me it did not necessarily require less work. In fact I experienced my own issues with performance to be particularly stubborn ones. I can say that the same issues that I assessed in others were relevant for me. I needed to understand my own history in music, how this helped to shape my music performance personality profile, what circumstances triggered patterned counter-transference responses, how to understand the information that these responses yielded about me in terms of increasing my capacity for self-observation, and whether this information served some useful purpose to the group in terms of furthering their capacity for self-observation. As a result of the intensive self-reflective nature of the research design employed in this group, I experienced myself gaining these perspectives and produced I believe, greater flexibility to be responsive to the group.

I came to experience performance as somewhat less stressful. I was less conscious of being anxious about what others thought of my playing as I became less critical of my own skills. During the fourth session, I sang a duet with Connie and later wrote about how engaged I felt while singing with her. We looked at each other. I experienced how personal this felt. We sang the song Release Me
accompanied by Todd on guitar. I focused on her face, how expressive she was, how we smiled together, moved together, and how we cued each other when we anticipated solo parts or harmonic passages. I wrote in my journal about how it felt to sing rather than always playing an instrument. This promoted greater closeness for me.

Something was being released in this process besides my music. I wrote this passage in an analytic memo a week later, “My sense of humor is alive in this group. I am finding myself more fully me here…I have been more revealing and in turn, more noticed by the group.” It became apparent to me that I had been ambivalent about being seen or heard in performance. Part of me wanted to be unseen and another part wanted to be noticed. It seemed like the more that I listened the more I wanted to be heard. I found myself to be more open in the music, more connected, more personal. I also felt more present emotionally and available to others. The same process of self-connection leading to emotional authenticity and release through performance that I had observed with the members of the group, was also true for me.

This seemed to be sensed by certain members of the group. Trisha found me to be more able to really listen to her by the end of the study. She said that this was true in the way that she experienced me as being more accepting of who she was as a person, and who she was as a musician. I found myself feeling more available to her as the group progressed. Her neediness and hyper-sensitivity to criticism had shifted for me from feeling put off by these qualities to appreciating her honesty and capacity for self-observation.
I felt that I had become more reliable and balanced. I think it promoted a greater sense of consistency, of being heard, of an increased capacity for honesty and self-revelation, of trust that my responses would be authentic, and of a belief in their ability to be self-reliant. These issues were highlighted by an exchange in session eleven between Trisha, Nina, Connie and Sue. They were discussing my role in the group in terms of what I had to offer them as a music therapist that they did not get from other "regular" people. Nina talked about what other people (non-music therapists) lacked said, "They don't have any pity." To which Trisha said, "I don't like to feel vulnerable." In reply to this Sue made the following statement.

You want me to say what I feel? I feel confidence. You give us confidence and you make us believe in ourselves. You're bringing out mainly what is inside of us, what we have inside of us and I never knew, and that's why when I perform for you, I'll say Peter, and I want the truth, I don't want to hear no bs, I want the truth. Am I good, do I sound good in this and if I don't sound good in it, then I will have to work on it if I still don't sound good (laughs).

This statement was followed by a discussion about being responsible for knowing yourself. In essence, was it possible that they could they find out something about themselves through me that they did not already possess? "He doesn't know unless you tell him," Connie said. "Do you Peter know how we are feeling?" Denise asked me. "Sometimes he doesn't even know who I am," Trisha offered. "Sometimes he doesn't know how she's feeling. You have to build the confidence yourself. He can't do it for me," was Connie's response. "No but he brings it out. For me I got to say, it's within me, it is within me, he brings it out, he gives us confidence" Sue said.
This exchange attempted to define the therapeutic relationship. In some ways it defined the limits of knowing. To be known by others was seen at least in part, as a product of self-knowledge. This allowed the knowing performer to have deeper exchanges with other knowing performers. A culture of performing artists had formed around consciousness. The following comment was my response to this exchange.

I’m no mind reader, I only know what I hear, and what I see and what I feel. I understand as much as you are able to communicate to me. That is not to say that I don’t observe and I don’t have hunches. I do observe and I do have hunches but I really only know what I see. I know you as much as you allow me to know you.

As a therapist, I believe that others will only be able to know you as well as you are able to know yourself. Self-knowledge will in turn allow for more authentic connections to occur with others. In music therapy performance, this leads to deeper listening and a greater capacity to make contact in the music.
CHAPTER VIII
THE EXPERIENCE OF MUSIC PERFORMANCE FROM MULTIPLE THEORETICAL PERSPECTIVES

The data that has been presented in the previous four chapters can best be explained I believe, by examining it from theories not only in music therapy but from the related disciplines of psychology, music psychology, musicology, music education, music performance, and the related creative arts therapies. These perspectives will better allow the reader to grasp the complex dimensionality of what occurred for the participants in this study.

The explanation of the findings will be structured by applying pertinent theories to certain content areas in each of the previous chapters: profiling the performers, the group process, the performance process, and the impact of the study. These theories will illuminate the thoughts and feelings expressed by the members of the group as well as highlight the researcher’s viewpoint. With this kind of theoretical analysis in place, one can begin to then derive the meaning and potential significance that these findings have to the field of music therapy.

Profiles of the Performers

In this section, I will be highlighting theoretical perspectives that illuminate the data from the chapter on the Profiles of the Performers. The following subheadings were chosen for comment: Making Music in the Family of Origin,
Internalizing Abusive and Critical Parental Attitudes, and Cultural Attitudes Toward Mental Illness.

Music Making in the Family of Origin

Of the eight participants who completed the study, seven had families in which music played an important role (all except Jerry). Both the ethnomusicologist Kay Bailey (1999) and the music psychologist Jane Davidson (2004) discussed the greater likelihood that children who came from musically involved families that nurtured their musical gifts were more likely to pursue music in their adult lives than for those who did not. Each of these seven participants came from musically active families though the level of support varied. Music performance was seen as a vital core interest for six of the participants throughout their lives except for Betty and Trisha (who performed as a dancer). Both Davidson (2004) and Bailey (1999) addressed the destructive effect that comparisons of siblings by parents have on the musical aspirations of children. In the experiences of Betty and Trisha, the comparisons that were made between them and their more attractive or gifted siblings, stand out in terms of the way that these comments were taken as forms of negative criticism. In both cases, this issue surfaced in the group process.

As mentioned for the group members, their parents’ attitudes towards them as children in regard to their musical interests varied considerably in terms of nurturance versus judgment. Ralph, Connie, Betty, Denise, and Trisha each reported experiencing one parent as decidedly and overtly critical of their efforts
to make music. Each of them reported struggling later on to overcome the noxious affects that these musical judgments had on them. For Trisha and Betty in particular, the act of performing music in this study was fraught with anxiety, anticipation of hostility and negative attitudes from others, and difficulty in establishing or believing their worthiness for the positive reception that they received. This was consistent with the predictions of Davidson (2004) and the musicologist Christopher Small (1998) in terms of the effect that deficient parental nurturance would have on the capacity for persistence and perseverance in creative adult pursuits.

Another perspective on the effects of the family environment on the members of the group comes from the psychologist Mihaly Csikszentmihalyi’s (1990) in his concept of the autotelic family context (p.89). In his view, the optimal family environment offered situations that promoted accurate feedback, clarity of goals, a sense of control of the self, concentration on the task at hand, and a challenge for self-improvement. Through such support for growth and autonomy, the individual has the opportunity to experience creativity from an intrinsically motivating perspective. Motivation propels the person forward into ever more challenging and complex areas of learning. People are then endowed with an ability to move more fluidly through the creative process or as Csikszentmihalyi terms it, to flow (p. 71). These conditions were conspicuously absent for seven of the eight participants who finished the study. Even though seven participants experienced music as a major part of their early family life (Betty, Connie, Denise, Nina,
Ralph, Sue, and Trisha), six of them also experienced their families as having a high degree of turmoil and conflict (except Nina).

In homes where parents choose what they believe the child should be interested in rather than promoting an environment of meaningful choice, the pressure of imposed choices can be overwhelming. This inhibits and ultimately drains the capacity for accurate self-regulation. Other disturbances such as constant fighting, threats, the withdrawal of love for disapproved of choices, neglect, or physical, mental and sexual abuse can and do thwart the energy needed for creative navigation. In these environments, the individual’s attention gets diverted from autotelic pursuits to the maintenance of internal order that is needed to cope with such chaotic circumstances. When faced with the exposure to these destructive family dynamics, the artist has a tendency to be protective. They operate to make sense out of chaos rather than to seek in the chaos, solutions for creative discovery. By so doing, the artist’s efforts at creativity are defensive and rendered mainly for self-preservation. This process diminishes the enjoyment of challenges and the satisfaction that one encounters when new solutions are found. Ralph and Trisha seemed to suffer most clearly in the data from families that were constantly fighting, controlling, critical, chaotic, and abusive. Each seems to be defensive about their creativity, acting as though they need to preserve the artistic choices that they make from the intrusions of others.

Conditions that promote the maturation of the artistic temperament were notably absent for Connie, Denise, Ralph, and Trisha. Eric Maisel (1994) a psychologist who specialized in working with artists, listed the personality traits
that he found creative artists have in common. He postulated that families that promoted creativity valued originality and non-conventional responses. He proposed that artists who had difficulties moving out of constricted and prescribed methods of problem solving often had difficulty in making appropriate choices. These people had difficulty in trusting and often chose the wrong partners. Non-conventional responses were not encouraged by the families of Connie, Denise, Ralph, and Trisha. Each was locked into either conforming to the view of a dominant parent or being rejected. Connie’s father had only his way of playing music, Denise could never please her mother with her singing, Ralph never experienced a compliment from his father, and Trisha’s mother always made her feel that Trisha’s way of doing things was never good enough.

The dynamics of shame and humiliation are issues that the author, poet, and songwriter Julia Cameron (1992) said inhibit free artistic expression. Cameron explored the roots of shame making in the families of artists. She saw patterns in the way family secrets were buried that forced the artist child to defend the families’ operation through denial and repression. Authentic emotional and artistic expression threatened the status quo. These families did not want their dark places known and shamed the child’s efforts to resolve these dilemmas by censoring artistic expression. Cameron viewed art as a way to make sense of the child’s distorted reality. The process of art and particularly art made public can be seen as an exhibition that brings shame to light. The shame dynamic prevents the family from exposure and embarrassment. The artist is left in conflict between muffled self-expression and trying to find the authentic self through artistic truth.
making. This process leave scars on the developing artist. They have difficulty discriminating between different critical responses. Often they anticipate that such responses “disparages, dismisses, ridicules or condemns” (p. 69) them when in fact the intent may be to provide realistic feedback and support. Through this process, distortions can become internalized as a voice of the self (introjected) and then projected onto others during anxiety provoking situations.

The dynamics of shame and humiliation were also operating for these same four participants in terms of their families. Connie’s father ridiculed her, made her feel that she was stupid and according to her history, she was blamed for the drowning death of her younger brother. Denise felt shamed and humiliated by her mother’s constant barrage of hostility and negativity whether it was about her singing voice or by her choice to pursue a career in music. Ralph’s father was constantly critical of his music and created an environment of perpetual anger, negativity, and conflict. Trisha experienced her mother as never being satisfied with her efforts for achievement. She felt she was belittled by her and made to feel worthless.

