



# APPROACHES

An Interdisciplinary Journal of Music Therapy

Ένα Διεπιστημονικό Περιοδικό Μουσικοθεραπείας

Exploring the spiritual in music:  
Interdisciplinary dialogues in music, wellbeing  
and education

Editors: **Giorgos Tsiris** | **Gary Ansdell**

**special issue**

Διερευνώντας το πνευματικό στη μουσική:  
Διεπιστημονικοί διάλογοι στη μουσική, την ευεξία  
και την εκπαίδευση

**ειδικό τεύχος**

Συντάκτες: **Γιώργος Τσίρης** | **Gary Ansdell**

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## Special issue | Exploring the spiritual in music: Interdisciplinary dialogues in music, wellbeing and education

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## EDITORIAL

Special Issue | Exploring the spiritual in music: Interdisciplinary dialogues in music, wellbeing and education

# Exploring the spiritual in music

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### ORIGINS

We warmly welcome you to this special issue of *Approaches*. Spirituality is a shared area of interest for many disciplines that explore the role of music in human life, including music therapy, ethnomusicology, music education, music philosophy and theology. Interdisciplinary dialogue in this area, however, has been limited. Responding to this situation, and with an explicit focus on spirituality and music in relation to wellbeing and education, this special issue brings to the fore ideas, questions and debates that often remain hidden within the confines of each discipline.

The vision underpinning this special issue originates in the 2017 conference 'Exploring the Spiritual in Music: Interdisciplinary Dialogues in Music, Wellbeing and Education' which took place at the Nordoff Robbins London Centre. Co-organised by the UK music therapy charity Nordoff Robbins and the international network Spirituality and Music Education (SAME), and according to the ethos of the Nordoff Robbins *Plus* Research Conference Series (Pavlicevic, 2014; Spiro, 2017; Spiro & Schober, 2014), this event offered a platform for interdisciplinary and cross-institutional thinking within, around and beyond music therapy.<sup>1</sup> Indeed, the conference attracted over a hundred scholars, researchers, practitioners and students from different disciplinary, geographical and spiritual spaces. It became a meeting point of diverse and, at times, contrasting spiritualities and musics

<sup>1</sup> Two years after the 2017 conference, and under the leadership of June Boyce-Tillman, SAME developed into the International Network for Music, Spirituality and Wellbeing, which aims to embrace the social, personal, spiritual and political aspects of wellbeing.

fostering constructive debates and generating a 'place' alive with multiple meanings (Hendricks, 2018; Hendricks & Smith, 2019). The presentations were grouped into six main themes: i) Uncertainties and controversies, ii) Culture, politics and identity, iii) Learning and teaching, iv) Music, imagery and reflection, v) Musicians, thinkers and approaches, and vi) Living and dying. These themes offered a framework for critical and constructive dialogue regarding the multiple manifestations and understandings of the spiritual in music across different practices, settings and cultures.

## HYBRIDITY

Building on the ethos and the themes of the 2017 conference, this special issue brings together and takes forward diverse theoretical perspectives, practices and methodological approaches. Our vision, as chairs of the conference and editors of this publication, has been to move beyond conceptual and methodological conventions, and to offer an open space for exploring the spiritual in music.<sup>2</sup> In this context, 'the spiritual' is intentionally used as a term reflecting our commitment to a hybrid spiritual discourse. 'The spiritual' implies our conceptualisation of spirituality as a 'boundary object' in music therapy and in related fields; "a hybrid construct which affords the co-existence of unfinished spiritualities as well as their multiple and heterogeneous translations" (Tsiris, 2018, p. i).

Instead of applying an overarching definition of spirituality, this edition on the one hand recognises the plasticity of spirituality and its adaptations to local music practices, and on the other hand highlights how spirituality retains some commonly recognisable, even if fuzzy, patterns across intersecting disciplinary, professional and cultural contexts. As such, we are interested in the multiplicity of the spiritual in music and its heterogeneous translations and applications.<sup>3</sup> This has resulted in a rich edition embracing varying writing styles, perspectives, methodological approaches and perspectives. In each case, authors were asked to communicate openly their stance and intention of writing, and to position their arguments accordingly.

## Contents overview

This special issue begins with Sara MacKian's paper. Based on her keynote presentation in 2017 and drawing on her research experience as a human geographer (e.g., Bartolini, Chris, MacKian & Pile, 2017; MacKian, 2012), this paper explores how and where the spiritual might be encountered in unexpected ways. MacKian advocates for an openness towards the challenges of encountering and of articulating spirituality. Re-orientating our analytical lens to the everyday, she stresses the importance of mystery in our engagements with spirituality, music and wellbeing in everyday life. Responding to MacKian's paper, Lars Ole Bonde offers his perspective as a music therapist with specific reference to Guided Imagery and Music (GIM). Moving beyond a static-content-oriented approach, Bonde proposes a more dynamic process and interpersonal understanding of

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<sup>2</sup> Pointing to a similar questioning of methodological conventions, Gary's work with Tia DeNora (e.g., DeNora & Ansdell, 2014, 2017) opens a space where some of the unobservable processes by which music helps can be traced and become known.

<sup>3</sup> Further details about the proposed hybrid spiritual discourse and the notion of spirituality as a 'boundary object' can be found in Giorgos' ethnographic study which explores the performance of spirituality in everyday music therapy contexts (Tsiris, 2018).

spiritual/transpersonal experiences with music.

The emerging interplay between the extraordinary and the ordinary, and the open-ended stance adopted by MacKian and Bonde, is equally characteristic of the other papers contained in this issue. Bolette Daniels Beck and Martin Lawes, both using case examples from their GIM work, explore the concepts of 'sacred moments' and of spiritual experiences. Kate Binnie explores the 'thin place' between life and death through a case study of compassion-focused relational approach to music therapy with a hospice patient and she outlines a feasibility study protocol.

Some authors, such as Astrid Notarangelo and Adam Kishtainy, present personal accounts of integrating spirituality in their own music therapy work. Other authors consider spirituality in relation to emerging research findings and literature themes from diverse disciplinary spaces. Efrat Roginsky and Cochavit Elefant, for example, consider spirituality in relation to transformative experiences of music as emerged in their research with parents of children with cerebral palsy and multiple disabilities. Focusing on spirituality from a different disciplinary perspective, that of metal music, Owen Coggins reviews some of the controversies that have characterised public, political and research debates on health and metal music since the 1970s especially in the US and the UK. Drawing on his own ethnographic study of violence, religion and health within the music culture of drone metal, Coggins explores how noise and extreme music can be positive, yet under-appreciated, resources for listeners' health. On the other hand, Giorgio Scalici's ethnomusicological study of music among the Wana people of Morowali in Central Sulawesi explores how music connects the human world and the hidden world of spirits and emotion. More specifically, he explores the role of music as a ritual marker transforming ordinary time into mythical/ritual time and allowing the healing of the patient and the community through emotional catharsis. Lastly, Faith Halverson-Ramos' opinion paper explores music in relation to gerotranscendence. With a focus on the US social context, Halverson-Ramos discusses how music can be vital to a culturally responsive approach to ageing and transpersonal growth.

These articles are followed by three book reviews by Tia DeNora, Marilyn Clark and Leslie Bunt. Two of these reviews concern the books *Mysticism, Ritual and Religion in Drone Metal* by Coggins (2018) and *Spirituality and Music Education: Perspectives from Three Continents* by Boyce-Tillman (2017) which were launched at the 2017 conference. The special issue concludes with a report by Karin Hendricks and Tawnya Smith offering a reflective overview of the 2017 conference alongside some photographic material. For the readers who did not attend the conference, this report may serve as a useful introduction to this special edition.

## Filoxenia

This special issue would not have been possible without the diligent work of the editorial board who also served on the scientific committee of the 2017 conference: Lars Ole Bonde, June Boyce-Tillman, Owen Coggins, John Habron, Frank Heuser, Koji Matsunobu, Simon Procter, Neta Spiro, and Liesl van der Merwe. We thank each and every one of them for fostering a dialogic and reflexive peer-review space where scientific rigour was balanced by a genuine spirit of curiosity and openness towards aspects of the spiritual in music which are perhaps located on the edge of existing theoretical frameworks and may be more slippery to the scientific eye. Moving beyond polarisations and a



sense of 'mutual suspicion', which may be observed between different professional fields in the wider music, wellbeing and education arena (Tsiris, Derrington, Sparkes, Spiro & Wilson, 2016), the peer-review process was characterised by an awareness of the multiplicity of the spiritual in music and a willingness to enable diverse voices to enter the professional discourse and come together. We argue that this coming together of different voices is a key contribution of this special issue given that such papers would typically, and perhaps more comfortably, remain within the conceptual and methodological boundaries of their profession and discipline.

This special issue fostered an epistemological culture of *filoxenia* (etymology from the Greek *filo* [= love] + *xenos* [= stranger]); a spirit of openness, trust and generosity between authors and reviewers. Instead of being uninvited or misunderstood guests in each other's disciplinary discourses (Frank, 2009; Tsiris, 2013, 2014), authors and reviewers collaborated as partners and equally important co-creators of this interdisciplinary environment. This seemingly romantic view was, of course, underpinned and shaped by the negotiations and controversies as well as the uncertainties and vulnerabilities which are inherent to each field's professional and disciplinary advancements.

Mercédès Pavlicevic, who sadly died a few months after the 2017 conference, has been a vital voice in music therapy articulating vividly some of these negotiations and controversies around our cultural constructions of music, health and healing (Stige, 2018). In her article with Cripps, she characteristically proposed a 'messy hybridity' to reflect the sociocultural and cosmological fusions required for contemporary music therapy practices:

Straddling the South and the Global North, we propose that Western (and at times bio-medically informed) healing and health practices might well consider reclaiming and re-sourcing their own, and other, traditional and indigenous healing cosmologies, whatever their respective and situated ideologies and ontologies. Despite apparent (and possibly intellectual and ideological) segmentations and separations of disciplines by Western scholarship and economics, we propose that 'the ancestors' and 'the aspirin' need to embrace rather than view one another with suspicion. Just possibly, each might become enriched (and discomforted) by the silenced coincidences of one another's desires to know and experience our common humanity through music. (Pavlicevic & Cripps, 2015)

With the publication of this special issue, we pay tribute to Mercédès, a close colleague and dear friend to both of us. Mercédès was instrumental in the establishment of the Nordoff Robbins *Plus* Research Conference series and contributed to the scientific committee of the 2017 conference. Although Mercédès had become too unwell to contribute to the editorial board of this special issue, her commitment to exploring music and spirituality in-context and in-action informed our editorial work and indeed remains a passionately alive voice within us. We are grateful for everything that Mercédès brought and shared with us:

The fruit of Mercédès' endeavour is becoming clear and is our gift from her: an influential legacy of thinking and practice for music therapy and beyond music therapy... but also a life-lesson for us all:

Stir it up... get moving... be bold... share your energy... be naughty sometimes and shake things up... but also... create beauty together, party, believe in people, cherish each other...

And also... know when to leave, know how to let go – with dignity and grace.  
(Ansdell, 2018)

We encourage readers to keep Mercédès' endeavour and gift in their mind and in their heart as they turn the pages of this issue.

## LEAVING THE DOOR OPEN

Looking ahead, we hope this special issue expands our horizons by generating new questions and directions in our explorations of the spiritual in music. We hope it becomes a springboard for further practice, theory and research developments questioning traditional assumptions and venturing beyond familiar knowledge and methods. Marking also the tenth anniversary of *Approaches*, this publication reflects the journal's ongoing commitment to the advancement of music therapy through interdisciplinary dialogue bridging local and global aspects of music, health and wellbeing.

As we close this editorial, we leave the door open... and we call for a critical engagement with the creative uncertainties characterising the evolving interdisciplinary landscape of the spiritual in music.

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## ΣΗΜΕΙΩΜΑ ΣΥΝΤΑΞΗΣ

Ειδικό Τεύχος | Διερευνώντας το πνευματικό στη μουσική: Διεπιστημονικοί διάλογοι στη μουσική, την ευεξία και την εκπαίδευση

# Διερευνώντας το πνευματικό στη μουσική

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### ΒΙΟΓΡΑΦΙΕΣ ΣΥΓΓΡΑΦΕΩΝ

Ο **Γιώργος Τσίρης**, PhD, είναι Επίκουρος Καθηγητής Μουσικοθεραπείας στο Queen Margaret University και Υπεύθυνος Τεχνών στο St Columba's Hospice στο Εδιμβούργο του Ηνωμένου Βασιλείου. Διερευνώντας το πώς διαδραματίζεται η πνευματικότητα σε καθημερινά μουσικοθεραπευτικά πλαίσια, η διδακτορική του έρευνα έχει εισάγει νέες εννοιολογικές και μεθοδολογικές προσεγγίσεις στην πνευματικότητα και στην κατανόησή της στη μουσικοθεραπεία. [gtsiris@qmu.ac.uk] Ο **Prof Gary Ansdell** είναι Καθηγητής στο Grieg Academy of Music, Bergen, επίτιμος Καθηγητής και Ανώτερος Ερευνητικός Συνεργάτης στο Exeter University, Αναπληρωτής Καθηγητής στο University of Limerick και Συνεργάτης του Nordoff Robbins στο Ηνωμένο Βασίλειο όπου είναι ο Συντονιστής του διδακτορικού προγράμματος σπουδών. Ο Gary είναι συγγραφέας/συν-συγγραφέας επτά βιβλίων για τη μουσικοθεραπεία/μουσική και υγεία και συνεπιμελητής (μαζί με την Tia DeNora) της σειράς βιβλίων *Music and Change* για τον εκδοτικό οίκο Ashgate. [G.Ansdell@exeter.ac.uk]

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### ΠΡΟΕΛΕΥΣΕΙΣ

Σας καλωσορίζουμε θερμά σε αυτό το ειδικό τεύχος του *Approaches*. Η πνευματικότητα είναι μια κοινή περιοχή ενδιαφέροντος για πολλούς κλάδους που διερευνούν τον ρόλο της μουσικής στην ανθρώπινη ζωή, συμπεριλαμβανομένης της μουσικοθεραπείας, της εθνομουσικολογίας, της μουσικής εκπαίδευσης, της φιλοσοφίας της μουσικής, και της θεολογίας. Ωστόσο, ο διεπιστημονικός διάλογος σε αυτήν την περιοχή είναι περιορισμένος. Ανταποκρινόμενο σε αυτήν την κατάσταση, και με σαφή εστίαση στην πνευματικότητα και τη μουσική σε σχέση με την ευεξία και την εκπαίδευση, αυτό το ειδικό τεύχος φέρνει στο προσκήνιο ιδέες, ερωτήματα και αντιπαραθέσεις που συχνά παραμένουν κρυμμένες εντός των ορίων κάθε επιστημονικού κλάδου.

Το όραμα που διέπει αυτό το ειδικό τεύχος πηγάζει από το συνέδριο του 2017 με τίτλο «Διερευνώντας το Πνευματικό στη Μουσική: Διεπιστημονικοί Διάλογοι στη Μουσική, την Ευεξία και την Εκπαίδευση», το οποίο έλαβε μέρος στο κέντρο του Nordoff Robbins στο Λονδίνο. Συνδιοργανωμένο από τον βρετανικό οργανισμό μουσικοθεραπείας Nordoff Robbins και το διεθνές δίκτυο Spirituality and Music Education (SAME), και σύμφωνα με το ήθος της σειράς ερευνητικών συνεδρίων Nordoff Robbins *Plus* (Pavlicevic, 2014· Spiro, 2017· Spiro & Schober, 2014), αυτό το συνέδριο προσέφερε μια πλατφόρμα για διεπιστημονική και δια-τομεακή σκέψη

εντός, γύρω και πέρα από τη μουσικοθεραπεία.<sup>1</sup> Πράγματι, το συνέδριο προσέλκυσε περισσότερους από εκατό ακαδημαϊκούς, ερευνητές, επαγγελματίες και φοιτητές από διαφορετικούς επιστημονικούς, γεωγραφικούς και πνευματικούς χώρους. Έγινε ένα σημείο συνάντησης ποικιλόμορφων και, ενίοτε, αντικρουόμενων πνευματικοτήτων και μουσικών προωθώντας εποικοδομητικές συζητήσεις και δημιουργώντας ένα «μέρος» ζωντανό με πολλαπλά νοήματα (Hendricks, 2018; Hendricks & Smith, 2019). Οι παρουσιάσεις ομαδοποιήθηκαν σε έξι κύριες θεματικές ενότητες: i) Αβεβαιότητες και αντιπαραθέσεις, ii) Πολιτισμός, πολιτική και ταυτότητα, iii) Μάθηση και διδασκαλία, iv) Μουσική, απεικόνιση και στοχασμός, v) Μουσικοί, διανοητές και προσεγγίσεις, και vi) Ζώντας και πεθαίνοντας. Αυτές οι θεματικές ενότητες προσέφεραν μια δομή για κριτικό και εποικοδομητικό διάλογο αναφορικά με τις πολλαπλές εκδηλώσεις και κατανοήσεις του πνευματικού στη μουσική σε διάφορες πρακτικές, πλαίσια και πολιτισμούς.

## ΥΒΡΙΔΙΚΟΤΗΤΑ

Με βάση το ήθος και τις θεματικές ενότητες του συνεδρίου του 2017, αυτό το ειδικό τεύχος συγκεντρώνει και αναπτύσσει ποικίλες θεωρητικές προοπτικές, πρακτικές και μεθοδολογικές προσεγγίσεις. Το όραμά μας, ως προέδρων του συνεδρίου και συντακτών αυτής της έκδοσης, είναι να προχωρήσουμε πέρα από εννοιολογικές και μεθοδολογικές συμβάσεις, και να προσφέρουμε έναν ανοικτό χώρο για τη διερεύνηση του πνευματικού στη μουσική.<sup>2</sup> Στο πλαίσιο αυτό, «το πνευματικό» χρησιμοποιείται σκόπιμα ως όρος που αντικατοπτρίζει τη δέσμευσή μας προς έναν υβριδικό πνευματικό λόγο. «Το πνευματικό» υποδηλώνει τη σύλληψη της πνευματικότητας ως ένα «οριακό αντικείμενο» (boundary object) στη μουσικοθεραπεία και σε συναφή πεδία: «ένα υβριδικό κατασκεύασμα που δύναται να επιφέρει τη συνύπαρξη ατελών πνευματικοτήτων και των πολλαπλών και ετερογενών μεταφράσεών τους» (Tsiriris, 2018, p. i, ελεύθερη μετάφραση).

Αντί να εφαρμόσει έναν γενικότερο ορισμό της πνευματικότητας, αυτή η έκδοση από τη μία πλευρά αναγνωρίζει την πλαστικότητα της πνευματικότητας και τις προσαρμογές της στις τοπικές μουσικές πρακτικές, και από την άλλη πλευρά τονίζει πώς η πνευματικότητα διατηρεί κάποια κοινώς αναγνωρίσιμα, ακόμη και αν είναι ασαφή, μοτίβα σε διασταυρωνόμενα επιστημονικά, επαγγελματικά και πολιτισμικά πλαίσια. Ως εκ τούτου, το ενδιαφέρον μας στρέφεται στην πολλαπλότητα του πνευματικού στη μουσική και στις ετερογενείς μεταφράσεις και εφαρμογές του.<sup>3</sup> Αυτό έχει οδηγήσει σε μια πλούσια έκδοση που εμπερικλείει διάφορα στυλ γραφής, προοπτικές, μεθοδολογικές προσεγγίσεις και προοπτικές. Σε κάθε περίπτωση, ζητήθηκε

<sup>1</sup> Δύο χρόνια μετά το συνέδριο του 2017, και υπό την καθοδήγηση της June Boyce-Tillman, το δίκτυο SAME εξελίχθηκε στο Διεθνές Δίκτυο για τη Μουσική, την Πνευματικότητα και την Ευεξία (International Network for Music Spirituality and Wellbeing) το οποίο έχει ως στόχο να ενστερνιστεί τις κοινωνικές, προσωπικές, πνευματικές και πολιτικές πτυχές της ευεξίας.

<sup>2</sup> Επισημαίνοντας μια παρόμοια αμφισβήτηση των μεθοδολογικών συμβάσεων, η δουλειά του Gary μαζί με την Tia DeNora (π.χ. DeNora & Ansdell, 2014, 2017) ανοίγει έναν χώρο όπου μπορούν να ανιχνευθούν και να γίνουν γνωστές μερικές από τις μη αντιληπτές διεργασίες με τις οποίες η μουσική προσφέρει βοήθεια.

<sup>3</sup> Περισσότερες λεπτομέρειες για τον προτεινόμενο υβριδικό πνευματικό λόγο και την έννοια της πνευματικότητας ως «οριακού αντικειμένου» μπορούν να βρεθούν στην εθνογραφική μελέτη του Γιώργου η οποία εξερευνά το πώς διαδραματίζεται η πνευματικότητα σε καθημερινά μουσικοθεραπευτικά πλαίσια (Tsiriris, 2018).

από τους συγγραφείς να επικοινωνήσουν ανοικτά τη θέση τους και την πρόθεση της γραφής τους, και να τοποθετήσουν τα επιχειρήματά τους αναλόγως.

## Επισκόπηση περιεχομένων

Αυτό το ειδικό τεύχος ξεκινά με το άρθρο της Sara MacKian. Με βάση την κεντρική της ομιλία το 2017 και αντλώντας από την ερευνητική της εμπειρία ως ανθρωπογεωγράφου (π.χ. Bartolini, Chris, MacKian & Pile, 2017· MacKian, 2012), αυτό το άρθρο διερευνά πώς και πού μπορεί να συναντηθεί το πνευματικό με απροσδόκητους τρόπους. Η MacKian τάσσεται υπέρ του ανοίγματος απέναντι στις προκλήσεις που διέπουν τη συνάντηση και την άρθρωση της πνευματικότητας. Επαναπροσανατολίζοντας τον αναλυτικό μας φακό στην καθημερινότητα, τονίζει τη σημασία του μυστηρίου στις επαφές μας με την πνευματικότητα, τη μουσική και την ευεξία στην καθημερινή ζωή. Ανταποκρινόμενος στο άρθρο της MacKian, ο Lars Ole Bonde προσφέρει την προοπτική του ως μουσικοθεραπευτή με ειδική αναφορά στη μέθοδο της Καθοδηγούμενης Απεικόνισης και Μουσικής (Guided Imagery and Music, GIM). Προχωρώντας πέρα από μια στατική προσέγγιση προσανατολισμένη προς το περιεχόμενο, ο Bonde προτείνει μια πιο δυναμική διαδικασία και διαπροσωπική κατανόηση των πνευματικών/υπερπροσωπικών εμπειριών με τη μουσική.

Η αναδυόμενη αλληλεπίδραση μεταξύ του εξαιρετικού/ασυνήθιστου και του απλού/συνηθισμένου, και η ανοικτή στάση που υιοθετείται από τη MacKian και τον Bonde, είναι εξίσου χαρακτηριστική των άλλων κειμένων που περιλαμβάνονται σε αυτό το τεύχος. Η Bulette Daniels Beck και ο Martin Lawes, χρησιμοποιώντας και οι δύο παραδείγματα περιπτώσεων από το έργο τους με τη μέθοδο GIM, εξερευνούν τις έννοιες των «ιερών στιγμών» και των πνευματικών εμπειριών. Η Kate Binnie διερευνά το «λεπτό μέρος» μεταξύ ζωής και θανάτου μέσα από μια μελέτη περίπτωσης της σχεσιακής μουσικοθεραπείας με έμφαση στη συμπόνια με έναν ασθενή σε ξενώνα ανακουφιστικής φροντίδας και σκιαγραφεί το πρωτόκολλο μιας μελέτης σκοπιμότητας.

Μερικοί συγγραφείς, όπως η Astrid Notarangelo και ο Adam Kishtainy, παρουσιάζουν προσωπικές εμπειρίες σχετικά με την ενσωμάτωση της πνευματικότητας στη μουσικοθεραπευτική τους εργασία. Άλλοι συγγραφείς εξετάζουν την πνευματικότητα σε συνάρτηση με αναδυόμενα ερευνητικά ευρήματα και βιβλιογραφικά θέματα από διάφορους επιστημονικούς χώρους. Οι Efrat Roginsky και Cochavit Elefant, για παράδειγμα, εξετάζουν την πνευματικότητα σε σχέση με τις μεταμορφωτικές εμπειρίες της μουσικής όπως αναδύθηκαν στην έρευνά τους με γονείς παιδιών με εγκεφαλική παράλυση και πολλαπλές αναπηρίες. Εστιάζοντας στην πνευματικότητα από μια διαφορετική επιστημονική προοπτική, αυτή της μουσικής μέταλ, ο Owen Coggins επανεξετάζει ορισμένες από τις διαμάχες που έχουν χαρακτηρίσει δημόσιες, πολιτικές και ερευνητικές συζητήσεις για την υγεία και τη μουσική μέταλ από τη δεκαετία του 1970 ιδίως στις ΗΠΑ και το Ηνωμένο Βασίλειο. Με αναφορά στην εθνογραφική του μελέτη για τη βία, τη θρησκεία και την υγεία εντός της μουσικής κουλτούρας του drone μέταλ, ο Coggins διερευνά πώς ο θόρυβος και η ακραία μουσική μπορεί να είναι θετικοί αλλά υποεκτιμώμενοι πόροι για την υγεία των ακροατών. Από την άλλη πλευρά, η εθνομουσικολογική μελέτη του Giorgio Scalici για τη μουσική ανάμεσα στον λαό της Wana του Morowali στο Κεντρικό Sulawesi διερευνά πώς η μουσική συνδέει τον ανθρώπινο κόσμο και τον κρυφό κόσμο των πνευμάτων και του συναισθήματος. Πιο συγκεκριμένα, διερευνά τον ρόλο της μουσικής ως τελετουργικού δείκτη

μεταμορφώνοντας τον συνηθισμένο χρόνο σε μυθικό/τελετουργικό χρόνο και επιτρέποντας την ίαση του ασθενούς και της κοινότητας μέσω συναισθηματικής κάθαρσης. Τέλος, το άρθρο γνώμης της Faith Halverson-Ramos διερευνά τη μουσική σε σχέση με την υπέρβαση του γήρατος [gerotranscendence]. Με έμφαση στο κοινωνικό πλαίσιο των ΗΠΑ, η Halverson-Ramos συζητά πώς η μουσική μπορεί να είναι ζωτική για μια πολιτισμικά ευαίσθητοποιημένη προσέγγιση της γήρανσης και της υπερπροσωπικής ανάπτυξης.

Αυτά τα άρθρα ακολουθούνται από τρεις βιβλιοκριτικές από την Tia DeNora, την Marilyn Clark και τον Leslie Bunt. Δύο από αυτές τις κριτικές αφορούν τα βιβλία *Mysticism, Ritual and Religion in Drone Metal* από τον Coggins (2018) και *Spirituality and Music Education: Perspectives from Three Continents* από την Boyce-Tillman (2017) τα οποία παρουσιάστηκαν στο συνέδριο το 2017. Το ειδικό τεύχος ολοκληρώνεται με μια αναφορά των Karin Hendricks και Tawnya Smith προσφέροντας μια στοχαστική ανασκόπηση του συνεδρίου μαζί με μερικό φωτογραφικό υλικό. Για τους αναγνώστες που δεν παρευρέθηκαν στο συνέδριο, αυτή η αναφορά μπορεί να φανεί μια χρήσιμη εισαγωγή σε αυτό το ειδικό τεύχος.

## Φιλοξενία

Αυτό το ειδικό τεύχος δεν θα ήταν εφικτό χωρίς το επιμελές έργο των μελών της συντακτικής επιτροπής που υπηρέτησαν επίσης στην επιστημονική επιτροπή του συνεδρίου το 2017: Lars Ole Bonde, June Boyce-Tillman, Owen Coggins, John Habron, Frank Heuser, Koji Matsunobu, Simon Procter, Neta Spiro, και Liesl van der Merwe. Ευχαριστούμε τον καθένα και την καθεμία ξεχωριστά για την προώθηση ενός διαλογικού και αναστοχαστικού χώρου ομότιμης αξιολόγησης, όπου η επιστημονική αυστηρότητα ισορροπήθηκε από ένα γνήσιο πνεύμα περιέργειας και ανοικτότητας προς πτυχές του πνευματικού στη μουσική που ίσως βρίσκονται στην άκρη των υφιστάμενων θεωρητικών πλαισίων και μπορεί να είναι πιο ολισθηρές στο επιστημονικό μάτι. Προχωρώντας πέρα από πολώσεις και μια αίσθηση «αμοιβαίας καχυποψίας» που ίσως μπορεί να παρατηρηθεί μεταξύ διαφορετικών επαγγελματικών πεδίων στον ευρύτερο χώρο της μουσικής, της ευεξίας και της εκπαίδευσης (Tsiris, Derrington, Sparkes, Spiro & Wilson, 2016), η διαδικασία αξιολόγησης χαρακτηρίστηκε από επίγνωση της πολλαπλότητας του πνευματικού στη μουσική και τη διάθεση να επιτραπεί σε διαφορετικές φωνές να εισέλθουν στον επαγγελματικό διάλογο και να συννευρευθούν. Θεωρούμε πως αυτή η συνεύρεση διαφορετικών φωνών αποτελεί κύρια συμβολή αυτού του ειδικού τεύχος, δεδομένου ότι αυτά τα άρθρα θα παρέμεναν κατά κανόνα, και ίσως πιο άνετα, εντός των εννοιολογικών και μεθοδολογικών ορίων του εκάστοτε επαγγελματικού και επιστημονικού τους χώρου.

Αυτό το ειδικό τεύχος προώθησε μια επιστημολογική κουλτούρα της φιλοξενίας (ετυμολογία από το *φιλώ* (= αγαπώ) + *ξένος*): ένα πνεύμα ανοίγματος, εμπιστοσύνης και γενναιοδωρίας μεταξύ συγγραφέων και αξιολογητών. Αντί να είναι απρόσκλητοι ή παρεξηγημένοι καλεσμένοι στις επιστημονικές συζητήσεις του άλλου (Frank, 2009· Tsiris, 2013, 2014), συγγραφείς και αξιολογητές συνεργάστηκαν ως εταίροι και εξίσου σημαντικοί συνδημιουργοί αυτού του διεπιστημονικού περιβάλλοντος. Αυτή η φαινομενικά ρομαντική άποψη υποστηρίχθηκε και διαμορφώθηκε, φυσικά, από τις διαπραγματεύσεις και τις αντιπαραθέσεις καθώς και από τις αβεβαιότητες και τις ευπάθειες που είναι εγγενείς στις επαγγελματικές και επιστημονικές

προόδους του κάθε κλάδου.

Η Mercédès Pavlicevic, η οποία δυστυχώς πέθανε λίγους μήνες μετά το συνέδριο του 2017, υπήρξε μια ζωτική φωνή στη μουσικοθεραπεία αρθρώνοντας με ζωηράδα ορισμένες από αυτές τις διαπραγματεύσεις και τις αντιπαραθέσεις γύρω από τις πολιτισμικές κατασκευές της μουσικής, της υγείας και της ίασης (Stige, 2018). Στο άρθρο της με την Cripps, πρότεινε χαρακτηριστικά μια «ακατάστατη υβριδικότητα» για την απεικόνιση των κοινωνικοπολιτισμικών και κοσμολογικών συγχωνεύσεων που απαιτούνται για τις σύγχρονες μουσικοθεραπευτικές πρακτικές:

Αλληλεπικαλύπτοντας τον Νότο και τον Παγκόσμιο Βορρά, προτείνουμε ότι οι Δυτικές (και ενίοτε βιοιατρικά ενήμερες) πρακτικές ίασης και υγείας μπορούν να λάβουν υπόψιν την ανάκτηση και την επαναπρομήθεια των δικών τους, καθώς και άλλων, παραδοσιακών και αυτόχθονων ιαματικών κοσμολογιών, ανεξαρτήτως των εκάστοτε και επικείμενων ιδεολογιών και οντολογιών τους. Παρά τις εμφανείς (και πιθανώς διανοητικές και ιδεολογικές) κατατμήσεις και τους διαχωρισμούς των επιστημονικών πεδίων από τη λογιότητα και την οικονομία της Δύσης, προτείνουμε πως «οι πρόγονοι» και «η ασπιρίνη» χρειάζεται να αγκαλιαστούν αντί να βλέπουν ο ένας τον άλλον με καχυποψία. Απλά ίσως ο καθένας θα μπορούσε να εμπλουτιστεί (και να δυσαρεστηθεί) από τις αποσιωπημένες συμπτώσεις των επιθυμιών και των δύο να γνωρίσουν και να βιώσουν την κοινή μας ανθρωπότητα μέσω της μουσικής. (Pavlicevic & Cripps, 2015, ελεύθερη μετάφραση)

Με τη δημοσίευση αυτού του ειδικού τεύχους, αποτίνουμε φόρο τιμής στην Mercédès, μια στενή συνάδελφο και αγαπημένη φίλη και των δυο μας. Η Mercédès έπαιξε καθοριστικό ρόλο στην εδραίωση της σειράς ερευνητικών συνεδρίων Nordoff Robbins *Plus* και συνέβαλε στην επιστημονική επιτροπή του συνεδρίου το 2017. Παρόλο που η Mercédès λόγω της προχωρημένης ασθένειάς της δεν μπόρεσε να συνεισφέρει στη συντακτική επιτροπή αυτού του ειδικού τεύχους, η αφοσίωσή της στη διερεύνηση της μουσικής και της πνευματικότητας εντός-πλαισίου και εν-δράσει ενημέρωσε το έργο μας ως επιμελητών και βεβαίως παραμένει μια φλογερά ζωντανή φωνή μέσα μας. Είμαστε ευγνώμονες για όλα όσα έφερε και μοιράστηκε μαζί μας η Mercédès:

Ο καρπός της προσπάθειας της Mercédès καθίσταται σαφής και είναι το δώρο μας από εκείνη: μια ισχυρή κληρονομιά σκέψης και πρακτικής για τη μουσικοθεραπεία και πέρα από τη μουσικοθεραπεία... αλλά και ένα μάθημα ζωής για όλους μας:

Ανακάτεψέ το... κουνήσου... να είσαι τολμηρός... μοιράσου την ενέργειά σου... να είσαι άτακτος μερικές φορές και να ταρακουνάς τα πράγματα... αλλά και... να δημιουργούμε ομορφιά μαζί, να γιορτάζουμε, να πιστεύουμε στους ανθρώπους, να αγαπάμε ο ένας τον άλλο...