The presence of a nurturing parent and/or significant other was a critical factor in subsequent musical development was also evident in the data. This finding was consistent with the theories of Csikszentmihalyi (1990), Davidson (2004), Bailey (1999) and the music educator David Elliott (1995). In Elliott’s theory of musicing (p.49), challenge that is just beyond the immediate grasp of the learner spurs the individual to pursue that challenge if it is properly calibrated to match the emerging interest of the student with an accurate reading of the
individual’s capacity to master it. This spirals toward ever-greater levels of skill and complexity as the student experiences the satisfaction inherent in being able to make music at higher and higher levels. The importance of support and musical mentoring was evident in the study. Betty had her supportive father at home who came to her performances and encouraged her to persist. Her Glee Club director was also mentioned as a trustworthy and nurturing person. In her background interview, Connie talked about one very special vocal teacher who became a significant mentor to her. It was through her guidance that Connie came to see the beauty and value of her deep voice and her musical gifts. Sue had her loving father, her Uncle Richie, and her high school music and choir teacher. It was this teacher’s feedback that she came to respect in making her a better and more discriminating musician. Trisha had an understanding father who made her feel that making mistakes was not only alright but was necessary to the artistic growth process.

Three performers (Betty, Sue, and Trisha) had one parent who they experienced positively. They saw this parent as either kind, or open to their learning from mistakes. They experienced support for their efforts and not just their products. Concern was expressed for their wellbeing not just for the fulfillment of any particular expectations they might have had for them. They challenged them to get better but not by pushing too hard, and made them feel capable of being loved in an otherwise unloving environment. In each case, they saw the presence of this nurturing parental figure as crucial to their emotional and artistic survival.
Sue displayed the kind of early musical interest (singing to her baby sister in the crib at age three) and then subsequent tenacity to improve her musicianship that Elliott (1995) described. She seemed to be inspired to ever-greater levels of skill and perfectionism by the intrinsic rewards of the music making process itself. This helped to motivate her despite her years of depression and domestic abuse, to overcome obstacles, and continue to strive for achievement in her music.

Jerry on the other hand was an anomaly in this study. There was no report of music being a core interest of his as a child nor did any of his family members play an instrument. He did report that his mother supported his interest in studying the bass guitar as a teenager and did help him to purchase his first instrument. This support is consistent with Bailey’s findings (1999) regarding how family support leads to sustained musical interest in later years. One may also view his playing the bass in terms of Davidson’s (2004) theory that ensemble players had on the whole a healthier capacity to collaborate with each other and did not seem to exhibit as great a need to be front and center as did solo musicians. His comments about being the “spine” of the group and playing for the sake of the others would seem to support this view of him.

Internalizing Abusive and Critical Parental Attitudes

The person who most clearly exhibited the effects of trauma was Trisha though Ralph, and Doreen also carried the diagnosis of Posttraumatic Stress Disorder. She experienced as Sutton (2002) discussed, flashbacks, dissociation, and heightened arousal. She struggled with safety issues in the group and had
great difficulty feeling that this would be a place of security. For her, the group
often presented difficulty in concentration, filtering out distractions, and trying to
establish whether she could have influence over the course of her therapy
experience.

In performances, she was highly susceptible to the excessive anticipation of
negative judgments by her peers. She projected onto the audience her belief that
she would be criticized and dismissed. This was reminiscent of the experiences
that the concert pianist and former child prodigy Lorin Hollander (1981)
described as his “fearsome critical environment” (p.5). Hollander attributed to his
demanding and hypercritical father the subsequent development of extreme
anxiety in performance. He believed that his excessive fear of negative parental
criticism and demands for perfection, led him to eventually project the
anticipation of hostile criticism onto future audiences. As a child his music poured
out prodigiously and possessed as he noted, a quality of inner listening and
emotional release. Later as a teenager, his right hand became literally paralyzed
by feelings of shame and humiliation that he felt when performing. He believed
his paralysis was a result of dark forces operating within his psyche. He based this
belief on Carl Jung’s theory of the dark side (Jung as cited in Hollander, 1981)
who believed that the loss of memory, concentration, control, and coordination at
certain moments was a response to anxiety. Hollander attributed his paralysis and
subsequent bouts with performance anxiety to personality factors that he believed
many performing musicians are prone to. He believed that over controlled
exploration of music as a child, thwarted curiosity and inhibited creativity.
Performance becomes pathologically associated to critics both real and imagined. The external critic becomes part of one’s self-image. Eventually this is projected out onto the listener who then becomes the anticipated critic.

Trisha often reported the tightening of her vocal cords, or fatigue, or other somatic difficulties in her efforts to sing. She would frequently lapse in her capacity to work with other musicians and complained about not feeling that they were with her musically. The sense of shame that accompanied her perceived failed performance efforts closely resembled the scenario that Cameron (1992) referred to in the feelings of humiliation that artists sometimes experience. Trisha’s own compositions that she performed publicly in this study, had similar contents to the kind of self-revelations that Cameron referred to in her discussion of how artists reveal family secrets through performance. They also served to promote the healing of her trauma as Wuthnow (2001) described in his discussion of how writing songs can help bring closure to past trauma.

Her fear of inter-personal intimacy was displayed in her difficulty connecting to the group. According to Diane Austin (2002), a music therapist who works with many adult trauma survivors, such difficulties are emblematic of trauma survivors. A defensive shield is put into place when the trauma survivor perceives the primary caretaker(s) as “undependable, neglectful or abusive” (p. 233). This shield protects the victim from potential annihilation. It functions to help disconnect the victim from those thoughts, feelings, and relationships that did injury. This protective function often results in a loss of capacity to tolerate painful emotions and the memories that trigger them. These individuals then have
difficulty in balancing their inner emotional life. They often feel overwhelmed, numb, experience themselves as trapped, broken, empty, or filled with holes. They project onto others those parts of themselves that are unacceptable or ‘split-off’ (p.240). They have problems in engaging in deeply intimate relationships.

There was danger lurking for Trisha in her concern about how to interpret the intentions of other people. She had a sense of herself as Austin (2002) described of not being whole, feeling empty somehow, and trapped. She often felt overwhelmed by events. These responses were compatible not only with Austin’s (2002) report, but with that of another music therapist who works with trauma, Julie Sutton (2002). In her view, trauma “rendered useless the protective filtering process through which we have come to feel safe in the world” (p. 24). With this capacity impaired, a person’s ability is lessened to accurately distinguish cues in relationships or in the environment that pose threats. This individual often feels out of control and reverts to a kind of chaotic process of over-reaction and over-stimulation. This can result in the occurrence of flashbacks, heightened arousal, and dissociative reactions. The trauma survivor sees little influence that they can have in controlling events. They have problems in assimilating the emotional responses in themselves or of others into coherent meaning making patterns.

In Trisha’s maternal relationship, she perceived her mother to be an unpredictable and untrustworthy caretaker who was highly critical. Reportedly, her mother favored her sister overtly, was domineering, and acted willfully. Later Trisha also found a spouse who was unpredictable, critical, and domineering, and who physically abused her as well. These patterns of re-victimization were
evident for her and were predicted by the reports of Austin (2002). She had difficulty in breathing, finding the right key, regulating pitch, phrasing, finding entry points, and in maintaining a steady rhythm. At times she just could not sing and expressed problems in finding her voice. All of these problems resembled a syndrome of behaviors that Austin described where “the traumatized client often survives by forfeiting her own voice” (p. 234).

Another theoretical view of Trisha’s performance problems can be seen as a difficulty with flow. Csikszentmihalyi (1990, p. 85) believed that personalities that were excessively self-conscious and self-centered lacked attentional fluidity. He saw that this rigidity in their responses resulted in excessive energy being tied up through regulating and preserving the self. Trisha often seemed during performances, to possess a rather self-centered quality that revolved around her own needs and difficulties. This could be explained as a disruption in her capacity for the fluid regulation of her attention to the music, and in not being able to listen to what the musicians around her were playing.

The trauma background in Ralph’s life was in the physical and emotional relationship that he had with his father. The manifestations of this disturbance were most evident in the guarded manner in which he connected to other people. He was cautious, afraid of intimacy although he presented with a kind of over enthusiastic, solicitous, superficial quality: He had problems with being consistent and reliable. He was easily hurt and prone to exaggerated responses. He had lowered self-esteem and saw himself as unworthy of compliments. He was mistrustful of other people’s intentions towards him and often misread what they
said. He was outwardly friendly yet isolated. He had difficulty in fulfilling his commitment to performances and seemed to be unaware how this affected his fellow performers. This appeared to be another indication of the problems that he had with the norms of the group and maintaining appropriate interpersonal boundaries. The empty, broken qualities that Austin (2002) ascribed to trauma victims seemed to fit him accurately.

**Cultural Attitudes Toward Mental Illness**

Denise was the participant who most closely resembled the profile of the bipolar artist that Jamison (1993) a psychologist diagnosed with Bipolar Disorder, described in her book on mania and the artistic temperament. Jamison speculated that people who experienced the symptoms of mania such as intense periods of artistic output, rapid and heightened energy levels, soaring imagination, even grandiosity might also be inclined to have heightened periods of productivity. The difference between those artists whose cycles work for them and for those that do not was for Jamison, a matter of degree. She asserted that the artistic temperament closely resembled the conditions of mania. In both, there were similarities in the concentration of energies needed to produce highly creative works.

Denise’s history of manic episodes followed a similar trajectory to those Jamison (1993) described in the way that she reported feeling a heightened capacity to work in bursts of creative energy. She had a driven, effusive, and grandiose quality in her recollection of the events that lead up to her near-appearance on the Johnnie Carson Show. She had visions of her life then that
were filled with wealth, power, and fame. She presented herself as someone whose entire life was heading toward this all-important opportunity of a lifetime. She reportedly did not sleep well with anticipation prior to her appearance. Her adrenaline seemed to be pumped up, her thoughts began to race, and she became obviously manic to her family. The high voltage creative process that had promoted her career up to that moment was one that I had witnessed in her performance style in the group – an incredible artistic conviction, intense concentration, almost a loss of the self to the act of expression. It was not hard to imagine how in her youth, un-medicated and uneducated about her illness, she could have experienced a series of manic episodes that led to repeated psychiatric hospitalizations. It sounded like the same kind of cycle that Jamison (1993) talked about that was fed partly by her ambition, partly by her illness, but also partly by the performance culture in which she traveled.

Nina’s reports about her career had aspects that resembled this syndrome as well although she was not aware of it as an illness at the time that it was happening. She experienced her performances as high moments of peak energy and activity. These periods were marked by sustained effort and output. She did not perceive that she was in trouble but instead felt that all her talents were marshaled in order to meet the demands of her career. It was only in retrospect that she was able to see patterns of problematic functioning: marital tensions; increased periods of fighting with her children; sleeplessness; and working at a frantic pace to support herself and her family. It took a number of psychiatric hospitalizations to sufficiently impress upon her the truth that her life was
spinning out of control. It was hard for her to moderate her need to have that edge, the high of mania that made her feel more capable, more creative, and more alive. Landy (1995) also discussed the need that some artists have to “embrace their pathological tendencies at all costs” (p. 302) out of the fear that to lose them would diminish their creative drive.