Και επίσης... να ξέρεις πότε να φύγεις, να ξέρεις πώς να αφήνεις – με αξιοπρέπεια και χάρη. (Ansdell, 2018, ελεύθερη μετάφραση)



Ενθαρρύνουμε τους αναγνώστες να διατηρήσουν την προσπάθεια και το δώρο της Mercédès στο μυαλό τους και στην καρδιά τους καθώς γυρνούν τις σελίδες αυτού του τεύχους.

## ΑΦΗΝΟΝΤΑΣ ΤΗΝ ΠΟΡΤΑ ΑΝΟΙΧΤΗ

Κοιτάζοντας μπροστά, ελπίζουμε αυτό το ειδικό τεύχος να διευρύνει τους ορίζοντές μας δημιουργώντας νέα ερωτήματα και κατευθύνσεις στις αναζητήσεις μας για το πνευματικό στη μουσική. Ελπίζουμε να αποτελέσει εφαλτήριο για περαιτέρω πρακτικές, θεωρητικές και ερευνητικές εξελίξεις που αμφισβητούν παραδοσιακές παραδοχές και τολμούν να προχωρήσουν πέρα από οικείες γνώσεις και μεθόδους. Σηματοδοτώντας επίσης τη δέκατη επέτειο του *Approaches*, αυτή η δημοσίευση αντικατοπτρίζει τη συνεχιζόμενη δέσμευση του περιοδικού για την προώθηση της μουσικοθεραπείας μέσω του διεπιστημονικού διαλόγου που γεφυρώνει τοπικές και παγκόσμιες πτυχές της μουσικής, της υγείας και της ευεξίας.

Καθώς κλείνουμε αυτό το σημείωμα σύνταξης, αφήνουμε την πόρτα ανοιχτή... και προσκαλούμε μια κριτική επαφή με τις δημιουργικές αβεβαιότητες που διέπουν το αναδυόμενο διεπιστημονικό τοπίο του πνευματικού στη μουσική.

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## ARTICLE

# 'The constant hum of the engine...': A story about extraordinary interdisciplinary dialogues in spirituality and wellbeing

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### ABSTRACT

Spirituality is problematic, contested and controversial, yet popular. Across health and social care services practitioners are now being encouraged to pay more attention to the diversity of spiritual beliefs and practices which patients and service users may bring with them to consultations. However, it remains a problematic concept due to its subjective, and occasionally contentious, nature. If spirituality is to serve as a useful construct, then, the challenge for us all is to become a little more comfortable with some of its more uncomfortable dimensions; to develop an openness to pushing its boundaries, exploring its potential and recognising its rightful place in our modern disenchanting and secular age. I use this paper to explore reflections on how and where we may encounter the spiritual in unexpected ways, as I believe that only by being open to these challenges, can we begin to understand the full diversity of ways in which spirituality might play a role in therapeutic encounters and more broadly in supporting wellbeing. In doing so, I hope to stimulate critical but creative engagement with a varied spiritual dialogue, encouraging practitioners to put the spirit –and *their* spirit– right back at its heart. This a research-based paper incorporating original data alongside personal reflections on the experience of researching in this field. The paper has been developed from my keynote address at the 4th Nordoff Robbins *Plus* Research Conference in London in 2017.

### KEYWORDS

spirituality,  
wellbeing,  
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Spiritualism,  
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### INTRODUCTION

In a recent survey Giorgos Tsiris (2017) found that spirituality enjoys an ambivalent relationship with music therapy. Whilst many therapists acknowledge their own spirituality can play an important role

in what they do, and recognise spirituality is something which has relevance to all aspects of human life, at the same time there is widespread reluctance to admit the spiritual fully into the therapeutic relationship. This, it seems, is largely due to fear of it resulting in all sorts of opportunities for misunderstanding and conflict, possibly even undermining professional credibility.

It's the same story across health and social care services. Practitioners are increasingly being encouraged to pay more attention to the diversity of spiritual beliefs and practices which patients and service users may bring with them to consultations, but often feel poorly equipped to engage with this, fearing they may be judged, their intentions misinterpreted, or their professionalism questioned. What it means to be spiritual, or to practice spirituality, is so unique to each individual that practitioners working in therapeutic relationships –fearful of causing offence or upset– may feel it is simpler just to leave spirituality at the door.

Notwithstanding such difficulties, spirituality appears never to have been more popular. Schools are being encouraged to think about the spiritual development of young people as being an equally vital part of the curriculum as cognitive, physical and emotional development (see for example Benson et al., 2012). Palliative care specialists emphasise supporting each individual in their own unique search for meaning and purpose at the end of life (see, for example, Nelson-Becker, 2013). Even the corporate business world is infused with the language of spiritual fulfilment in the workplace and spiritual leadership (Gotsis & Grimani, 2017). In our downtime we are increasingly encouraged to lose ourselves in mindfulness or creative self-expression through art, poetry and, of course, music in a bid to embrace and act upon our own spiritual needs (Graham, 2012).

However, despite spirituality being so widely promoted across a diverse range of secular contexts, those tasked with taking the spiritual seriously often find it an ambiguous and challenging mission. Tsiris' research reflected, therefore, a wider pattern whereby spirituality is something we are increasingly pursuing in numerous areas of practice, theory and everyday life, yet is at the same time something we fear, are wary of, and are reluctant to engage with. Why is our relationship with spirituality so problematic? What might a more constructive and creative relationship with the spiritual look like, whilst retaining a critical approach befitting our various practice, professional and theoretical backgrounds? And why was I –a geographer– invited as a keynote to help explore such questions with a gathering of music specialists at The 4th Nordoff Robbins *Plus* Research Conference in London in 2017? To help answer those questions in a meaningful way for this paper, please let me take you on a journey. It's a journey through time and space, through countries and disciplines. It is a journey which has led me to extraordinary encounters with numerous 'otherworlds' (including the world of music therapy!), and one during which my willingness to explore and acknowledge the place of spirituality in our modern world has grown considerably.

## MY JOURNEY INTO OTHERWORLDS...

I was brought up in a household where spirituality and religion were never discussed. My dad had been raised a strict Catholic, educated by monks and spent evenings and weekends helping out at his local church. But he fell out with Catholicism in his 30s, fell out with his parents as a result, and developed a deep hatred for - and rage against - all organised religion. The result was we had no religious texts or stories in our house, no discussion of God or anything mystical, and sadly the spiritual in all its

varied forms was somehow thrown out with the bathwater of the religion he now despised. So deep was his pain that I grew up thinking spirituality only existed in relation to religion, and that all religion was evil. Yet, somewhat ironically, his own grandmother had been a spiritual healer and had eased many people's suffering over the years, including that of her grandson and myself.

A further plot twist to my father's religious and spiritual defiance was that, thanks to his work travels, I grew up in two very different countries, each infused with its own rich and unique pagan history still palpable in the landscapes and cultures of both – histories which he embraced fully (an irony lost on me as a child). So I always had one foot firmly planted in the otherworlds of Norse mythology, wise women, nature spirits and the ethereal beings of the Mabinogion – things I would later come to recognise as important characters in my own spiritual story. But for now, I remained my father's daughter, stubbornly seeing only the negative fallout from religion, and therefore blind to this thing called spirituality.

Fast forward 20-odd years, and my journey into *researching* spirituality began by chance, as result of a detour off another path. Up to that point I had spent my academic career exploring long term illness. I had started this way back in the 1990s with an exploration of people's experiences of living with a particular long-term chronic illness – M.E., or post viral syndrome (MacKian, 1995). 1990s Britain, much like today, was an increasingly individualised, neoliberal world, with a gradually shrinking welfare state. M.E. at the time was widely ridiculed in the media and dismissed by most doctors (as it still is by many), because it defies simple clinical diagnosis, has no really proven effective treatment and –as yet– has no cure. Yet it has a profound impact on the worlds people live in, and as a geographer, my research has always been driven by a curiosity with how people experience and navigate the world. For people living with M.E., some parts of their worlds shrink as they become ever more distanced from the normal social and economic worlds they participate in as fully functioning healthy individuals. Other parts expand, as they become embedded in routines of medical surveillance and carve out new territories around self-help and day-to-day coping (MacKian, 2000). These were the landscapes I was exploring, and they opened up new worlds to me I had not come across before.

## DISCOVERING THERAPEUTIC LANDSCAPES

A broad geographical literature has emerged since the early 1990s exploring the idea of 'therapeutic landscapes' (Gesler, 2005). These are places identified for their apparent healing benefits, often emerging from our human capacity to relate at an instinctual level to certain surroundings. They may be sites specifically designated for healing purposes, such as shrines, hospitals or spas (Andrews, 2004; Gesler, 1996; Hoyez, 2007); or simply locations of natural beauty considered 'good for the soul', such as mountains, forests or lakes (Conradson, 2005; Lea, 2008). However, people living with chronic illness cannot always visit such healing places. Instead, they have to make do with their own, often restricted, everyday landscapes, and carve out therapeutic opportunities and places within those. So I was interested in how people cultivated their own therapeutic landscapes to map onto, and sometimes challenge or distort, their everyday worlds. For some people a particular doctor would suddenly take centre stage and their worlds quite literally would revolve around them. For others, a new social world would open up, as they connected with people in similar situations through support groups and virtual networked communities (MacKian, 2004).

As my research with long-term conditions continued over the years, something else started to appear on these maps. Living with a debilitating illness can restrict everyday life considerably; it drives people to the edges of their known worlds, and some embark on intrepid exploration of new territories, take alternative routes previously ignored, or turn back down a long-forgotten path to see what might have grown there in their absence. One thing in particular struck me that was making an increasing appearance in people's new worlds: spirituality. But this was not a turning to God and prayer spirituality, nor was it connecting with a conventional church or religious community for support, but something quite different. Mainstream medicine was failing these patients. They were left feeling let down by the gods of science, un comforted by what mainstream religion could offer, and were turning elsewhere in a bid to make their lives more manageable. This alerted me to the myriad quests people were engaged in to obtain cure, or simply some care and consolation in such unsettling circumstances. Sometimes these would come through fairly conventional approaches; at others they came through more alternative and otherworldly means. People started telling me about appointments for reiki, trips to see crystal healers, and conversations with angels. Suddenly my attention was diverted from the illness to the mysterious things which seemed to open up around it, and I wanted to include these in the therapeutic landscapes I was studying.

I was particularly interested in this because, despite these being important features of patients' therapeutic landscapes, there was a widespread reluctance to incorporate them into their wider treatment strategies. When I interviewed Jess about her experiences of living with M.E. she told me how she had started attending her local Spiritualist Church for spiritual healing:

Someone actually spent 20 minutes working exclusively with me... made me feel valued as an individual again.

As mentioned earlier, my great grandmother happened to be a spiritual healer, so this was not an entirely new concept to me, but this was the first time someone had mentioned it in a research encounter. For Jess, spirituality was an important part of the therapeutic landscape, but when I asked her if she had talked with her GP about her healing, she replied with horror:

NO!... Despite that he and I get on well together... I've never discussed spiritual healing with him... I just feel that if it was put on an official form by the GP, such as to support application for benefits, I would be considered crazy and I don't see why I should have that said about me when folk that practice other religions would possibly be respected for their beliefs and the comfort they derive from that.

But Jess is not alone. The author Francesca Brown, during physical confinement brought on by M.E., found her experiential world opening up and expanding in unexpected ways when she began seeing and communicating with angels. Whilst bedridden with illness, she became aware of blue lights circling her bed, which she subsequently identified as healing angels, and they provided her with practical and otherworldly tips to help her towards recovery. The huge success of Francesca Brown's subsequent book (2010), and the growing popularity of other authors with similar experiences of

angelic or spiritual aid in recovery (such as Lorna Byrne's (2010) *Angels in My Hair*), suggests such dimensions to patients' worlds should be acknowledged as legitimate and vital parts of their therapeutic landscapes, even if others may not consider them valid.

In our modern, rational world our obsession with the material and tangible aspects of life – and the forces and relationships that arise out of these – leaves us reluctant and ill-equipped to engage with that which we cannot rationalise. I was finding, therefore, that many decide *not* to share this aspect of their carefully crafted therapeutic worlds with their mainstream health care providers. Yet as we entered the 21st century, there was a 60% rise in reported extraordinary 'spiritual' experiences and encounters in normal everyday contexts, including such things as communication with deceased loved ones, spirit guides and angels. Before we start dismissing this as precisely the sort of nonsense that gets spirituality a bad press, it is worth reflecting on the fact that counsellors and end-of-life carers often have sympathetic approaches to patients or family members experiencing visions or messages from deceased loved ones around the time of death and bereavement (Cooper, 2018). Indeed, palliative care nurses often report similar experiences themselves. Such encounters appear to be independent of any prior held religious beliefs and are culturally fairly universal. Nonetheless, recent research has noted that there is less ready acceptance of such mysterious spiritual encounters beyond the contexts of death, dying and bereavement (Roxburgh & Evenden, 2016).

Indeed, despite increasing numbers claiming to have decidedly mysterious spiritual encounters in our modern world, often when spirituality is discussed in a public context the general approach appears to be one of trying to *demystify* it. Fearful of causing offence, generating fear, misunderstanding or even ridicule, attempts are made to contain it in what are deemed 'appropriate' spiritual contexts, or to sanitize it in some way in order to bring it into safer secular contexts. So schools talk about encouraging the spiritual growth of young people, yet remain highly unlikely to discuss children's otherworldly encounters, despite their natural proclivity and openness to them (Hay & Nye, 2006). Whilst bosses lay on sanitised corporate training programmes on spiritual leadership in the workplace, their city workers turn to psychics after office hours for advice on investments and job opportunities (Bartolini et al., 2013; Leach, 2009). So, our very modern, rational everyday lives are still marked by searches for the mysterious and remain haunted by a sense of the unknown. Despite my own ontological openness to it, this all felt very new to me, so I had some learning to do about the unfamiliar otherworlds opening up before me in my research encounters. The best way to do that appeared to be to incorporate participant observation into my research methodology.

## ENCOUNTERING THE OTHER

I can empathise with Jess' reluctance to raise her spiritual healing with her GP. Once when discussing my latest interviews about angel healing at work one colleague retorted almost angrily: "Angel healing? What's *that*? ...angels don't *exist* do they, so how can they *heal*? That's just ridiculous!" To me, however, it does not matter whether we can rationalise such spiritual beings and encounters, or whether we define them as 'real' or 'not real'. In the experience of people who use angel healing, the *effects* are undoubtedly real and *that* is what is important. My concern is with exploring and understanding the worlds people live in, rather than the theoretical worlds *we think* they should live in. So, unlike my colleague, I am willing to accept angels at face value if my research participants tell me they are part

of their world. I am not afraid of *not* 'knowing' what we are dealing with. Whatever angels may or may not be, they are the very essence of what these individuals are seeking a therapeutic connection with. As such this essence has to be given explicit recognition by talking about it, locating it within the co-produced relations of social life, and putting it on the research (and practice) agenda, however uncomfortable an overtly rational world may find that. But this raises challenges for those of us wishing to engage with it in professional contexts seriously and respectfully.

As Jess suggested, if a practicing Christian or Muslim told their doctor prayer helps with their pain, this would not be ridiculed, regardless of the doctor's personal religious views. It would be accepted as a legitimate part of their worldview and incorporated, with due respect, into their care plan. A similar inconsistency seems to exist in academic research, as illustrated by my experience a few years ago at a conference in the North of England where I presented my work. The speaker before me shared findings from participatory ethnographic research in Brazil where he had joined his research participants drinking hoasca tea as part of their spiritual ritual to enhance a sense of divine connection and transcendence. There were lots of nodding heads in the audience as he spoke, and supportive noises, indicating approval of his clear commitment to his research – despite this commitment involving taking a drug which is illegal in the UK. Yet when it came to my presentation, and I began to talk about my experiences of participating in mediumship development workshops and learning to read the Tarot as part of my participatory research into alternative spiritualities, some members of the audience were horrified. I was questioned about getting too close to my research community: How could I possibly remain objective? Had I gone over to 'the dark side'? I can only interpret that attitude as being reflective of an ongoing colonial hangover. These audience members appeared happy to exoticize and romanticise what they considered to be 'other' 'far off' spiritual beliefs and practices, whilst remaining blind to the value of exploring equivalent spiritual mysteries on their own doorstep.

Travel distances aside, my participatory fieldwork approach was no different to my colleague's at that conference. Just like the anthropologists of old who would throw themselves into village life with far-off tribes to experience first-hand the communities they studied, I was mapping what was a new and foreign world for me, and in order to do so I was adopting the most appropriate methodology. Far from going 'to the dark side' through my participatory research, the very fact that I had no prior grounding or expectations about what I may discover in my research encounters left me equally deserving of 'outsider' status in the world of my research participants as my counterpart with his tea-drinking Brazilian shamans.

However, the attitude of these conference delegates simply reflected a wider reluctance to engage sensitively with spirituality in its full diversity at the time from practitioners and academics alike. There appeared to be an unwritten rule that we can respect and be curious about alternative spiritualities if they are 'othered', but if they occur on our doorstep, particularly involving people who are white, middle class British (predominantly women), then it is quite acceptable to be dismissive and even ridicule their beliefs and practices:

One can study the daily horoscope and call it spirituality. One can study women's outrage and call it spirituality. One can offer educational videotapes on techniques of masturbation and call it eroto-spirituality... Dying modernity seems to be "into" spirituality. (Oden, 1994, p. 14)

The dominant narrative in social science literature at the time was one about individualised consumption, with an emphasis on dismissing spiritual pursuit as just another shallow and essentially meaningless consumer trend, based on self-interest and ubiquitous consumption. There are “few words in the modern English language”, wrote Carrette and King (2005, p. 30), “as vague and woolly as the notion of “spirituality”. In a consumer society it can mean anything you want, as long as it sells”.

‘Spirituality’, claimed such authors, is nothing more than ineffectual ‘watered down religion’, essentially meaningless because it does not follow the strict doctrines of religion as we know it. But is the story about spirituality necessarily a religious one, or can we find another more suitable narrative to frame it? Through my research I was hearing a story about connections and continuity, rather than isolated consumption. It was a very different story and one which invariably started with the words: “I’m not religious, but...” For the people I spoke to, their spiritual narrative did not revolve around seeking religion or flexing their credit card to buy isolated ‘time out’ from the everyday. This was not something people were putting time aside for in specially allocated locations, like prayers in church, yoga asanas in a village hall, or creative writing classes in a hillside retreat. This was something that infiltrated every aspect of their daily life, it was embedded *into* the everyday, and was, as one participant stated, about “reaching for the unseen” (MacKian, 2012). Fundamentally, this spirituality was not about buying gadgets or following the latest fad, it was in fact focused on seeking and cultivating a highly therapeutic reciprocal relationship with ‘spirit’.<sup>1</sup>

Yet none of the academic commentary at the time was engaging with the notion of spirit (you certainly would not find it in the indexes of books). Similarly, although healthcare practitioners were being encouraged to think of spirituality in its broadest sense –from God and the scriptures, to painting and poetry– nobody seemed to be talking about ‘spirit’ (however it may be defined), apart from a few fringe practitioners interested in paranthropology and anomalous experiences (see, for example, Hunter, 2010).

Spirit’s omission from the sociological and practice-based commentary may be because it’s hard to get a handle on precisely what ‘spirit’ might *be*. It may reflect a fear of the unknown, a worry about being seen to be dabbling in things that are not ‘real’. We can see people attending yoga retreats, we can tally up sales of self-help books. We can ask patients about their religious practices or provide them with paints and pencils to express their spirituality. But how can we ‘know’ the mystery of this thing called spirit in the same way? Perhaps the only way is to embrace it, accepting that even if we cannot *know* it, we can simply *accept* it as something that has material impacts and social consequences, even if it is itself immaterial and most likely way beyond our realm of personal experience.

Well... we may *think* it’s beyond our personal realms of experience, but let me tell you a story. Story telling might feel out of place in an academic journal, nonetheless, even in research we may rely on storytelling “to make strange phenomena intelligible, to reduce the anxiety produced by the unfamiliar” and to deal with the challenge of threats to our sense of self (Polletta, 2006, p. 12). We can ‘tell a story’ because it excuses us from having to judge or accept responsibility for the way it is interpreted. So, I will tell you a story. This is a true story that happened to me. I am aware, as Polletta

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<sup>1</sup> In my research at the time ‘spirit’ was variously defined by participants depending on the individual. It served, nonetheless, as a useful catch-all word for a range of ‘otherworldly’ entities, including the spirits of the deceased, nature spirits, angels, gods and goddesses, or a more general ‘universal energy’.



suggests, we tend to be a little ambivalent about stories in a research context. On the one hand, we value them for their authenticity, passion, and capacity to inspire; yet on the other, we worry over which stories should be privileged and whether stories are actually reliable in any meaningful way. However, I will let you be the judge of that.

*Once upon a time...* somewhere in the midst of my fieldwork on a train from Macclesfield to Milton Keynes, I had direct first-hand experience of a sense of the material presence of an immaterial spirit in the everyday. As I sat staring out of the window, anxious about the meeting I was heading to, I received a text message from Mark<sup>2</sup>, one of the participants I was interviewing for my research.

He told me I would soon face a challenging meeting with a difficult senior manager. But the good news was that his spirit guide had given him a message for me. I was to look over this person's left shoulder when I got into the meeting and I would receive a sign that spirit was looking out for me and that everything would be ok.

I knew straight away who this manager was, the renowned departmental bully I was due to meet with that afternoon, who, it seems, liked nothing better than to give people a hard time and undermine their achievements. So as I walked into that meeting – several hundred miles from where Mark lived, in the private office of a member of staff on a university campus that he had never visited – I was curious as to how this thing called spirit could possibly have anything useful to contribute to the situation. As I sat down, pulse already racing in anticipation of what lay ahead, I remembered Mark's message. With little hope, but the curiosity of a fully committed participant observer in my research nonetheless, I looked over her shoulder. Immediately I received the 'sign'. There on the shelf directly above her left shoulder was a little china dog, with one word written across its chest: 'Bitch'.

It had an immediate impact on me – I felt psychologically strengthened and ready to stand up to her once and for all. This little china dog with its single word emblazoned on its chest described her controlling impact on colleagues perfectly, and in that moment, I knew she wasn't going to be able to control me anymore. Regardless of the fact that the 'message' was somewhat vague (though highly appropriate), and the dog on the shelf a very mundane physical object (that she had put there herself), it seemed to me that in that moment I had experienced something of the sensation of what it must be like to live in a world and feel the presence of 'spirit' supporting me.

I'll never know how the precise circumstances behind this 'coincidental' event came to be, but it reinforced in my mind as a researcher that I have to take these experiences, and their impacts on practitioners' lives, seriously. It shows that spirit is routinely understood to have presence and agency, even though it is unseen. It is experienced as directly manifesting concrete material effects and powerful emotional affects which influence people's actions and understandings in the physical and social world. Furthermore, I now had first-hand experience of just how profound and empowering this can be to experience.

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<sup>2</sup> Mark is this participant's real name as he chose to be fully identified in the research.

It also told me something very useful about how we go about our fieldwork as social scientists. Had I relied solely on observing Mark giving similar messages to other people, I wouldn't have had the opportunity to spontaneously experience something decidedly otherworldly in the way that he and my other research participants routinely do. I had been told about spirit moving in mysterious ways, but until I had my own story to tell, I couldn't understand what it *felt* like.

I had now drunk my very own hoasca!

This story helps to illustrate why I feel it's so important to take seriously experiences of spirituality informed by a relationship with 'spirit', even if I have no firm beliefs myself on what that might be or mean. My story of the dog helped me as a researcher to get a grasp on what it means for my participants to experience spirit as a kind of omnipresent power that stands as a proxy for all the unknown and mysterious alliances and relations that are part of our sense-making apparatus of social life. It showed me how people's relationship to the world, with spirit in it, takes on additional enchanted dimensions as every aspect of everyday life becomes informed by it. So, when Mark told me: "It's there always, in the background like a reassuring hum of a ship's engine." I had some idea of what this extrasensory hum might feel like. With Mark's 'hum of the engine', his everyday geographies are informed by a constant awareness of, and readiness to sense and see spirit. Prepped by his message to me, I had recognised the hum of the engine in that drab university office on a grey and rainy afternoon.

Spirituality, therefore, can be something which is about individualised picking of products off the shelves of the spiritual supermarket (Mark owned crystals and Tarot cards, he attended meditation events and Mind Body Spirit fairs); but it's also something which can be read off connections in the social and physical landscapes within which that individual lives and experiences their spirituality every day. Knowing this demands we find another way of knowing the spiritualities of everyday life, because sometimes it brings *otherworlds* into this world, not just physical commodities or classes you can sign up for. Like the hum of a ship's engine which vibrates and resonates with our embodied beings providing comforting evidence of continued progress, Mark's spiritual connection provided a reassuring presence. As a Tarot reader who works with spirit guides, these guides bring with them a therapeutic sense of security as Mark goes about his readings, but also his daily life. Additionally, as illustrated by his message to me, this hum can make uncanny and unexpected connections with others who may not themselves experience it routinely.

Such an abstract impression is not the only way someone might be alerted to a sense of spirit's presence, however. Sometimes such a metaphoric hum might take on a more nuanced timbre, and the presence of spirit is revealed through a familiar tune resonating directly and obviously with the physical world of those for whom the message is intended. I will use examples from my latest research project with the Spiritualist community of Stoke-on-Trent to illustrate.

## TALKING WITH THE DEAD IN STOKE-ON-TRENT

It is often assumed that Spiritualism is a religion of the past, enjoying its heyday in the first half of the twentieth-century and since fading into the margins of cultural obscurity. Yet, despite the image of Spiritualism now being overshadowed by images of Victorian seances and fraudulent mediums, recent research suggests that the British Spiritualist movement is still alive and well. Indeed, according to the 2011 Census it had enjoyed a 17% increase in numbers since the 2001 figures (Bartolini et al., 2017). One of the attractions of Spiritualism is the hands-on spiritual healing it offers. You may remember Jess, the woman I mentioned earlier with the M.E., it was a Spiritualist church she had turned to for healing. Such is the therapeutic value of this form of healing that it has even been trialled on the NHS (Soundy, 2015). But direct intentional healing of this sort is just one part of a broader narrative, so it is useful to put it into its wider context to gain a fuller understanding of the intrinsically therapeutic nature of Spiritualism as a whole for some people.

Spiritualism describes itself as a science and religion based on the belief that the soul continues to live following the death of the physical body when we ‘return home’ to ‘the Spirit world’. For Spiritualists communication with ‘Spirit’<sup>3</sup> is possible through the channel of trained mediums, and Spirit is also believed to channel healing through the hands of trained healers. But the whole philosophy of Spiritualism is based on a narrative of healing, because mediumship –talking with the dead– is also seen as a healing practice. The therapeutic value of mediumship seems to lie in its ability to link the past, the deceased, the dearly departed, with the here and now, and the everyday inevitability of more tomorrows. Life goes on, the world keeps turning, and mediumship helps to heal the ruptured wounds of bereavement by bringing the energy and spirit of loved ones right back into the most mundane of everyday places.

Our research took place in Stoke-on-Trent<sup>4</sup>, perhaps one of the least likely places you might expect to encounter divine intervention. Stoke-on-Trent, famous for its Victorian pottery industry and making the world’s finest bone china, now lives in the shadow of its past glories. Affectionately nicknamed ‘The Potteries’, this area is now perhaps most famous for having been labelled ‘Brexit capital’ in 2017. On a slightly less prosaic note, Stoke was also the setting for Arnold Bennett’s *Anna of The Five Towns* (1902), where he describes it as both squalid and enchanting “for those who have an eye to perceive it”:

The entire landscape was illuminated and transformed by these unique pyrotechnics of labour... weird sounds, as of the breathings and sightings of gigantic nocturnal creatures, filled the enchanted air (p. 39) [...] nothing can be

<sup>3</sup> When referring specifically to Spiritualism, I have capitalised ‘Spirit’. This is to reflect the centrality of spirit as an active agent in Spiritualist belief and philosophy and is generally how Spiritualists themselves would write it. It does not, however, necessarily denote a singular spirit –as in ‘the Holy Spirit’ of Christianity– as Spiritualists themselves will differ in terms of how they would define ‘Spirit’. Furthermore, these definitions will vary depending on context. For example, some Spiritualists will believe Spirit is quite literally a ‘God’ presence; others will believe Spirit is a universal energy linking us all. Additionally, Spiritualists may refer to Spirit as both the all-encompassing *and* the individual ‘souls’ which are *a part of* ‘Spirit’. Finally, to be ‘in Spirit’, that is having moved beyond the corporeal world, does not necessarily imply a distancing (such as ‘heaven above’ might), as ‘Spirit’ is considered to be all around and present at all times.

<sup>4</sup> ‘Spirited Stoke: Spiritualism in the Everyday Life of Stoke-on-Trent (SpELS)’ ran from October 2014 to May 2016. It was funded by AHRC AH/L015447/1 and assisted, administratively and financially, by The Open University’s Faculty of Wellbeing, Education and Language Studies and the OpenSpace Research Centre.

more prosaic... yet be it said that romance is even here – the romance which, for those who have an eye to perceive it, ever dwells amid the seats of industrial manufacture, softening the coarseness, transfiguring the squalor, of these mighty alchemic operations. (p. 9)

Despite this once “enchanted air”, Stoke is now dominated by its struggle to reverse industrial and economic decline, and the City Council is trying desperately to reinvigorate the city and its popular image by drawing on its industrial heritage. But this exclusive emphasis on its material pot-based past overlooks another important and continuing aspect of Stoke’s cultural heritage, namely Spiritualism. For Stoke-on-Trent serves as something of a mecca for Spiritualists. The umbrella organisation for Spiritualists in the UK is the Spiritualists National Union (SNU), and the longest serving President of the SNU was a man called Gordon Higginson. Gordon was born in 1918 in Longton, Stoke-on-Trent, Staffordshire, and his mother, Fanny, was already an established medium at Longton Church. Like her, he went on to serve there until his death. Longton is one of six confederated towns which together make up the city of Stoke-on-Trent. In the 1960s, whilst the number of potbanks was declining daily, there were twelve very active Spiritualist churches in the city. This, together with it being the home of Fanny and Gordon Higginson, made Stoke the national hub of a thriving Spiritualist movement.

Today three very active Spiritualist churches remain within a seven-mile radius in the city, enjoying packed out congregations for their services and active engagement with the local community. Particularly popular are the weekly healing sessions, provided free in exchange for a minimal contribution towards healers’ travelling expenses. Similarly popular are the regular demonstrations of mediumship and attending these demonstrations is experienced by many as being inherently healing, whether or not they personally receive a message from Spirit. Music plays a key role in the construction of these therapeutic experiences, so I wish to focus now on two ways in which music feeds into the healing and therapeutic landscapes of Spiritualism.

## 1. Using music as a message to Spirit

As might be expected in a religion, weekly church services are a key feature in Spiritualism. Spiritualist divine services on Sundays would be familiar in many ways to anyone who has attended a Christian church service, with gentle organ music playing as people take their seats, followed by the singing of selected hymns during proceedings. During the week, however, services are based around demonstrations of mediumship, and the hymns are replaced with more popular musical choices. The lyrics of these songs will invariably mention ‘spirit’, ‘angels’, or ‘eternal love’, and the tune will be something that encourages people to get engaged, energised and singing along. Robbie Williams’ ‘Angels’ is a particular favourite in Stoke-on-Trent, as he was Stoke born and bred.