The only participant who was diagnosed with schizophrenia was Jerry. His case was anomalous and was inconsistent with the report by Csikszentmihalyi (1990) about people with schizophrenia having difficulty with audio stimulus over-inclusion (p.84). Csikszentmihalyi discussed the effect of schizophrenia on the attention capacities of individuals diagnosed with this disease. He noted that they had impairment in their filtering capacity to block out extraneous audio stimulation. This over-inclusion of non-relevant sound made it difficult for them to concentrate on tasks and interrupted their ability to achieve flow. In fact Jerry seemed to be able to listen attentively to music, to anchor it, pay attention to the singers, and play before a large audience without any apparent difficulty. It should be noted however, that Jerry was medicated, stable, and did not suffer at that time from any apparent symptoms of his illness.

The Process of the Music Therapy Performance Group

There was a very close fit between what occurred in the music therapy performance group and the dynamics that Irwin Yalom (1970) discussed in his classic study of the curative factors that operate in groups. Of the ten processes that he identified as inherent properties of successful group psychotherapies, six
appeared prominently in the data for this group. Those were imparting knowledge, universality, altruism, the corrective recapitulation of the primary family group, interpersonal learning, and group cohesiveness.

Imparting Knowledge

Groups perform an educational function according to Yalom (1970). They enrich each member and create a natural fountain of informational flow. There were numerous instances of this for the members of the music therapy performance group as they passed on their special areas of knowledge to each other. Both the composition of the group and the purpose of the group seemed to promote this process.

The newer performers tended to see the most experienced performers as repositories of accumulated stage wisdom. Their position as group elders was earned not so much as a matter of age, but was earned for who they were, how they conducted themselves, and how helpful their knowledge was to others. This was true for Betty, who relied on tips about posture, voice projection, and audience awareness, from Connie. She also appreciated Denise’s advice about microphone technique and how not to trip on a wire while singing. Sue was eager and thankful for input about her phrasing, breathing, and the care of the voice from Nina, Connie, and Denise. Jerry was often acknowledged for his input about tempo and rhythm. I was an authority on music as well as an experienced resource on understanding human nature. Connie shared her past experiences of stage
fright with Betty in order to help her work through her own performance
blockages. The list for this factor could go on and on.

The nature of this being a performance group was a very specific frame of
reference and it promoted a more defined area of knowledge that made it easier to
acknowledge particular people for their wealth of past experience. Trisha saw
other group members (Connie, Nina, Denise) as more experienced stage
performers than she. By acknowledging this she was able to head off to a certain
degree, pitched battles over the feedback that she got from others. These incipient
conflicts concerned her perception that other people in the group were singing
songs that she wanted to sing. In time, she was able to listen to and elicit more
feedback as she became less defensive about her position in the group. As the
group became more trusting and secure with each other, exchanges that started
with the sharing of performance interests, generalized to imparting knowledge
about a broader realm of concerns such as microphone technique, posture, and
staging.

Universality

Knowing that we are not alone, that others share our pain, was another
curative factor that Yalom (1970) discussed and that appeared prominently in the
data. The most striking example of this came forth in the realization that so many
members of the group shared similar family backgrounds in having such critical
parents. As I have previously discussed, seven of the eight continuing group
members revealed this to each other in the group. At the point when this similarity
was established, Trisha who had previously felt alone and different than the rest of the group, seemed to be able to find a new source of connection. The problems that each person had in common with negative, controlling, and critical parenting became a source of compassion and understanding that drew people together.

Another example of universality occurred when people were able to share their stories of feeling anxious on stage. By knowing that even the most experienced performers still had to work through their fears of blanking out on stage, it was easier for the novices to feel that their worries were quite normal. This happened when Connie related her story of blanking out in front of an audience of seven hundred in an effort to assure Betty that this can happen to anyone. Besides instructing her on how to maintain a cool presence at such moments through compensatory maneuvers, she tried to reassure her that it was a risk that all performers take. One can if they wished, see this from a risk/benefit analysis with the rewards from a successful performance being sufficiently great to attempt to offset the risks involved.

The experience of performing music connected each person to the universal club of people who choose to take such risks. There was a sense in the group that these were fellow life travelers. Each had a core interest that they shared, a passion for not only making music but for sharing this part of themselves in public. Within that universe, a wealth of common struggles and joys were found.
Altruism

“People need to feel that they are needed” (Yalom, 1970, p. 12). This was particularly true for members of the group. Many of them felt that too much of their most productive years had passed by while they were struggling with the effects of their mental illness. Music and performance seemed to reawaken a feeling of being productive again and of being needed. That was how Betty felt about her years as a depressed crack cocaine abuser. She felt productive and needed by being able to offer and receive so much life-giving energy in her music. This was similar to Sue’s experience of feeling more alive now that others were appreciating her musical gifts. It meant a lot to both of them to feel valued after years of feeling that they had little to offer.

Trisha on the other hand seemed to be able to find a path out of her morbid self-preoccupation. It was like a revelation to her and to the group that she could come outside of herself in this way. The trapped and empty box that she seemed to feel was set for her was now opened and a person who felt good about being able to give of herself to others came out. She became more expressive and willing to share her sorrow and her strengths. In return, she was seen as more sensitive and that promoted her willingness to give.

It was my impression that all members of the group felt better about themselves by giving to others in performing publicly. When they played before the Bronx audience, the expression of wellbeing was often heard afterwards. They had brought cheer to the lives of people who were confined to a psychiatric
hospital. They had gone beyond themselves and the limitations of their own illnesses. They experienced to paraphrase Yalom (1970), the ‘need to be needed.’

The Corrective Recapitulation of the Primary Family Group

Groups offer their members an opportunity to re-experience and then work through situations that bring up unresolved issues from their past families of origin. Performance generated a highly exposed position for many group members to the possibility of criticism and negative valuation by others. This dynamic promoted I thought, a re-enactment of past family issues that initially seemed stuck and stereotypical. This re-enactment can be understood through the role theory of the drama therapist Robert Landy (1993). He believed that people receive and internalize roles in their families that are later played out in adult situations. They become assimilated as attitudes or ways of acting in particular circumstances. For the psychologically healthy individual, this process serves to integrate contrasting aspects of behavior, of what is considered to be both “me” and not-me” (p. 38). The self becomes more tolerant of diverse elements and of the tension of opposites. This leads to a greater capacity to adapt multiple perspectives and a fluidity of character traits that facilitates the negotiation of complex social situations (p. 38). This allows for mastery to take place in the context of events as they are occurring. These events are then mediated and accommodated to by the flexible capacity of the self to see challenges and successfully navigate them. In the pathological self, roles are more rigid and unassimilated. As Landy said, “roles played out are not mastered but rather appear
to master the role player” (p. 40). This view of the therapy group in terms of possible role re-enactment was also supported by Byng-Hall (1995) who viewed the group as a place to re-write family scripts.

This condition applied to Trisha most obviously. She played out a role in the group that often seemed scripted. This limited her to acting in more rigid and predetermined ways. Over time this shifted somewhat, as she became more trusting and able to exhibit greater role diversity and see greater diversity in others. Her astonishment that she was really being listened to and supported by other people after the first performance seemed to indicate a change in this position.

In Connie, we can see an example of role theory in how her internalized, authoritarian father came out. For instance, she wanted me as the leader, to exert greater order on the group and felt that I was too permissive and tolerant of different viewpoints. The qualities she wished to see in me as the group leader reflected I thought, a need for things to be done in a certain way that was similar to her father’s attitude that music was to be done either in his way or not at all. Transferences onto the leader as pseudo parental figures were frequently found in the literature across the fields of psychology, art therapy, drama therapy, and music therapy (Yalom, 1970; Arnheim, 1990; Sang, 1989; Robbins, 1988; Diaz de Chumachiero, 1990; Metzger, 1991; LeCourt, 1992; and Landy, 1995). These authors discussed this issue in terms of the specific way that transferences were manifested in their fields. Turry (2005) however discussed the specific dimension that music performance brought out. He believed that performing music with one’s clients created particular transference situations due to the potential for role
ambiguity. This difficulty puts special demands on the therapist to be sensitive to boundaries and enacted roles.

The recapitulation and correction process that Yalom (1970) described belonged inherently to groups and was very much in evidence in this study. Betty, Ralph, Sue, and Trisha were particularly susceptible to perceiving negativity from others and had a hard time believing that they could be worthy of positive feedback. Although Connie had developed a thicker outer crust in response to the criticism of her father, her scars underneath this veneer made her feel uncertain about the sincerity of what people were really saying about her. Nina seemed to shut out the potentially dominating views of others (as she had done with her mother) and only tolerated feedback from her most trusted advisors.

The group became a new and more trustworthy family. The conditions were such that feedback came to be experienced not as harmful, belittling, controlling, or comparative in nature but instead as valuing and supportive of creative effort. I was seen as a person who could be caring and honest at the same time. I tried to promote an environment where it was safe to be seen as vulnerable. This reached through the apprehensions of several members and permitted them to experience the group as a corrective family recapitulation.

Interpersonal Learning

The group evolved into an ideal social learning environment (Yalom, 1970). The challenge for growth permitted members to work harder and harder in much the way that Elliott (1995) described in terms of the promotion of musicianship;
that Smalls (1998) described in his discussion about the ideal relationship that can be achieved through performance; and that Csikszentmihalyi (1990) discussed in terms of the autotelic family context. Accurate feedback taken as such sowed the seeds for the development of more accurate self-observation. A better foundation was laid for self-regulation as rigid and anxious character defenses were gradually relaxed and reconstructed. This led to greater trust, reinforced more open styles of communication, and motivated members to regard each other positively for the diversity of their perceptions. A cycle of reward and gratification for calculated risk-taking was promoted that enhanced self-esteem and eventually, became mutually reinforcing.

**Group Cohesiveness**

One way of measuring the cohesion in this group was through the stabilization of attendance, punctuality, participation, and the influence that members were able to exert on one another (Yalom, 1970). At the point that Doreen and Lilah dropped out, the group seemed to move into a new and higher level of cohesive behavior.

Doreen and Ralph represented the artists who were stuck with the idea that performance was not within the artist’s control, that one had to be in the right mood and if one’s mood was not congruent with the feelings associated with wanting to perform (happy in this case), then one could not perform. Doreen was not able to develop a range of performance moods that suited her internal experience and allowed her to see performance in a more fluid way. It is only
supposition as to the reasons for her hospitalization or whether she would agree about this formulation since she was not involved in subsequent interviews or in the participant checking process, but the effects that her departure had on the group was in my opinion, to tighten the agreement among the remaining group members that performance was valued as an outlet for inner expression, rather than it being seen as a demand to have to do something. They no longer had to convince Doreen that she could just be herself and perform as she felt. There was no longer any case of as Nina put it, “doing a Doreen.”

With Lilah’s departure, so too did the attitude of I-come-here-to-do-my thing-and-if-I have-time, I-will-stay-for-the-rest-of-the-group (this is my characterization of her attitude). She did not buy into a commitment to the group as therapy where people came for the purpose of self-growth. Concerns about group confidentiality, fear of disclosure for the more exposed and vulnerable positions taken in the group, did not seem to happen for Lilah. She left the group early and did not arrange her work commitments so that she would be able to stay for the entire group. She did not phone when she could not attend a session despite being asked to do so. She did not show up for performances nor did she phone to explain her absences. These behaviors were increasingly seen as outside of the group norm. I decided to drop her from the group. Her resistant behavior became disruptive to the group as she refused to make an effort to work these issues out.

Ralph’s attendance can be seen as an anomaly. The actual number of sessions that he attended was less than the number that Doreen and Lilah attended. Yet
somehow he was I believe, more a part of the group and its emerging culture of 
commitment and participation. He openly professed the value he saw in the 
group’s purpose. He expressed being deeply moved by his involvement. His 
willingness to call when he could not attend was at least an acknowledgment of 
the necessity to be held accountable for his actions. His difficulties seemed to 
grow out of personality issues and interpersonal distancing behaviors. His way of 
expressing his displeasure with something was to just not show up. This 
withdrawal from conflict can be seen as a recreation of his own family of origin 
issues where the constant fighting, embroilment, and lack of support he 
experienced for his artistic efforts produced a personality characteristic in which 
his only perceived alternative was to withdraw and to isolate. The other members 
tolerated his behavior as they saw him struggling to accept their compliments and 
suffering from the same lowered self-esteem that plagued so many others in the 
group. His was a work in progress and I had the sense that if time had not expired 
when it did, that Ralph might have been able to work these issues through.

The Process of Group and Public Performance as Therapy

In trying to explain the performance process in music therapy, I think it is 
necessary to distinguish how this differs from the non-therapy performance 
process. This does not preclude the possibility that what I am calling therapeutic 
performance, can be used to address the concerns of professional musicians who 
seek to deepen the meaning that they can derive from their work nor does it 
preclude the possibility that some people who experience therapeutic
performance, may decide to seek a professional career as a musician. Hopefully there are overlaps between these two groups. The way that I am using the term, therapeutic performance is a strategy that is formulated in the music therapy performance group but that occurs before a public audience. Through verbal and music interventions, meanings are explored that particular songs have to an individual. These associations involve memories, emotions, or conflicts that are explored by the music therapist with the intention of working through existing barriers to deeper levels of connection and experience. Conflict resolution is intended toward the goals of emotional healing and musical growth. Public performance is seen as another context on which these fuller efforts are enacted with the belief that such performance experiences have the potential to bring even deeper meanings to the performer. These public performance experiences are then processed in the group for furthering the growth and healing for the individual. These two venues operate to further solidify the therapeutic benefits.

One obvious difference is in the intention of the therapist and in the understanding of the client about what the purpose of their work together is about. David Aldridge (1993) addressed this issue as he differentiated between arts therapists who work in performance with the specific intention of benefiting their clients, and those artists whose efforts may have therapeutic effects for themselves or others, but who have no specific intention of doing therapy. The public perception of artists working toward healing and creative arts therapists working with performance may not clearly distinguish between these approaches.
I started with trying to establish how people could find meaning for themselves in performance. Sometimes I found that it was others who had ascribed meaning to the individual’s performance experience. My strategy was to begin with a fundamental search for an answer to the question of why did the participants want to perform? The people in this study performed for a variety of reasons but the actual experience of performing did not always measure up to what they wanted it or needed it to be. Once this was understood by the individual and then by the therapist, the challenge then became to re-experience performance out of a sense of deeper inner resonance. All too often there was not a good fit between why people performed and how it felt. This can be seen in Trisha’s wish to express herself and reach out to others through her songs. By doing this, she hoped to heal herself by helping others. Instead, she experienced performance as a fearful process of projected criticism. This had little to do with her reasons to perform. As she began to see this disparity, her experience of performing fit more closely with her reasons for doing it.

In order to experience a deeper resonance, the performers needed to feel more closely connected to an authentic sense of self. This included not only connecting to the chosen music but in connecting to the reason that the music was chosen. This meant trying to find resonance with the emotional connection of the performer to the song. This included singing songs for the remembrance of loved ones past and present, connecting to a particular mood or emotion that felt right in the moment, or the discharge of tensions through the music. Barbara Cook, a music theatre legend who teaches a master singing class at Julliard, discussed this
issue in an article in the New York Times (Isherwood, 2005). She believed that “the key to good singing is making an investment of feeling in each note” (p. 2). Cook’s basic premise was that emotional honesty was the key to effective performance. She had her students connect to the feelings of the song, the lyrics, and the phrasing as extensions of emotional truth. She frequently saw performers who did not think that they had evolved enough on a personal level to be musically convincing. She worked with the presentational personae of her students and tried to coax out of them the essence of who they were, how they connected to the song, and then had them put that back into their music. She tried to break down their ideas regarding an idealized, artificial standard of excellence as the key to their success. Each singer was brought to understand that they possessed all that was needed if only they came to believe in their own truth and the rightness of their emotional authenticity. She helped them connect to the inner emotions of every word, in every note.

Betty’s experience with the song *O Sole Mio* illustrates this. Before she sang this in the second public performance, she had come to realize how much she felt her grandmother’s presence in this traditional Italian song. Filled with loving memories of her, I could sense a radical change in her presentation. She seemed so much more connected emotionally and sang it with great feeling.

The neurologist Antonio Damasio (1994) discussed how the ability to experience the nuances of emotion separated human intelligence from that of other species. He emphasized how the fine regulation of emotional responses was critical to successful adaptation and functioning. Creativity involves having the
ability to accurately regulate emotions while flexibly sorting out the mechanisms needed for artistic expression. He noted how the blunting of emotional affect with schizophrenics put them at a social disadvantage.

From these perspectives, the connection to the self in performance can be seen as a matter of efficient emotional and creative self-regulation. The disruption of this process for Trisha can be understood from the additional perspective of Csikszentmihalyi’s (1990) concept of flow. Her excessive self-centeredness in the presence of others drew much of her attention away from her capacity to maintain inner concentration when performing. People who need more external cues to form an accurate orientation to reality (due to more highly chaotic internal emotions) were according to Csikszentmihalyi, less able to reduce their mental activity and concentrate. This will lessen their ability to shut off extraneous mental processes and focus on the relevant ones that are so needed to perform well. People who flow easily were found to have the ability to shut off non-essential brain activity and fully concentrate on the task in the moment. This increased their capacity for enjoyment. The energy that Trisha spent on how other people experienced her singing was a constant drain and a distraction. She needed to trust her own connection to the music and find that her truth, as in Cook’s (Isherwood, 2005) words was “enough.” Through her experience of the safety of the group process, she was able to expend less energy on worrying about how other people saw her and concentrate more fully on her internal process of emotional regulation. This promoted I believe, her ability to experience flow in the first public performance.
Betty initially hesitated to sing when instrumentalists accompanied her. She felt that they might “throw her off” or distract her. As a newer performer, she had yet to experience the connection that can happen when musicians perform together. The way that they develop cues, pockets, grooves, sharpen instincts, go with an idea, move together, look at each other at certain instants, and lift off together. Over time she overcame this hesitancy and came to rely on the performing musicians around her. By the time the group ended, I thought that she had started to experience performing music with others as not just a support of her efforts, but as a process of in-the-moment communication.

Betty’s experience conformed to the progression of relationships that can develop between performing musicians according to the musicologist Christopher Small (1998) and his concept of *musicking*. The meaning of performing music was to be found according to Small, in the creation of the relationships that were formed through the act of playing together rather than in the sound that was produced. These relationships promoted and nurtured communication and listening skills, and represented an ideal of how people could learn to be with one another. “Performance does not exist to present musical works, but rather, musical works exist to give performers something to perform” (p. 8).

The relationships that Betty developed with the other musicians were unselfish, concerned with the useful contributions of all to the greater good, and appreciated effort above all else. This reflected the language and the culture of the
musciking performer and helped to reduce her fear while improving her singing. Such relationships explore, affirm, and celebrate the empowerment of the performer. They encourage all who wish to perform to do so and not just those who are most gifted (Small, 1998).

Ansdell (2004) used the term *communitas* in music therapy to denote the sense of intimacy and sharing that occurs in groups as they go through the process of belonging. He was referring to the influence of community music and the way that individuals develop a sense of identification with each other as they move toward community membership. Aigen (2002) discussed *communitas* as a process of ritual that developed between the band members of an improvisational music therapy group. This was manifested by the camaraderie that happened when “powerful, perennial, even archetypal forces...become activated in this way of being together in the music” (p.5). There was according to Aigen, a connection that developed between the musicians that transcended cultures, reduced defined roles, and was specific to the nature of playing music together.

These qualities existed in the music therapy performance group. Pre-existing roles became less distinct. The music became the most important factor in determining positions in the group. Camaraderie was in plain view as I have described them as a band of performing brothers and sisters. Being together on the road promoted a sense of shared experience. The act of getting lost in the rain on the way to the gig in the Bronx and then sharing warm soda and cold pizza, helped to make the feeling even more triumphant as we rode home together. The intense work, the planning, and then the uncertainty, like the last minute concern
over whether Sue was going to show up and if Ralph was going to come along if she didn’t, all seemed to contribute to a shared sense of adventure. It was being-in-this-thing-together that made the feeling closer.

Audiences and Connection

“Art needs an audience, or it will die, just as the world ceases to exist if there are none to contemplate it,” stated the artist Everett Reuss (as cited by Rusho, 1983). The audience can be the “fearsome critic” that Hollander (1981) anticipated but they can also be the affirmation of artistic intention that the young Everett Reuss needed. They are what the artist makes them to be, or wants them to be, or fears them to be.

Some audiences exhibit culture-bound characteristics that Connie referred to when she cited the Afro-American audience as being tough if they don’t like you, or “making you” if they do. Moreno (1988) brought a music therapist’s perspective to this issue of culture based differences in the audiences’ connection to performance in his discussion of the audiences from India, Indonesia, and Africa. Performance served different functions in each of these societies. Indian music promoted meditation and imagery in their performances whereas African cultures tended to integrate music, dance, art, and drama. Understanding these tendencies can sensitize the performer to the differing preferences of the audience. When Connie adjusted her first performance to the unexpected youth of the crowd, she seemed to recognize the audience’s make-up as a critical ingredient to her success. Generational differences as well as culture needed to be considered.
Other characteristics of the audience’s composition also affected the performers’ experiences. For both performances, the audience was comprised mostly of mentally ill consumers or the people who work with them. The performers connected to them in special ways that brought out the altruistic qualities that Yalom (1970) referred to in his discussion of groups. Statements like “It made me feel good to give, to give back. Because when I receive, it’s like giving back” by Connie, or when Jerry said, “If I can make somebody feel good and they go home and they feel good and they come back looking for more, hey that’s great. It heals my heart and my mind.” These were not solely culture bound, or intergenerational audiences in nature. These were communities of people with problems similar to the performers. This promoted in the musicians a feeling of being healers who heal by conveying inner connectedness to their songs. They also modeled how to connect to each other. These were healing metaphors for the performers and for the audience. They were rewarded by extending themselves beyond their normal reach and out into the hearts of the audience. This effort linked the performer to the moment by giving something and getting something back.