As sociologist Tia DeNora (2000, p. 44) tells us, music’s meanings “are constituted in and through use,” and taking part in this aspect of the service does quite literally raise the spirits. Everyone who is able to do so is invited to stand and join in. You do not have to be able to sing, you can ad lib, harmonise or even just clap along, but it is very much a collective experience, and at the end, as everyone takes their seats, it’s like new life has been breathed into the congregation. Regulars know that along with that new life, the musical interlude will have brought with it visitors from Spirit, eager

to communicate with loved ones; for Spiritualists here are using music purposively to open a channel of communication with an otherworldly Spirit they feel will resonate with their chosen tracks. The sense of community created by the act of collective singing also helps to bind the congregation together in a common cause and has given everyone a chance to make a noise in front of others. Spirit, we are told, likes to hear the voices of the people it wants to connect to, and having aired their voice once already, even the shyest of audience members may now feel more able to respond, should their dearly departed come calling.

This, however, is not a one-way communication. Music, it seems, can also be carefully chosen by Spirit to communicate its own messages. Just like the china dog embodied a 'message from spirit', so a particular piece of music might provide the channel through which to carry a specific meaning to someone at the right time and place.

## 2. Spirit using music as a message

Mediums are always at pains to stress that they will ask Spirit for 'evidence' when conveying their message. It is not sufficient to state 'Spirit says your grandma left you some earrings'; because many grandmothers have bequeathed countless pairs of earrings on passing. The medium will require something unique and meaningful for that *particular* grandchild; something that makes the message personally resonant and unquestionably 'real'. 'Your grandma left you the earrings she used to keep in a purple pouch on the broken shelf under the radio in the kitchen' would be much more powerful if it accurately reflected the reality for the recipient of the message. Such evidence in giving messages can come in many forms, like a purple pouch or a particular shelf; but of particular interest here is that sometimes it comes in the form of a piece of music, and it is the connections and meanings associated with it which help to signal the strength and evidential basis of the communication.

One of the mediums in our Stoke-on-Trent study, Alfie<sup>5</sup>, told me how he was woken one night by the sound of Michael Jackson's *Smooth Criminal*. Not the entire track, just a single line on repeat, but the words were sounding slightly distorted. He realised this was a sign that someone was trying to communicate with him and would not let him rest till he had acknowledged the message that started to come through: "He would not leave me until I got up and wrote down these things. I thanked him for coming and asked him to come again on another occasion but that I needed to sleep. With this he left me."

The message, it transpired, came from a young man, known to Alfie's daughter and son-in-law, who had died at the age of 21. His message was that he had been reunited with his great-grandparents in the world of Spirit, and he wanted his family to know he was ok and that it was time to move on and stop grieving. As mentioned mediums will always ask for evidence from Spirit and this lad told Alfie more about his maternal great-grandmother, including details about what happened at her funeral. Of particular interest here is that her name was Annie and she was well known for making Staffordshire oatcakes.<sup>6</sup> Suddenly the music Alfie had been woken by made sense. The line of the song that had

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<sup>5</sup> Alfie is a pseudonym.

<sup>6</sup> Oatcakes, like pancakes but made with oatmeal and yeast, are a Stoke-on-Trent delicacy.

woken him was 'Annie, are you ok?'; but the words he had been hearing in his slightly distorted state were 'Annie get your oatcakes', a line that the young man used to joke about.

Music often appeared in Alfie's messages from Spirit. Once when he was demonstrating mediumship in a church service, he received a communication for a man in the audience whose son had died through suicide. Alfie was being shown the father sitting in his son's room surrounded by red and white football paraphernalia, feeling very angry and wanting to tear the room apart with frustration, trying to understand why his son had not talked to him about his feelings. Alfie said that the energy from the young man in Spirit was overwhelming, and he sensed that both father and son found it difficult to express their emotions.

He was then made aware of a mobile phone by the son, who wanted his father to check it for a message from a girl which would help to explain his actions. Alfie asked the father if he had his son's phone because there was a message he should check. The father said he had been to the coroner's court that day, and had been given his son's belongings including his phone. He had not checked it but said he would. As Alfie was receiving this information from the young man in Spirit he also heard the song *Delilah* by Tom Jones. Being in Stoke-on-Trent, home to Stoke City Football Club (who play in red and white), Alfie assumed this was a reference to the football team, as Stoke's fans sing that song at games. He also passed this information on, but the father said his son was not a Stoke City fan, although the team he did support do play in red and white. Although Alfie says Spirit 'never get it wrong', he dismissed the song at the time thinking he must have made a mistake, but the following week Alfie met the man again. He told Alfie he had found the message on the phone and it helped to explain why his son had taken his own life. As for the song, he said "I've listened to that song, and the lyrics say it all."

In my final example, Alfie was driving to do a reading at someone's house when he became aware of someone singing the Shirley Bassey classic *I am what I am* – but it was a male voice. He arrived at the home of the lady he was reading for and sat in the living room with her and her parents. He then became aware of the presence of a man in Spirit who claimed to be an accountant. He described the man to the lady who said it sounded like her father-in-law. At that point, Alfie's attention was drawn to a dress hanging on the back of the door in the room, and the man in Spirit told him to say "he'd look good in that." Slightly perplexed, Alfie did as he was told – at which the family started to laugh and said "He would! He was a drag artist at weekends!" With that statement Alfie suddenly heard the male voice again singing *I Am What I Am*, and he told them what he was hearing. With tears in her eyes the young woman replied "My husband will be so pleased, that was the song his dad sang at the start of his show."

## DISCUSSION

Music is not just what it is, it's what it means and what it can do for people. One of the things work on music can teach people is what joins them rather than what separates them. (Sir Simon Rattle, *Rhythm Is It!*)<sup>7</sup>

<sup>7</sup> Quoted on: <https://www.communitydance.org.uk/DB/animated-library/rhythm-is-it?ed=14058>

In therapeutic relationships of any sort music serves as a trigger, a door for opening the release of emotions, and potentially as a guiding sign towards healing (Neudorfer, 2018). Without passing judgement on what may or may not be happening in the shared exchanges between mediums, Spirit and their sitters, or in the singing congregations in church services, it is clear that these co-produced experiences of spirituality, wellbeing and music (though probably far removed from any therapeutic explorations of the spiritual which may routinely be used in music therapy practice) nonetheless can serve powerful therapeutic functions.

I wanted to use this paper to encourage reflection on how we can engage with spirituality therapeutically in a critical but creative way both theoretically and practically, professionally and personally. My aim is to give readers permission to play, to push the boundaries, to embrace mystery. By exploring some of the challenges and enjoyments I have encountered working with spirituality as a social scientist and sharing some of the insights that I've gained about modern society's relationship with a spirituality infused with a sense of 'spirit', I hope to encourage a continued conversation about spirituality in academic and practice discourse that does not shy away from its more problematic and intangible aspects. This was a conversation started during those few snowy days at the Nordoff Robbins *Plus* conference in London in 2017.

A month after presenting my keynote on which this paper is based, I was driving back from having dropped my partner at the airport. I was feeling somewhat bereft and lonely when a familiar voice came on the radio. Lars Ole Bonde, my co-keynote speaker at the conference, was being interviewed on an episode of Radio 4's 'Soul Music'. Each programme in this series explored one piece of music, with guests talking about its significance in their lives. Bach's *Ich Habe Genug* was the track being discussed on this programme<sup>8</sup>, and Lars Ole said:

It talks to you like a friend would talk to you. It comforts you like a friend would comfort you.

He suggested the song was one of acceptance, and

whether you call it god or paradise, or you call it beauty or transcendence, it doesn't matter so much to me, but it's all there in the music.

Lars Ole continued by describing the paradox of listening to sad music such as this:

If you can find the right sad music that mirrors your mood it has some sort of transformative effect on you. What starts as suffering, when it is mirrored, it becomes tolerable, it becomes something you can actually live on with, and it inspires hope for the future.

In that moment, that voice and the music provided me with a tangible reminder of the engine's constant hum. It brought back all the positive energy and excitement the conference had sparked, and I felt suddenly less alone, more connected. Lars Ole's 'mirroring back' is precisely the role of music in

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<sup>8</sup> The programme can be heard at <https://www.bbc.co.uk/programmes/b09l07ly>

the encounters described by Alfie. They were all pieces of music that embodied some key aspect of the stories, the emotions and relationships between people now separated through death. These musical associations helped them to reach for the unseen and touch the intangible. That is perhaps why so many people describe mediumship as a healing experience. It forces them to face the sadness of loss, yet mirrors that loss with the blessing of having known that person, of having lived *with* that person, and so makes living *without* them slightly more tolerable, something they can gradually come to live with.

To return to the very beginning, and Tsiris' survey of music therapists, spirituality may be so difficult to embrace in therapeutic practice contexts simply because it is so difficult to grasp precisely what it is. Though numerous scholars and practitioners have tried to define it, classify it, pin it down, and mark out its territory, it will always inevitably remain somewhere just out of reach. We continue to pursue it, yet however hard our rational world may try to package or define spirituality it continues to defy these attempts, because ultimately it is all about mystery and the unknown. It's about being open to possibilities of new and potentially challenging experiences. Whether it is a Marian vision or an ecstatic reaction to an overture, the spiritual lifts us out of our mundane comfort zones and encourages us to see and sense the world differently, often in ways which are beyond description using the words and names we have at our disposal. But perhaps that does not matter, as

Things die a little when we name them. So instead, we think of them. We dwell in them. We let them dwell in us. (Ben Okri)<sup>9</sup>

So as hard as spirituality and its accompanying experiences might be to understand, describe, name and accommodate, perhaps we do not have to after all. Perhaps we just need to dwell in it, let it dwell in us, and continue to share our stories. For the more we tell our stories, the less otherworldly it will all seem and the easier it may be to embrace its full therapeutic value. I encourage us all, therefore, to stretch our comfort zone a little when thinking about how we might engage with the spiritual to enhance wellbeing in our own lives and the lives of others.<sup>10</sup>

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<sup>9</sup> Thank you to Giorgos Tsiris for these words which he shared in an email thread discussing the conference and the spiritual reflections that had emerged from it.

<sup>10</sup> To explore in more detail a conceptual framework for a therapeutic understanding of spirituality see Chapter 8 in MacKian (2012).



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## Ελληνική περίληψη | Greek abstract

# «Το συνεχές βουητό της μηχανής...»: Μια ιστορία για ασυνήθιστους διεπιστημονικούς διαλόγους στην πνευματικότητα και την ευεξία

Sarah MacKian

## ΠΕΡΙΛΗΨΗ

Η πνευματικότητα είναι μεν προβληματική, αμφισβητήσιμη και αμφιλεγόμενη, αλλά είναι και δημοφιλής. Σε όλες τις υπηρεσίες υγείας και κοινωνικής πρόνοιας οι επαγγελματίες ενθαρρύνονται πλέον να δώσουν μεγαλύτερη προσοχή στην ποικιλομορφία των πνευματικών πεποιθήσεων και των σχετικών πρακτικών που ενδέχεται να φέρουν οι ασθενείς και οι χρήστες υπηρεσιών. Ωστόσο, η πνευματικότητα παραμένει μια προβληματική έννοια λόγω της υποκειμενικής και ενίοτε αμφιλεγόμενης φύσης της. Αν η πνευματικότητα

μπορεί να χρησιμεύσει ως χρήσιμο κατασκεύασμα, τότε η πρόκληση για όλους μας είναι να νιώσουμε λίγο πιο άνετα με μερικές από τις πιο άβολες διαστάσεις της: να αναπτύξουμε μια ανοικτότητα ώστε να σπρώξουμε τα όριά της, να διερευνήσουμε τις δυνατότητές της και να αναγνωρίσουμε την ορθή της θέση στη σύγχρονη από-γοητευμένη [disenchanted] και κοσμική εποχή μας. Χρησιμοποιώ αυτό το άρθρο για να διερευνήσω σκέψεις για το πώς και το πού μπορεί να συναντήσουμε το πνευματικό με απροσδόκητους τρόπους, καθώς πιστεύω ότι μόνο αν είμαστε ανοιχτοί σε αυτές τις προκλήσεις μπορούμε να αρχίσουμε να κατανοούμε την πλήρη ποικιλία των τρόπων με τους οποίους η πνευματικότητα μπορεί να διαδραματίσει κάποιον ρόλο στις θεραπευτικές συναντήσεις και ευρύτερα στην υποστήριξη της ευεξίας. Με αυτόν τον τρόπο, ελπίζω να ενθαρρύνω την κριτική αλλά και δημιουργική δέσμευση απέναντι σε έναν ποικιλόμορφο πνευματικό διάλογο ενθαρρύνοντας τους επαγγελματίες να επαναφέρουν το πνεύμα —και το πνεύμα τους— πίσω στην καρδιά του θέματος. Αυτό είναι ένα ερευνητικά βασισμένο άρθρο που περιλαμβάνει πρωτότυπα δεδομένα μαζί με προσωπικούς αναστοχασμούς αναφορικά με την εμπειρία διεκπεραίωσης έρευνας στο πεδίο. Το άρθρο αναπτύχθηκε βάσει της κεντρικής μου ομιλίας στο συνέδριο «4th Nordoff Robbins *Plus Research Conference*» που πραγματοποιήθηκε στο Λονδίνο το 2017.

## ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

πνευματικότητα, ευεξία, πνεύμα, Πνευματισμός [Spiritualism], άλλοι κόσμοι [otherworlds], θεραπευτικά τοπία, έρευνα, συμμετοχική παρατήρηση

## ARTICLE

# The engine hums... occasionally it even sings: A response to Sara MacKian's keynote 'The constant hum of the engine...'

Lars Ole Bonde

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### ABSTRACT

In this response to Sarah MacKian's conference keynote I take a personal experience as point of departure: my almost lifelong engagement with Bach's cantata *Ich habe genug*. This leads to a discussion of the relationship between music and spirit, and how we as researchers can approach experiences with this relationship. A theoretical model of *four levels of meaning* in music opens up a number of ways to understand the affordances and appropriations of 'deep', 'strong' or 'spiritual' music experiences to clinical and non-clinical listeners. Examples from theory and empirical research in the receptive music therapy model *Guided Imagery and Music* (GIM) are used to illustrate a development from a more static-content-oriented approach to a more dynamic-process and interpersonal understanding of spiritual/transpersonal experiences with music.

### KEYWORDS

spirituality,  
research,  
meaning in music,  
surrender,  
Guided Imagery  
and Music (GIM)

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In 2013 I co-edited the anthology *Musical Life Stories* (Bonde, Ruud, Skånland & Trondalen, 2013). The book contains the results of a number of qualitative studies on how music is used in everyday life, and through the lifespan. Many of the studies mention what is experienced as spiritual dimensions of 'health musicking' (singing, playing, listening or, in other ways, participating in "appropriation and appraisal of the health affordances of the arena, agenda, agents, activities and artefacts of music practice" (Stige, 2002, p. 211; see also Stige, 2012). The anthology also offers a number of short narratives where the authors/researchers – from the areas of musicology, music psychology, music education and music therapy – tell about 'music in their own life story'.

In my personal narrative – mentioned towards the end of MacKian's keynote paper (MacKian, 2019) – I recall how listening to Bach's Cantata No. 82, *Ich habe genug*, helped me in my youth to endure years of trouble in my family, with a depressed and, at times, desperate and suicidal father,

creating chaos, especially during the night. The strange words (based on the Bible's story about the old Simeon and the presentation of Jesus in the temple) and especially Bach's musical interpretation offered me an unexpected comfort, embracing my anguish and pointing towards hope and release; in a way it was my first deep experience of how music can transcend the sufferings in everyday life, be it connected to depression, grief, anger, illness or spiritual despair. Then, I did not think about the music in spiritual or therapeutic terms; it was more like a wise 'friend' comforting me and talking directly to me over the gap of centuries, saying, for example, "Yes, it is OK to long for death as an end to all sorrow."

In 2017 I was approached by a music journalist from BBC Radio 4 who had read the narrative and invited me to share my story in a programme about Bach's cantata in the Radio 4 series *Soul Music*. I accepted; we had an interview in the summertime, and I forgot all about it. Then suddenly, in January 2018 (a month after the conference *Exploring the Spiritual in Music*), I received a lot of emails from friends in the UK who had just heard my voice on the radio. A Danish journalist also heard the broadcast and invited me to do an interview for her newspaper, *Kristeligt Dagblad*. A lot of Danes responded to the story following that article, and, in fact, responses to both the broadcast and interview have been continuous throughout the year. The BBC journalist recently sent me an email stating that no programme in the series had ever evoked so much response. In December 2018 I had the pleasure of actually *singing* the cantata for the first time, invited by a friend and his amateur baroque trio. I sang it the day before my mother-in-law passed away, and it felt like the *Schlummert ein* aria was a song dedicated to her. This chain of unexpected and loosely related events leads me to reflections about what this is all about – you may talk about what Jung called "synchronicity" here!

I can immediately relate this experience, spanning half a century, to the two ways "music feeds into the healing and therapeutic language of Spiritualism", suggested by MacKian (2019, p. 25) in her empirical study of Spiritualism in Stoke-on-Trent, And I would even say that the two notions of the relationship between music and Spirit have a much broader context than Spiritualism:

1) *Using music as a message to Spirit*. Not only as a member of a congregation or a specific religious faith/conviction but also spontaneously, and in unexpected contexts, can you use music as a 'message to your spirit'. We know, for example, what a deep impact Peter Gabriel's *Don't Give Up* (including the instrumental version) has had on many people (Fuglestad, 2018) or how certain songs comforted the Norwegian people after the terror attack at Utøya (Knudsen, Skånland & Trondalen, 2014). Bach's cantata told me/my 'teenage spirit' not to give up and not to worry about death and dying. I think many radio listeners and newspaper readers have resonated with that 'message', which is spiritual-existential in nature, not religious in any specific way.

2) *Spirit using music as a message*. It is well-documented (especially by Swedish musicologist Alf Gabrielsson and colleagues; see Gabrielsson, 2011) that great music, independent of style and genre, can be experienced as (personal) 'messages' sent from God, angels, deceased ancestors, your 'core self', 'the Universe' and so on. Since I was 10-11 years old, I have felt that Bach's music 'talked to me' – about life, death, being, something beyond the surface of daily living... let us just dare call it a 'spiritual voice' sounding throughout my life. I felt something similar when I 'met' Arvo Pärt's music 30 years ago. It makes sense that both composers work with balancing simplicity and complexity – in musical terms – mirroring a basic condition faced by every human being.

## ONTOLOGY AND EPISTEMOLOGY

But how shall we understand and study ‘spirituality’, ‘non-ordinary states of consciousness’, ‘transpersonal experiences’ and similar concepts when we work as clinical music therapists and/or study music experiences as academic researchers? MacKian has formulated some very useful and clear answers to that question, and – with my background as a music therapy clinician, supervisor, teacher and researcher – I resonate with that.

I have taught music psychology for decades, and since 2007 I have based my teaching on a theoretical model that takes many dimensions and layers into account in our attempt to understand what music affords and how music is appropriated by people with different backgrounds and interests (Bonde, 2009; Ruud, 2001). I use the concepts of affordance and appropriation as developed originally by Gibson (1966/1983) and especially by DeNora as related to music (DeNora, 2000, 2007).

The existential, spiritual, religious or transpersonal dimensions of the music experience are often located on the ‘semantic’ level (i.e., in how people make special meaning out of sounds and music) (see Table 1). Actually, however, I think that the spiritual dimension of music can be experienced and described on all four levels:

Level 1: A millennia-long metaphysical tradition –from Pythagoras to Kepler (and ‘New Age’)– connects the physical properties of music (for example the overtone series and interval theory) with the nature of the universe.

Level 2: ‘Understanding/breaking the syntax’ of a given style –even of ‘free’ improvisation– is often accompanied by intense feelings of happiness by musicians.

Level 3: The depth of the semantic level is described in MacKian’s Simon Rattle quote (MacKian, 2019, p. 27), which also touches upon the pragmatic level: “Music is not just what it is, it’s what it means and what it can do for people. One of the things work on music can teach people is what joins them rather than what separates them.”

Level 4: When we listen, sing, play or dance together, we may learn –existential or even spiritual– lessons on what joins us as human beings.

Level	Music	Focus	Effects
1. Physiology	Music is sound	The physical and psycho-acoustic properties of music	... as vibrations/ on the body: resonance, movement, vitality contours
2. Syntax	Music is language / Structure	Music and syntax: rules and generative principles	... as an aesthetic phenomenon: experience of coherence and beauty in music
3. Semantics	Music is language / Meaning	Music and meaning: sources and types of meaning	... as an existential and spiritual phenomenon: experience of mood, relevance, meaning also outside music itself
4. Pragmatics	Music is interaction	Musicking: music as process, an activity, interpersonal exchange	... as a social & cultural phenomenon: play, ritual, community

**Table 1:** Four levels of meaning in music (from Bonde, 2009; based on Ruud, 2001)

As music therapists, we must be open to all these affordances and appropriations by our clients –including the ‘dark side(s) of music’– even if our professional knowledge and personal beliefs do not immediately help us to understand or share them. As researchers, we must be just as open to people’s experiences, but also ask critical questions about the purposes and contexts, the interests and resistances of the participants – just like MacKian does when studying Spiritualism and Mediumism in Stoke-on-Trent. This is not about (absolute) ‘Truth’; it is about what people in different contexts experience as Truth and Reality.

Epistemologically, I have been inspired by Ken Bruscia (my GIM trainer and one of the leading international music therapy researchers) who, in an interview with Brynjulf Stige, defined “three sources of meaning (in music)” (Stige, 2000, p. 85-88, paraphrased by me below):<sup>1</sup>

*Meaning as Implicate Order:* The –*a priori* given– implicate order of the universe itself; the source or foundation of all meaningfulness. It can only be experienced from a particular, personal mode or location, for example in a mystic’s meditation or an epiphany.

*Meaning as Experienced:* Experiential samples of the implicate order, in principle accessible to every human being but often ineffable in nature; for example GIM clients’ transpersonal experiences.

*Meaning as Constructed:* We all relate our (music) experiences to our lifeworld and are capable of creating (metaphorical or artistic) meaning *in terms of our own world* (i.e. influenced by culture); for example when GIM clients from Western cultures imagine archetypal scripts or creatures.

As a GIM client and therapist I have encountered some examples of ‘meaning as experienced’ and many, many examples of ‘meaning as constructed’, but never of ‘meaning as implicate order’. However, it was an epiphany, the experience of ‘being played’ or used as a musical medium, that led Helen Lindquist Bonny, violinist and the creator of GIM, into her lifelong quest of offering musical (peak) experiences as a means of transformation to all people with an open attitude towards the unknown (Bonny, 2002).

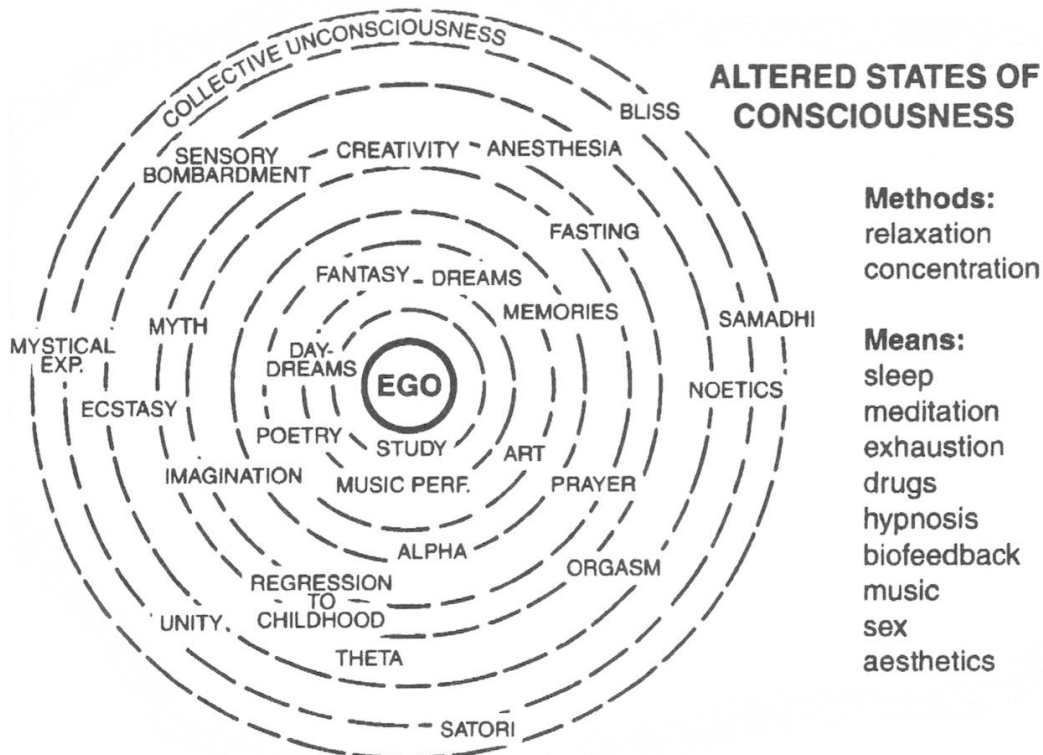
The already-mentioned phenomenological research by Gabrielsson (2011) documents and describes three different types of “existential or transcendental” music experience (as one of seven main categories): *existence* – music as a mirror of life; *transcendence* – extra-sensory perception, ecstasy or trance states, out-of-body experiences; *religious* – visions, holy spaces, meetings with holy beings, angels and so on. I understand experiences of these types as ‘spiritual’ in the broadest sense: they connect the experiencing person with something beyond (the personal) body and mind. Related to culture, this ‘something’ can be called ‘spirit’, ‘Brahman’, ‘Atman’, ‘Vipassana’, ‘transpersonal realms’ or many other things (Wilber, 1983).

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<sup>1</sup> See also Lawes’ article on ‘the real illusion’ in this volume (Lawes, 2019).

## THE SPIRITUAL IN GUIDED IMAGERY AND MUSIC

An important part of my clinical work and research during the last 20 years has centred around the receptive music therapy model Guided Imagery and Music (GIM). I was attracted to GIM already when I heard about the model in the 1980s firstly because I immediately resonated with the idea of (what has later been called) “Deep Listening” to classical music as a source of existential knowledge, and secondly because the theory of consciousness behind the model was very inclusive, as illustrated in Figure 1.



**Figure 1:** Helen Bonny's 'cut-log' diagram, showing altered states of consciousness and methods/means to enter these (Bonny, 1975/2002, p. 82; © Barcelona Publishers, reprinted with permission)

Helen Bonny developed the so-called “cut-log” to describe the many layers and states of consciousness that she knew from her life as a musician, a minister’s wife, a music therapist and a researcher studying music experiences in LSD-induced altered states of consciousness. When LSD was prohibited in the US around 1972, she invented GIM as a drug-free, music-based exploration of consciousness. After a relaxation induction, she would say to her client or group of ‘travellers’, “*Let the music take you where you need to go.*” If the clients were open to it, the music could take them to any of the layers in the cut-log, including the “Freudian” layers of the Ego and the personal unconscious, the “Jungian” layers of the collective unconscious and the archetypes, the “Grof” layers of life before physical birth, and the “spiritual” or “transpersonal” layers beyond the personal life story. Such a “travel” is not always a positive and reassuring experience; it can include (re)encountering traumas, complexes, emptiness and abysses of darkness. That is why a competent therapist is necessary to accompany and assist the client.

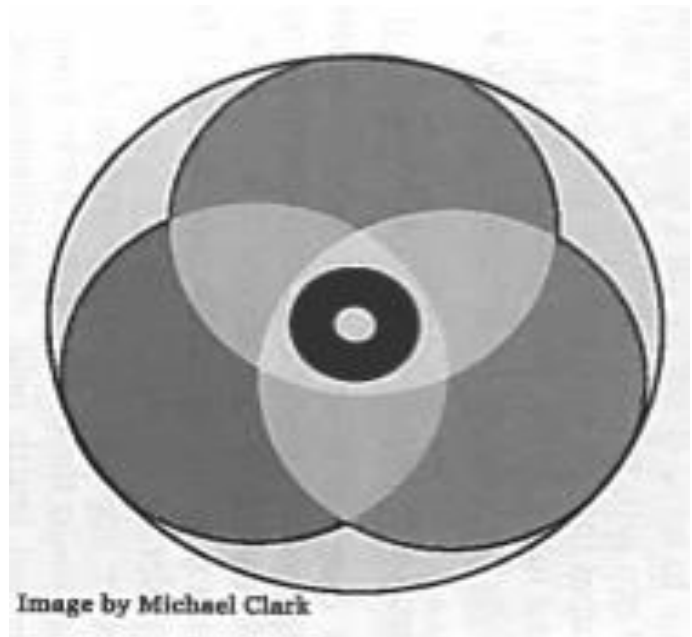
The cut-log has been further developed by Bonny's colleagues and successors Frances Goldberg and Marilyn Clark. Goldberg (2002) set the circles in motion in her dynamic holographic model; and Clark (2014) has suggested the Venn diagram as a more appropriate way of illustrating the dynamics of GIM as overlapping circles.

A few examples can illustrate how spiritual or transpersonal experiences have been studied empirically in GIM research:

Abrams (2002a, 2002b) interviewed nine experienced GIM travellers about their peak experiences and identified nine unique (i.e., personal) patterns of experience and ten common themes: body and physicality; healing and wholeness; self; relationship; humanity; life meaning; spirituality; qualities of consciousness; music's core depths; independence of the 'guide'/therapist.



**Figure 2:** Goldberg's holographic model (Goldberg, 2002, p. 368; © Barcelona Publishers, reprinted with permission)



**Figure 3:** The Venn diagram<sup>2</sup> (Clark, 2014, p. 12; © Reprinted by permission of the Association for Music and Imagery)

Blom (2011, 2014) developed an interpersonal theory of processes in GIM which indirectly contributes to a demystification or 'profane' contextualisation of spiritual and transpersonal experiences that are often reported in GIM. Blom's theory is based on analysis of GIM session transcripts, and the analysis documented how transpersonal or spiritual experiences of 'surrender' were connected to a GIM client's "*ways of relating/being in relation*; to courses of events in her inner world, to the music and to the therapist's presence" (Blom 2011, p. 12). Six specific relational modes were identified. They are defined and exemplified in Table 2 below.

Bonde and Blom (2016) documented that GIM music programmes designed to facilitate and support "strong music experiences" were actually able to do that. Through analysis of transcripts of 'music travels' and collaborative interviews with participants and the therapist in the study, it became clear that the complexity of the music selections and the sequencing of the selections had a

<sup>2</sup> The three big overlapping circles represent the fields of music, client, therapist. The centre and periphery represents the Self with all the layers and states of consciousness in living motion (like in Goldberg's holographic model).



profound influence on the imagery and the occurrence of “surrender” experiences. This can also be related to the taxonomy of therapeutic music developed by Wärja and Bonde (2014): Music with a high degree of complexity and unexpected shifts can afford and stimulate experiences of non-confirmation (category five in Blom’s system of relational modes, see Table 2) often leading to “surrender” (category six, where the music is less complex, actually often quite simple and beautiful).

## DISCUSSION AND CONCLUSION

The research briefly described above illustrates how it is possible to study meaning as experienced and constructed scientifically, using phenomenological and hermeneutic methods within an interpretivist paradigm (Murphy & Wheeler, 2016). This is in line with what MacKian suggests for interdisciplinary dialogue.

	Category of analysis	Definition	Examples from GIM sessions
1	Focus of attention – sharing attention	First-person descriptions and expressions of where in the experiential field the attentional focus of the traveller is, establishing a starting point for movement and direction.	<i>I see myself, I can sense water</i>
2	Movement and direction – sharing intention	Descriptions and expressions of intention, directions, movements, experienced as more or less deliberate.	<i>Warm air is coming towards me Perhaps I will fall</i>
3	Affectivity – shared and conveyed in words and expression – attunement	Descriptions and expressions of the affective qualities surrounding and colouring the relational sequence, (vitality affects and/or categorial affects).	<i>Sad and melancholic, pleasant and powerful</i>
4	Share and regulate coherence/correspondence in attention, intention and/or affectivity	Expressions of experiencing qualities of recognition and/or confirmation and belonging. Also often strong activating affects.	<i>The air is balancing my body, me I can feel the mountain under my feet</i>
5	Share and regulate difference/non-confirmation in attention, intention and/or affectivity	Expressions of experiencing tensions, differences, ruptures and/or non-confirmation. Often also anxiety, shame or other inhibiting affects.	<i>I need to work in order not to fall Feel fear, and dizziness</i>
6	Surrender in relation to something ‘third’, something ‘greater’ and/or ‘beyond’	Expressions of letting go and transcending fields of tensions and duality.	<i>I am connected to, one with, Nature I am light, it is inside and around me</i>

**Table 2:** Relational modes and the process of surrender in GIM sessions (based on Blom 2011, 2014)

Based on experiences using Blom's relational modes' categories (Blom 2011, 2014) in the training of GIM therapists, I also recommend that we stop focusing on the 'content' –the intrapersonal aspect– of the imagery in GIM sessions and, rather, look at the interpersonal processes of sharing the music-assisted experiences. The transformational power of 'surrendering' to something bigger than yourself –a numinous quality– is much more important than what this "something bigger" may be.