Certainly other needs were being met as well. For Denise the “food” of applause was more for her own gratification than it was for the audience’s. She needed to discharge the tensions of the week and if she could not because she was feeling ill, the frustrated feeling that she had made her feel that she wanted to “cry like a baby.”
The audience as community existed for both public performances. This has been addressed in recent literature on community music therapy, (Aigen, 2004; Ansdell, 2004; Stige, 2002a, 2002b, 2003; DeNora, 2000; and Turry, 2005). These authors are concerned with the socializing aspects of making community music. Musicologists and music educators such as Small (1998) and Elliot (1995) have also addressed the rationale for the expansion of music making to community contexts. All of these authors recognized how performance promoted a sense of identification with and belonging to communities. However for the audience, performance seemed to promote a feeling of belonging and connection for people who are usually isolated. Although this study did not attempt to sample the audiences’ experience, these connecting properties were part of the performers’ perceptions. Suffering from isolation themselves made the performance group members even more sensitive to helping others. These experiences made a deep impression on them. Again the altruistic saying that people ‘need to be needed’ (Yalom, 1970) comes to mind as an explanatory concept.

Despite being aware of feeling connected to the audience, it was difficult at times for some performers to feel anything other than their own internal states. For example, Betty initially dreaded the anticipation of criticism, Nina felt that the audition was the “test of their lives”, and Trisha experienced performance as ranging from “torture to heaven and everything in between.” These different perceptions depended I believe, on the ability of the performer to release or transform pre-existing emotional states into performance ready ones. What I mean
by this is that unresolved feelings about internal emotions can be projected out through the act of performing. When performance is done in this manner, it does not reflect the fullest connection to the music but instead reflects blocked expressive capacity. Strategies needed to be developed in the group that worked to keep expressive channels open. Different performers had different styles of doing this. Denise worked from within herself, unaware of both the audience and other musicians and by doing this, she was able to convey deep inner connection to her music that was authentic, passionate, even charismatic. Connie blocked out her depressive tendencies by being charming on stage, bantering with her audience and bringing them in towards her. Betty blocked out her anxiety by imagining her daughter’s face above the audience and to that image, she sang all her sad and tender feelings. Each person employed different strategies in maintaining authentic emotional connection to the music.

The World Beyond the Audience

The rings of social networking emanated from the performance group through the concentric ecological circles that Stige (2002b) described. The first ring was the group itself or the microsystem. The exchange of concerts with the Bronx band was an interaction of two microsystems and therefore passed through to the next ring or the mesosystem level. This study was not originally designed to go beyond these two levels but other levels did emerge in the course of the study. The two outside concerts that several of the group members had participated in, were both examples of the third outer ring or the exosystem level. These
performances both involved an organizational process by other agencies that promoted microsystem exchanges. These concerts represented the structured networking of multiple microsystems. The fourth ecological ring or the macrosystem level of policy consciousness, was experienced through the awareness of the consumer empowerment movement. This movement promotes the fair and equal treatment of people with mental health issues. I thought this issue surfaced in the data when Sue expressed her resentment about the inadequate food that was served to the performance group in the Bronx. She felt that they would not have been treated that way if they were not mentally ill. Her sensitivity I thought, was due to her feeling that they had been treated in a disrespectful even stigmatic fashion. She expected that when a free concert is given at the very least, a musician should be fed with a hot meal and a cold drink.

When told that she had been one of the inspirations for the Bronx band, Connie’s prideful reaction reflected another aspect of the world of consumer artists. Her fame had spread at least to the Bronx and for this she was rightly proud. Her reputation had circulated in the world beyond the audience.

Even beyond consumer circles, the group connected to the larger culture of artists at work. The interface of music therapy and culture has been addressed by Ruud, 1988; DeNora, 2000; Stige, 2002a, 2003; and Rice, 2001, in terms of how the values promoted by music therapy can influence and be influenced by the larger cultural environment. Ecological music therapy has been defined by Bruscia (1998) as a practice that “promotes health within and between various layers of the sociocultural community and/or physical environment” (p. 229). He
further defined how the health of an ecological unit (the performing group) affects and was affected by its interaction with the larger culture (consumer arts organizations).

The larger culture also existed in the continuity of all performing artists who were represented by the band members' total musical collective consciousness. This included previous mentors and teachers from Nina’s work with Maria Callas to Sue’s high school music teacher. The performance dreams of becoming a rock star or at least meeting one someday, helped to stretch Sue’s imagination to the largest stage imaginable. Denise still loved the big stage, the height of it, the projection she felt from it out into the world. Her shattered performance dream on the Johnnie Carson Show and the wealth and fame that went with it, were not easy for her to let go. Nor was it easy for Nina not to regret the missed opportunity that she had passed up to record with Miles Davis and Thelonius Monk. Behind the words of some of these performers was the hope (and perhaps still the fear) that beyond the next gig, was the performance opportunity of a lifetime. Once a performer always a performer, they seemed to say. The drive and the hard work as well as the dog-eat-dog world of competitive madness, egos out-of-control, and rampant drug abuse were memories that were still alive inside of Jerry, Nina, Denise, Ralph, and Connie. They may have come to accept that their lives had not gone the way they had planned or had hoped for, but they were by no means willing to give up the hope (except for perhaps Jerry) that if another opportunity to work in the performance mainstream presented itself, that they would not pass it up. For them each performance had an audition-like quality. But when an
audition does present itself as it did for Denise and Nina, the anxiety that they would be judged without "pity" can come flooding back. Feeling ready for the big break meant being prepared. Connie summed up her experience in the performance business this way, "There isn't any 90%. That was what I was taught... You do 100% or 110%... That's the way this business is."

The Spiritual Aspects of Performance

"Spiritual goodness, a spiritual thing that I cannot even describe... it is something that you feel in your brain and in your body and if you want to include, in your soul," was Nina's attempt at explaining how she felt when her performance carried her through into a special realm. Her remarks possess some ineffable quality that seemed to be just beyond her descriptive powers. Here was how Ralph described it "I couldn't believe I was standing there. Is this really happening to me or am I dreaming? You're in a different world, a different aura." Betty put it this way, "Once I got done and the applause, it was like I bounced back, I came back to reality. When I sang that song, like she was inside me, my grandmother." Denise tried to put her own experience into words. "I don't know if I can describe it or not. It's like I'm off the ground. I'm just gone somewhere. I'm not even noticing the room or the music being played." Finally, here was Trisha's experience after her first performance.

I wasn't aware that I was performing for anybody. I don't know if I am saying it correctly. I was unaware that anybody was paying attention. I was really in my most intimate... my really intimate way I was singing. I felt as though it was just myself and the other person in the room. I forgot where I was... I was lost to the outside world.
The qualities that were expressed in these excerpts were very similar to how Dorit Amir (1992) described *meaningful moments* in music therapy in her doctoral dissertation. She reported that first, these moments were hard to talk about. Second, they just seemed to happen like a flash and were unplanned. Third, that they touched a deep physical, emotional, intellectual and spiritual realm. And finally, that they produced a sense of freedom, a letting go, relief, wholeness, integration, healing, completion, accomplishment, pride, beauty, inspiration, courage, authenticity, connection to God, to one’s own soul or something mystical and sacred, to the universe, a great intimacy, joy and ecstasy, intense emotion, and inner transformation. This report seemed to cover the essence of what Nina, Ralph, Betty, Denise, and Trisha were trying to say.

The experience described here can be thought of in terms of transcendence. Maslow (1971) described the states of transcendence that people experienced when *peak* states were reached. He saw a loss of self-consciousness, a kind of forgetfulness that happened when you are absorbed, concentrated or fascinated. He went on to describe feelings of transcendence of time and place. Culture can be transcended in the sense that one feels like the universal person looking down on cultural rootedness from above. He explained how transcendence from the past happens as one becomes able to accept and fully embrace the present thus allowing forgiveness to occur. One is able to transcend remorse, regret, guilt, shame, and embarrassment. One can transcend the ego, the self, selfishness, and what he calls the “lower needs.” By this he meant transcending into mystical experiences, or the transcendence of pain, death, and sickness, of evil,
transcending the opinions of others, of the we-they polarity, of dependency needs to be a child, of dichotomies into integration, of individual differences, of human limits and shortcomings, or even of one's own system of beliefs (p. 269-279).

Two members of the group had what I would describe as peak experiences in the public performances. In both performance experiences, Betty felt that she had at least transcended her fears but in the second, she experienced a peak moment in the music. As a result, Betty seemed to transcend both her bitterness towards her mother and her jealousy of her sister. Trisha tried to transcend her apprehension, childlike mistrusts, competitive strivings, and fears of intimacy. After the triumph of her first performance, she was able to let much of this go and gain a new perspective on herself and her music. She attempted to move toward integration and away from dichotomies. Both Trisha and Betty tried to release shortcomings and to consider if not embrace, new belief systems.

Several music therapists have addressed how performance can lead to the experience of transcendence through the pursuit of beauty (Knill, 1995; Berger, 1999; Montello, 1989; Montello, Coons, & Kantor, 1990). The theory of flow (Csikszentmihalyi, 1990) helps us to understand how the transcendent musical process works and how this can be activated through autotelic conditions. 

Musicking (Small, 1998) and musicing (Elliott, 1995) both contribute ideas about how the development of better musicianship can in turn promote aesthetic experiences. It appeared that Trisha and Betty were both better able to flow and to music and that this contributed to the meaningful moments that they experienced. Aesthetic appreciation through the performance group helped to advance the
development of in Elliott's term, the \textit{promise detector} of these women (p. 225). This term refers to a process of ever-increasing discrimination that happens to people as they become more technically proficient in detecting promising lines of musical invention. With this greater musical discernment comes the likelihood that they will more frequently experience \textit{meaningful moments}.

Music therapy as a spiritual process is described by the music therapist Barbara Hesser (2002) as follows, "The purpose of music therapy and healing is to bring people a more inclusive, unobstructed relatedness to themselves (their sensations, thoughts, feelings, images, dreams), to others and to something beyond (spirit, Being, essence, God, the True Self)" (p.5). The healing that occurred for these performers was I believe a more inclusive and unobstructed way for them to connect to themselves, to others, and something beyond. As each person worked through his or her own obstacles to relatedness, a more fully realized spiritual dimension was attained.

The performance experience was a transpersonal phenomenon, something that went beyond the self. It raised consciousness, promoted healthy detachment from ego-boundedness, directed energies toward healing, toward self-growth, toward, "the recognition, acceptance, and realization of ultimate states" (Sutich, as cited in Boorstein, 1980, p.9). This included working through psychological barriers that impeded the development of such consciousness. In this context, performance in music therapy can be seen as a transpersonal approach. The participants seemed to move through dimensions of experience from the self, to the other, to the all-else. Ken Wilbur (1981) discussed a similar process of
movement through the spectrum of human consciousness in psychotherapy. In Wilbur's model, the highest level of consciousness (the unitive state) occurs when the confining boundary of the self is dissolved and the moment-to-moment experience of being operates in an effortless state. Trisha seemed to be moving toward this heightened state of selfless connection.