It is actually possible to see some clear lines of development in how spiritual/transpersonal experiences have been understood in GIM research since the 1980s – and gradually also reflected in clinical practice. We have moved:

- from a static/spatial to a dynamic understanding of consciousness where creativity, inspiration and insight can be seen from different, also non-personal, perspectives;
- from understanding music not as time *or* space but as a multidimensional timespace where the music experience is held within a complex field with musical elements in interplay with both clients' and therapists' consciousness;
- from focusing on processes instead of content when studying music and imagery experiences, and thus avoiding categorial definitions of, for example, 'spirituality';
- from intra- to interpersonal understanding of spiritual/transpersonal experiences in GIM, focusing on how processes (and content) are shared in the therapeutic dialogue.

As an illustration, my personal story with Bach's *Ich habe genug* can therefore be understood in many different ways. In my youth, I was not interested in how this could be understood theoretically – I simply experienced, spontaneously, that the music spoke to me in a very special way, nurturing my 'Self' and comforting me in times of agony. It was an intrapersonal process allowing me to benefit from a vast timespace afforded by Bach's music. Today I may interpret what happened as self-therapeutic grief work (Vist & Bonde, 2013) but I can also choose to see it as a case of spiritual healing through music-listening (Bruscia, 1998, 2014). It would also be possible to describe the 'Bach field' as a 'therapeutic (virtual) landscape' (or 'timespace'), referring to some of MacKian's ideas from contemporary geography literature. Interestingly, these 'healing landscapes' seem to open when 'the gods of science' have nothing to offer, or when our rational minds have come to a limit and we are in limbo.

As researchers, we are probably limited to studying meaning as 'constructed' or 'experienced', but as clinicians and human beings we must be open to the existence of an 'implicate order'. The conference *Exploring the Spiritual in Music* –and Sara MacKian's keynote– showed me that this openness is not only possible in an interdisciplinary context; it may also be an answer to the question of the limitations of 'evidence-based practice'. Evidence can offer labels or criteria on how to choose between options at a pragmatic surface level, where statistics can show 'significant effects' or differences between (music) 'interventions'. But at a deeper level, other, more mysterious processes are active – as the placebo and nocebo effects remind us. These processes are difficult to grasp and explain, not least when they are related to the multisensory, non-verbal world of music – maybe because they are related to an enigmatic yet powerful 'engine of life and vitality' (or 'implicate order') in ways that we may not understand but are still able to experience now and then.

[...] a metaphoric hum might take on a more nuanced timbre, and the presence of spirit is revealed through a familiar tune resonating directly and obviously with the physical world of those for whom the message is intended. (MacKian, 2019, p. 23)

Occasionally, the engine sings...

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## Η μηχανή βουίζει... μερικές φορές μάλιστα, τραγουδάει: Μια ανταπόκριση στην κεντρική ομιλία της Sara MacKian «Το συνεχές βουητό της μηχανής»

Lars Ole Bonde

### ΠΕΡΙΛΗΨΗ

Αποκρινόμενος εδώ στην κεντρική ομιλία της Sarah MacKian ξεκινάω με αφετηρία την προσωπική μου εμπειρία: τη σχεδόν διά βίου ενασχόλησή μου με την καντάτα του Μπαχ *Ich habe genug*. Αυτή οδηγεί σε μια συζήτηση για τη σχέση μεταξύ μουσικής και πνεύματος, και για το πώς εμείς ως ερευνητές μπορούμε να προσεγγίσουμε εμπειρίες που βιώνονται μέσα από αυτή τη σχέση. Ένα θεωρητικό μοντέλο για τα *τέσσερα επίπεδα νοήματος* στη μουσική φανερώνει τους διάφορους τρόπους με τους οποίους μπορεί να κατανοήσει κανείς τις δυνατότητες [affordances] και τις ιδιοποιήσεις [appropriations] που έχουν οι «βαθιές», «ισχυρές» ή «πνευματικές» μουσικές εμπειρίες για τους ακροατές εντός κλινικών και μη κλινικών πλαισίων. Τα παραδείγματα που χρησιμοποιούνται είναι από τη θεωρία και την εμπειρική έρευνα του μοντέλου δεκτικής μουσικοθεραπείας Guided Imagery and Music (GIM) ώστε να αποτυπωθεί η εξέλιξη από μια πιο στατική και προσανατολισμένη στο περιεχόμενο προσέγγιση προς μια πιο δυναμική διαδικασία και μια διαπροσωπική κατανόηση των πνευματικών / υπερπροσωπικών εμπειριών με τη μουσική.

### ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

πνευματικότητα, έρευνα, νόημα στη μουσική, παράδοση [surrender], Guided Imagery and Music (GIM)

## ARTICLE

# Sacred moments in Guided Imagery and Music

**Bolette Daniels Beck**

Aalborg University, Denmark

### ABSTRACT

This theoretical article reviews a range of current views on spiritual experiences in Guided Imagery and Music (GIM) and includes my personal assessment of the theme with a range of case vignettes illustrating the concept of 'sacred moments'. Sacred moments occurring in psychotherapy have been described as specific life-changing moments of trust and boundlessness that can be remembered years after, and that positively influence health and the effectiveness of therapy. Deep listening to music in music therapy seems to provide an opportunity to create and embrace spirituality. This article explores the phenomenology of sacred moments as they appear in GIM seen in the light of case examples: how does the client experience a sacred moment, how can it be understood and integrated, and what impact does it have in the life of the client? It is also discussed whether practices of Music and Imagery can be applied in education and pedagogics.

### KEYWORDS

music therapy,  
Guided Imagery and  
Music (GIM),  
spirituality,  
sacred moments

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### INTRODUCTION

The call for papers for the conference *Exploring the Spiritual in Music: Interdisciplinary Dialogues in Music, Wellbeing, and Education* in London, December 2017 (Nordoff Robbins, 2017), resonated with my wish to discuss and share spiritual aspects of music therapy and musical experience with others in a wider research community, and this article is based on my conference presentation. As a preparation for the London conference, I came about the concept of 'sacred moments', which has been studied with a phenomenological approach as well as with more positivist methods by Pargament and colleagues (Pargament, Lomax, McGee, Jocelyn & Fang, 2014; Wilt, Pargament & Exline, 2019). Investigating the lived experience of spirituality was a key strategy of inquiry for many speakers at the London conference, and can be seen as a humble way to reflect on the manner in which spirituality is experienced by people instead of trying to produce definitions or categories. In this article, I will explore how the concept of sacred moments can add to the understanding of clients' spiritual experiences in the music therapy method of Guided Imagery and Music (GIM), with examples from four case vignettes. The focus will be on the perceived lived experience of the sacred moment and the possible meaning for each client's life world.

## SACRED MOMENTS IN PSYCHOTHERAPY

The experience of the sacred in rituals, prayer, and faith traditions beyond organised religion is fundamental to the human experience (Eliade, 1961). The practice of religion and faith can be described as a unique form of coping, a unique form of motivation as well as a unique source of distress. A growing number of empirical studies show a connection between spiritual/religious practice and health (Pargament, Magyar-Russell & Murray-Swank, 2005).

The definitions of spiritual, transpersonal, existential and transcendental experiences in psychotherapy often appear unclear in the literature. In order to distinguish between these concepts in the present article, I find it useful to see spirituality as a generic term embracing many kinds of experiences, including existential, transpersonal, religious and transcendent experiences. In brief, the use of the term 'existential' can address the existential themes we are faced with as human beings: loneliness, absurdity, responsibility, choice, personal relationships, atheism and religion, anxiety, death and dying (Irvine, 1998; Yalom, 1980). Transpersonal experiences are often connected to states where one is transcending the ego, the physical boundary (the skin) or the personality (Rowan, 2015). Wilber's (2000) concept the 'pre/trans fallacy' addresses the problem of mixing transpersonal experiences with regressive or primordial experiences and states. According to Wilber (2013), a developmental process from pre-differentiated fusion to differentiation (ego/self) is a prerequisite to post-differentiated integration and transrational mystical experiences. Even though it can be interesting to try to categorise different types of experiences, I find it clinically important that the client that is having a deep and unusual experience has the power to define it according to his/her belief system and life situation. However, in my experience it is often difficult to transfer the depth of the moment into verbal language, and the concept 'the sacred moment' might help the therapist and client to honour an extraordinary experience occurring in the therapeutic process.

Ken Pargament, professor in psychology at Bowling Green State University, Ohio, has investigated the concept of sacred moments with several groups of colleagues and in different contexts since the end of the '90s. In Pargament's work spirituality is held open and is not connected to specific faith traditions or religions (Pargament, 2007). Pargament and Mahoney (2005) defined a sacred moment as one particular form of sacred experience involving perceived experiences of transcendence (being set apart from the ordinary), ultimacy (conveying a deep truth), and boundlessness (going beyond the typical experience of time and space) that resonate deeply at cognitive and emotional levels, and that typically involve a heightened sense of significance. The heightened sense of significance means that the experience is meaningful and essential. The concepts of transcendence and boundlessness both relate to an expanded state of mind, where a sense of endless possibilities and flow can be achieved; one could regard transcendence as the process of expanding, and boundlessness as the experience one has in the transcendent state. In a later publication, the characteristics of a sacred moment were expanded to include timelessness, transcendence, expansion, boundlessness, contact with something greater than ourselves, a sense of connectedness and spiritual feelings such as love, grace, and awe, and this is the definition that will be used in this article (Pargament, Lomax, McGee, Jocelyn & Fang, 2014). Mystical experiences could be defined as brief states of expanded consciousness that are perceived as direct encounters with the

transcendent. They share all the characteristics of a sacred moment and are seen as a subset of sacred moments (Pargament, 2007).<sup>1</sup>

The prevalence, predictors, and consequences of sacred moments in psychotherapy from the perspective of both clients and health providers were studied with the use of the 'Work and Meaning Inventory' and the 'Spiritual Well-Being Scale', and it was found that sacred moments in therapy were correlated with better outcomes of therapy (Pargament et al., 2014). According to Pargament et al., sacred moments can emerge in verbal therapy when the listening and understanding between the therapist and client has a certain quality, and the occurrence of sacred moments is increasing well-being and therapeutic outcome. As an example, a therapist said to a client with drug addiction problems:

My client said I was different than all other therapists in the sense that I was genuinely caring about him and paying attention to what he was saying and also to what he was not saying. It was like time had stopped, and we were two vulnerable human beings connected at a very deep level – a 'sacred' moment. (Pargament et al., 2014, p. 252)

Thus, the emergence of sacred moments in psychotherapy seems to be connected to the quality of the empathy and therapeutic resonance between client and therapist. According to an interview with Pargament, "sacred moments emerge out of a stronger therapeutic alliance, marked by a sense of therapeutic acceptance, presence and receptiveness" ("Exploring the significance of 'sacred moments' in therapy", 2015). Benefits of spiritual resources for health practitioners were described, with a focus on having access to spiritual resources to facilitate hope by attending to the sacred character of mental health work and the sacred dimension of the clients' lives, and staying open for sacred moments in the healing relationship (Pargament, 2013).

The psychologist Roy Barsness described his experience with a client who had been working for a long time on his tendency to turn back and hurt others but had now come to a point of healing. In the therapy session Roy as the therapist felt strong feelings of love well up inside, and he described this as a sacred moment (shared with the client), where a sense of a higher presence was also felt:

His earlier, more hurtful way of being had been tempered with genuine love. I felt his expression of love and, because I felt its genuineness, I too was moved to love.... I loved the loved, and the Beloved was with us. And we were both changed. (Aoki, Barsness & Leong, 2001, pp. 82-83)

A predictor of sacred moments in therapy is the client being in a particularly vulnerable state (Pargament et al., 2014). A longitudinal study of 2,890 persons experiencing religious/spiritual crisis and life struggle revealed that sacred moments led to "transformative influences, potentially revealing fundamental truths that help to organise the ways that people view themselves, others, and the world in more coherent and adaptive ways" (Wilt, Pargament & Exline, 2019, p. 252). The authors found that

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<sup>1</sup> For a further discussion of sacred moments related to other concepts or constructs of spiritual experiences, see Pargament (2007).

perceived communication with God, openness, religious-belief salience, secure attachment, and supernatural beliefs predicted sacred moments, and that sacred moments were related to beneficial adaptations to struggles and spiritual growth (Wilt, Pargament & Exline, 2019).

To sum up, these studies point to a sacred moment as something that frequently occurs in people's lives, that often occurs in periods of crisis, that might be a strengthening and helpful experience, that emerges in therapy when there is a good client-therapist alliance, and that increases the effectiveness of therapy and the quality of the therapist's awareness. In order to explore sacred moments in a music-therapeutic context, the next session describes the receptive music therapy method Guided Imagery and Music (GIM).

## GUIDED IMAGERY AND MUSIC (GIM)

Guided Music and Imagery (GIM) was created to facilitate transformational and transpersonal experiences by listening to classical music and experiencing spontaneous imagery in an altered state of consciousness (Bonny, 1973, 2002). The founder of the method, Helen Bonny, combined personal growth and expanded states of consciousness with imagery and music-listening, but in her time it was difficult to speak about the spirituality that she considered an essential part of the GIM experience (Dimiceli-Mitran & Goldberg, 2010). Bonny herself had a personal life-changing experience inspiring her creation of the GIM method that might be described as a sacred moment. As a 27-year-old American housewife and mother with a degree in violin performance, she was asked to play at a church women's meeting. She played *The Swan* from *The Carnival of the Animals* by Saint-Saëns, and:

All went well until the repetition of the first theme. Then everything changed. It was as if the violin was not my own; bow arm and fingers were held in abeyance/obedience to a light and wonderful infusion that created an unbelievable sound I knew I had not ever produced before. The notes mellowed and soared with exquisite grace. Astonished, delighted, I almost stopped what I was doing to fully hear the beauty. Fortunately, I thought better of it and provided the bow and fingers, but without the vibrato or bow pressure to create a good sound. Nonetheless, the beautiful music continued to the end. I was trembling when I finished, and as I sat down I began to shake even more violently (Bonny, 2002, p. 6).

She interpreted this pivotal mystical experience as if God was playing through her, and this was confirmed by others attending the performance. It initiated a period of experimentation with healing and prayer practice, and it also led to a year-long therapeutic working-through of personal issues that surfaced in the aftermath. Bonny was educated a music therapist and researcher and, among other activities, provided music for Grof's Lysergic acid diethylamide (LSD) sessions in Maryland Psychiatric Hospital. She discovered that music-listening in itself led to deep inner transformation and she focused on music as a therapeutic agent and put together the five stages that constitute the Bonny method of GIM: Prelude conversation and choice of focus; Guiding the client into an altered state of consciousness with relaxation or imagery; 30-45 minutes of music-listening and spontaneous inner imagery with an ongoing dialogue between therapist and client; Guiding the client back to normal state



of consciousness and doing a mandala painting; Postlude: verbal communication with the focus on integrating the experience. Bonny also worked with a group format – without dialogue during the music-listening. GIM was inspired by humanistic psychology (Maslow, 1964), Leuner's Guided Affective Imagery (1969), Assagioli's psychosynthesis (1965), research on altered states of consciousness (Tart, 1969), and many others. Bonny aimed at helping people to connect to music and to access transformational experiences. In order to build up to a 'peak experience' during the music-listening, Bonny put together music programmes of between two and seven movements by different classical composers, with programmatic titles such as Positive Affect, Emotional Expression, and Peak Experience. Each GIM programme had a specific affective-intensity profile and combination of supportive and challenging music pieces, often with one or more 'working pieces' in the middle or end of the programme. The role of the GIM 'guide' was planned to assist the 'traveller' and help him/her to deepen the experience. Since the creation of the method in the '70s, the GIM method has spread worldwide, and many new music programmes and adaptations have been created (see, for example, Grocke & Moe, 2014).<sup>2</sup>

## SACRED MOMENTS IN GIM

Bonny herself spoke of GIM and spirituality in an interview, where she stated that spiritual seeking always begins with dissatisfaction, for instance with materialism:

Spirituality is a means of transformation, a change of attitude, a search for answers for life and death; a deeper knowing of self which leads to relinquishing self in acceptance of others. A love of self and a love of others leads to regarding life as sacred. An acceptance of a power greater than self upon which to rely; a trust in the universe and in human capacities to care for each other and our world's ecosystems. (Bonny, 2001, p. 60)

This broad definition of spirituality fits well with the concept of sacred moments, as it encompasses love and the expansion, and the process of entering an experience characterised by increased acceptance, knowledge and trust. The GIM therapist Donna Beck described "epiphanous moments" of transcendence:

This discovery process or these epiphanous moments of light or truth are calls to transcendence. They speak of a care of the soul that engages persons in the process of stretching, reaching beyond their current way of being present to self and others in the world. In doing so, those involved arrive at a new way of understanding themselves. These moments may lead to a spiritual transformation of the heart and may be accompanied by a deepening desire to become more intimately connected with self, others, and the world. (Beck, 2001-2002, p. 76)

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<sup>2</sup> See also and *Approaches'* special issue *Guided Imagery and Music: Contemporary European Perspectives and Developments'* (Papanikolaou & Beck, 2017).

This quote includes the feeling of love and connectedness as core elements of spiritual development.

Grocke-Erdonmez, in her dissertation (1999), researched pivotal moments in GIM as moments of importance where a shift in therapy took place. A pivotal moment was defined as “an intense and memorable experience, that stands out as distinctive and unique within a GIM session” (Grocke-Erdonmez, 1999, p. 234). It might be an embodied experience, and it

occurs as something is transformed or resolved [...] [and] is a shift of the person's perspective on their life, which may include how they relate to themselves or others; and this may lead to a change in the pattern of their life experience.

(Grocke-Erdonmez, 1999, p. 234)

Music can underpin or provide momentum for the moment, and the therapist's intervention and presence can support it, but silence or non-intervention is important while the moment happens. The pivotal moments can be 'awful', so the content of the imagery is not always experienced as 'spiritual', but they are referred to as moments where the real change took place. I think that sacred moments could be seen as a kind of pivotal moment; that feel supportive but sometimes also challenging, and that have a transitional and lasting effect.

Some GIM researches have investigated the occurrence and characteristics of transpersonal experiences in GIM sessions. In a qualitative analysis of 128 GIM transcripts, Lewis (1998-1999) identified eight categories of transpersonal experiences based on Wilber's levels of consciousness (Wilber, 1993): 1) body change, 2) past lives/other psychic, 3) light/energy, 4) deep positive emotion, 5) archetypal/spiritual images, 6) wisdom, 7) unitive, and 8) space/time. Abrams (2000) analysed interviews with nine guides/travellers and found nine types of transpersonal experiences: 1) body and physicality, 2) healing and wholeness, 3) self, 4) relationship, 5) humanity, 6) life-meaning, 7) spirituality, 8) qualities of consciousness, and 9) ways of experiencing the music. All categories hold the possibility of a sacred moment; especially the category 'spirituality', described as “Transcendence of mortal boundaries, embracing sacredness or goodness, and encountering or identifying with souls, spiritual beings, or Spirit itself” (Abrams, 2000, p. 12). The “Ways of experiencing the music” are specific for GIM therapy as the traveller may experience: “apprehensions of the music's core depths (beyond its superficial qualities), instances of utterly embracing or merging with the music, and a sense of being expanded beyond conventional proportions through the music” (Abrams, 2000, p. 12).

The potential of music for eliciting a sacred experience in GIM has also been described by other authors. Beck (2005-2006) described how the client, through a deep listening attitude and process, can experience the music as a sacred space. Clark (1999, p. 60) described how “music is the fluid, unifying and energizing medium through which and in which the personality is transcended and unitive states are attained”. Lawes described the music as a container or matrix for the experience of the transcendent:

It is the finite, temporarily structured form-play of the music most especially that holds the traveler safely, his experience remaining bound-together and finite, even while opening to the radiance of the infinite with all the profound nurturance and healing that this may bring. (Lawes, 2016, p. 107)

Looking at the way of experiencing in GIM rather than the content of the imagery, Mårtenson-Blom (2014) described how the clients' relationship to the imagery and music could have different relational qualities, and ultimately can create an experience of letting go and surrendering into the music. Through a qualitative analysis informed by theories of intersubjectivity and phenomenology, she identified six relational modes in the GIM experience: 1) focus of attention (shared attention), 2) movement/direction (shared intention) 3) affectivity (shared vitality and affect attunement) 4) recognition and confirmation (shared and regulated coherence) 5) tension and non-confirmation (shared and regulated negative affect and difficulties) 6) surrender to something greater, letting go, transcendence (Mårtenson-Blom, 2014). The modes are not presenting in a linear process, but the relational mode of surrendering into the music and imagery experience (mode 6) was described to frequently occur after mode 5 (contact with conflict material). The experience of surrender in GIM could lead to a sacred moment. Looking at GIM in the light of intersubjective psychology adds to the understanding of the sacred moment as a moment of depth in a relationship, of giving oneself in to music and the inner worlds of one's psyche.

Even though GIM seems to open the door to transcendence and sacred moments, only a few GIM studies have investigated the outcome of GIM on spiritual well-being. In a survey study with 25 former GIM clients, Maack and Nolan (1999) found that 60% of the participants sought GIM for reasons of spiritual growth (other reasons were to get help with fear and anxiety, low self-esteem and self-understanding). When they were asked about different types of transpersonal gains, 68% reported spiritual growth, 60% discovered new parts of themselves, 40% felt less dependent, and 24% increased spirituality and intuition. In a mixed-methods study on GIM with cancer patients during active treatment, Bhana (2016) found a significant positive change of spiritual well-being after 3-4 sessions measured with the 'Spiritual Well-Being Scale'. In the qualitative part of the study, Experience of Spiritual Wellbeing was one of five categories found in an interview analysis, with the subcategories: 'experiencing the presence of god', 'soul/spirit healed', and 'feeling of gratitude'.

Below, I describe two case vignettes from my practice and two vignettes from other GIM colleagues. These vignettes aim to illustrate different types and aspects of sacred moments, some of which were discussed in the aforementioned literature.

## Case vignette 1

Ann, a 49-year-old saleswoman on stress-related sick leave after a heart attack, received six sessions of GIM for recovery and reorientation in her life. The vignette is based on session transcripts from a research study (see Beck, 2012), and has not been published before. Ann's main issues were to increase her love of herself, let go of her former work and physical distress. From her very first GIM travel, and in almost all of her sessions, during the music-listening she experienced a group of angels, barely visible, that accompanied her to her grandmother's garden from childhood, acknowledged her,

and invited her to play. The client was not religious and had no previous experience of meetings with angels.

In her third session, when Ann was listening to the 12-minute long *Adagio* from *Symphony No. 2* by Rachmaninoff, she shared the following:

The angels take me to a place, it is on another level than I have been before... they take me to an "abyss" of love... I am part of something far greater than I can understand...and filled with so much love... it is as if (I realise that)... this path I have to go all by myself... like some kind of rebirth...

The verbalisations came with long pauses, as she was deeply immersed in her experience. As a guide, I felt that something special was taking place. I was filled with awe, and I breathed deeply with her. I felt swept up in the waves of the beautiful orchestral music, building up to the peak moment at 6:17 where the experience was strongest. I tried to join her; seeing my own imagery of the place of love and the confrontation with the unknown. I did not intervene verbally, but from time to time made small sounds of affirmation so that she would know that I was with her, and I also checked in with her whether she could stay with the intensity of the experience. The moment can be interpreted as a shared moment, in music, with bodily resonance, and a shared sense of altered consciousness; even though I, as a guide, was closer to ordinary consciousness than the client.

Ann appreciated the whole therapy course, and it contained many other beautiful (sacred) moments. However, this moment became the most important moment and a turning point in the therapy. She told that she felt a turn in her life situation, where she started to realise that she needed to listen to her own heart; not fear what the future would bring but trust that she would be 'guided' in a good direction. In one of the other GIM travels, she met her mother, with whom she had not had any contact for many years. She took her to the place of love and healed their relationship with the help of the angels.

All components of the sacred moment were present in this example: timelessness, transcendence, expansion, boundlessness, contact with something greater than herself, a sense of connectedness and spiritual feelings such as love, grace, and awe.

### Case vignette 2<sup>3</sup>

Mohamed, a 52-year-old Gulf War veteran and refugee, had post-traumatic stress disorder (PTSD), back pain, headaches, sleeplessness, and depression. He frequently experienced involuntary outbursts of anger towards members of his close family, and afterwards he felt guilty and depressed and often isolated himself. He used to listen to classical music at home in order to cry and get some relief. He received 16 Music and Imagery<sup>4</sup> sessions with short music-listening periods of five to ten minutes without verbal interaction. He was seated on a chair; most of the time with eyes open. The format was

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<sup>3</sup> This vignette is based on data from a research study which included video recordings, session notes and an interview (Beck et al., 2017).

<sup>4</sup> Music and Imagery is a form of GIM with short music listening and no verbal interaction during the music.

termed 'Trauma-Focused Music and Imagery'. During his therapy, he worked with traumatic memories from war and torture in prison after he tried to escape from the army. He worked with his anger in relation to inhumane experiences, and how he could contain and control the anger in his everyday life with his family. Towards the end of therapy, he suffered from a severe physical illness. The illness made him think about religious issues, and a fear that God would reject him after his death because of his actions during the war. He decided to focus on this question while listening to music in his last session. The music I chose was more complex than usual, to give him a framework for this existential theme. Wagner's *Prelude to Lohengrin* is a very gentle piece with long passages with light, high notes played in the strings; but there are also two majestic orchestral peaks with drums for more dynamic imagery. Mohamed listened for the first time to a full piece with closed eyes. After listening, he drew a painting and explained:

I saw myself lying in my deathbed with my family gathering around. Then I saw myself being buried in the coffin. Then came a moment... where I was alone... but then the music came... and I saw something, maybe God, who said: "it is okay".

Mohammed was very touched afterwards and said that the experience was very intense and meaningful, and also nourishing. He felt that this 'something' that he sensed as God, finally accepted him as he was. Even though he did not know what to believe about life after death, he found some peace of mind. During the music, I sensed a peaceful feeling in the room. In the short Music and Imagery session, he transformed his anxiety of being alone and feeling rejected (so well-known from his everyday life) and reached a level of peace related to his existential question. I recognise that Mohamed's experience of meeting with God after his symbolic death has the characteristics of a sacred moment: it transcended time and space, he was in contact with something greater than himself, he had a sense of connectedness, and he had a feeling of awe. After terminating the therapy, an interview was carried out where he was asked if there was a specific experience that stood out to him. He said: "When I was feeling my anger, and you were beside me holding my hand and saying: it is OK". Maybe this experience of validation and acceptance from an earlier session was internalised so that he could now hear it from inside. During the interview, he also said:

We have been working with the music together, and I have felt like this: maybe a little hope of being able to go on. I have been working with verbal therapy [mentions two psychologists], but it is not enough for me. The music gives more peace for the soul; we have been working together the *three* of us – the music, and conversations.

This statement illustrates how he experienced the music as a third part in the therapy, enabling him to heal on a deeper level.

### Case vignette 3

The GIM client for this vignette is a 31-year-old advanced music therapy student, Maria, whose GIM guide was Charlotte Lindvang, with me as a supervisor. The vignette is based on transcript notes, and the sacred moment in this case was identified as such by Maria. The focus of the session was to explore feelings of loneliness. During the first movements (Haydn's *Cello Concerto in C, Adagio*, and Sibelius' *Swan of Tuonela*), Maria experienced a deep connection with nature at the beach, flew with the seagulls and was walking in the streets of a city. While she listened to Boccherini's *Cello Concerto No. 9 in B-flat major (Adagio)*, she saw herself climbing in a tree with her brother. She said: "He is good at climbing in the trees... He is a good friend. An excellent friend, that makes me feel completely safe [sighs]". Maria felt touched, tears running down her cheeks, and told that when they were children, they felt much freer, whereas growing up and being an adult was difficult and associated with being hurt or injured in some way. Listening to a Russian chorus singing *The Joy of Those Who Mourn*, the two different feelings of being child and adult merged in her. The guide asked her to let this feeling sink into her. While listening to the Dvořák piece *Serenade in E major (Larghetto)*, Maria imagined herself and her brother sitting apart on each their branch in the tree; Maria feeling concern for her brother. The guide asked her if she could say something to her brother, and Maria said aloud, "I love you, it is going to be all right". While the music came to a minor peak at 5:30-6:00 minutes, they hugged each other for a long time, and she felt her brother's hands on her back.

Maria took a long time to get back to a normal consciousness state, and she was quite moved by this experience. She drew a mandala of herself and her brother as tiny figures in a huge tree. The moment of hugging was a sacred moment, where she felt expanded beyond herself, and immersed in a deep sense of love, awe, longing, and connection. The experience represented a polarity to her focus of loneliness, and gave her a new way of thinking about herself and her connectedness with her brother, and maybe also with other people in her life. A while before the sacred moment, a painful experience of non-confirmation (woundedness) surfaced, followed by the integration and the intense experience of love, possibly transforming her sense of loneliness. The case is an example of relational depth in a sacred moment, where the relationship with the guide as a present and emotionally attuned companion added to the trust and serenity of the moment.

### Case vignette 4

This last vignette is based on a conversation with a GIM therapist, Christian, who described several experiences of sacred moments in GIM sessions. This experience occurred during GIM training in a group GIM travel to the programme *Mostly Bach*, a programme including several Bach movements arranged for symphonic orchestra by Stokowski. The programme is known for its spiritual qualities, its supportive strength and its breakthrough power. The first piece is the working piece, the 15-minute-long *Passacaglia and Fugue in C minor*, which upholds an ostinato in the bass of the organ throughout the piece, on top of which majestic melodies alternate between the strings and wind sections. The piece is characterised by increasing intensity and several great peaks where the deep brass instruments augment the ostinato figure. Christian's imagery to this music unfolded first as a

sensation of the music touching the body and making it increasingly lively. Later, the music was inside the body, and there was a sensation of powerful energy and expansion. Then, in his own words,

The great peaks were first experienced as thick and tall, almost vertical, beams of light in the room, each a distinct colour manifesting or dancing with the deep ostinato notes. At the next and even more powerful peak, it was as if I was dancing in the air, jumping from beam to beam, becoming one with the light and the sound, which at that time was as much vibration as music, and filling the whole room.

This sacred moment was closely connected to the experience of the music itself, and its energetic dimensions. It is characterised by expansion, boundlessness, contact with something greater than himself and, consequently, with transformation. There seems to be a transcendence of several boundaries in the experience of confluence with the powerful music. There is a sense of being able to move and dance freely in another level of existence, and ultimately an experience of identification with the energy, beauty, and strength of the music. Later in the programme, there are the more sweet and romantic pieces; and after the expansion and transformation of the first piece, there was, in the following movements, an experience of great release, more subtle beauty, and tears flowing freely.

One could speak of the meaning of the music that was sensed and integrated in an embodied way, creating a feeling of being connected with the subtle energies of Bach's music and, possibly, at the same time Christian was more connected with his own strengths and depths.

## Sacred moments in GIM case studies

These case vignettes are examples of sacred moments in GIM. In the GIM literature, an abundance of case studies convey experiences of moments that might be called 'sacred moments'. As in the four case vignettes above, these moments often come about after a confrontation with conflict, grief, and trauma.

For example, Beck (2005-2006), wrote a GIM case study about a man, S, who was sexually abused as a child, and consequently experienced imagery that was dark and restricted. In his third session, he experienced a great light (the music was the Elgar and Mozart pieces from the Positive Affect programme). S's first affective response to "What are you experiencing?" was a very positive one. "It was wonderful! I have the freedom to move where I want to be," he said quietly. As the music continued, he found himself gradually walking his way upward on a staircase. At the top, he described a "Great Light". He smiled and commented, "This is very nurturing..." Following the session, S stated that he felt "wonderful." (Beck, 2006, p. 50).

Blake (1999) described her work (Directive Music and Imagery for trauma work (DIM)) with Vietnam veterans. While listening to Canteloube's *Songs of the Auvergne* ("Brezairola") in his second DIM session, a veteran imagined going to a monastery:

We're there...! I can hear the choir singing in the church. [Therapist: What is it like there?] There's a sense of peace... you can feel there's no anger, no hostility, no tension, no stress. Just seems to be a lot of love. There is a lot of hard work showing. People are doing their chores. They don't look very comfortable though, but they look very happy. It's an enviable thing, the serenity and holiness of it all. There seems to be a lot of wisdom. (Blake, 1994, p. 10)

Later the client worked with the integration of the wisdom of the monastery in his life:

Maybe I can take the things I've learned from the monastery and go back to humanity [...] understand that if you look the monster straight in the eye, you can beat him... not run and hide. That's the wisdom. (Blake, 1999, p. 11)

Hence, the moment of the GIM experience is integrated as a new source of strength in the life of the client.<sup>5</sup>

## DISCUSSION

This article has focused on how sacred moments can be a way to conceptualise and describe spiritual experiences in GIM. Pargament et al. (2014) worked with sacred moments in verbal psychotherapy and found that clients and therapists could relate to the concept, that they seemed to take place frequently, and that they enhanced the outcome of therapy and the wellbeing of the client. As GIM is a psychotherapeutic method that is created to enhance 'peak experiences', it is not surprising that sacred moments seem to be recognisable and easy to find and describe. The four case vignettes and the examples from the literature illustrate that sacred moments do occur both in single sessions of the full Bonny method, and in modified GIM such as Music and Imagery, and Directive Music and Imagery (DIM).