The blocks to the attainment of these ultimate states of consciousness was the subject of a conversation that I had with Dr. John Amoroso, a transpersonal therapist (personal communication, December 19, 2005). He discussed how he works with levels of consciousness. His model which he based on Ken Wilbur's work, used the term the "I and the all-else" to denote that plane of existence that corresponds to Wilbur's unitive consciousness. This state allows the self to connect as fully to the vastness of existence as possible. Amoroso explained how he works with his clients to move consciousness from the awareness of the self to the other to the all-else. The direction of his work was similar to the process that the performers experienced in this study.

Transcending past conflicts through connecting to particular songs is addressed by the musicologist Tia DeNora (2000) who described how songs hold special properties that allow people to connect to past memories and make manifest what might otherwise be latent. This permits the individual to have a chance to make past experiences coherent and prepare for "cueing in on how to proceed" (p.66). Ralph, Betty, and Denise used songs to make a kind of metaphysical contact with significant people in their lives. Deceased or severely deteriorating parents and grandparents were re-visited in the songs chosen for
performance. Past injuries or connections were reopened and healing took place in this process. This allowed these individuals to be better able to proceed with their lives.

Trisha performed her own musical compositions and seemed to promote another dimension of healing that the sociologist Robert Wuthnow (2001) detailed in his discussion on creative spirituality and the artist. He believed that the telling of the story of suffering knitted together parts of the self into a more persuasive whole and that this process was deeply spiritual. He saw a pattern among many of the artists that he interviewed in the way that they used storytelling to heal their past experiences of trauma. Wuthnow saw the artistic process as an attempt to express, resolve, and recover from traumatic memory. “The main result of being able to tell one’s story as a narrative of recovery is forging a clearer understanding of who one has been and where one is going” (pp. 80-81). Part of Trisha’s story of suffering was told through her song House of Cards that detailed her experience of abuse. This was the song that she had performed in the Bronx when she said that she was unaware that she “was performing for anybody.” Her moment can be seen as a joining together of the connection of her story, of her connection to herself, and of a connection to her future. It was a moment of healing. It was “the best time I have had ever.”

Impact of the Music Therapy Performance Group

It would be useful I think, to examine the impact that this performance group had on each of the research participants from theories in related fields of study in
order to gain the fullest understanding of what their experiences were like. This discussion will be reiterative to a certain extent but necessary I believe, to understand the overall impact of what happened.

Betty was hiding under her bed covers two years prior to the study and languished from the dual effects of depression and crack cocaine abuse. Twice during the study she performed music before hundreds of people. Her past family history of music and the support that she had experienced from her father in particular, were good indications that she might later pursue experiences in music (Davidson, 2004; Bailey, 1999). Though initially fearful and tentative in her music, she progressed through stages of increasingly more complex music making and became a more assured and confident music maker (Small, 1998; and Elliott, 1995). She was less fearful of critical audiences (Hollander, 1981) and more able to achieve flow (Csikszentmihalyi, 1990). As she experienced “meaningful moments” in performance (Amir, 1992), she was able to transcend the bitterness and jealousy that she felt toward her mother and sister (Maslow, 1971). She expressed this transcendence in her comment after the Bronx performance that her experience there was “the best high I ever had.”

Connie’s role was the confidence-inspiring leader for the others but to herself, she was a person who felt unworthy of the group’s praise. This can be seen as an example of Landy’s (1993) theory on the enactment of received roles in groups. She gave to others in the kind of unselfish, altruistic manner that Yalom (1970) discussed and experienced the group as penetrating her wall of emotional invulnerability. Though her depressive tendencies had been stable for
many years prior to entering the group, Connie’s behavior as a performer promoted an outgoing, social aspect of her personality. Performance seemed to help her transcend the pain of her mother’s death as well as the conflicts she experienced with her long-deceased father (Maslow, 1971).

The nearly thirty-year struggle with Bipolar Disorder that had propelled Denise through artistic periods in the past, also had laid waste to her dreams of fame and fortune (Jamison, 1993). The performance group offered her a valued opportunity to release the emotional struggles that she was experiencing in her current life circumstances. It also provided her with a forum to relive the bitter struggles that she had with memories of her mother and the associations to singing the songs that her mother sang in her youth (DeNora, 2000). By reliving these memories and ultimately transcending them, she was better able to come to terms with her and to make peace (Maslow, 1971). This was reflected by her statement, “I feel if she was able to speak, I could hit it off with her better but she can’t speak.”

Despite his comment about the group that, “I get confidence, I get knowledge, I get friendship,” Jerry did not feel that his experience of performance had changed or had changed him. Though he did acknowledge that he would have liked to have had an opportunity to move out of his role as the bass player and sing, he did not do this in the group. His stable, collaborative role did in fact remain constant throughout the group experience. This was predicted by Davidson (2004) in her discussion of the personality characteristics of ensemble players.
Nina’s fear of anticipated criticism from her audience (Hollander, 1981; Davidson, 2004; and Cameron, 1992) lessened as the group progressed. She was better able to connect emotionally to the words and emotions of her songs and improve her performance concentration and satisfaction in the process (Cook as cited in Isherwood, 2005). This experience reflected greater flow (Csikszentmihalyi, 1990). “I started remembering how it felt; enjoying it and let myself go... You are helping me understand my performing self... it really has become a part of me.”

The difficulty that Ralph had in accepting compliments changed little but at least he did become aware of this as reflected by his statement “I can’t accept compliments.” This self-evaluation reflected the damaging effects of artists who suffer from trauma backgrounds (Austin, 2002; Maisel, 1994, and Davidson, 2004). He was able to identify with the group leader who he saw as a “great role model” and one who could “take a compliment.” This positive transference can be seen as a corrective recapitulation of his family dynamics (Yalom, 1970). It can also be viewed as a display of his capacity to work through transferences in music therapy performance (Turry, 2005).

Attraction to music at an early age (Davidson, 2004), a family whose healthiest features came across in their musical interactions (Csikszentmihalyi, 1990; Maisel, 1994), the influence of a significant musical mentor (Bailey, 1999), and the determination to continually improve her musicianship (Elliott, 1995) were all characteristics of Sue. Her experience in the group helped to give her a greater feeling of confidence and self-esteem. She found me (as the group leader)
to be another musical mentor who gave her realistic feedback and made her feel like wanting to work harder. Her dreams for her future were to lose weight, write her own songs, and either meet someone big or make it big herself. She summed this up by saying, "It's a dream and I'm going to make that dream come true."

Trisha came to understand how her difficulty with intimacy in the group was part of a pattern of such difficulties in her life. This process reflected her own successful recapitulation of the primary family group (Yalom, 1970). "Intimacy it scares the hell out of me. I realize that now. It triggers all kinds of anxiety." By writing and performing her own songs from her past traumatic experiences, she helped to make sense of them, to heal them, and to transcend them (Wuthnow, 2001, Austin, 2002, Maslow, 1971, and Cameron, 1993).
CHAPTER IX

CONCLUSION

"The artist is not a special kind of person, but every person is a special kind of artist." (Kumar, 1999, p.182).

Each person that I have written about was a special kind of artist. Their music sprang from the uniqueness of their personalities. This can be likened to the pilgrim’s process of Satish Kumar who believed that the goal was in taking the journey and not in arriving at any particular destination.

In the present context, performance is a path and not a particular destination. As a therapist, I try to help my clients find their own way. First is the movement within in making authentic emotional connection to the self. Next is the encounter with others and being able to become genuinely expressive. In music therapy performance, the critical therapeutic factor distinguishing different artistic efforts is authentic expression, not the degree of skillfulness. When performance is merely an acted procedure, it can become a show, a plea for attention or approval, an empty gesture for assurance that one is worthwhile, better than other performers, more desirable, more beautiful. These unresolved issues can damage the person emotionally and artistically. But what is perhaps even more problematic than performing for those reasons, is not performing at all. Often people fear the experience of failure, of not being good enough, of being afraid to put their fullest effort into something, or of not getting what they expected or needed. These aborted attempts lead to an unfulfilled promise. As a therapist I see my responsibility to my client as one of promoting effort and learning through
experience. The performance experience is a very visible, public effort. It can be seen as a learning opportunity to work through either the fear of or the need for public exposure. With those issues resolved, artistic expression is more fully released.

The Intrinsic Rewards of Performance

"Many people are taught to play, but very few are encouraged to perform" (Small, 1998, p.207). Performance in this study was intended as a process that teaches us how to relate to other people through learning how to relate to other musicians. It is a highly socializing endeavor that can be learned. It lends itself to working in groups. The participants in the study ended up seeing each other as teachers, cheerleaders, honest critics, playmates, and friends. They banded together through the sharing of their hardships and their triumphs. They learned how to work together as a unit. Most learned to develop the ability to consider the good of the group above their individual needs.

Becoming a performance unit made the experience of public performance less stressful as each person was reminded that they were not alone on the stage. A glance at a familiar face was enough sometimes to overcome their anxiety. A warning to look out for a wire that might be tripped over was reassurance that they cared for each other. Each time that a Betty or a Trisha conquered their performance anxiety, they felt that they were rewarded as much by the effort they made as they were by the response that they got.
This is a significant departure from the view of performance as a demonstration of virtuosic skill. Such performance can enthrall an audience but it can also intimidate them. Performance as therapy personalizes the process to first meet the needs of the performer, not necessarily the needs of the audience. This is intuitively backwards for some people. Although Connie kept her audience’s satisfaction in the forefront of her thoughts when singing, she did this so that she could feel good by making people happy. Different performance strategies were employed but each person eventually learned to work from a position of personal meaning on stage.

Applause and the Need for Audience Response

Applause was still seen by many of the performers as the measurement of how well they had done—how loud it was, how sustained. I could almost see an imaginary applause meter on the stage or in the performance group room measuring each person’s performance by how far the needle tipped over. And for the poor unfortunate performer who received only “pity claps” the bitter taste of this lingered for days.

Intrinsic satisfaction is hard to measure on an applause meter. The challenge was to encourage them to see sincere effort as satisfying. When real effort was put in, the audience’s applause seemed like a confirmation of what the performer had already known. If the effort was missing, tepid applause seemed like a confirmation of what the performer also had already known.
Not all performers want the audience to applaud. I met one who did not. He believes that applause “breaks the spell” (Mitler, personal communication, December 15, 2005). *Dzieci* (the Polish word for children) is a theatre group that was founded and is currently directed by Matt Mitler. Ritual and ceremony are critical components for him in working with performance. He instructs audiences to be witnesses. They are encouraged not to applaud but instead to experience the event quietly. This he believes makes the experience infinitely more powerful for both the performers and the audience.

As a performer spiritual transformation was his intention. If the audience was moved or transformed in the process, that was fine but secondary. Performance as spiritual transformation may seem like a radical departure for some. It is almost second nature for certain performers to consider the audience’s pleasure as more important than their own. This position runs counter to the intention of the therapy process; that being the transformation of the client. Like Mitler, I believe that in applying performance to music therapy, the artist needs to work from the point of view of self-transformation. This is only possible if performers understand themselves and the reasons that they choose to make music before an audience.