The construct of a sacred moment might not cover all kinds of special moments in therapy. Other descriptions of moments in (music) therapy literature such as epiphanous moments (Beck, 2001-2002), pivotal moments (Grocke, 1999), significant moments (Trondalen, 2004) and the present moment (Stern, 2004) are not all concerned with the spiritual or transcendent experience, but might describe a moment of relational depth and positive emotions in a music-therapeutic meeting. When speaking about sacred moments, there is relational depth, and positive emotions, but also sometimes something very special and otherworldly.

In GIM, a sacred *moment* is not always a short experience of a few seconds but can unfold over a longer period of time, and in some cases the transcendent experience almost takes place over the whole GIM journey of 45 minutes. A moment might be a moment of expansion where a person can feel a sense of eternity. It constitutes a paradox that the moment is often not felt as a moment in time but rather as an experience of timelessness. Furthermore, the moment can be part of a process, a building up to a peak. Often the confrontation with conflict, trauma, and pain leads towards a breakthrough, release or healing experience. The emerging peak experience in the expanded state of consciousness

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<sup>5</sup> More examples of sacred moments can be found in case studies in Bruscia (2012) and Clarkson (2018).



is often characterised by intensity, high energetic load, and can be challenging to contain as it can go beyond the client's "window of tolerance" (Beck, 2015). That is one of the reasons why it is imperative that the GIM therapist has been trained well in the method. It is my experience as a GIM trainer, guide and traveller that moments of deeply transcending experiences frequently occur with healthy travellers as well as with clients in crisis, pain or illness.

Some GIM travels do not touch on any spiritual experiences, as they can go on in consciousness states closer to everyday consciousness and, often, inexperienced travellers will need some time to learn how to travel before they open themselves up for deeper states. Hence, not all GIM travels contain moments of meetings with extraordinary states, spiritual beings, or transcendental experiences; but there can be sacred moments of love or forgiveness when meeting with persons from one's life, beautiful experiences of being in nature, or experiences of listening and becoming one with music.

Spiritual experiences can be difficult to describe, as they occur in a state where words are not meaningful; or they transcend the reality that we use to describe with words. As these experiences seem to have a significant impact, it is essential to find ways for the therapist to recognise and validate them. Therefore, it can be useful for the therapist to have a concept, like 'sacred moments', where the word 'sacred' points to a dimension other than that of average daily life so that the client can feel seen and can integrate the experience as really exceptional, unique and valuable.

The occurrence of sacred moments in GIM seems to be supported by the altered state of consciousness, the structure of the music as a holding space, and the beauty of the music. The music in GIM can carry the listener and lift him or her into another dimension. In GIM, classical Western music is chosen because it contains specific musical qualities and constitutes a 'space' or matrix with a musical development that can mirror inner psychological development. Strong music pieces might carry the listener into a sacred moment, but only when the listener accepts the music and surrenders to the music. Bonny said:

The structure of music, the way music (especially great music) is put together, suggests a design in which a statement or theme is developed [...] often in an exploratory way [...] suggestive of working through conflict, and then the selection ends with a new understanding or new perspective on the theme. This can often suggest new understandings of old material, especially in the area of forgiveness, which leads to spirituality. (Bonny, 2001, p. 60)

Hence, it is essential to understand that a sacred moment can be a result of a process, and that the structure of the music can support the process. The sacred moments cannot be part of a manual or be planned for; they appear when the music is right, when the relational depth is built up, and when the client is ready for it. They appear as a gift. In case vignette 2, the client is alone after his symbolic death – and then the music comes and takes him to face God. The music is the helper. In case vignette 4 the music is the central carrier of energy and is central to the experience of beauty and oneness.

The altered states of consciousness come about as a response to the music, the relaxation, the imagery, and the contact with the guide, who upholds a supportive and empathic contact throughout the experience. The choice of music combined with the quality of the therapist's holding and presence

during the music experience are critical factors in the client's feelings of safety and ability to let go and open her/himself up for a sacred moment in GIM. In Music and Imagery, there is no guiding during the music (as in case vignette 2), compared to a full individual Bonny session with guiding. The sacred moment in a Music and Imagery session can only be narrated after the experience, although it can still be a shared experience between guide and traveller while the music is playing.

In all the case vignettes, the relationship with both the music and the therapist was central. Mårtenson-Blom (2014) described how the music and the relationship between therapist and client are merged in GIM; the feeling of safety and trust in the relationship is built up by the finetuning of the response to the client, both verbally, on a bodily level, and as a process of sharing intention, attention and affect. The sharing of a sacred moment takes place in a deep relational matrix of music, where the therapist contains and holds the client, breathes with the client, stays alert and present, witnesses and shares the client's depths with a meditative consciousness. The surrender becomes a shared surrender, and therefore a relational experience that has a reality and that can build up the therapeutic alliance. For clients with issues of distrust, a sacred moment can also serve as a corrective experience reminding of a safe way of experiencing closeness and trust with another person (the therapist).

To sum up, the sacred moment in GIM and in Music and Imagery sessions seem to occur:

- for all types of clients, independent of age, gender, state of health, faith or religion
- within a relationship
- as a response to vulnerability
- as a response to specific parameters/dynamics/elements in the music
- according to the context
- as part of a therapeutic process
- as a field of resonance between music, client and therapist
- in connection to/as an aesthetic experience
- in altered states of consciousness
- after an intense emotional/psychodynamic process
- spontaneously, as a gift

Referring to the case vignettes, the sacred moment seems to have an impact on the lived experience of the client, i.e., as a reference point that helps to keep one on track, or as a reminder of supportive powers.

## Educational perspectives

As the London conference invited perspectives of music in wellbeing and educational settings, it is worth mentioning that GIM in the short form, called Music and Imagery, has been adapted to individual and group work in many areas, both clinical and educational.

For example, Powell (2008) described nine years of work experience in a primary school where she taught students to use short music and imagery exercises by themselves during the school day. She explained that one seven-year-old student was not feeling well at an orchestra rehearsal and she was asked to listen to Pachelbel's *Canon in D* in her headphones and follow these written directions: take three long breaths, press the play button and let the music bring you what you need. After the

music and imagery exercise, the student told her teacher that she had a spiritual experience where God came down and helped to heal her, and that she felt much better and was able to stay in school for the rest of the day. This kind of practice was also used to help children to find a safe place, deal with emotions, manage interpersonal relationships, focus attention, decrease performance anxiety, and allow creative expression.

In Danish music therapy education, self-experience is a significant part of the curriculum in order to teach students to develop competencies of empathy and mentalisation that seem to be connected to the practice of music-listening and -playing. Music-listening practices in many educational settings could be a way to balance intuition and rational thinking, increase creativity, support the development of values and understanding, and help students on all levels, including increased self-care, stress-reduction and self-regulation (Lindvang & Beck, 2015). Using music-listening in education opens up an experiential space where sacred moments might occur, providing a possibility for the discussion of existentially meaningful topics.

The use of music-listening and imagery in therapy could perhaps inspire the application of short music experiences as a part of health practice in schools, education, churches, and organisations.

## The London conference – postlude

Being part of the conference in London in December 2017 was an exceptional experience, as the closeness and sense of community between the participants seemed to develop amazingly. Gary Ansdell, in the closing discussion, mentioned that using the “S” word openly was liberating, as we almost all had been carrying a need to share this kind of thoughts and experiences. The time may have come for further studies and communication around this important topic. A non-conceptual spirituality in music, education, and health services seems to be closely connected to psychophysical health and wellbeing for clients, patients and students, as well as for therapists, teachers and health practitioners. A possible next step from this article could be an interview-based study inquiring about sacred moments in GIM; or perhaps an outcome study with questionnaires investigating the spiritual health of clients. In Bonny’s own words from 2001 (p. 62): “In the future, I hope that there will be more attention to the music therapy field [...] researching the topic of music and spirituality”.

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## Ελληνική περίληψη | Greek abstract

## Ιερές στιγμές στη μέθοδο Guided Imagery and Music

Bolette Daniels Beck

### ΠΕΡΙΛΗΨΗ

Αυτό το θεωρητικό άρθρο εξετάζει μια σειρά από τρέχουσες απόψεις σχετικά με τις πνευματικές εμπειρίες στη μέθοδο Guided Imagery and Music (GIM) και περιλαμβάνει την προσωπική μου εκτίμηση του θέματος μέσα από μια σειρά μελετών περίπτωσης που απεικονίζουν την έννοια των «ιερών στιγμών». Οι ιερές στιγμές που προκύπτουν κατά την ψυχοθεραπεία έχουν περιγραφεί ως συγκεκριμένες στιγμές εμπιστοσύνης και αίσθησης του απεριόριστου που αλλάζουν τη ζωή και οι οποίες αποτυπώνονται στη μνήμη χρόνια μετά επηρεάζοντας θετικά την υγεία και την αποτελεσματικότητα της θεραπείας. Η βαθιά ακρόαση [deep listening] της μουσικής στη μουσικοθεραπεία φαίνεται να δίνει την ευκαιρία να δημιουργηθεί και να συμπεριληφθεί σε αυτήν η πνευματικότητα. Αυτό το άρθρο διερευνά τη φαινομενολογία των ιερών στιγμών όπως αυτές παρουσιάζονται στη μέθοδο GIM μέσα από τα παραδείγματα των περιπτώσεων που μελετήθηκαν: Πώς βιώνει ο πελάτης μια ιερή στιγμή, πώς μπορεί αυτή η στιγμή να γίνει κατανοητή και να ολοκληρωθεί, και τι επίδραση έχει αυτή η ιερή στιγμή στη ζωή του πελάτη; Τέλος, στο άρθρο συζητιέται ο βαθμός στον οποίο οι πρακτικές της Μουσικής και της Απεικόνισης [Music and Imagery] μπορούν να εφαρμοστούν στην εκπαίδευση και στην παιδαγωγική.

### ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, Guided Imagery and Music (GIM), πνευματικότητα, ιερές στιγμές

## ARTICLE

# Music, spirituality and wellbeing: Experiences of trans-subjective-participation in Guided Imagery and Music (GIM)

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### ABSTRACT

In this theoretical article I discuss case examples from Guided Imagery and Music (GIM), a music-centred form of psychotherapy. In GIM, the client's imagery experience evolves whilst listening to a sequence of pre-recorded music in an altered or non-ordinary state of consciousness. In the article I explore spiritual experience in GIM as it relates to the trans-subjective-participation in which I believe clients' personal experience to be grounded. This is at a level of consciousness which transcends individual existence, time and space, and even death. I illustrate my thinking with examples from work in palliative and bereavement care where clients have been able to experience the bonds with their loved ones being maintained beyond death, for instance. Such experiences of connectedness at a spiritual level can be very real for clients, even though they may be imagined. They are real-illusions, as I discuss, putting clients authentically in touch with the spiritual dimension, even though the latter as thing-in-itself remains utterly beyond imagining. Other case examples illustrate the collective dimension of trans-subjective-participation in GIM as this relates to trauma and its healing.

### KEYWORDS

The Bonny Method of Guided Imagery and Music (GIM), imagery, spiritual experience, altered states of consciousness, palliative care, bereavement, trans-subjective-participation, real-illusion

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### INTRODUCTION

Guided Imagery and Music (GIM) is a music-centred form of psychotherapy developed by American musician, music therapist and researcher Helen Bonny in the 1970s<sup>1</sup>. The process in GIM involves the client imaging whilst listening to 30 to 45 minute programmes of recorded music in a deeply relaxed state. This is in an altered or non-ordinary state of consciousness. The therapist provides non-directive verbal support, supporting the client to become as fully engaged in the experience as possible, open to the music and what it may bring. Imagery experiences in GIM can be those in every sensory modality

<sup>1</sup> GIM in contemporary practice is best understood as a spectrum of GIM and simpler Music and Imagery (MI) methods (Grocke & Moe, 2015), though a further elaboration of this is beyond the scope of this article. The case examples in the article come from individual GIM as originally developed by Bonny.

and include body-based experiences, feelings, memories and the experience of the music itself. Spiritual experiences often feature and are the focus of this article, which is illustrated with case examples from work in palliative and bereavement care.

I describe how spiritual experiences in GIM, whilst they may be imaginary, can yet be experienced to be very real in their own way. An experience of presence may be generated by the music in particular, which can have both personal and collective resonances. Through the imagery experience, this presence may be intimated to be one that continues beyond death. Although experiences of suffering and pain may sometimes be involved, the music-centred process in GIM has the potential to be transformative, bringing healing and peace. Developing a transpersonal theoretical perspective, I discuss how music as transformative presence can be associated with experiences of the trans-subjective-participation in which I consider clients to be grounded at an ineffable level, which transcends the bounds of individual existence, time and space, and even death (Lawes, 2016, 2017).

## THE MUSIC IN GIM

In GIM, carefully sequenced programmes of 2-7 pieces of classical (and sometimes other) music are used<sup>2</sup>. These are designed with different areas of psychological, emotional and spiritual exploration in mind, the therapist encouraging the client to “let the music take you where you need to go”. The imagery process evolves as a manifestation of the client’s inner process in response to the music. The therapist’s role is to provide non-directive verbal support<sup>3</sup> to help the client engage as fully as possible in the experience, open to the music and what it may bring. On this basis the process itself in GIM is likely to be able to do the rest (Bruscia, 2015).

The music has many roles to play. It can contain the client’s experience, is a catalyst for tension and release, and stimulates the flow and movement of the imagery. The music can induce shifts in consciousness, stimulate multi-modal imagery and generate body responses. It can act as a projection screen, helping clients to experience their feelings more fully and work through emotional conflict. The music can promote the exploration of relationships and of past and projected future experience. It facilitates creativity and problem-solving, transpersonal and spiritual opening, and can bring experiences of healing, transformation and integration (Bonny, 2002; Bruscia, 2015; Clark, 2014; Goldberg, 2002; Grocke, 1999).

Whilst recorded music may not in reality respond to the client’s needs, this is not necessarily true of the subjective experience of the music in GIM from the client’s perspective. The music effectively functions as intersubjective participant in the client’s imagery process (Lawes, 2016). In an uncannily fitting way, the music often seems to provide what the client needs, when it is needed, almost as if adapting to the client (Clark, 2014). Partly because of this, the music is traditionally considered to be the co-therapist in GIM. According to Bruscia (2015), the music in fact just as often functions as the primary therapist. This is when:

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<sup>2</sup> Classical music has characteristics that make it especially suitable for use in individual GIM (Grocke, 1999; Lawes, 2017). Other genres of music are also used, however, most especially in Music and Imagery (MI) (Grocke & Moe, 2015).

<sup>3</sup> The therapist does not guide the experience by suggesting what the client should imagine. Rather the therapist asks open questions intended to support the imagery to evolve spontaneously as an expression of the client’s inner process in response to the music.

The imager steps into the structures and processes unfolding in the music from moment to moment and begins to live within them, generating images and inner experiences that arise directly out of the music. And by living within these musical structures and processes as they continually transform themselves, the experiencer and the experience are similarly transformed. The entire phenomenon is intrinsically musical in nature, and similarly ineffable; and this seems to hold true, even when the imager tries to describe the experience verbally, using non-musical referents (e.g. images of an animal, person, situation, etc.). In fact, often the non-musical images and the verbal reports of them seem like mere artifacts of an essentially musical experience. (Bruscia, 2002, p. 44)

Bruscia describes here the music-centred nature of GIM, where the process is often the most fruitful for clients when they are deeply engaged in the imagery experience, and very connected, if not merged, with the music (Bruscia, 2015; Lawes, 2016). Though a piece of music or music programme may have a certain identifiable imagery potential in the work, the experience of the music can nevertheless be endlessly varied – even when the same music is used with the same client on different occasions (Lawes, 2016). A music programme can be thought of as representing a universal story of human experience, which the client personalises (Bruscia, 1999). The client unconsciously creates the experience of the music needed on a particular occasion, even creating the music itself, in a sense (Lawes, 2016).

## SPIRITUAL EXPERIENCES IN GIM

Experiences of healing and transformation are common in GIM, with psychological and spiritual development often proceeding hand in hand (Goldberg, 2002). Spiritual experiences are indeed extensively documented in the GIM literature (Abrams 2002, 2015; Clarkson, 2017; Dahlstrom 1991; Hintz, 1995; Kasayka, 1991; Lewis, 1998-1999; Mårtenson Blom, 2014; Shaw, 1995; Stokes-Stearns et al., 1998). A number of music programmes have in fact been developed with the aim of generating spiritual experiences, though in practice any music can potentially be the catalyst for such experiences. Spiritual or transpersonal<sup>4</sup> imagery recorded in the literature includes:

profound experiences of light; extraordinarily powerful or otherworldly physical sensations; deeply felt positive emotion; identity metamorphoses; collective experiences, or those involving a profound sense of identification with a community, culture, or all humanity; and unitive experiences, or those involving a sense of oneness. Other transpersonal experiences include encounters with sacred spaces, such as religious buildings, heavenly realms, or other transcendent domains; special objects possessing sacred power, wisdom, or healing potential; and supernormal presences or religious guide figures who impart wisdom, blessings, or love. In addition, some of these cases contain accounts of transpersonal experience explicitly described in terms of the music itself (in various ways). It is worthy of note that not all transpersonal experiences

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<sup>4</sup> The terms 'transpersonal' and 'spiritual' are often used interchangeably (Abrams, 2002).



in these cases are described as positive or pleasant, as some involved pain, fear, hellish visions, or a profound sense of lacking. Furthermore, certain cases convey the struggles of clients and guides in attempting to identify and describe transpersonal experiences, due to their characteristic elusiveness and ineffability. In certain instances, logically paradoxical language is employed as an attempt to express the verbally inexpressible. (Abrams, 2002, pp.105-106)

Whilst spirituality and religion may be closely tied, this is not necessarily the case. Indeed, in my exploration of music, spirituality and wellbeing, I take a secular approach to spirituality which does not adhere to any specific religion. I consider religious and spiritual ideas, definitions, stories and images to 'point towards' an ultimate reality that is completely ineffable, and as thing-in-itself beyond what can be grasped with words and images. Whilst it is beyond music too, music may also be uniquely suited to putting the individual in contact with spiritual reality, which can be understood to be imminent within and around him as the normally hidden (transcendent) essence of his experience of being and becoming (Grotstein, 2007; Lawes, 2013, 2016, 2017).

Let me tell you [...] there is something very odd indeed about this music of yours. A manifestation of the highest energy - not at all abstract, but without an object, energy in a void; in pure ether - where else in the universe does such a thing appear? . . . But here you have it, such music is energy itself; yet not as idea, rather in its actuality. I call your attention to the fact that this is almost the definition of God. (Mann, 1996, p. 43)

## REAL-ILLUSION

I continue with a series of case vignettes illustrating various aspects of music and spirituality in GIM that I consider to be of especial importance, beginning with the way in which spiritual experience can be considered to be both real and imaginary.

### *Case vignette 1<sup>5</sup>*

Mrs F, a client living with cancer, was listening in a GIM session to a piece of unaccompanied choral music, *The Joy of Those Who Mourn*, from an album of Russian Chant for Vespers. The imagery she reported involved being in a vast church. The experience of the music, she explained, was "very spiritual", with grace being bestowed upon her. She said she felt accepted and at peace – no longer judged as she had been feeling, the experience healing and transformative.

Music generated experiences of this type are common in GIM. Mrs F's experience was typical in the way it involved contact with spiritual depth that was both nurturing and transformative. Whilst

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<sup>5</sup> In GIM, the client reports his or her experience directly to the therapist who, as the experience continues to unfold, writes a transcript using the client's own words. The transcript is given to the client to take away afterwards. The imagery experiences described in the case vignettes are as reported by the clients, extracted from session transcripts.

such experiences may be imaginary, i.e., generated in the inner world of the imagination, they can be felt to be as real as everyday life experiences are. And this they may indeed be in the way they put the client authentically in touch with the spiritual dimension which as thing-in-itself is beyond what can be known directly. GIM experiences in this sense are real-illusions which provide mediated contact with the ultimate reality of human experience (Lawes, 2016)<sup>6</sup>.

## MUSIC AS HEALING SPIRITUAL PRESENCE

For Mrs F, the music seemed to be experienced as a healing presence which responded to her need at a deeply felt level. Work with Mrs V, a bereaved client, illustrates how the experience of music as presence may be associated with loved ones who have died.

### *Case vignette 2*

Mrs V had lost both parents in close succession. Whilst listening to Chesnokov's *Salvation is Created*, another piece of unaccompanied choral music from the Russian Orthodox tradition, she at first reported being in the presence of angels. These turned out to be her parents, who Mrs V explained had come to reassure her that they would continue to support her as she journeyed on in her life. Mrs H explained that this not only brought great comfort, but made her feel safe again. (see also Lawes, 2016)

For Mrs V, her imagery, which can be understood to be a manifestation of her experience of the music as healing presence, was at once highly personal (reconnecting with her parents) and at the same time transpersonal, the latter in the sense that she reconnected with her late parents in an imagined spiritual dimension beyond death, where they initially appeared as angels. In a later session, she connected not only with her parents but also with her ancestors. She experienced being deeply connected, indeed identified with them. In another session, she imaged her mother being healed beyond death and then becoming all-present at a spiritual level:

### *Case vignette 3*

Mrs V had been deeply troubled witnessing the suffering her mother experienced towards the end of her life. The music helped Mrs V to image her mother being healed in the afterlife which Mrs V explained was healing for her too. Mrs V then reached up through the earth's atmosphere where she described her mother had become an all-present cosmic ether. Mrs V reported connecting with her mother at this level to be an experience of profound peace.

For Mrs V and Mrs F, the experience of music as healing or spiritual presence was closely associated with visual imagery. Mr C, a palliative care client with a brain tumour, described how at a purely musical level the music was a presence which held him deeply and transformed his anxiety. He seemed to anticipate that it would be able to do so even beyond his death:

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<sup>6</sup> Experiences in the arts and religion generally are real-illusions in the sense being discussed here (Lawes, 2016).

*Case vignette 4*

Whilst listening to music in a deeply relaxed state, Mr C often told me “I am absorbed in the music, the music is absorbed in me”. He described how the music took away his anxiety as nothing else did. This was especially important for him as his brain tumour began to affect his ability to communicate verbally. He found himself taking “gibberish” to his wife as he described it which was frightening. Before we finished our work together, I asked Mr C to compile a list of his favourite music so that his wife and the health professionals working with him would know what music to put on for him as his condition deteriorated. When he gave me the list, he described it as the list of his “eternal friends”. His wife later reported that he died peacefully listening to one of these eternal friends, with no terminal agitation as his specialist palliative care nurse had predicted there may be.

## TRANS-SUBJECTIVE-PARTICIPATION: PART 1

In therapeutic work, the intersubjectivity of the encounter between client and therapist is key. This is where, as I conceive of it, intersubjective relating involves being simultaneously one with and separate from the other (Lawes, 2013, 2016). There is an intimacy of felt connectedness that can have both conscious and unconscious dimensions. The music in GIM, in its functioning as co-therapist, even at times primary therapist, can be experienced as if it were an intersubjective participant in the client’s process, responding to the client’s need in the moment (Clark, 2014). All the case examples above involved such intersubjective experience of the music.

At a deeper level of connection, presence and identification, the experience of the music is potentially one of trans-subjective-participation (Lawes, 2016), as is also illustrated by the case examples. Trans-subjective-participation underpins intersubjective relating and involves the intimation of a level of interconnectedness, and ultimately of oneness, which transcends individual existence, time, space and even death. Work with another client, Mr X, illustrates the different level of relating.

*Case vignette 5*

Listening to the climactic section of the first movement of Vaughan Williams *5<sup>th</sup> Symphony*, Mr X imaged dying as becoming light. Then, looking down on the world from above, he was not only able to imagine sending rays of love to his wife to support her as she grieved, but also see her with a new partner glowing in light and come to terms with this. He later imaged her dying and merging with him as light before they danced together in a hall with many others. This was whilst he was listening to Pachelbel’s *Canon* (see also Lawes, 2016).

In his imagery experiences, Mr X experienced being merged with his wife in love at various times. This was ultimately as the light in which they were no longer differentiated beyond death. Where such experiences of trans-subjective-participation involve being ‘one with’ at a deep level of unconscious identification, intersubjectivity involves a more differentiated level of interaction – of being simultaneously one and separate (Lawes, 2016). The image of Mr X dancing together with his wife is

suggestive of the latter, for instance. The images of being merged as light and of dancing together can thus be thought of as representing different levels of relationship, with the more differentiated level grounded in the transpersonal or spiritual level. The image of his wife meeting another partner after his death reflects the dynamics of relating experienced at a still more differentiated level. Here the deeper oneness of their loving bond is present at a more hidden, implicate level. This is as his wife leads a separate existence bound in love to another, before Mr X and she are united again after she eventually dies.

Mrs V's experience of being reconnected with her late parents at a spiritual level, where they first seemed to be angels, was also an experience of intersubjectivity and at a deeper level one of trans-subjective-participation. The intimation of her mother being healed in the afterlife and becoming omnipresent at an ethereal level can also be interpreted to be an experience of trans-subjective-participation. Similarly her experience of connecting with her ancestors.

These experiences were as real for Mrs V as those of Mr X were for him. Mr X in fact told me that his experiences in GIM were almost more real than his everyday life experiences were. He also explained that he realised the afterlife may not be quite as he imagined, implying that he understood the nature of his experiences as real-illusions. This realization seemed in no sense to take away from what he experienced or the impact on his wellbeing.

The experiences of these clients, as real-illusions, clearly illustrate the inevitably limited power of the creative imagination in attempting to grasp transcendent realities. The truth may indeed be as much masked as revealed by imagery of this type (Lawes, 2016). This is perhaps as inevitable as it is necessary if there is to be an authentic but at the same time manageable encounter with the spiritual dimension and the mysteries of what may or may not happen after death. For the clients, what was important was that the experiences were meaningful for them and felt real. It was this that seemed to result in the impact on their wellbeing.

In GIM, the clients who most benefit from the process are often those able to image sometimes very closely with the music and sometimes more independently from it, as is most conducive to what they need to experience from moment to moment (Bruscia et al., 2005). In other words, the client is sometimes more at one with the music and sometimes more separate from it, as reflects the dynamic nature of intersubjective relating. Experiences of trans-subjective-participation are typically those that involve the client being more deeply merged with the music. Mr X's powerful experience of dying as becoming light, for instance, involved him opening deeply, even surrendering to the music at its climactic point, with my encouragement (Lawes, 2016). He became one with the music, stepping into and being transformed by it in its functioning as primary therapist (Bruscia, 2002).

## EVOLVING ENCOUNTER WITH THE SPIRITUAL DIMENSION

Goldberg (2002) discusses how psychological and spiritual growth need to proceed hand in hand in GIM with clients sometimes moving in and out of spiritual states in the midst of other types of work. She also discusses how clients sometimes seek spiritual transcendence in GIM without wanting to work on their everyday psychological issues. The problem here is that there needs to be sufficient ego development before there can be ego transcendence (Goldberg, 2002). The spiritual dimension of experience may indeed be challenging to assimilate. Spiritual emergencies (Grof & Grof, 1989), for

instance, are experiences that may seem to be manifestations of mental illness, even psychosis, but are also potentially experiences of spiritual emergence and growth. That is if they can be successfully assimilated, which requires sufficient ego maturity and sometimes specialist support (Goldberg, 2002).

Often in GIM, work may need to be done before the client is ready to open fully to the spiritual dimension. The next case example is a condensed account of Mr C's imagery process as it evolved over the course of the 11 GIM sessions he attended. The spiritual dimension of experience, with its close association with death, which Mr C was reluctant to discuss openly, seemed to threaten at first:

#### *Case vignette 5*

Early in his GIM process, Mr C found himself beside some woods which he said looked both endless and dark. He decided not to go into them. The woods seemed to represent his first intimation of death and potentially of transcendence. This was as something threatening which he was not yet ready to face.

Several sessions later, as he became used to the process and where the music took him, Mr C found himself walking through some woods. When I asked him about this, he reported that it was a pleasant experience. This is typical of the way that in GIM, an initially threatening image can be engaged with when the client is ready, and can cease to be a threat. As Mr C continued to traverse the woods with Chesnokov's *Salvation is Created* playing, he explained that there was a choir above him. It was "not of the human realm" he said. He was not able to say any more about it and did not seem ready to engage more directly with the image.

A few sessions later, I selected a music programme featuring similar choral music, this time from the Rachmaninov *Vespers*. Mr C said that the non-human choir was above him once again and that he could merge with it. I encouraged this. Mr C let go of the feelings which he had been bottling up and wept. He later described the experience as a "letting go of the spirit" which involved floating up above the earth. This seemed to be a way of practicing dying, anticipating what it may be like, as many palliative care clients do in my experience in GIM, whether in a similar or in a slightly different way (Lawes, 2016). Mr C explained afterwards that the experience had not only been very emotional, but also very helpful. It had relieved him of a great deal of the burden of anxiety which he had been carrying.

In the following sessions, Mr C found himself easily able to repeat the experience as he floated above the earth, looking down on it. In this liminal space 'between worlds', he completed a number of important tasks. Most especially, he reviewed his life and marriage in imagined conversations with his wife which afterwards became real conversations with her. He also imagined that he would continue to be able to look down on his wife from above after his death and look after her.

Soon Mr C began to sense angels supporting him as he floated above the earth. In what turned out to be his final session, he reported that the angels had become huge. Then something made Mr C look upward, which he had not done before. He explained "that is where God is – where I am going – my wife will

follow later". At the end of the session Mr C hugged me as he had not done before. I think we both sensed that our work together was completed. Mr C later died listening to one of his "eternal friends" as discussed above.

Mr C's wife wrote to me afterwards, explaining that she felt it was the GIM which most helped Mr C come to terms with death and dying. The initial dark and threatening vastness of transcendence gave way to an intimation of a heavenly choir with which he could merge in an experience of trans-subjective-participation. This required an emotional 'letting go', which he was initially not ready for. Once he was, the spiritual dimension became something benevolent and even welcoming as he moved towards death with support provided by the angels and the music.

## FROM DARKNESS TO LIGHT

Whilst the experience of the music seemed always to be a positive one for Mr C, the music can in fact be apprehended in many different ways in GIM, even the same music on different occasions. The next case example illustrates how, for Mrs F, the first client discussed above, the experience of the music changed over time. Whilst she sometimes found the music disturbing when we began the work, probably influenced by the ongoing impact of childhood trauma, it was also the music that brought healing, transformation and an opening to the spiritual dimension.

### *Case vignette 6*

In her first GIM session, I asked Mrs F about her experience of the slow movement from Beethoven's *5<sup>th</sup> Piano Concerto* at one point, the music she was listening to in an altered state of consciousness. Mrs F told me that the music was loud, dissonant and overwhelming. This was during a fairly quiet passage near the end of the movement played at low volume - the music of a type that might otherwise be considered to have a supportive profile (Bonde & Warja, 2014).

Mrs F explained that as an 80-year-old woman she felt lost, alone and fearful. She had no family, and as a child had been frightened of her "cruel" mother when growing up during the Second World War. The impact of her parents separating when she was three seemed to have been especially traumatic. She described having felt a sense of malevolent presence during her childhood years which she said she still experienced at times. This had Nazi and other associations for her. Mrs F also suffered from eczema. She described the itching of her skin to be something that tormented her day and night.

Whilst at first the music sometimes seemed to carry her trauma, it was also the music that became the agent of transformation for her. Whilst listening to the second movement of Gorecki's *Symphony of Sorrowful Songs* in an early session, for instance, Mrs F found herself in a dark place. The music, she explained, was not only sad but also incredibly beautiful as she began to feel its transformative presence with her in her isolation and fear. After this, the Adagio from Boccherini's *Cello Concerto* had a deeply healing affect. In her imagery, Mrs F described how someone had applied balm to her skin so that the tormenting

symptoms of her eczema disappeared completely. Then whilst listening to a Russian Folk Song *O, the sweet night steppes*, she described the solo voice to be a strong woman enfolding her.

Mrs F described on many occasions how very angry she felt about being let down, rejected and misunderstood by others. Sometimes, she seemed to be stuck in the repetitive negative thought patterns associated with this, completely unable to perceive anything more positive about her life. GIM seemed to be especially useful in helping her move beyond this, the music always having a key role to play. The image of the man applying balm to her skin, the disappearance of the symptoms of her eczema, at least temporarily, and the voice enfolding her, suggest that the music then came to function as a psychological 'skin' for her. Given that Mrs F remembered so very few experiences of being held and nurtured, the music provided something that was much needed. It gave her access to inner resources that she could not easily connect with otherwise. It also later transpired that it was in the music's functioning as a transformative, holding presence that its potential to open her to the spiritual dimension lay.

## PERSONAL, COLLECTIVE AND SPIRITUAL

As the work with Mrs F continued to evolve, a pattern emerged in which she quite often described the music to be overwhelming at some point, associated with traumatic memories, her eczema, or both. This was, however, never overwhelming in an unmanageable way. The experience could always be productively worked through as psychological, emotional and spiritual meaning became attributed to it. It was this that led to transformation, healing, peace and positive spiritual opening, with the music always central to the experience.

Music's containment of the experience of grief, both personal and collective, often featured. In one session, there was an especially traumatic collective experience of dying, as Mrs F described it, which had spiritual connotations. The following is an account of the second half of her music and imagery experience during that session, the final part of which is included in case vignette 1 above:

### *Case vignette 7*

As Mrs F was listening to the *Adagio* from Boccherini's *Cello Concerto* (which had been so healing before), the symptoms of her eczema intensified. She felt as if her skin was burning and that she was being punished, even that the music was angry with her – "what have I done wrong: I need healing". Mrs F had already told me about an experience of what she identified to be past-life regression. This had occurred some years previously during a hypnotherapy session. The experience was of being burnt to death as one of a group of religious heretics in the Middle Ages with whom she identified spiritually. Mrs F told me that the burning sensation on her skin, which she reported during the session being described here, involved her re-experiencing this traumatic past-life event which was also a collective one.

The experience was worked through and its intensity lessened. Then whilst listening to *The Joy of Those Who Mourn* from the album of Russian Chant for

Vespers, Mrs F experienced what she felt to be the mass mourning of women who had lost loved ones in the First and Second World Wars, her mother being one. She described the music as beautiful but sad, the women expressing their deepest feelings. In spite of the sadness, there was a still, calm atmosphere. Mrs F explained that she was receiving healing with the burning sensation on her skin completely gone. I repeated the music five times in a row, encouraging Mrs F to open to the experience as fully as possible, so as to help her deepen and consolidate the experience. It was during the midst of this that Mrs F told me that she was receiving grace. This was as part of what she described to be a “very spiritual” experience. She said she felt deeply at peace within herself, no longer judged and finally fully accepted for who she was.

In subsequent sessions, Mrs F experienced similar narratives of transformation and healing, the music always being at the centre of these. Significantly, she never reported the music to be overwhelming again. She imaged the “stairway to heaven” bathed in light and began to be able to anticipate dying as a journey into light, rather than into hellish torment and punishment associated with personal or collective trauma.

## TRANS-SUBJECTIVE-PARTICIPATION: PART 2

Mrs F’s experiences of collective identification can be accounted for in relation to the psychology of her inner experience at a purely personal level. Yet as real-illusions, her experiences may also in some very real sense have been what she felt them to be as experiences of trans-subjective-participation. As discussed, trans-subjective-participation involves a sense of participation in an experience of subjectivity and presence that, whilst it may have highly personal resonances, is yet grounded at a level of consciousness which transcends the bounds of an individual’s life, time and space as ordinarily experienced. The examples from the work with Mrs F bring out the collective dimension that such experience can have. It is important, I believe, to remain open to what such experiences may be ‘in reality’ and resist the temptation to explain them away too narrowly. A conventional psychological explanation may be perfectly credible and valid in its own way. At the same time, there may be more to these experiences that can be reductively accounted for by any one, inevitably limited, perspective.

A final example of trans-subjective-identification illustrates what appeared to be the tuning into a collective, even global-scale experience by Mrs V. This had a striking element of synchronicity.

### *Case vignette 8*

At the end of an extended 50-minute GIM experience, whilst listening to the first movement of the Rouse *Flute concerto*, Mrs V imaged “souls passing”. The experience, which was a very emotional one, she described to be a “lament for souls”. Significantly, she had had no sense who these souls were – they seemed to have no personal connection with her. After the experience, she explained how the souls were both separate and one, with a light at the center of each which held the infinite. It was the spiritual atmosphere of the music, with its quasi-Celtic, ethereal flute melody and soft accompanying strings, that seemed to have brought the image. The experience was full of meaning and significance, Mrs V



describing what a privilege it was to experience things like this in GIM, even if the meaning and significance were not clear to her.

A couple of hours after the session, the Paris terror attacks began. This gave Mrs V's experience an entirely new dimension of potential significance as one of trans-subjective-participation. It appeared that Mrs V may have tuned into consciousness at a collective level, in anticipation of an event of global impact that was about to occur (see also Lawes, 2016).

Whilst I cannot claim with any degree of certainty that Mrs V's experience had a connection with the Paris terror attacks, what I have learned as a GIM practitioner in relation to client experiences such as hers is to keep a very open mind. This involves my needing to be able to accept and help clients explore the meanings which they may attribute to their spiritual experiences, which are reflective of belief systems which may be very different to mine. Mrs F's past-life experience, as she identified it (described above), is a good example of this.

Past-life experiences are also reported on by Clarkson (2017) in GIM work with a non-verbal autistic adult. The client told Clarkson using Facilitated Communication during the music listening that she, Clarkson, had not only played in Wagner's orchestra, but also that she had been the client's father in ancient Greece when he, the client, had no problems communicating and was a wise teacher and musician. Clarkson describes how important it was for her to be able to accept the client's spiritual insights about his and her past-life experience, which challenged her own belief system but also helped the client find meaning in his own current incarnation as someone with autism.

## DISCUSSION

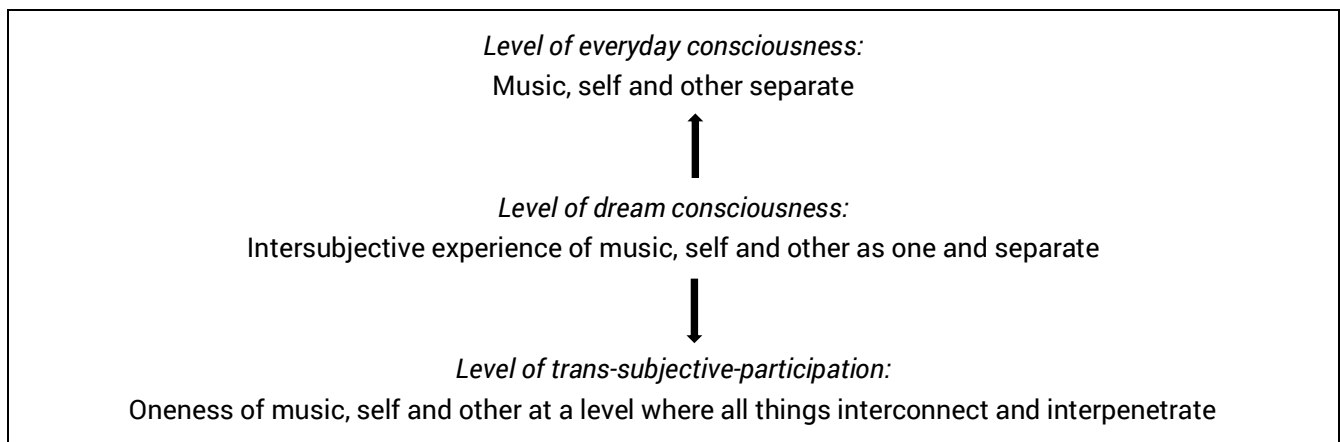
The music in GIM, as the examples illustrate, can generate experiences of trans-subjective-participation in a remarkable way, which can nurture psychological, emotional and spiritual wellbeing. As real-illusions, these experiences are suggestive of the interpenetration, interconnectedness, and ultimately the unity of all people and things across time and space, as has long been proposed in the world's great religious and spiritual traditions. Interestingly, scientific research is beginning to be undertaken into the way that people may be connected in consciousness globally on occasions of great celebration or tragedy<sup>7</sup>. The Paris terror attacks are an example of the latter, with experiences similar to that of Mrs V reported in the GIM literature associated with 9/11, for instance (Creagh & Dimiceli-Mitran, 2018).

Experiences of trans-subjective-participation in GIM can also be understood to be those of quantum physicist Bohm's (1980) "implicate order". Bohm proposes this to be the common ground of both mind and matter at a level where everything and everyone is instantaneously connected in theory across all of time and space. Bohm believes music to be a direct experience of the "flowing undivided wholeness" of the implicate order. This I explore elsewhere, integrating Bohm's insights with perspectives from transpersonal psychology, psychoanalysis, music theory, and the pre-modern wisdom of the great yoga and meditation traditions (Lawes, 2017). Through this integration, I develop

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<sup>7</sup> See the work of the Global Consciousness Project: <http://noosphere.princeton.edu/>

a model of levels of consciousness which can be used to understand experiences in GIM, including those of trans-subjective-participation (Figure 1):



**Figure 1:** The experience of music, self and other at different levels of consciousness in GIM

In this model, dream consciousness mediates between everyday consciousness and the spiritual ground of consciousness within and beyond at the level of trans-subjective-participation. Mental and spiritual growth, and an individual's sense of wellbeing more generally, depend on a successfully mediated contact with this ineffable ground-of-being, contact with which would otherwise overwhelm (as in psychosis or trauma, for instance) (Grotstein, 2007; Lawes, 2013, 2016, 2017). It is in relation to this ground that dream experiences, which are sensory based and structured in space and time, and thus finite, cannot but be imaginary. They mediate that which as thing-in-itself is infinite and formless, non-sensual, timeless and spaceless, beyond all conventional forms of knowing. In this sense, dream experiences are irreducibly both real and imaginary. They are real-illusions which, especially in the case of music-based dreaming in GIM, allows a type of experiential resonance with the infinite to occur. This makes the experience of the infinite mentally palatable and meaningful as it would not otherwise be (Lawes, 2016). Thus, in GIM, both the music itself in its functioning as dream-form (Lawes, 2013, 2017), and the dream-like imagery experience generated in response, mediate between the finite and infinite dimensions of consciousness, with the deeper experiences being the more spiritual, or infinite ones.<sup>8</sup>

As the work with Mrs F illustrates, experiences in GIM can also be associated with pain and suffering, both individual and collective, as well as with the transformation and healing of suffering. The work with this client also demonstrates how personal and subjective the experience of music can be. This is even the case with the experience of the same music on different occasions. For Mrs F, at times the music initially seemed to carry the experience of trauma, as when in the first session she described it to be overwhelming and dissonant, for instance. This suggests that her traumatic experience was not dreamt, meaning that in relation to her trauma, the infinite dimensions of

<sup>8</sup> Elsewhere I develop further a way to understand music's mediation of the infinite (Lawes, 2017). Drawing on Ehrenzweig's (1967) and Bohm's (1980) work, I discuss music to be governed by an inner necessity which can be understood to be a manifestation of the necessity governing the unfolding of the universe at large, with which the composer has attuned. Music in this sense can be considered to be a manifestation of spirit-in-action, with which the client attunes. This occurs as the necessity of his imagery process unfolds in alignment with the inner necessity which governs the music's unfolding.

consciousness were not successfully mediated. As her process evolved, it was the music that allowed states of physical, psychological, emotional and spiritual distress to be worked through – that is, dreamt. The process involved her aesthetic experience of the music containing and transforming experiences of loss which were very deeply felt. This seemed to allow her childhood trauma to begin to be dreamt (or processed) for the first time. This, in turn, seemed to be necessary so that she could begin to anticipate death as a journey into light.

As Mrs F was able to surrender more deeply to a music selection when I repeated it<sup>9</sup>, which I did in many sessions, she became more deeply held within the embrace of the infinite which the music mediated for her, resulting in her identifying the experiences to be spiritual ones. She wanted to rest in and assimilate these experiences, rather than to talk about them. The more numinous experiences in GIM are indeed very difficult to describe (Bush, 1995), and do not need to be described to have their effect. As Bruscia (2002) suggests, such experiences of music as primary therapist are essentially ineffable ones even when there is some type of imagery content associated with them. The music allowed Mrs F to transcend her difficulties as very little else did as she journeyed towards the end of her life. She had found that there was a way through the pain and even torment of her inner experience, leading to peace, spiritual blessing and acceptance.

As someone who experienced a traumatic childhood and had such a poor relationship with her mother, Mrs F seemed to have an especial sensitivity to collective trauma and grief. I have noted this with other traumatised clients. Mrs F's past-life image of being burnt to death was an especially striking example, however it might be understood psychologically. Finally, Mrs V's experience of souls passing, which may have arisen through collective attunement in anticipation of the Paris terror attacks, was once again one where the music was central in the generation of the imagery with its infinite dimension, as she herself described it.

## SUMMARY: MUSIC-GENERATED EXPERIENCES OF TRANS-SUBJECTIVE-PARTICIPATION IN GIM AND BEYOND

This article describes how the music in GIM can be experienced as a transformative presence which has the potential to put clients in touch with the trans-subjective-participation in which everyone and everything can be understood to be connected and ultimately one at a spiritual level. The real-illusion of trans-subjective-participation is experienced in GIM as the client goes deeply within, open to the music and what it can bring. It is because the clients are in an altered state of consciousness, akin to dreaming awake, that such remarkable experiences of trans-subjective-participation can occur.

Beyond GIM, all manner of other active and receptive music experiences have the potential to open consciousness to dream awake (Campbell, 1968; Lawes, 2013), both in therapy and in everyday life. This gives music the potential to generate the real-illusion of trans-subjective-participation in many different ways and in many different contexts, and this participation contributes to individual and group wellbeing. These areas –which are beyond the scope of this paper– would benefit from further exploration in the future.

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<sup>9</sup> Repeating an individual musical selection in GIM is an important clinical technique, originally developed by Summer (2011).

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## Μουσική, πνευματικότητα και ευεξία: Εμπειρίες υπερ-υποκειμενικής συμμετοχής στη μέθοδο Guided Imagery and Music (GIM)

Martin Lawes

### ΠΕΡΙΛΗΨΗ

Σε αυτό το θεωρητικό άρθρο εξετάζω κάποια παραδείγματα περιπτώσεων από την εφαρμογή της μεθόδου Guided Imagery and Music (GIM), μιας μουσικοκεντρικής μορφής ψυχοθεραπείας. Στη μέθοδο GIM η εμπειρία των απεικονίσεων του πελάτη εξελίσσεται τη στιγμή που ο ίδιος ακούει μια σειρά από προ-ηχογραφημένες μουσικές με τη συνείδησή του να βρίσκεται σε μια μεταβαλλόμενη ή ασυνήθιστη κατάσταση. Στο άρθρο διερευνώ την πνευματική εμπειρία που ενυπάρχει στην GIM, καθώς σχετίζεται με τη δια-υποκειμενική συμμετοχή [trans-subjective-participation] στην οποία πιστεύω ότι εδρεύει η προσωπική εμπειρία των πελατών. Αυτή η εμπειρία βρίσκεται σε ένα επίπεδο συνείδησης που ξεπερνά την ατομική ύπαρξη, τον χρόνο, τον χώρο, ακόμα και τον θάνατο. Οι σκέψεις μου διευκρινίζονται εδώ μέσα από παραδείγματα από την εργασία μου στον χώρο της ανακουφιστικής και της παρηγορητικής φροντίδας όπου, για παράδειγμα, οι πελάτες μπόρεσαν να βιώσουν τους δεσμούς με τους αγαπημένους να διατηρούνται και πέρα από τον θάνατο. Τέτοιες εμπειρίες σύνδεσης σε πνευματικό επίπεδο, ακόμη και αν κατασκευάζονται από τη φαντασία, μπορούν να είναι πολύ πραγματικές για τους πελάτες. Όπως αναφέρω, είναι πραγματικές ψευδαισθήσεις [real-illusions] οι οποίες φέρνουν τους πελάτες σε μια αυθεντική επαφή με την πνευματική διάσταση, παρ' όλο που η τελευταία ως πράγμα από μόνη της [thing-in-itself] παραμένει εντελώς πέρα από την φαντασία. Άλλα παραδείγματα περιπτώσεων περιγράφουν τη συλλογική διάσταση αυτής της υπερ-υποκειμενικής συμμετοχής στη μέθοδο GIM, όταν αυτή σχετίζεται με το τραύμα και τη θεραπεία του.

### ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μέθοδος Guided Imagery and Music (GIM) της Bonny, απεικόνιση [imagery], πνευματική εμπειρία, μεταβαλλόμενες καταστάσεις συνείδησης [altered states of consciousness], παρηγορητική φροντίδα, πένθος, υπερ-υποκειμενική συμμετοχή, πραγματική ψευδαίσθηση [real-illusion]

## ARTICLE

# Exploring the “thin place” between life and death: Compassion-Focused Relational Music Therapy (CRMT) for terminal agitation in advanced cancer in a hospice setting

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### ABSTRACT

Delirium and agitation are highly prevalent in the last days of life for cancer patients and can be distressing for patient, family and staff. Although guidelines recommend meticulous assessment of spiritual and psychological factors and a holistic response, in practice sedation is commonly used (particularly in hospital settings) in spite of ethical, professional and family ambivalence and mis-communication around this practice. A Compassion-Focused Relational Music Therapy (CRMT) approach proposes that the “thin place” between life and death can be explored and held within music, potentially reducing patient, family and staff distress (a ‘triangular model of suffering’) and provide an important bridge between care-giving and bereavement. A mindful approach (breath, body-awareness, compassion) integrates with the use of ‘vocal holding’ and ‘lullament’ in order to support the elements of a ‘good death’; safety, peace, love, forgiveness and letting go. This article describes a case study of a CRMT intervention with a hospice patient dying from mesothelioma. It also presents a mixed-methods feasibility study research protocol.

### KEYWORDS

palliative care,  
advanced cancer,  
terminal agitation,  
music therapy,  
mindfulness,  
compassion,  
spiritual care,  
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### INTRODUCTION

*How people die remains in the memory of those who live on*

Dame Cicely Saunders

As a hospice-based music therapist, I have often been called to the bedside of an agitated or delirious cancer patient in the last days or hours of their life. Usually the most pressing need is to

offer support to anxious family members, distressed by their loved one's agitation. Staff may have had this anxiety directed towards them, which can create a stressful atmosphere on the ward.

We know that communication between families, patients and staff in the last days and hours is crucial (Neuberger, 2013). Compassion-Focused Relational Music Therapy (CRMT) aims to support a delicate and potentially fraught relational triangle, which includes patient, family and hospice staff. This music therapy intervention aims to "steady the ship" and provide patient and family with a 'held' space within which meaningful last words and acts can occur.

Staff have told me that music therapy can relieve agitation for the patient, soothes and supports the family and thus relieves their stress. Families have said that they observed a change in, or made an important connection with, their loved one. At post-bereavement meetings, families reported feeling that the intervention helped them to feel calm and less fearful, and that it left them with a lasting positive memory of the death.

Music therapists have been evaluating their work in palliative care for over 40 years (Munro & Mount, 1978), and in 2007 over 60% of US hospices offered music therapy (Bercovitz, Sengupta, Jones & Harris-Kojetin, 2007). Despite evidence of acceptability to other professionals, patients and families (Demmer & Sauer, 2002; O'Kelly & Koffman, 2007), there is limited high-quality evidence reporting effectiveness for palliative care outcomes including pain (Gutsgell, 2013; McConnell, 2016) anxiety (Palmer, Lane, Mayo, Schluchter & Leeming, 2015), quality of life, (Hilliard 2003) and self-reported spirituality (Wlodarczyk, 2007). To date, no evidence of effectiveness exists for music therapy for terminal agitation; although one small, uncontrolled study shows reduction of agitation with prescriptive harp music during the dying process (Freeman, 2006). Another study reports that music therapy and progressive muscle relaxation reduced anxiety and fatigue and increased quality of life in family caregivers of hospice patients, although again the strength of evidence is weak (Choi, 2010).

A review of the qualitative evidence for music therapy in palliative care and oncology describes the meaningfulness and importance of music therapy for patients, their families and staff. (O'Callaghan, 2009) A recent systematic review reported evidence of effectiveness for music therapy and behaviour disorders, anxiety and agitation in advanced dementia. (Gómez-Romero et al., 2017) This may provide enough of a signal to warrant investigation in an advanced cancer population who may share neuro-psychological characteristics at the end-stage, including delirium, agitation, anxiety and cognitive dysfunction (Macleod, 2007).

## What is Compassion-Focused Relational Music Therapy (CRMT)?

Compassion-Focused Relational Music Therapy (CRMT) is described in the following case study of a hospice patient in the last days of life. Compassion-focused refers to a mindfulness-based approach to care, grounded in a mindfulness training and in an embodied, daily practice. There is some evidence that introducing mindfulness to hospice teams reduces distress, improves compassion and the ability to be with uncertainty (Bruce & Davies, 2005). Compassion can be described simply as the Buddhist philosophy of "metta" (loving-kindness), generated by practice of self-awareness and self-compassion (Gilbert, 2005). Relational refers to the focus on relationships in the therapy. My thinking about and response to the agitated patient, family in the room and staff dynamics is informed by

attachment theory (Bowlby, 1999) relational psychotherapy (Slochower, 2013) and family systems therapy (Broderick, 1993). The integration of these theoretical and practical techniques – although not necessarily unique – is described here as CRMT and represents the bringing together of Western psychodynamic and Eastern philosophical and practical approaches that I have found helpful in working at “the thin place”.

This paper goes on to describe a clinical encounter with a patient experiencing terminal agitation and his attending family, and a music therapy intervention (CRMT) in a hospice setting. I then present a review of evidence highlighting the complexity of terminal agitation and ethical issues around sedation, and a research protocol which –if funding were secured– could add to a growing evidence base to support the need for creative psycho-social-spiritual interventions such as music therapy to support patients and families at the end of life.

## CASE STUDY<sup>1</sup>

Richard was an engineer in his 60s with pleural mesothelioma (an aggressive malignant lung disease, usually caused by exposure to asbestos). Richard had been admitted to the hospice in-patient unit for symptom relief and end-of-life care due to refractory breathlessness and anxiety that could not be managed at home. Doctors were prescribing low-dose morphine for the breathlessness and midazolam for the anxiety, and he was on continuous oxygen. I met with Richard soon after his admission and he had enjoyed my singing with a Tibetan bowl, precipitating a conversation about Eastern spirituality and a short, shared mindfulness practice (sitting together, relaxing the body and allowing the breathing to down-regulate). He was not interested in chaplaincy. The session had reduced his anxiety and breathlessness and he had been able to sleep post-session without the aid of anxiolytics.

The day before Richard’s death, the staff requested another music therapy session. The team were concerned about the dynamic in Richard’s room where his current partner and daughter from his first marriage were in attendance. Tensions between the two women were running high; each wanting to be at the forefront, competing for Richard’s attention and to be the most useful, the most loved and loving. Richard was agitated and delirious, attempting to get out of bed, take off his oxygen mask and crying out, exacerbating both family and staff anxiety. The doctor on duty was concerned; Richard was on the maximum dose of sedatives/opioids without being deeply sedated and the situation with the family was becoming hard to manage. Could I come and “do something”?

Before entering Richard’s room – feeling anxious myself at what felt like a huge responsibility – I paused for a moment at the door to use specific mindfulness techniques (watching and steadying my breath, becoming aware of bodily sensations of anxiety and grounding through my feet) in order to arrive in the best possible state, ‘tuned-in’ and ‘tuned up’. Once in the room and after introductions, I suggested these techniques to support the distressed family members (an invitation to sit, to breathe, to relax and steady the body).

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<sup>1</sup> People’s names are disguised.



This “held” the situation, alleviating immediate high-octane distress in the caregivers, so that I could then turn my attention to Richard. Being directive in this way afforded a grounding focus for Richard’s family who were feeling helpless and frightened. Once seated close to Richard, and including the by-now settled partner and daughter in the tableau by the bed, I used simple musical tools – voice and guitar tuned to DADGAD (an open chord) – directed towards Richard. The music was initially a non-verbal “vocal holding” (Austin, 2004) which has been described as “lullament” (O’Callaghan, 2008). This combines elements of lullaby (a spacious, three-time simple melody, timed in response to the patient’s breathing, vocalisations and movements) and lament: an expression of sadness and grief (tapping into the emotions of the partner and daughter). This then became sung words and phrases, similar to those described by Kehl (2006) and Byock (1998) as the psycho-spiritual tasks or components of a “good death” (peace, letting go, love, forgiveness, safety). The session lasted about 30 minutes in total and consisted of active music for about 15 minutes (holding the “thin place” for the patient) and verbal support and guidance (steadying the breath, grounding the body) for the partner and daughter. Once Richard was settled and the atmosphere in the room was steady again with both women sitting beside him holding his hands, crying but calm – I left.

Richard died peacefully early the next morning. His partner spent some time outside the room during the intervening hours (relinquishing the space) and the daughter continued to sing and breathe with her father. Both women were with him when he died.

Post-death the daughter and partner reported they found the session helpful for themselves, and perceived it had also facilitated a good death for Richard. At the staff debrief there was a sense of relief that “something happened to make things better” and it was subsequently reported that the relationship between daughter/step-mother had improved around the death and post-bereavement. The intervention also changed staff perception of music therapy from primarily a scheduled therapy with the more well patients, to something that could be useful in acute situations on the ward for symptom management. This led to music therapy being requested routinely on the ward, and the generation of more staff training delivered by myself in how to use simple techniques from the traditions of yoga and mindfulness (breath and body awareness, grounding techniques, qualities of silence) for the support of patients and families during times of distress and agitation, and to manage staff’s own stress and sense of powerlessness.

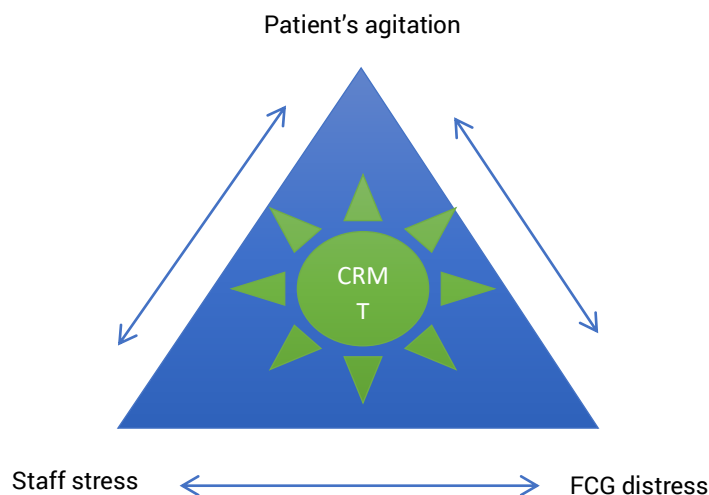
This case – and subsequent cases over a period of five years of hospice practice – suggests that CRMT can provide an important ‘bridge’ between caregiving and bereavement at the ‘thin place’ (the liminal space of dying) and promote a positive relational legacy for those left behind. In addition, it may support staff dealing with the moral distress of not being able to ‘fix’ a distressing situation, allowing a creative-spiritual space for ‘being’ held by music, rather than a medical space for ‘doing’ when there is really nothing to be done but allow the death to occur as peacefully as possible. The

suggestion is not that music therapy replaces pharmacological interventions, rather that it may be an integrative psycho-social-spiritual complement to best medical practice in the dying phase.

Figure 1 describes the interrelatedness of distress caused by terminal agitation, and the way in which CRMT may support those experiencing it directly or indirectly.

## RESEARCH PROTOCOL<sup>2</sup>

What follows is a research protocol for a mixed-methods feasibility study which aims to explore in some depth the experiences of family caregivers and staff, their perceptions of CRMT for themselves and for the dying patient. The study also aims to explore ethical concerns such as obtaining advanced consent from patients and families, and the feasibility of using quantitative observer-rated measures such as the Communication Capacity Scale and Agitation Distress Scale (Morita, 2001) to assess whether CRMT reduces terminal agitation in patients with advanced cancer.



**Figure 1:** Compassion-Focused Relational Music Therapy (CRMT) and the triangular model of suffering (Cherny, 2010) adapted for terminal agitation in palliative care

## Background

### *Terminal agitation: Definition, prevalence, etiology and risk factors*

Terminal agitation or restlessness, often characterised by symptoms of cognitive impairment or delirium, is common in cancer patients in the terminal phase (Macleod, 2007), which is defined in the literature as the “last days of life” (Head & Faul, 2005; Ellershaw & Ward, 2003).

Defining ‘terminal agitation’ is complicated by the common use of interchangeable terms that together comprise a syndrome of symptoms that may include emotional disturbance, verbal or behavioural expressions of anxiety, distressed behaviours including physical irritability and erratic or

<sup>2</sup> The research protocol presented here is based on an assignment for my MSc in palliative care at the Cicely Saunders Institute, King’s College London (2016).

angry movements, confusion and hallucinations. These are described across the literature as terminal agitation, terminal restlessness and terminal delirium (Kehl, 2004; Kelly, 2006).

Delirium as a specific symptom occurs in up to 88% of cancer patients in the last few days of life, (Agar, 2016; Pereira, 1997) and is characterised by acute onset and fluctuations in consciousness (Macleod, 2007). Non-reversible delirium in palliative care settings is seen as a reliable indicator of impending death (Lawlor & Bush, 2014) and presents as hypoactive (reduction in wakefulness, low affect, often misdiagnosed as depression) or hyperactive (hyperalert, hypervigilant, physically agitated) (Breitbart, 1995).

It is the latter, hyperactive form of delirium that is often described as terminal “agitation” or “restlessness”, yet these terms are not clinically specific. Terminal agitation/restlessness is, then, a pseudo-diagnostic term and appears to be a catch-all for distressing psychological symptoms and behaviours at the end of life.

Prevalence figures for terminal agitation are lacking due to difficulties with definition and reliable tools for screening, but one 20-year-old report states 42% in the last days of life (Lichter & Hunt, 1990), with a more recent survey reporting a mean estimate of 40% (Head & Faul, 2005). This survey of hospice professionals cited perceived psychosocial and spiritual factors more than physical causes. These mirror those in the extant literature; fear, loss of control and dignity, existential anguish, unfinished business, the need for reconciliation (Hall, 2014). Managing these factors well has been identified by a literature review as the components of a “good death” (Kehl, 2006).

Risk factors for non-reversible terminal agitation include an older-aged cancer population, where dementia may be a factor, alcohol and drug withdrawal, history of a pre-existing psychiatric condition, and complex or dysfunctional family dynamics. (Agar, 2012; Bush, 2014)

### *Treatments – evidence, guidelines and ethical issues*

Once the causes of agitation and/or delirium have been addressed by clinical assessment and reversible causes treated, non-pharmacological and environmental strategies are recommended (NHS Scotland, 2014). These may include adjustments to lighting, 1:1 nursing, recorded music, reassurance, touch and spiritual care where appropriate. Involving family caregivers (FCGs) in care has been shown to be helpful in the management of hyperactive delirium in a hospital setting (Meagher, 1996) and a recent review of non-pharmacological interventions for agitation in dementia showed efficacy for music therapy, person-centred care, and sensory intervention (touch) (Livingston, 2014).

Where the agitation remains refractory – causing sustained distress – palliative sedation is recommended. (Claessens, 2008). The European Association for Palliative Care (EAPC) has established a framework for the practice of sedation in Palliative care (Cherny, 2009).

Best practice includes:

- Communication with patient and family to ensure clarity about the goals, risks and benefits of sedation.
- Assessment of social, psychological and spiritual factors for the patient’s distress.
- Addressing family and staff emotional and spiritual distress.

The qualitative literature reveals themes of clinician ambivalence about sedation; causing the loss of a patient's ability to communicate and fulfil the "dying role" (Gawande, 2014) conflicts with the wish to prevent suffering (Brajtman, 2006; Breitbart & Alici, 2008; Morita, 2007). Fears that sedation is hastening death cause moral suffering for families and staff (Morita, 2004); despite evidence to the contrary, including a Cochrane review (Beller, van Driel, McGregor, Truong, & Mitchell, 2015).

### *UK national guidance*

In 2004, NICE guidelines called for improvements in assessment of, and support for, psychological, social and spiritual needs of dying cancer patients (NICE guidance, 2004). Subsequently, and in the wake of the Liverpool Care Pathway's demise (2013), "One chance to get it right" (2013) states that the dying person's spiritual, psychological, and emotional needs must be assessed and reviewed and these outcomes discussed with patient and family. The document also reflects on the findings from the *More Care, Less Pathway* report that sedation may have been routinely used without clear communication with patient/family, thus causing distress.

### *Patient experience – what do we know?*

Understanding patient experience of terminal agitation is difficult for ethical and practical reasons. Hospital patients who recovered from an episode of hyperactive/agitated delirium was recalled by over half the respondents and found to be distressing by 75% (Breitbart, 2002). Bruera (2009) also found that over 81% of patients with advanced cancer experiencing delirium found it distressing. However, there is evidence that not all delirious episodes are negative, and that these liminal experiences may be comforting and spiritually symbolic (Morita 2019; Schofield, 1997; Wright, 2015).

In Japan, Morita (2007) found that up to one third of family members ( $n = 242$ ) perceived delirium as a normal part of the dying process, with hallucinations and incoherent speech as transcendent experiences connected with the patient entering the spirit world. The importance of cultural and spiritual sensitivity to terminal delirium is recognised as being part of a 'good death' (Callanan & Kelley, 1992).