Though I did not work with the audience in this study, I thought about it. I think that it makes sense for the therapist to work with the audience as well as with the performer. The music therapist needs to understand how the audience response may inadvertently re-enact destructive, externally-driven, applause-based measurements as the means test for what is really intended to be a transformative experience for the performer. Might there be other ways that an
audience can register their experience of a performance other than through applause? It seems to me that Mitler’s approach is at least worth considering for therapists. One place to start would have been in the music therapy performance group. A discussion about applause and audience response can sensitize group members to the underlying nuances of the performance process. It would make sense for the music therapist to first work with the group’s response in its capacity to act as an audience. Sensitizing the members to how they experience each other’s responses, should be a preliminary step before attempting to work with less familiar audiences.

**Emotions and Creativity**

Several authors have been cited in the previous chapter such as Davidson (2004), Cameron (1993), and Maisel (1994) about the destructive affects of externally driven performance motivation. The problem from a music therapist’s standpoint is not only to address how inhibiting it is to play for the approval of others, but how to promote environments that feel creative. The physicists David Bohm and F. David Peat (1987) offered a perspective on this issue in terms of inhibition and the creative process. It was their contention that the complex internal process of creativity needs access to the overlapping realms of intellectual and emotional experience in order for truly creative acts to take place. Artists work best when these overlapping realms are fully engaged. On the other hand, when creativity becomes excessively concerned with meeting external goals through reward seeking behavior, the whole creative activity can begin to
degenerate. Emotions that are locked up and stored in inaccessible inner regions are not available to the performer as sources of creative fuel.

The performers like Denise and Nina were consistently fueled by their emotions. They intentionally brought the conviction of their life experiences into their music. They told stories that reflected their truth much like an actor who finds inner motivation for a role by connecting personal experiences to their characterization. For Trisha though, her performances and her choice of songs connected less consistently to her emotional life. When she did connect as I thought she did in the first performance in the Bronx, the result was powerful. Here she told the shattered story of her marriage in the song House of Cards, a song that she had composed. She seemed completely engrossed in this effort. Her performance and the telling of her story looked to be seamlessly woven together.

Clinicians should be mindful of helping their clients to find emotions as a source for their creativity. Performers, who can tap into their feelings as vital resources, seem unafraid to convey truth as well as beauty. It is the combination of both of these aspects, authenticity and aesthetics, that propels performing into what I consider to be a therapeutic dimension.

Expansion of Enacted Roles

The group exposed the roles that certain people enacted. This came through in the data in terms of patterns of individual behavior, as well as in culture-bound issues like family attitudes toward mental illness, and in gender-bound issues like the men carrying, setting up, and breaking down the equipment. It also existed in
the roles that were enacted in the music. The singers were all women, the men all played instruments. I thought that this process limited individual growth. I think it is important to encourage people to try out new roles in performance. This should first be attempted in the performance group where support and feedback can help to promote new patterns of behavior. Time is needed to help identify and work through the issues that will be presented. Public performance can be viewed as an opportunity to further test the stability of these new efforts.

The Bronx band had role diversity. Every band member sang at some point. Their clarinet player sang his own song. The guitarist sang two songs as a lead singer. The drummers doubled as back-up singers. In fact, the only people in the group who exclusively played instruments were the two music therapists.

Toward the Notion of Performance as Culture

The idea of performance as a time of free play, as something that can be experimental in nature, is quite different from the way that it was designed in this study. Yet there were two moments when this did happen spontaneously both of which occurred during the second public performance. These events were the duets sung between Connie and then Sue with the lead singer from the Bronx band. They stand out in my recollection as electric, emergent, harmonically original, highly interactive, and exciting to witness. They propelled the singers and the instrumentalists forward into listening and watching more attentively, into being more inventive, and more emotive. Both singers spoke about their experiences. They had very vivid recollections of the music, the feelings that they
had, the memories that were triggered, and the personal feelings for each female singer as they were paired off onstage with a young man.

A performance culture came into existence between the two performance groups. They began to experiment publicly. Exchanges happened without fear, hesitation, or regret. People met in a fluid performance space where risk was rewarded for its own sake and the audience responded. These duets produced a highly charged atmosphere. This was a result of moving out of the rehearsed portion of the performance and experiencing improvisation as a conversation that was occurring right then. No one knew what was going to happen but rather the action of performance was the happening. The audience seemed like witnesses at this point. New possibilities were being created.

Improvisation should have a place in therapeutic performance and a philosophy on how to use it. I found both of these dimensions in the therapeutic community that the psychologist Fred Newman developed called the East Side Institute for Short Term Psychotherapy and Center for Developmental Learning (Newman & Holzman, 1996; Newman & Goldberg, 1997). The basis of this approach was to form a community around improvised performance. Newman believed that performance is an experimental process, a trying on of new ideas. As an act of creation in the moment, it is a process without concern for mistakes or getting it right. The theatre that the author Newman formed, eschewed the fear-based model of performance in which learning is rote and mistakes produce debilitating human consequences for further attempts. All community members were encouraged to participate through multi-modal creative arts play. The act of
knowing as a fixed and pre-determined process was renounced and instead activity was embraced. Play was nurtured without any sense of how it should be done.

Newman and Goldberg (1997) featured performance as a central socializing factor in community building. Other ecological music therapy models that have been discussed in this study have emphasized how performance can bring about change through the interaction of the individual with the surrounding culture (Stige, 2002b, 2003; Aigen, 2004, Ansdell, 2002, 2004). Newman's system works not from the premise of performance in culture but as culture.

The discussion of a performance as culture may go beyond the boundaries of what was studied but perhaps not past its implications. I see the possibility of developing music therapy performance into a more improvisational and experimental process. Like a jazz performance, a musician works off of a form and learns how to create in the moment. I think harnessing the spontaneous exchange of ideas that happens when one learns to listen in the music can have beneficial implications for people who work with performance as therapy. It can also empower the audience to understand experientially how they are just a few steps removed from the performance process.

**Thoughts for Further Study**

Music performance is becoming an increasingly discussed and applied component of community music therapy which itself is gaining greater attention from the music therapy community (Ansdell, 2002; Ansdell & Pavlicevic, 2004).
Many of these settings are relatively new and performance in these contexts has emerged as a fairly recent phenomenon. The stories and experiences that were told by the participants in this study offer valuable perspectives on music therapy performance. The impression that these perspectives leave on me is one of great intensity. I think this implies that performance is a powerful music making process. It leaves vivid and indelible impressions. Even though it has been applied by music therapists from the very earliest applications of the field as a profession (Miller, 1998), its use as a form of music psychotherapy is rare. I believe that this has significant implications for practice in the future.

Hesser (2002) who applied to music therapy the broader definition of psychotherapy given by Lewis Wolberg, defines music psychotherapy this way, “Removing, modifying, or retarding existing symptoms; mediating disturbed patterns of thinking and behaving and promoting positive personality growth and development “(p.3). The group under study did mediate disturbed patterns of thinking. Despite the fact that the participants were diagnosed with serious mental disorders, the group promoted positive personality growth.

The implication that this has for the field is in the possible consideration of doing music psychotherapy with people who have such serious histories of mental disturbance. In my experience, it was most unusual to employ a psychodynamic form of group therapy with this population. In the clinic where the study took place, exploring the roots of a client’s behavior had long since given way as a therapy technique to one that mostly educated people about their illnesses. In the context of the music therapy performance group, I was applying psychotherapy
techniques as a process. I thought that it worked well for those people whose symptoms were under control. In Doreen's situation where she had a recent history of psychiatric hospitalizations and did get re-hospitalized during the study, it is worth considering whether such risk factors might be cause for excluding such candidates in future studies. People who have not demonstrated extended periods of stability and medication compliance can be considered as not ready for this form of therapy.

If this approach can have a positive affect on this group of individuals, I think it has enormous potential for individuals who are less disturbed. Those people who like to make and perform music have a natural common interest on which to form a basis for connection. This promotes shared experience and cohesion. The group's live public in vivo performance added a reality dimension that promoted even greater sharing. I think it is interesting to think about how to apply this model to other settings and populations.

**Final Thoughts**

The findings that I have described reflected a mature, highly evolved, and clearly articulated music therapy performance culture. The program was a model of integration of the creative arts therapies. Given these factors, the findings of this study may prove to be more durable in the sense that Abrams (2005) uses this term, which is to denote the dependability and stability of research findings.

After the completion of this study, I retired from my position at this clinic after almost thirty-two years of full time employment. I have returned there on
several occasions since then for special events at the monthly cabaret. I noticed on each occasion but particularly in my most recent return, that the former members of the performance group were all sitting together at a table near the stage. When one of them performed, they would stomp and yell for each other. Sue and Betty wore attractive outfits. They tried to hush the crowd from making ambient noise several times during the performances. Trisha sat with the others and smiled and joked around with seeming ease. Ralph was expected to sing that afternoon but he did not show up for the performance.

I experienced this scene as a carryover from my research findings. They were a cohesive group even without my involvement. People in the audience came up to them after their turn on the stage. They had become the resident artists in this setting in much the same way that the former band member, Maxwell, had gained such distinction in his residence. They seemed to be confident and assured in their social interactions. By their dress and appearance, they had continued to take pride in the way that they looked. And by their actions as models of audience behavior, they continued to appear like a band of performing brothers and sisters.
REFERENCES


Cassidy (1976). The influence of a music therapy activity upon peer acceptance, group cohesiveness, and interpersonal relationships of adult psychiatric patients. Journal of Music Therapy, 3(13), 66-76.


APPENDIX A

PARTICIPANT CONSENT FORM

CONSENT FORM

Name of Researcher: Peter Jampel
Title of Research Project: Performance in Music Therapy with Mentally Ill Adults

You are invited to take part in a research project to learn more about the effects of performing music in public for people who suffer from mental illness. Peter Jampel, the principal investigator in the Department of Performing Arts Professions, Prof. John Gilbert of the Department of Music and Performing Arts in the Steinhardt School of Education at New York University is his faculty sponsor. This project is part of the work that he is doing in order to complete his doctoral dissertation at New York University.

If you agree to be part of this study, you will be asked to attend a weekly two-hour rehearsal for about twelve weeks; be interviewed twice individually for about thirty minutes each time about your past experiences in music performance and your current experiences as a member of the research group on performance; and participate in about two scheduled public performances lasting approximately one hour each. The rehearsals will be audio taped and the performances videotaped, each for research purposes only. You have the right to review these audio or videotapes and request that all or any portion containing your participation be destroyed.

Confidentiality of your research records will be strictly maintained but the researcher cannot guarantee that others in the group will do the same. All of the information that you provide will be kept in a locked filing cabinet. The only people who will be allowed access to this information will be the principal investigator, his research assistant and his faculty advisor. When the results of the research are presented, the principal investigator will not use your name or any other information that could identify you.

Although you will receive no direct benefits from participation, the information that you can provide may help people who suffer from mental illness in the future. It is possible that you may experience anxiety about being involved in the public performance of music. You have the right to take part in the study even if you decide not to perform in public. It is also possible that participants may experience other symptoms that are associated with their psychiatric illness as a result of their participation in this study. In these instances, the researcher will address each participant in terms of employing coping strategies for these anxiety states or
psychiatric symptoms. The principal investigator has a master’s degree in music therapy and thirty-one years of experience as a mental health therapist. Additionally if the need should arise, your psychiatrist and primary therapist are also available to you for additional support and counseling.