### *Family caregiver (FCG) distress and bereavement outcomes*

FCGs (here defined as those looking after and spending final days with their loved one, whatever their relationship) are profoundly affected by witnessing terminal agitation in the last few days of life, and which, when perceived as distressing, negatively affects bereavement outcomes (Brajtman, 2003; Finucane, 2017). There has been a recent call in the literature for more research and support for FCGs in the patient's dying phase, acknowledging the importance of linking pre-death caring and post-death bereavement (Stroebe & Boerner, 2015; Wee, 2017).

*The Textbook of Palliative Nursing* (USA) (Ferrell & Coyle, 2005) suggests supporting patients and FCGs by entering into the subjective, symbolic world of the patient whose agitation and non-reversible delirium may be seen as "nearing death awareness" (Callanan & Kelley, 1992). This normalising encourages completion of the "tasks of dying"; I forgive you, Forgive me, Thank you, I

love you, Goodbye, which may help in the achievement of a peaceful death, and FCGs in their bereavement (Byock, 1998).

### *Staff perspectives*

Surveys and a focus group exploring terminal restlessness/agitation/delirium from the perspective of hospice professionals around the world, in Israel (Brajtman, 2006) America (Head & Faul, 2005) and Japan (Morita, 2004), found converging themes about its causes, meaning and treatment. These included a felt lack of understanding and knowledge about TA, which was agreed to be complex and mysterious: 'It's a war, it's a patient's private war' (Brajtman, 2003). There was also ambivalence about treating TA with sedation and reducing the patient's ability to communicate with family (Morita 2004).

### *Relational distress requires a relational response*

The World Health Organisation definition of palliative care embraces the family system, as does Cicely Saunders' concept of the "unit of care". Cherny's "Triangular Model of Suffering" (2010) describes the interrelatedness of suffering in advanced cancer. Wright's 2014 review explored 'relational ethical' dimensions of end-of-life delirium by looking at experiences of relational tension and perceived meanings in delirious agitation. The study found that it is vital for hospices to provide a safe place for dying and that the personhood and dignity of the dying person is of paramount importance. The dominance in current research on pathophysiology, prevalence, detection and management (i.e., a deficit model) has led to end-of-life delirium being conceptualised as a "problem to be managed" rather than a "lived experience" to be understood. "Delirium as letting go" (Wright, 2015) highlights the importance for families and staff to frame changes in the patient's behaviour, consciousness, and personality as natural signs of normal dying. Carolan's (2015) review assessed how distress is conceptualised in families receiving palliative care: research into dyads abound (Braun, 2012; Fleming, 2006; Traa, 2014) yet there is a paucity of research looking at distress as a relational construct. Smith and Carolan (2015) develop the theory for a systemic construct of distress in families receiving palliative care, describing the way that distress "reverberates within the family system" and highlights how poorer family functioning and communication leads to greater distress for patient and FCGs in the terminal phase, thus the need for interventions to address this.

It is into this arena of uncertainty and potential conflict that music therapy may have utility as a non-pharmacological, holistic intervention to support patient, family caregivers and staff.

### *Aims, objectives and methods*

Following the Medical Research Council (Craig, 2008) and MORECare (Higginson, 2013) guidance for the evaluation and development of complex interventions, the proposed study uses Cherny's "triangular model of suffering" (Hanks, 2011) and Smith and Carolan's "Distress as a systemic construct" (2015) as the basis for a conceptual framework. These frameworks describe A) the interrelationship between patient, family and staff distress in advanced cancer, and B) the way distress reverberates throughout family systems in palliative care settings. This links with

attachment and relational theories, which have a long tradition in music therapy practice. To date, these concepts have not been applied to music therapy for terminal agitation in advanced cancer. This feasibility study will seek to develop the theory underpinning the intervention in order to direct future practice and research. The primary aim is to assess whether it is feasible and acceptable to carry out a mixed-methods study in a population of advanced-cancer hospice patients with terminal agitation, and to understand the experiences of the intervention on FCGs and staff.

### *Objectives*

- a) To assess whether it is feasible and ethical to apply the observer-rated Richmond Agitation Distress Scale (Bush, 2014) during the period of the patient's terminal agitation. This will inform issues of measurement validity, feasibility and acceptability.
- b) To understand families' experiences of CRMT and their perceptions of its effect on their agitated relative, their own distress and subsequent bereavement.
- c) To explore staff perceptions and experiences of CRMT.
- d) To develop the theoretical basis for CRMT as a psycho-social-spiritual intervention to support patient, family and staff with terminal agitation. Developing a theory aids intervention fidelity and optimisation, which are important aspects of developing and implementing complex interventions in palliative care (Demiris, 2014).

### *Methods: Data collection and analysis*

*Stage A:* The observer-rated Richmond Agitation Distress Scale will be applied pre-post the MT intervention by a trained research nurse over a period of six months to a convenience sample. All patients with advanced cancer and a nominated caregiver admitted to the hospice will be offered the opportunity to take part in the study and advanced consent sought. *Stage B:* Families' experiences will be explored via semi-structured post-bereavement interviews with the nominated caregiver. *Stage C:* A focus group will capture staff perceptions at the end of the six-month study period. Data from stages B and C will be analysed, informed by interpretive phenomenological analysis (Chapman & Smith, 2002).

Feasibility data and qualitative findings will be analysed separately, then interpreted and triangulated (Bryman, 2006) to present a multidimensional picture of the effects of CRMT for terminally agitated patients with advanced cancer, their families and hospice staff.

It is hoped that if this study were to take place, integrated data from these mixed-methods approaches would ascertain whether the intervention and study methods are feasible and acceptable to patients, FCGs and staff from an ethical perspective. It would also help understand how CRMT affects agitated patients from the perspective of their FCGs at the time and into bereavement, the impressions of staff, and the interrelationship between all three. Furthermore, research data would offer a theoretical and methodological basis for future research in order to develop evidence-based holistic care for patients at the end of life as per recommendations, and support the provision of music therapy within palliative care settings.

## CONCLUSION

Terminal agitation is common at the end of life in advanced cancer. Research into this symptom is highlighted as a priority in NICE guidance (2013) and in a National Survey of Service Users (2015). A recent systematic review of terminal agitation found that supporting caregivers and reducing their distress should be a goal of future intervention studies (Finucane, 2017). CRMT may offer a unique and direct mode of psycho-social-spiritual care for patient and family through the dying process alongside medical management. It is a holistic intervention that acknowledges and celebrates what Viktor Frankl (2011, p. 34) called “wholeness – the integration of spiritual, psychic, somatic and physical aspects” of a person, through lapses in cognitive function and consciousness, via the “thin place” and right to the end of life. Infusing music therapy in palliative care with aspects of mindfulness is an emerging field that warrants further exploration (Lesiuk, 2016). It is this therapist’s experience that integrating mindfulness with music therapy enhances authentic therapeutic relationship, and allows space for a non-religious spiritual aspect to the encounter which, towards the end of life, can be very important for both patient and family, whatever their religious/cultural affiliation. It also supports the therapist’s ability to work sustainably within situations of suffering and heightened distress, such as with agitated patients and families in hospice settings. This in turn has a subtle ripple effect on the multidisciplinary team (Bruce & Davies, 2005), who are often under-supported and lacking in techniques to manage the hidden costs of day-to-day working with suffering. There is potential here for music therapists embedded within medical teams to offer *everyone* they come into contact with a model for a creative, self-aware and compassionate way of being. This may positively affect the working environment and encourage professionals’ confidence to rely on *themselves* and their humanity as a vital clinical tool alongside professional competencies.

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## **Αναζητώντας το «λεπτό μέρος» μεταξύ ζωής και θανάτου: Η Σχισιακή Μουσικοθεραπεία με Έμφαση στη Συμπόνια (CFRMT) και η εφαρμογή της στην τελική διέγερση σε προχωρημένο καρκίνο σε ένα πλαίσιο ανακουφιστικής φροντίδας**

Katie Binnie

### **ΠΕΡΙΛΗΨΗ**

Το παραλήρημα [delirium] και η διέγερση [agitation] είναι ιδιαίτερα διαδεδομένα τις τελευταίες ημέρες της ζωής για τους ασθενείς με καρκίνο και μπορεί να είναι οδυνηρά για τον ασθενή, την οικογένεια και το προσωπικό. Παρόλο που οι κατευθυντήριες γραμμές συνιστούν τη σχολαστική αξιολόγηση των πνευματικών και ψυχολογικών παραγόντων και μια ολιστική αντιμετώπιση, στην πράξη (ιδίως σε νοσοκομειακά περιβάλλοντα) χρησιμοποιείται συνήθως η καταστολή, παρά τις ηθικές, επαγγελματικές και οικογενειακές αμφιβολίες και την κακή επικοινωνία γύρω από αυτήν την πρακτική. Μια προσέγγιση που βασίζεται στη Σχισιακή Μουσικοθεραπεία με Έμφαση στη Συμπόνια [Compassion-Focused Relational Music Therapy (CRMT)] προτείνει ότι το «λεπτό μέρος» μεταξύ ζωής και θανάτου μπορεί να διερευνηθεί και να κρατηθεί εντός της μουσικής, μειώνοντας ενδεχομένως το άγχος του ασθενή, της οικογένειας και των επαγγελματιών (ένα «τριγωνικό μοντέλο πόνου»), και να προσφέρει μια σημαντική γέφυρα μεταξύ της παροχής φροντίδας και του πένθους. Μια ενσυνείδητη προσέγγιση (αναπνοή, συνείδηση του σώματος, συμπόνια) ενσωματώνεται με τη χρήση του «φωνητικού κρατήματος» και του «νανουρίσματος-μοιρολογιού» [lullament] προκειμένου να υποστηριχθούν τα στοιχεία ενός «καλού θανάτου»: η ασφάλεια, η γαλήνη, η αγάπη, η συγχώρεση και η αποχώρηση. Αυτό το άρθρο περιγράφει μια μελέτη περίπτωσης μιας παρέμβασης CRMT με έναν τερματικό ασθενή που πέθαινε από μεσοθηλίωμα. Παρουσιάζει επίσης το πρωτόκολλο έρευνας μιας μελέτης σκοπιμότητας μεικτής μεθοδολογίας.

### **ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ**

ανακουφιστική φροντίδα, προχωρημένος καρκίνος, τερματική διέγερση [terminal agitation], μουσικοθεραπεία, συνειδητότητα [mindfulness], συμπόνια [compassion], πνευματική φροντίδα, ψυχολογική φροντίδα

## ARTICLE

# Music therapy and spiritual care: Music as spiritual support in a hospital environment

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### ABSTRACT

This paper is a personal essay that offers reflection on professional experiences of music therapy practice with a focus on emotional and spiritual care in the hospital context in Australia. There is a growing need to map the terrain of music therapy in relation to spirituality. Music can deepen spiritual experiences and holds broad potential for addressing ‘the spiritual’ across contexts. Music therapy within a pastoral care context is considered, with spiritual and emotional support as the primary focus. After a brief discussion of spirituality in the music therapy literature, a context and background is provided for the establishment of a music therapy program within the pastoral care department of a regional hospital. Examples of ‘the spiritual’ in patient responses to music therapy are discussed. Professional challenges surrounding a more direct recognition of a spiritual aspect to music therapy are explored. Vignettes from clinical experiences across two different hospital settings are shared with reflection on the place of spirituality in the author’s practice. Practice-based experiences are considered against existing notions of spirituality in the music therapy literature, to see what they may offer in mapping this field. The relationship between body, mind and spirit is briefly explored, with a reflection on the position of spirituality in relation to health and culture.

### KEYWORDS

music therapy,  
spirituality,  
spiritual care,  
hospital,  
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### INTRODUCTION

In this article I argue for the relevance of spirituality to music therapy practice, and that music therapy is inherently spiritual in nature. This argument draws from my music therapy training and a little over six years’ clinical practice as a music therapist in the pastoral care department of a regional hospital in Australia.

Although music therapists bracket out spiritual values and beliefs, those we work with perceive and respond to a deeper dimension that we access and share in and through music, as “the human propensity to use music for transcendent purposes is not rendered inactive just because it may not

be an overt clinical focus of music therapists" (Aigen, 2008, p. 30). A broad music therapy training does not necessarily equip us to deal with the full depth of existential connection that can occur in music therapy or to be comfortable working with 'the spiritual' in all its manifestations.

Music therapy discourse has sharpened its focus on the spiritual aspect of the work with calls to 'map' the terrain of music therapy in relation to spirituality (Tsirir, 2017). At the ground-breaking 10<sup>th</sup> World Congress of Music Therapy (Oxford, England) in 2002, where community music therapy was a prominent topic of discussion (Stige, 2002a), '*Music, Spirituality and Healing*' was also a key topic, bringing to the table this tentatively emerging aspect of music therapy. Although the 'most controversial' topic presented (Bunt, in Wheeler, 2012), it elicited a significant response. Mayne's (2002) inspirational keynote had 'opened the door' (Amir, 2002) to new conversations about a spiritual dimension in music therapy. Fifteen years after the World Congress, the conference '*Exploring the spiritual in music: Interdisciplinary dialogues in music, wellbeing and education*', which was held in London in December 2017, was an opportunity to grapple with this unfolding discourse (Tsirir, Ansdell, Spiro & Coggins, 2017).

When attempting to construct a map, it is important to consider that maps are "never value-free" (Harley, 2002, p. 53) and there is an undeniable link with power in constructing one. A map is often designed with a particular audience or user in mind and so the question arises – who is the map for? A key aspect of mapping is map projection, the process of transferring three-dimensional relationships across the surface of a sphere onto a two-dimensional plane. In this process, some spatial properties are preserved, while others are sacrificed, as moving from a sphere to a flat surface will necessitate a level of distortion. This seems pertinent when seeking to capture 'the spiritual' in music therapy, as it reaches the less tangible and more mysterious dimensions of existence. As we attempt to make the intangible accessible through tangible means we need to consider what compromises we are making in translation and what are the limitations of our representation.

## DEFINING 'SPIRITUALITY'

There is complexity around defining spirituality within music therapy literature, as Potvin and Argue (2014) have already identified, with 'spirituality' being seen as:

- Transcendence
- Connectedness, relationship and unity (self, others and/or higher power)
- Sense of meaning
- Sense of hope
- Soul and spirit
- Altered states of consciousness

Tsirir (2017) compares different notions of spirituality as "an inherent component of individual and collective human existence", one that is "intangible and multidimensional", with other views that spirituality relates to "quest for truth [...] values [...] worldviews" (p. 2). He argues against reducing the concept of spirituality to a single definition, seeing spirituality as "an open space [...] a floating

concept” that “comes into being in and through relations” (p. 5), drawing from Cobussen’s (2008) sense of ‘inbetweenness’ to describe where spirituality exists (Tsisiris, 2017, p. 5).

Certainly an expansive, rather than limiting, understanding of spirituality is desirable to encompass the diversity that this entails across beliefs and traditions. Considered as a liminal space, spirituality exists beyond more usual, clearly defined spaces. In the hospital, people find themselves in transition, with a lot of waiting and uncertainty. They exist in between what was and what is yet to come – also a liminal space. It is no wonder that many find themselves searching for meaning in this space. Music “has the possibility of creating a liminal space” and “takes us out of everyday consciousness” (Boyce-Tillman, 2009, p. 188). My clinical experiences support this.

This article considers music therapy within a pastoral care context. Spirituality is defined within the field of pastoral care, which focuses primarily on emotional and spiritual support of the person. Spirituality is, according to Spiritual Health Victoria<sup>1</sup>:

a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions and practices. (Pulchalski, Vitillo, Hull & Reller, 2014, p. 646)

I established a music therapy programme within the pastoral care<sup>2</sup> department of one of the hospitals described below. Music therapy was seen to have the potential to meet the kinds of spiritual needs described above (Pulchalski et al., 2014).

## CONTEXT AND BACKGROUND FOR ESTABLISHING MUSIC THERAPY IN PASTORAL CARE

I began negotiating the possibility of a music therapy programme at a Catholic hospital in regional Victoria, Australia, in 2011. The Catholic ethos of holistic care was embraced, with the spiritual dimension of each patient seen as contributing to overall healing and health. At the time I approached this particular hospital there had never been a music therapy programme or music therapist. We were treading new ground.

I walked into the hospital to volunteer my services, initially offering to trial music therapy on the rehabilitation ward by offering a weekly one-hour group singing session. After the agreed trial period was completed, there was no funding to continue, though the programme was well-received by patients and staff. I remained a presence at the hospital on a monthly basis, playing in the general public spaces around the hospital voluntarily. I came to the attention of the pastoral care

<sup>1</sup> Spiritual Health Victoria is the peak body for the provision of spiritual care in health service settings in Victoria, Australia.

<sup>2</sup> In Australia, pastoral care is differentiated from ‘chaplaincy’ or ‘ministry’. Pastoral practitioners and associates do not ‘represent’ a particular religion but rather, they are present for others in offering spiritual and emotional support, having undergone an intense training process that helps each person to understand and bracket their own perspective and gain insight into how this may affect their support of others.

coordinator<sup>3</sup>, who recognised that something more than musical performance was occurring. She noted I was interacting and engaging with people as I played, listening to them, offering encouragement. This intentional use of music was having an impact. I was offered casual work, individual sessions of music therapy, and I was to recommence the group session on the rehabilitation ward.

At the hospital I wanted to encourage creativity and create opportunities for freedom that deeply respected each person, holding them in 'unconditional positive regard' (Rogers, 1942). My approach aligned strongly with Aasgaard's (1998, 2001) 'milieu', or music environmental therapy, in my aim to help patients triumph over the restrictive hospital environment they found themselves in, reclaim who they were and 'overturn' conventional expectations. I saw creative expression and freedom in this and felt I could subtly impact the environment itself using music.

In Australia, many music therapists have a flexible and eclectic approach to practice. This is the result of needing to work in various contexts, often as freelance music therapists, generating work by going out and finding the need in the community itself. Music therapy in Australia still struggles for professional recognition, and music therapists have to continually advocate for their role and the value of what they offer (Lehmann & Threlfall, 2018). We are still striving to be accepted as mainstream health providers. Music therapy is not currently included in the National Registration and Accreditation Scheme for health professions (NRAS)<sup>4</sup>, and is therefore not accessible via the national Medicare system, though recognised as a self-regulated allied health profession.

It is understandable that music therapists who have managed to find reasonably secure positions within health care and other institutional contexts are keen to hold on to these, framing their work in a way that meets the overarching model and expectations of those who have the power to support or discontinue their programmes. This allows continued access to music therapy. There have been innovations and a changing culture in health through greater openness to the notion of holistic care, but compromises still need to be made by music therapists to accommodate the directives of the 'hands that feed us'. Often this means conforming to a more functional approach, one that 'ticks boxes' or meets key performance indicators.

If we consider music therapy pioneers like Paul Nordoff and Clive Robbins, a strong sense of adventure and exploration permeates their work (Simpson, 2009) with emancipatory and creative concerns prioritised over pragmatic ones. Nordoff and Robbins showed a courage that "made them abandon their previously well-established careers and enter unknown territory" (Kim, 2004, p. 335). It is this adventurous, creative spirit that fuels music therapy as a unique and meaningful profession amidst practical, real-world considerations. It is important music therapists stay connected to the essence of this as we navigate the practicalities of our profession.

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<sup>3</sup> I reflect that the openness of this coordinator and her personal appreciation for music was a contributing factor in developing the programme.

<sup>4</sup> The NRAS includes chiropractic, occupational therapy, optometry, osteopathy, pharmacy, physiotherapy, podiatry, psychology and, since 2012, acupuncture (Allied Health Professions, Australia, 2018; Australian Acupuncture and Chinese Medicine Association, 2018).

## RESPONSES TO MUSIC THERAPY – A SPIRITUAL DIMENSION

At the particular hospital described above, with the support of pastoral care, an eight-week evaluation of music therapy took place on each of the rehabilitation and medical wards, with music therapy offered to patients in their rooms. As the data<sup>5</sup> forms part of an internal, confidential document, a detailed account of results is not given here. Instead, I reflect on spontaneous responses from those included in the evaluation and anecdotal feedback from staff and the patients who received music therapy at this time, taken from my personal clinical journal. These showed a distinctly spiritual dimension. I have summarised these under broad theme headings.

Patients communicated that:

- i) *Aesthetic qualities of the music afforded experiences of 'beauty'*: De Nora's (2000) application of the term 'affordance' refers to music as an object that can offer or 'afford' certain possibilities. Whether or not these are taken up or appropriated depends on various factors. A music therapist has some agency to impact this. A musical experience was offered, and from this patients derived an experience of beauty. Hearing music reminded patients of their own love of music. They used words like 'intriguing', 'beautiful' and 'soothing' to describe the experience. Some likened the sounds they heard to those found in nature – 'water trickling over stones' for example.
- ii) *Music therapy meaningfully supported the passing of life*: In moments of dying, some families, aware of music on the ward, invited me into the room to play a favourite song for their loved one, referring to these moments as 'very special time' shared together. Some communicated (through letters or emails) that music therapy experiences provided a bridge between saying goodbye at the hospital and honouring their loved one at a funeral service, where the same song was played again.
- iii) *Music therapy afforded hope*: Music therapy brought a sense of hope to some patients who were discouraged, providing 'beautiful music' unexpectedly at a time when they 'really needed it'. Sometimes this sense of hope and the spontaneous timing of visits connected with their personal belief in God or something beyond themselves and their sense that they were being provided for.
- iv) *Music therapy created a space for the appropriate expression of sadness*: Music connected deeply with people's emotions, with meaningful music allowing patients to explore sadness. Often, patients expressed this was 'a good sadness'.
- v) *Music therapy afforded experiences of peace, joy and happiness*: Patients who had expressed sadness through their musical experiences commented that they felt 'happier and more peaceful'. For some, music therapy alleviated their sense of being 'stuck' in hospital, helped them cope and brought 'joy and happiness' into their lives at this time.

Staff offered that patients seemed "much brighter in spirit" after music therapy; the ward "more peaceful". Despite responses of patients showing a distinct spiritual component, I was uncertain about representing this spiritual aspect of the work. At this point I did not know if music therapy

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<sup>5</sup> Data included a pre-post session tick sheet designed by the author to measure six mood states and patients' perceptions of pain. (Five female and 11 male patients participated in the formal evaluation). Results were encouraging and were used to argue the case for funding the music therapy programme. Funding was eventually granted to maintain a permanent music therapy position.

would remain connected to pastoral care, gravitate towards allied health<sup>6</sup> or receive independent funding.

There was a sense that this spiritual dimension should not be overtly acknowledged as this may be perceived as unprofessional. Though I am deeply connected to spiritual practice in my own life, I had not yet trained as a pastoral associate and did not feel comfortable with discussing the spiritual depth of the work. At around this time I completed a course in neurologic music therapy, initially thinking music therapy would gain greater acceptance on rehabilitation with this more functional approach.

## ACKNOWLEDGING THE SPIRITUAL IN MUSIC THERAPY: CHALLENGES

The hesitancy to explore spirituality in music therapy is not without reason. Survival as a legitimate profession (Erkkilä, cited in Stige, 2003) and music therapy's alignment with evidence-based practice in the medical model (Aigen, 2015) forms a tension with the desire to explore spirituality as an integral aspect of our work. Tsiris (2017) names some authors (Abrams, 2013; Aldridge, 2000; Bonny, 2001; Lee, 1995; Magill, 2002; Potvin & Argue, 2014; Shrubsole, 2010) who continue to bring 'the spiritual' to the forefront and there are others who have contributed (Aigen, 2001; Amir, 1993, 2002; Lipe, 2002; McClean, Bunt & Daykin, 2012; Salmon, 2001). Is the broad inclusion of a spiritual aspect to music therapy, considered with other movements towards expansion beyond clinical and institutional contexts (Schwabe & Haase, 1998; Stige, 2002a, 2002b, 2003) just going to create too much of a 'mess' and undermine the legitimacy of music therapy, especially in institutional health contexts? What is this mess exactly? Aigen (2015) identifies that music therapy, in order to establish itself, has often developed towards a scientific, medical model (especially in health care) as this "held the key" to acceptance (p. 3), and therefore music therapy research was "guided more by pragmatic commercial concerns than by a pure desire to learn more about...music therapy processes" (p. 3). Aigen purports that the "philosophical assumptions" of the medical model actually conflict with creative and improvisational approaches in music therapy (p. 2) and observes (Aigen, 2007) "fundamental areas of tension" related to music therapy as "a health-promoting discipline that takes place through an art form" (p. 112). Music therapy in the Australian context has often put forward a more functional, clearly measurable 'face'. Less tangible aspects of the work (the more intuitive, creative, transcendent, aesthetic, sensed, internal or spiritual) are toned down so that professionalism and validity, according to the overarching model, is not compromised.

Less tangible aspects, present in music itself, are also present in the work. There is, for example, a strong connection between aesthetic musical experience and religious experience (Aigen, 2008). The 'mess' relates in part to music therapy changing tack by now openly and more broadly acknowledging the intuitive, creative, transcendent, aesthetic, sensed, internal and spiritual in the work and making more substantial claims in this area. This brings music therapy into territory that overlaps with pastoral care, especially where there is an overarching 'holistic care' model. In my experience, the presence of music therapy in this space is valid. My work as a music therapist was often deeper and more transformative spiritually and emotionally than what I was able to offer as a

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<sup>6</sup> Music therapy is considered an allied health discipline and is typically located within the allied health department in an Australian hospital setting.



newly trained pastoral associate in the same context. (I currently hold a dual qualification as a pastoral associate.) This is an area of practice ripe for development and collaboration.

Another element in the potential 'mess' is the further broadening of the identity of the music therapist. Given the impact of culture-centred (Stige, 2002a) and community music therapy approaches (Stige, 2002b, 2003; see also Aarø & Stige, 2012; Aasgaard, 2004; Ansdell & Pavlicevic, 2004) and their expansion of the identity and boundaries of our profession<sup>7</sup>, how will music therapy consolidate its professional identity if also moving into the realm of spirituality more directly?

## VIGNETTES FROM CLINICAL PRACTICE

The first vignette comes from a pertinent moment in my music therapy training. The setting was a Catholic hospice in an inner suburb of Melbourne.

### ***Vignette 1 – 1000 Paper Cranes***

'Daniel'<sup>8</sup>, a man in his 50s, was actively dying. I walked past his room noticing he was uncomfortable. Loud music was on the radio with lots of crackling. I walked in, uncertain what to do. Had he tried to turn the radio off or knocked it? He was tangled up in the radio cord. He looked like he was 'falling' and trying to hold onto the bed.

'Hello, Daniel. My name's Astrid...it seems like this radio is a bit loud? I'm just going to turn it off for a bit'. I untangled the cord, placing it out of the way. There was less tension in Daniel's face. I turned to go, not sure he wanted music. I stood in the doorway, but something stopped me leaving. Should I stay? I wasn't sure...I turned back around: 'I'm not sure if this is what you want, Daniel, but...' ...I offered to play 'just one song', to be a human presence after his being tangled up with the radio. I felt he could hear me.

A song came to mind. I played the song lightly, rather than drawing Daniel into a relaxed state, it seemed like he needed to 'hold on', to stay alert to some degree. I used a slow jazzy style, keeping the rhythm sprightly but sang and played softly. I played 'Over the Rainbow' by his bedside, improvising a large cardboard box in one corner of the room as a table to rest a music folder on, as this was a spontaneous visit and I did not have a stand.

Outside the window, a car pulled up erratically in the car park. A worried-looking woman got out and walked across to the hospice. I got a strong sense she was here to see Daniel, though I'd never seen her before. After a few minutes she entered the room – it was Daniel's wife. Daniel seemed calmer after the song and aware his wife was there. I explained how I found Daniel and that I'd sung a song to calm him. She asked, 'Is that your box?'. I told her no. She opened it. Inside were many folded coloured paper cranes. One of the nurses said it had been dropped off for Daniel. It was from his students to let Daniel know they were thinking of him.

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<sup>7</sup> Which this author embraces.

<sup>8</sup> Patients' real names are disguised in the vignettes.

About 15 minutes later, after leaving Daniel and his wife together, the nurses were called to the room. Daniel had just passed away.

The second vignette comes from an experience in the regional hospital where I had begun to establish a music therapy programme. The programme by this stage had aligned itself with pastoral care and I was seeing an increasing number of palliative patients.

### ***Vignette 2 - The Northern Lights***

Magnus, a patient with a Scottish background had become suddenly unwell and was now palliative. Nurses were hoping his wife would make it back from a trip overseas in time to be with him. Magnus heard me on the ward and requested a visit. He agreed to my playing Scottish songs, joking my accent was 'not Scottish enough'. He requested a particular song. I said I would find the words and come back to sing it for him (in my best Scottish accent).

I didn't see Magnus again that day and didn't work again until later that week. When I drove past the hospital on my days off, I sensed he may be close to dying and determined to return first thing with the song he'd asked for. When I arrived at work the next day, I was informed Magnus had passed away overnight. His wife hadn't made it back in time. His adult daughter had arrived early that morning. I was encouraged by staff to make contact with her... I tentatively knocked and walked into Magnus' room. His daughter was sitting next to where he lay on the bed, weeping. She welcomed me. I mentioned Magnus' request for the song. His daughter accepted my offer to sing it.

The song was from the place where Magnus had grown up. The words reflected on the singer's childhood, his mother showing him the Northern Lights and stating how they felt like 'home'. Magnus' daughter wept as I sang and hugged me afterwards.

Although I initially felt like I'd failed him, I later came to see that although the song did not serve Magnus himself it was a meaningful message for his daughter after his passing. Through the timing of events I was the bearer of this message. I later sang this and other songs he had requested at a service organised by his wife. She expressed this provided a much-needed sense of connection for her, being unable to be there during his last hours. Magnus' daughter was from a previous marriage and was not at this service. The song Magnus requested connected with both his wife and daughter, even though this occurred separately.

## OPENNESS TO THE SPONTANEOUS AND THE UNIQUE TIMING OF EVENTS

In both of these examples, sacred moments were co-created by remaining open and responsive to the unique timing of events. This is something beyond our control but we can accept what 'is' and work with it to bring a sense of meaning. Often meaning is found in perceived failures and the

messiness of circumstances. A sense of not knowing, working with intuition, embracing paradox, and mystery (MacKian, 2012, 2019) also play a part here. This connects with aspects of my own spirituality and approach to life, which are based on the Catholic faith. It also connects with music therapy as music is intuitive, spontaneous and mysterious, and music therapists frequently use intuition and sensing to navigate moments of uncertainty. I propose that some key strengths of music therapy in supporting spirituality also include accepting the moment, working with imperfection, transcending barriers and transforming perceived failures. Openness to the intuitive and a sense of being 'led' through listening deeply allows us to respond to unfolding circumstances, working with these in the moment with a sense of 'wonder'. This draws us towards transcendence where we experience "connections to things 'higher' or beyond everyday life" (Ansdell, 2016, p. 252).

The vignettes highlight an approach that I believe is integral to music therapy as spiritual support – openness to the spontaneous and the unique timing of events. Many times I seem to have been 'in the right place at the right time'. This has been due to various factors - intuition, keen observation, working with circumstances and resources available at the time.

I wondered what my role had been, why had I felt the urge to stay and offer Daniel music in the '1000 Paper Cranes' vignette described above? It seemed like I stepped into that moment to help 'hold' Daniel until his wife could be there. He was waiting for her. There was a sense of beauty in the timing of being there to calm and reassure Daniel after the harshness of the blaring radio, offering something else in his last moments. My improvised use of the box in a corner of the room highlighted its existence, causing Daniel's wife to open it, just moments before Daniel's life came to a close, revealing a gesture of love and symbol of peace and healing offered by his students.

The third vignette below relates to a referral for a patient on the medical ward in the regional hospital context. This patient's chronic health condition caused her to struggle with breathing at times. She was considered 'difficult' as she was agitated and frustrated by hospital processes and was very vocal about this. She had few visitors and seemed stressed. Nursing staff wanted to try 'something different' that may connect with and help this patient.

### ***Vignette 3 - Jerusalem Chant***

When I first met Beatrix it was just after breakfast. I introduced myself, but before I could go any further Beatrix, already frustrated by the day's events, began to express these frustrations with great verbal facility. I stood and listened as actively as I could. She was pleased when I guessed sometime later in the conversation that she was a writer. She was curious about music therapy and agreed to my returning.

Beatrix had been in choirs before and enjoyed singing in our sessions. She was proactive, often breaking into various songs and asking if I knew them. I would follow as best I could or source the music.

Often these were pieces from the classical repertoire. When she felt too unwell, and singing was difficult, Beatrix allowed me to offer music for her as she rested, but it wasn't until I revealed my own vulnerability that some of the most powerful moments in music therapy occurred.

Beatrix had become seriously unwell and was now declared to be 'on a palliative pathway'<sup>9</sup>. She had requested the song 'The Holy City'<sup>10</sup> as it reminded her of choir-singing during her earlier life in England. I called in towards the end of a particular day as dinner was arriving. Beatrix had ordered a wine to enjoy with her meal. She wanted me to stay and help her enjoy the sense of 'living it up'. She asked if I'd found the music for 'The Holy City' yet.