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

Your participation in this study is voluntary. You have the right to decide whether you want to be interviewed or take part in public performances without jeopardizing your involvement in the performance group’s rehearsals. You have the right not to answer any or all of the questions asked in the interview. You may change your mind and withdraw from this study at any time. Your decision about whether to participate in this study will have no effect on any treatments or benefits to which you are entitled.

If you have any questions about this study or wish to report a research related problem, please call Peter Jampel at (718) 855-3131, e-mail address: peter.jampel@nyu.edu or the principal investigator’s faculty sponsor Dr. John Gilbert, phone (212) 9980 5424 or e-mail to: john.gilbert@nyu.edu If you have any questions about your rights as a subject, please call Dr. Alan De Biasio at (718) 667-2308 or the University Committee on Activities Involving Human Subjects, Office of Sponsored programs, New York University, (212) 998-2121. Dr. De Biasio is Chairperson of South Beach Psychiatric Center’s Institutional Review Board.

Name of person providing this information: Peter Jampel. You have received a copy of this consent document to keep.

__________________________________________
I, ______________________________ agree to participate in the research project described above.

(Name)

__________________________________________
(Signature of Subject) (Date)

__________________________________________
(Signature of Person Obtaining Consent) (Date)
APPENDIX B

CALL FOR RESEARCH PARTICIPANTS

Candidates are being sought for a research study on music performance in music therapy. Interested candidates should have experience in music performance. The research process will involve becoming a part of a weekly music rehearsal, taking part in performances, and being interviewed about your performance experiences. All names and identities will be kept confidential. Research participants may withdraw from this study at any time without any consequences. Audiotapes and videotapes recorded for this project will be held in a safe and secure location. These will be used only as an additional source of data for research purposes only.

People who are interested in becoming research participants should leave a note for me with your name and a phone number where I can contact you, through the receptionist on the second floor. All research participants will be met with on an individual basis. The details of this study and the rights of research participants will be further discussed during this meeting. Any questions or concerns that the applicants might have about this project are welcomed. Consent forms will need to be signed before the applicant may be able to participate in this project.
APPENDIX C

STATEMENT TO SUBJECTS

This research study is intended to investigate the effect that musical performing has on people who experience mental illness. It is hoped that through an understanding of this process, knowledge will be gained that might benefit music therapists in the future. Those people who wish to apply to participate in this study will be required to have some background in music performance. This background is necessary so that the principal investigator can understand and compare the past performance experiences of the participants with their current experiences in the research group. People who enter this study will be asked to become involved in a two-hour weekly rehearsal. They will also be asked to participate in two public musical performances each lasting about an hour. Subjects will also be asked permission to be interviewed twice during the study. Each interview will take about thirty minutes.

People who enter this study do have the right to withdraw from it at any time without any consequences. People also have the option to continue with the research group even if they decide not to engage in performances or if they decide not to be interviewed. The researcher may request to meet with individuals at various times to discuss issues that may in the researcher’s opinion, require further processing.
APPENDIX D

PROPOSED INTERVIEW QUESTIONS

1. What is your current experience of performing music in public?
2. What has been you prior experience of performing music?
3. Please describe: family history of music making; past training experiences; past performance experiences.
APPENDIX E
SAMPLE OF RAW TEXT ANALYSIS

Track 6 - Peak Moments in Performance
because you are reaching yourself, you are really into yourself by putting out this song. So that others can feel it. Feel what you’re feeling (Je)
It’s not like, I did that well, good for me (E)
when I am having trouble performing because of sadness or my life isn’t going very well, at all, it takes quite an effort to perform(E)
I feel somewhat of a spiritual goodness, a spiritual thing that I cannot even describe (E)
I am happy that I touched somebody (E)

J – because you are reaching yourself, you are really into yourself by putting out this song. So that others can feel it. Feel what you’re feeling.
P – Saturday, did you get goose bumps Saturday?
E – yes.
P – You did get goose bumps.
E – it felt like something I never felt before either.
A – That was one of your best performances Saturday.
T – I hear a very special question coming out of this. In order for someone to receive something, say receiving some kind of a gift, as per the audience member, do you have to intentionally give it to them? Or is it possible that you don’t need to be able to sing to that person. Is it possible that it doesn’t require you to give something intentionally but received by another?
E – It requires, that’s the joy. That’s always a surprise. It’s not like, I did that well, good for me, no. To me it’s, God gave me something, he gave me good vocal chords. I always feel that when I am having trouble performing because of sadness or my life isn’t going very well, at all, it takes quite an effort to perform. But because people feel the way they do and they tell me, then I feel somewhat of a spiritual goodness, a spiritual thing that I cannot even describe. That I am happy that I touched somebody.
Ja- We applauded that Saturday. Did it make you feel good inside that people loved you that much?
E – yes. ...
L – It’s a shock.
APPENDIX F

SAMPLE OF CODED TEXT ANALYSIS

Track 2 Recreating family dynamics between performers

because you let out all your anxiety (Lora)

Track 3 Limit setting as a performance leader versus a therapy group leader
I have been in other shows and you go and rehearse. Everybody's there, it's very quiet
Over here it is run like a crazy house. (Je)
So one of the things in a performance situation that you are looking toward for is a clear leader that can set limits. Who doesn't let things run on and on (P)

but if I say something we should, abide by it (G)
Some of the things that you should do you don't do. Even frustrates me sometimes you should let that out (G)
It sounds like you would like me to be angry a little bit more (P)
I am getting pissed off and I'm ready to yell at the person and all that and you're the director. You're supposed to stop these things, these things shouldn't happen (Je)
try to understand what the tension is about rather than to eliminate it (P)

Track 4 - How the performance environment is experienced by the performer from a therapy viewpoint
each one of us has different tolerations for tension and conflict (P)
I have a pretty high tolerance for it (P)
I set limits when I think a limit needs to be set. You might do it differently

rather
(P) I want to understand what the tension is about rather than to eliminate it.
APPENDIX G
CODING CATEGORIES

Research process and group dynamics P9-25
Band of Performing Brothers and Sisters P38-46
Past personal history through performance P54-67
Therapist’s counter-transference P79-83
Values in Performance that Enhance Employment Skills P83-87
Gender Differences between Performers P87

Integrating the self through performance P 93-101
The Song Doesn’t Belong to Any of Us P101
Ambivalent Feelings About Performing P102-104
Qualities of a Performance Group Leader in Music Therapy P104-107
Performance Strategies P107-111
Connection In The Music between Performers P111-117
Charismatic Qualities in Performers P117-123
Maintaining Group Confidentiality P123-125
Rehearsals Versus Gigs P125-127
Impact of Mental Illness on Performance P127-133
Auditions and Anxiety P134-136
Past History of Psychopathology in the Entertainment Industry P136-138
Distinct Cultural Attitudes P138-139
Pity Claps P139-140

Music as a Survival Mechanism P153-155

Performance Dreams P157-159

Observing Ego Promoting Performance Management P165-167

244
APPENDIX H

SAMPLE ENTRY OF RESEARCH JOURNAL INCLUDING ANALYTIC MEMOS

Log Entry: Session 4, Music Therapy Performance Group

Members Present: Sue, Lilah, Connie, Trisha, Jerry, Betty, and Denise.

Before Denise sang *Stormy Weather*, she discussed the way in which she blocks out the audience and immerses herself in the feeling that the song conveys to her. This song she said, was sad and bluesy. She reported that she had been staying in Nina’s house since Nina has been away in Egypt and that she is feeling peaceful not to be in her apartment with all the tension she feels there due to her family. I asked her how she readies herself to sing a song that is different than the way that she feels and she described how she feels the song, the lyrics, and the images it brings to mind. After singing the song, the group discussed the different ways that each person experiences performing in terms of what they focus on. Jennie picks up the energy of the audience, connecting to certain people who she feels that she can bring her music to. This allows her to feed off of their energy. She discussed how she has felt relieved now that her mother is dead, to be able to free up her time and energy and not always have to worry what her mother is doing. This has affected her performance energy, she no longer feels distracted. The focus then shifted to the different ways that people deal with performance. Denise’s style and Connie’s being good contrasts. Betty talked about how she tries to not let it affect her to think of other people listening to her. During this exchange, veiled references were made to an un-named member of the group of how people experienced the energy that they picked up from her. Connie was critical of me for not being more of a disciplinarian. I explored how she wants me to be and she related that she preferred someone be the leader and tell people when to cut it out. Betty agreed that I was too soft and needed to be more disciplined with people. I brought it back to the group and discussed my sense of how each of us sets different limits.

Observer’s Comment:

I thought that this discussion moved into areas of the group’s autonomy. Connie was perceived as the leader and this has been evident in the comments of other’s that she supports them, teaches them, and represents seniority through her person. I was somewhat uncomfortable not with this discussion which seemed healthy and important to have but with the veiled references to Trisha. I did not want to create an atmosphere where he return would stifle the discussion and seemed like we were talking about her behind her back.
Log Entry:

I repeatedly brought out that this group was an opportunity to learn more about ourselves through performance. This issue carried into Connie's singing of "Release Me," which we did together as a duet. I commented about wanting to be released from having to play an instrument but I ended up playing the guitar. We sang it through and Jennie reminded me that I continue to sing the wrong words at the end. As we repeated it a second and third time, I started to connect more personally to Connie and felt that my relationship to her was becoming more of my conscious focus than my singing. We looked at each other and ended up laughing together as we sang.

Observer's Comment:

This was warm and fun and helped me to remember what I like about singing with Connie—that she does make contact with you and helps to bring me out of my own performance tension. Betty was so quick to just do the "usual" that I needed to stop her and make her look at this. She addressed the issue of singing with musicians. This made it more work for her and that was important, I thought to explore. When she finally did the song "More," she had allowed us to back her up and this dynamic was discussed further. The comfort level that she feels with performing is still shallow and tentative but she got a lot of support to challenge herself.

Jerry's comment of wanting to sing was important too. He expressed always being behind the bass and what this meant to him. He is always waiting for others to be ready. Singing is a chance for him to be in charge. This possibility made his face light up. People noted how he sang anyway during songs. There was support for him to sing too. When Trisha entered, it was almost like a spell was cast like, can we still talk. I made the segue to being able to perform even when the environment is not always within the performer's control. I used the different techniques that were discussed in the group as a way of asking Trisha about how she does it.

Analytic Memo:

This seemed more like an experiential group and not only a process group. The difference being that the performance experience should permit members with a point of entry into their own worlds and at times, learn from each other about how to enter the performance space differently and hopefully more deeply. The focus is not I think, on group dynamics so much. This will lead down a never ending and long term road of discussion about Trisha and feelings that exist in the group about her and her about them. If I go down this road in a short-term group, there will be time for nothing else. I see that this experience should focus on how to get the most out of performance. This issue detracts from the need to concentrate on the performer. How to maximize the moment, seize it, make it work for the performer, put into a little box those distractions and annoyances that work against being in the now, should be isolated.

I wanted her to find a way into the group that would respect her style of performing and yet continue to address the problems that she sometimes has with...
being easily distracted by the audience. This awareness of being listened to is turning out to be an essence of doing performance. This involves working through all those factors that can take the performer out of the moment. Deep engagement, immersion, connecting to self and others – that is the focus.