I had it, but had not yet looked over it. Whatever my level of preparedness, I recognised that this may be the only moment I would have to play it when Beatrix would be able to enjoy it. I offered to 'give it a go'. I then launched into a truly awful rendition, messing up the piano part, losing a sense of the main vocal melody, flashing red in embarrassment but holding on desperately to honour Beatrix with this music. She seemed to sense this act of dedication and was also amused by my desperation. One of the ward's volunteers, hearing some fragment of the song they knew entered the room and proceeded to sing the chorus with me. Beatrix, amidst fits of laughter joined in at times. Arms around shoulders, we three stood at the keyboard, unified in our determination to stay on this ship until it sank and we finished the song.

It was from this moment that Beatrix began to reveal a deeper aspect of herself. Over subsequent sessions she shared quite unexpectedly that she had become a Buddhist as a young woman. She spoke about dreams that she'd had in relation to this and the sense of meaning she drew from them. She shared with me some of the chants she knew and spoke of the plans she had in place for a Buddhist burial, trusting me with lively discussions about the Buddhist versus Catholic perspective (the overarching ethos of the hospital she now found herself in). Her awareness I was also Catholic (she had asked me about this) seemed secondary to her sense that I would listen to and accept her perspective. The humorous moments we'd shared also contributed to this trust. If she tried to seek my personal perspective I would redirect things back towards Beatrix. On increasingly rare days when she was determined to walk down to the hospital's coffee shop for an outing, Beatrix would call in to the pastoral care office nearby and invite me to come and sit with her to talk.

The act of trying to offer my best for Beatrix (and failing on certain levels) seemed to resonate with a sense of the imperfection of life itself, and finding meaning in this. This has a particular potency during the time of dying. Something in my show of vulnerability and imperfection mirrored life itself, that it is possible to come to acceptance, to experience joy and connection, even amidst imperfection and disappointment.

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<sup>9</sup> Meaning no further active medical treatment would take place, but rather a management of the patient's condition to keep them comfortable physically and maximise their quality of life (this may include continuing some treatments if the patient chose to do so). Patients would also be connected with other services like pastoral care, for emotional and spiritual support.

<sup>10</sup> This music also contains the cry 'Jerusalem!...', hence the title for this vignette.

## Working with vulnerability and strength

As music therapists we acknowledge the importance of vulnerability. Often there is first a need to establish confidence in one's reliability, musical skill and therapeutic presence, but the therapist's willingness to show vulnerability mirrors something the patient may be experiencing and creates a point of human connection. The patient may keenly feel their own vulnerability, even if there is a layer of bravado covering this. Seeing the therapist as both strong and vulnerable makes strength seem more of a possibility and vulnerability a normal part of existence<sup>11</sup>.

This is particularly powerful in the hospital context, where the general *modus operandi* for staff is to show how capable, efficient and professional they are. The wonder of music is that we can still convey a sense of beauty through our musicality even if things are not 'perfect'. Playing music requires us to be emotionally vulnerable. This promotes authenticity and encourages acceptance.

The dance in the therapeutic relationship between vulnerability and strength holds enormous potential to mobilise the patient's inner resources and bring healing. The skill of the therapist lies in ascertaining when it will be most advantageous to offer strength or vulnerability in the therapeutic process. When the therapist reveals both strength and vulnerability it creates a space for the patient to also reveal and explore these qualities.

The use of music acts powerfully within this dance. Many times I have first shown vulnerability – getting the day wrong, tripping over something. I often have to overcome an intense shyness and awkwardness I feel. Moments later I might improvise music that finds an aesthetic space people describe to me as “powerful”, “transcendent” or “beautiful”. There are times as therapist that I have a personal need to draw from the strength I find in music itself so that I can remain in situations of intense pain and suffering.

The therapeutic relationship is central: “the relationship *is* in fact the therapeutic event” (Pavlicevic, 1997, p. 140). Initially the patient is highly vulnerable, they think the therapist is there to ‘do’, in a more functional sense, as so many others are in the hospital setting. Being the vulnerable one, the one receiving these ‘things done’ is disempowering. Eventually, particularly with spiritual and emotional care as a primary focus of the work, it becomes apparent that the music therapist is there to ‘be’ and to be present, openly offering music as a “container”, a “sacred space” (Salmon, 2001, p. 142) for the patient to explore themselves, or experience aesthetic or spiritual dimensions of their being.

The author agrees with Salmon's (2001, p. 142) sense that we create this “containing space” in music therapy broadly through the therapeutic relationship between patient, therapist and music, even when our overt focus is not spiritual (Aigen, 2008). There is, however, a particular potency to working with vulnerability when people are very unwell or palliative as this resonates strongly with our vulnerable condition as human beings and life's overall meaning, at a time when spirituality also becomes prominent. This need not remain exclusively in the domain of ‘end of life’ experience. There is huge potential for music therapy as spiritual support across the health and life journey.

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<sup>11</sup> The importance of vulnerability has been a topic of research in other fields, like social work (Brown, 2010, 2013a, 2013b).

## MAPPING THE TERRAIN – WHAT DO THESE SPIRITUAL EXPERIENCES OFFER?

If we return here to Potvin and Argue's (2014, pp. 118-119) summary of the various meanings of spirituality across the music therapy literature (listed previously), what do the vignettes I have offered contribute towards 'mapping the terrain' of a spiritual aspect that is present in music therapy? The experiences captured resonate to varying degrees, particularly with the first five meanings of spirituality offered as a summary of the literature by these authors. Although there is not space here to explore these to a satisfying level there is a sense that the experiences shared here affirm the categories mentioned. I would also include the words 'beauty' and 'sacred', perhaps as 'sense of beauty' and 'sense of the sacred', as these seem present through the vignettes given.

For Daniel, an unfolding of events brought to a close a story that I was only partially aware of. The timing of events was key and, as someone present in this space at this time, I felt both the gravity and beauty of circumstances. Although Magnus' circumstances were different, there was also this sense of sacredness and beauty in the unfolding of the timing of events, that I only later came to understand and appreciate. For Beatrix, the experience of beauty was of a more rugged kind, but nonetheless still beautiful in the way that frustration, imperfection, vulnerability and humour were all part of the journey towards self-acceptance, trust and a willingness to share sacred personal and deeply held beliefs. Music and the therapeutic relationship underpinned and contributed to activating this unfolding.

The examples given might also offer aspects of what it looks like to be 'spiritual' in practice as a music therapist. There is a sense of the 'dynamic' (Pulchalski et al., 2014) in the work that relates to something beyond self and is connected to timing and circumstances. Music therapy, that focuses on spiritual support, involves: being led; intuition; vulnerability; spontaneity and flexibility; openness to, and acceptance of, unfolding circumstances; trust; embracing paradox and mystery.

With regards to the last point (embracing paradox and mystery), we do not know the reasons for the way events sometimes unfold. Sometimes they just do not make sense, but there needs to also be a trusting that when circumstances present opportunities, or barriers we have no control over, we need to remain alert and willing to play a part in supporting a story we may not know the beginnings (or later fruits) of. In this there is a sense of mystery and wonder.

## HOLISTIC CARE: BODY, MIND AND SPIRIT

The idea of holistic care has gained some traction in Australia, even outside religious-based institutions. A search on the national Department of Health website shows some 3,029 documents containing the term 'holistic care' across mental health, aged care, indigenous health and youth health services (Australian Government Department of Health, 2018).

A music therapist offering spiritual and emotional care in a hospital needs to have a sense of the relationship between body, mind and spirit. The relationship may seem to be about equanimity, balance and symmetry – but is that real? Viewing health as a continuum, we can expect to be challenged across each of these aspects (body – mind – spirit) in our lifetime, through the

continuous backward and forward journey between health and illness. Ageing and death are a natural part of this journey.

Though it makes sense that when one of these areas (body-mind-spirit) is challenged or failing, the others may also be challenged or fail, it may not be that simple. If we are unwell physically, this also impacts our mental outlook negatively – or does it, always? Is there something in the physical challenge that focuses our resources to overcome this with our mental attitude? The relationship is more complex and my clinical work offers another perspective. I have met many people whose body is failing but whose mental capacity and insight is highly attuned in spite of, and maybe even because of, their physical challenges. Sometimes when both mind and body are severely challenged, a spiritual dimension comes to the fore with the person choosing to embrace their situation, to ‘trust’ or ‘let go’. This seems to indicate a spiritual awareness beyond tangible measures of ‘wellness’.

Although there is an argument that spiritual experiences are themselves embodied as they are experienced through our felt sense (Grocke, 1999), in the hospital context, people are sometimes at a moment where it is too painful<sup>12</sup> to be in their body. At these times they may be in spiritual ‘crisis’ and overwhelmed by circumstances. What they may need in the moment is a form of escape. Music can provide this. My work does, then, also support the sixth sense of ‘spirituality’ identified in the music therapy literature (Potvin & Argue, 2014, p. 119) – ‘altered states of consciousness’.

To achieve healing there has to be a connection between body, mind and spirit. Various religions and spiritual traditions see that suffering in the body is valuable for the spirit and the mind, for example. There comes a time, though, when the body will be left and the mind and spirit or soul will be ‘elsewhere’. This seems to take spirituality beyond concepts like ‘health’ and ‘culture’ – but what is spirituality outside of these? Can spirituality be defined uniquely, beyond culture and beyond health? Where does it intersect with these exactly? I look forward to the ongoing discourse about ‘the spiritual’ in music therapy.

## SUMMARY

In this article I have argued for the relevance of spirituality to music therapy practice, and that music therapy is inherently spiritual in nature. Patient responses to music therapy in the Australian hospital context reveal a distinctly spiritual aspect. On reflection, broad themes in these responses are summarised as:

- Aesthetic qualities of the music-afforded experiences of ‘beauty’
- Music therapy meaningfully supported the passing of life
- Music therapy afforded hope
- Music therapy created a space for the appropriate expression of sadness
- Music therapy afforded experiences of peace, joy and happiness

Vignettes from clinical practice across two different hospitals demonstrated that sacred moments were co-created by remaining open and responsive to the unique timing of events. A sense of not knowing, working with intuition, embracing paradox, and mystery was important. Working with

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<sup>12</sup> This pain can be physical, emotional, spiritual or psychic (such as deep and intense emotional and/or mental anguish or suffering).

vulnerability and strength in the therapeutic relationship was particularly relevant to supporting spirituality, especially at end of life.

Key strengths of music therapy in offering spiritual care included acceptance of the moment, working with imperfection, transcending barriers, transforming perceived failures and connecting deeply. Examples from practice also showed what it can look like to be 'spiritual' in practice as a music therapist: being led, using intuition, being vulnerable, spontaneity and flexibility, openness to and acceptance of unfolding circumstances, trust, and embracing paradox and mystery.

I have also identified a 'sense of beauty' and 'sense of the sacred' as facets of spirituality. It is hoped that this discussion provides insight into spiritual care in the Australian context and highlights the potential of music therapy in the spiritual domain.

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## Ελληνική περίληψη | Greek abstract

# Μουσικοθεραπεία και πνευματική φροντίδα: Η μουσική ως πνευματική υποστήριξη σε ένα νοσοκομειακό περιβάλλον

Astrid Notarangelo

## ΠΕΡΙΛΗΨΗ

Αυτό το άρθρο είναι μια προσωπική έκθεση με αναστοχαστικές προεκτάσεις σχετικά με τις επαγγελματικές εμπειρίες από τη πρακτική της μουσικοθεραπείας, με έμφαση στη συναισθηματική και πνευματική φροντίδα που παρέχεται στο νοσοκομειακό περιβάλλον στην Αυστραλία. Υπάρχει μια αυξανόμενη ανάγκη να χαρτογραφηθεί το έδαφος της μουσικοθεραπείας σε σχέση με την πνευματικότητα. Η μουσική μπορεί να εμβαθύνει τις πνευματικές εμπειρίες και έχει ένα εύρος δυνατοτήτων ώστε να συναντά το «πνευματικό» σε διαφορετικά πλαίσια. Το άρθρο εστιάζει στη μουσικοθεραπεία εντός ενός πλαισίου ποιμαντικής φροντίδας [pastoral care] όπως προτεραιότητα αποτελεί η πνευματική και η συναισθηματική υποστήριξη. Μετά από μια σύντομη συζήτηση για το πώς παρουσιάζεται η έννοια της πνευματικότητας στη βιβλιογραφία της μουσικοθεραπείας, προσφέρεται ένα πλαίσιο και ένα υπόβαθρο για τη δημιουργία ενός προγράμματος μουσικοθεραπείας στο τμήμα ποιμαντικής φροντίδας ενός περιφερειακού νοσοκομείου. Επίσης, συζητιούνται παραδείγματα για το «πνευματικό» σε σχέση με τις ανταποκρίσεις των ασθενών στη

μουσικοθεραπεία. Στο άρθρο αναζητούνται ακόμη οι επαγγελματικές προκλήσεις που περιβάλλουν την πιο άμεση αναγνώριση των πνευματικών πτυχών της μουσικοθεραπείας. Επίσης παρουσιάζονται κάποιες ιστορίες από τις κλινικές εμπειρίες από δύο διαφορετικά νοσοκομειακά περιβάλλοντα, με μια αναστοχαστική ματιά που αφορά τη θέση που κατέχει η πνευματικότητα στην πρακτική της συγγραφέα. Οι εμπειρίες που βασίζονται στην πρακτική αναλύονται εδώ σε συνάρτηση με έννοιες για την πνευματικότητα που εντοπίζονται στη μουσικοθεραπευτική βιβλιογραφία, με σκοπό να διαφανεί το τί μπορούν αυτές οι εμπειρίες να προσφέρουν στη χαρτογράφηση του πεδίου αυτού. Τέλος, διερευνάται εν συντομία η σχέση μεταξύ σώματος, νου και πνεύματος, με μια αναστοχαστική ματιά απέναντι στη θέση της πνευματικότητας σε σχέση με την υγεία και τον πολιτισμό.

## ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, πνευματικότητα, πνευματική φροντίδα, νοσοκομείο, ίαση [healing], θεραπευτική σχέση

## ARTICLE

# Finding God in the intuitive: Reclaiming the therapist's spirituality

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### ABSTRACT

This article presents a selection of case studies exploring the theme of music and spirituality and offers a theoretical frame for clinical practice. I intend to draw a direct link between my own spirituality (Christian) and the role of the intuitive in the therapeutic process, inviting the reader to re-frame the article within their own world view. Recent research has highlighted the relative sparsity of published material related to the role of a therapist's spirituality in the therapeutic relationship. This may be due to a number of factors, not least that most therapists are operating within secular contexts and theoretical frameworks, and are likely to experience resistance or even dismissal if their personal spiritual beliefs are explicitly expressed within their practice. Similarly, a definition of intuition within a robust theoretical framework has proven to be evasive. The very nature of intuition (and indeed spirituality) creates a bias away from the evidence-based practice that is held in such high esteem through most therapeutic disciplines. In this article, I propose a framework for therapeutic practice that gives permission for the therapist to embrace their spiritual belief system as an essential core of their clinical work. I build my discussion on a definition of spirituality that implies an external divine being (God) who can be in relationship with the therapist and client. From this basis I suggest that moments of intuition need not be seen as mysterious and inexplicable, but rather as the influence of the divine.

### KEYWORDS

music,  
therapy,  
spirituality,  
God,  
intuition,  
healing

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### INTRODUCTION

This article originally took the form of an oral presentation in London at the joint conference between Nordoff Robbins and Spirituality and Music Education (SAME) in December 2017 entitled, *Exploring the Spiritual in Music: Interdisciplinary Dialogues in Music, Wellbeing and Education*. My initial intention for presenting this paper at the conference and sharing the talk in written form here was threefold. First, I felt it was important to contribute to the dialogue around the role of the therapist's spirituality in the

therapeutic relationship. Over the past 20 years or so, spirituality has begun to regain its place in those professions which seek to improve people's health and wellbeing, having been increasingly marginalised, denied or considered irrelevant in the latter half of the 20th century (Barton & Watson, 2013; Cook et al., 2011; Timmins et al., 2017). Second, I wanted to remove the fear faced by many people around embracing their spirituality within a work context and within therapeutic relationships (West, 2005). Literature concerned with spirituality in therapeutic practice tends to focus mostly on the spirituality of the client and how the practitioner can explore this most effectively (Blair, 2015; Tsisiris, 2017), whereas my discussion situates the therapist's spirituality as the central concern. And third, I wanted to offer practitioners a safe way to explore – a model of practice that encourages the spiritual possibilities available to the therapist. I was encouraged when I saw this as a theme within the aforementioned conference, not least in the keynote speech by MacKian (2019), and that it is taken up in more explicitly faith-based writing such as Thorne (2003), and Moodley and West (2005).

The original presentation of this paper was offered somewhat in the style of a TED talk (TED Conferences, 2017) – sharing stories, thoughts and ideas for the listener to explore – and I write this paper with a similar spirit. It is also worth clarifying that, whilst I write through the lens of a music therapist, my thoughts are by no means exclusive to this profession and my discussion draws on a range of disciplines. I hope that some of the ideas find resonance with the reader's personal and work lives.

Why do I think it important to embrace spirituality within clinical practice? One of the first principles I teach to my trainee music therapists is that of congruence (Rogers, 1957): the importance of bringing one's whole self into the therapy room and not pretending to be a different person when we work with our clients (Bunt & Stige, 2014; Thorne, 2003). This does not mean we share everything about ourselves with our clients, but it does mean that we should not feel the need to leave parts of ourselves outside of the room; after all, we would hope the same of our clients. In his keynote speech at the 2002 World Congress of Music Therapy, Michael Mayne puts this eloquently:

I am an indivisible unity: body, mind and spirit. But those three words don't describe separate bits of me, but rather a single integrity seen from three particular angles (Mayne, 2002, p. 33).

Too often, in my experience, I have seen people's personal belief systems being hidden and sometimes vilified in the work context, although, thankfully, this seems to be in decline. A recent report from New Zealand mentioned that,

people are too scared to show any religious or spiritual leaning. It is frowned upon. Religion is also unpopular, not in vogue. You are thought of as weird. You have to be very careful to express or show spirituality, which is a sad reflection on society. (Egan et al., 2011, p. 13)

The cultural incapacity or blindness (Lindsey et al., 2009) that pervaded western culture in the latter half of the 20th century, perhaps as a result of the prevalence of positivism (only valuing that which can be empirically measured), is being replaced by a more open attitude where clients as well

as staff are encouraged to explore their indivisible unity. For example, see the NHS guidelines around the importance of staff having the opportunity for spiritual support through chaplaincy services (NHS, 2015), or the exploration of spirituality in UK psychiatric practice by Cook et al. (2011).

I begin by contextualising my position in light of my own personal and work history. I then briefly explore the definitions of spirituality and intuition that I am using here, drawing on case examples to illustrate how they fit together. I end by offering a model of practice that allows the practitioner to explore their own spirituality within their practice.

## CONTEXT

I believe it would be useful for the reader to have a picture of my own background and the context from which this discussion has grown. I was brought up in a predominantly secular world: my family, schools, social circles and cultural references contained only occasional, nominal links to religious belief systems. I discovered Christianity in my early teens, and since then this has been the central core of my life. My undergraduate degree was in physics and philosophy, and throughout my life I have found the integration of theology, philosophy and science an easy one to achieve. To my mind, the rivalry between science and religion that is so commonly presented in popular media is moot: they are exploring different things and they complement one another beautifully (but this is a discussion for another essay). My working life has taken me through a range of settings, including purely secular and explicitly religious (working within churches), but for the most part I have worked in secular contexts with a spiritual element in the mix. For example, I worked for many years in the prison system, which is clearly a secular organisation, but my work was seated within the chaplaincy teams. Similarly, my recent work at Children's Hospice South West took on a dual role: I was employed as music therapist and chaplain. This dual role particularly highlighted the challenge of exploring one's own beliefs and practice within secular environments whilst remaining respectful to the organisation, to one's own beliefs and, above all, to one's clients.

## SPIRITUALITY

At this stage I will explore the definitions relevant to this article, starting with spirituality. Defining spirituality is clearly fraught with difficulty. Most definitions in recent years attempt to be as inclusive as possible and try to draw together the language, experience and practice of diverse spiritualities. Potvin and Argue (2014) review the various perspectives offered within music therapy literature, and go on to point out that,

by weaving them all together into a cohesive definition one still might unintentionally neglect aspects of spirituality as defined or experienced by others. Although spirituality is universal, its manifestation in people's lives and experiences is unique to the individual. (Potvin & Argue, 2014, p. 119)

An example of a highly inclusive working definition of spirituality that we used at the children's hospice was "that which gives meaning to a person's life"—a definition that allows everyone to engage

with spirituality, whether they subscribe to an established belief system or not and whether they believe in an external spiritual dimension or embrace a materialist viewpoint. A similar but more extended version is used in the NICE quality statements within end-of-life care for adults:

those beliefs, values and practices that relate to the human search for meaning in life. For some people, spirituality is expressed through adherence to an organised religion, while for others it may relate to their personal identities, relationships with others, secular ethical values or humanist philosophies. (NICE, 2019)

Cook et al. (2011) point out that even if an individual states that they have no spirituality, in doing so they are in fact making, “a spiritual self-statement which does not in any way undermine the value of spirituality as an important concept, descriptive of an important aspect of human self-understanding” (Cook et al., 2011, p. 38).

But for the purpose of this discussion, I offer a more focused definition, not intentionally to exclude, alienate or offend, but simply because the ideas I will be exploring have grown from my own Christian perspective and the coherence of this argument requires a narrower view. This will become clearer as the article unfolds. I encourage the reader to re-frame the discussion within their own belief system and consider any resonance between the two.

The definition of spirituality I use here is: *the connection between an individual or group of individuals and an external divine being*. Hill et al. (2000, p. 56) offer a definition of religion that shares this perspective, and the major monotheistic religions imply it, even if they do not state it in such a reductionist way (Archbishop’s Council, 2019; Encyclopaedia Britannica, 2019; Religion of Islam, 2019). I would describe this divine being as ‘God’, and for the purpose of this discussion it is important to clarify the nature and character of God as revealed in Christianity:

- God created the universe and everything that exists within it
- God is inextricably entwined with all aspects of creation
- God is interested in us as individuals
- God longs to be in relationship with us
- God knows us better than we can ever know ourselves
- God ultimately wants us to be whole and has the power to transform us

I accept that any attempt to describe God will fall short of any true representation, and that there are as many different concepts of what God is like as there are believers, but I would suggest the above list will be shared by many Christians. There are many more Godly characteristics that could be listed here, but I consider these to be the most relevant for the scope and content of this article.

## INTUITION

As with spirituality, the process of defining, measuring or researching intuition has proven notoriously difficult and elusive, and yet intuition is widely accepted as an important decision-making tool (Fox et al., 2016). It is recognised within a wide range of disciplines, including management (Agor, 1986;

Vasconcelos, 2009), education (Noddings & Shore, 1985), philosophy (Gobet, 2017), scientific discovery (Young, 2018), nursing (Benner, 1984) and psychology (Davis-Floyd & Arvidsen, 1997). Each of these authors present slightly differing viewpoints, such as intuition growing out of experience and knowledge (Benner, 1984; Gobet & Chasse, 2008), intuition being a significant part of all aspects of learning (Noddings & Shore, 1985), or intuition being the skill that we turn to when there is a lack of empirical data on which to rely (Agor, 1986). Pretz et al. (2014) offer some possible categories that perhaps group these perspectives into a clearer framework:

- *Holistic intuition* is based on diverse cues, leading to non-analytical decisions
- *Inferential intuition* is based on a large body of experience which leads to non-cognitive decisions
- *Affective intuition* covers purely emotion-based decisions

A common thread seems to unite these discussions and leads me to offer the following definition: *intuition invites a person to make a choice or decision that cannot be rationalised, described or justified logically, but is nonetheless considered to be of value.* Whilst these debates and classifications provide us with ways to think about intuition, none appear to me to successfully capture the underlying mechanism of what may be unfolding within a person when an intuitive decision is reached, and I hope that the remainder of this article may shed some light on one of the possibilities. In the clinical context, I would suggest that intuitive moments are moments of transformation that step out of any theoretical, rational or experiential frame.

## CASE EXAMPLES

The first case example, taken from my private practice, will hopefully clarify and contextualise this definition of intuition and will draw spirituality into the picture.

### **Case 1**

I had the opportunity to work with a woman (I will refer to her as 'Jay') who had a history of sustained physical, emotional and sexual abuse as a child from both of her parents, as well as other people, as she moved through adolescence and into adulthood. Jay had been having regular prayer/counselling sessions with a colleague of mine within a church context and I was invited to join one of these sessions to bring my music therapy skills to her journey, most probably receptive methods at first. At this stage in her recovery process, Jay was unable to be near, or even in the same room as, an unfamiliar man, so I sat in an adjacent room to Jay and my colleague with the doors open. I was unable to see Jay, I had not met her before, nor could I hear any detail of the conversations taking place.

The decision to try this particular approach was reached through discussion between my colleague and myself as well as careful exploration between my colleague and Jay. Jay had given her consent for me to be present and my colleague had reassured her that I was a safe, trustworthy person to work with. We all agreed that the fact I was a man added an additional dimension to the healing possibilities available to Jay – an opportunity to model a safe, sensitive, gentle, bounded relationship. I have worked with many highly vulnerable,

traumatised women in my professional life, so I felt confident that I could bring the necessary tools to the situation, be they musical or other. I am also no stranger to using music in flexible, creative ways such as sitting in adjacent rooms/corridors and relying on the music to sustain a connection. The initial set-up of the session therefore felt safe and appropriate to me and was reinforced by the trust I had in my colleague.

A few minutes into the session, in an extended moment of silence, I began playing a repetitive, gentle motif on a guitar as a way to 'hold the space'. Very soon after starting the music, I had a powerful sense that I should play and sing a particular song: *Angel* by Sarah McLachlan (1997). If you are unfamiliar with this piece of music, I would encourage you to have a listen before reading on. For many listeners, this is a highly emotive piece of music, and the lyrics have some quite defined content, including spiritually explicit language (such as, "you're in the arms of the angel").

At this point in the session, I had several alarm bells ringing: Jay had not requested this particular piece of music, so I had no idea whether she was familiar with this song or if it would be helpful for her; because of the highly emotive nature of the song, I wondered if to use it based on my own decision would be emotionally manipulative and may take her into unsafe places; I had no idea what was happening between Jay and my colleague next door, and whether this would be appropriate or timely; I wondered if singing this song for such a fragile person with such a traumatic past experience would be damaging or re-traumatising. The more I reflected on these concerns, the stronger was the sense that I should sing it anyway. This 'sense' manifested itself in several ways: musically, I was already settled into a rhythmic and harmonic pattern that would allow me to move into the song smoothly (oscillating between E and A chords in a 6/8 rhythm, comfortably within my vocal range) and the song was playing in my mind at what felt like full volume; emotionally I felt that the song was what Jay needed and I felt an emotional pull to offer it to her; physically my heart was beating strongly and the more I rationally resisted the urge to sing the song, the louder and faster was my heart beating. So I sang the song. To my immense relief, as I finished off the final chorus and moved into an instrumental improvisation, my colleague appeared in the doorway and said that Jay would like me to keep singing the chorus a few times. After Jay had left at the end of the session, my colleague informed me that Jay had heard the song many years ago but could not remember who had written or performed it, what the words were, or how to find it again. She had been trying to re-discover this song for some time and my singing it for her had been a profound moment, which subsequently served as a key to unlocking the next stage in her recovery.

I trust that many of the readers will be able to relate to this sort of event: it does not fit within a theoretical frame in the moment, it cannot be rationalised, and it requires a risk on the part of the clinician. It may even go against many of our safeguards and trainings. For example, a music therapist is required "to understand the importance of and be able to obtain informed consent" (HCPC, 2019, section 2.6). In the above example I obtained consent to be present within the session, but not to use



that particular song. Ordinarily I would have tried to do so in such a sensitive context. The need for informed consent integrates with the need to maintain the safety of our clients as well as the need to act in their best interests at all times (HCPC, 2019, sections 2.1 & 15.1). It is possible that on another day with a different client in an alternative scenario, for me to act in such a way could have been harmful to the client. But despite these cautions, I am sure many would agree that the most powerful moments of transformation do not always follow a clinical intervention based on a theoretical model within rigid guidelines, but rather grow from moments of spontaneity and intuition.

How do we now bring spirituality into the story? What is my perspective on what is happening in the case example I have just described? I believe that the compelling feeling I had in the moment was God speaking to me in order to serve the needs of Jay (to reiterate, I use the term 'God', but please reframe this within your own perspective). Over many years of working in secular environments, church contexts and hybrid settings, I think I am learning when an intuition may be my own and when it may be from God (although it would be dangerous to claim certainty around such a statement). The description I gave of the 'sense' above is one of the clearer, more dramatic examples where I felt confident (in the moment) that God may be speaking to me, but there are many other ways this can happen. Take some time to read the Bible (TNIV Study Bible, 2006) and you will discover the myriad ways that God speaks to his people over the generations. Here are two further brief examples (not from my own clinical practice) where I would describe an intuition as being a possible prompt from God.

### **Case 2**

A colleague of mine was working with a fostered child over a number of weeks, and they used music improvisation as the prevailing intervention. A few days before their next session, my colleague was in a charity shop and had an intuitive prompt to buy a few Mr Men books (Hargreaves, 2010). At the start of the next session, the child was too distressed to enter the therapy room and refused to engage in anything musical. My colleague found the Mr Men books nearby and the child immediately engaged with them, using them as a way to identify emotions, share family stories and regulate emotional state.

### **Case 3**

In the opening chapter of *The Nature of Intuition*, Boucouvalas (1997) describes a story of when her daughter was ill. Her daughter had previously had a series of minor ear infections, and there was nothing in her daughter's symptoms to indicate anything other on this occasion. Boucouvalas goes on to say, "suddenly and unexpectedly an image invaded my mind's eye. Flashing red with warning, the words, 'scarlet fever' appeared" (Boucouvalas, 1997, p. 3). Following some rapid research and a trip to the doctor, the child was diagnosed with scarlet fever and treated swiftly before the illness reached a more dangerous stage.

In each of the three case examples I have shared there is a coherence not only with the definition of intuition offered earlier, but also with the characteristics of God. If an intuition is truly God speaking, it should always produce a beneficial outcome in the client (provided the recipient acts on it in an

appropriate way). As with all human interaction, our own insecurities and fallibilities will inevitably play a part. In his study of the use of intuition with senior executives, Agor (1986) lists the factors that impede the use of intuition which include projection mechanisms, time constraints, stress factors and lack of confidence. In response to Agor, Vasconcelos proposes that although intuition has the potential to be destructive, prayer can be used, “as a transcendent coping mechanism whereby executives can refine the flux of their intuition” (Vasconcelos, 2009, p. 936).

I mentioned earlier that I would like to offer a safe way in which to explore these possibilities in the clinical setting. I have noticed a parallel between the common model of therapeutic practice and the *5-Step Healing Model* developed by John Wimber (Vineyard Churches, 2018). There follows a typical process for therapeutic practice common to most practitioners (I include non-psychological therapies in this generalisation):

1. Referral: the stage where we find out basic information about the client, what they are struggling with, main diagnoses and the reasons they are coming for therapy.
2. Assessment: the process by which the therapist gathers information directly from the client in order to decide what sort of intervention is likely to be most relevant.
3. Clinical intervention: the main body of the therapy, the delivery of therapy sessions.
4. Review: looking at how the intervention is progressing, how the client is engaging and whether there needs to be additional or modified work.
5. Transformation: attempting to integrate the work carried out in the therapy with the client's life outside of the therapy room. This is central to the Transformational Design Model used in Neurologic Music Therapy (Thaut, 2014).

These five stages can take place within a single session (Dryden, 2017) or over a long-term series of sessions (Sperry, 2010; Wigram, Pedersen & Bonde, 2002). They can appear in different orders and be repeated/revisited as appropriate, but this is the general gist. These stages serve as a solid, safe framework for clinical practice in a range of disciplines (Cabaniss et al., 2017; Wheeler et al., 2005).

To introduce the *5-Step Healing Model*, John Wimber founded the Vineyard movement of churches (currently there are roughly 120 in the UK and 2400 worldwide), and one of his skills was communicating complex Christian concepts in a practical, easily-accessible way. The *5-Step Healing Model* (Vineyard Churches, 2018) is a simple structure that can be used when praying with people. It is not intended to be rigid or restricting, but rather provides a framework for people to use, particularly if they are feeling unconfident or inexperienced. Here are the five steps:

1. The interview: talking to the individual, finding out what they are struggling with and what they would like prayer for.
2. The diagnosis: the person praying discerns what type of prayer will be most relevant (there are many different ways to pray, not always just with words).
3. Prayer selection: the prayer itself. Sometimes the individual may need support to pray themselves, the person praying may pray on their behalf, or they may just need some quiet.
4. Prayer engagement: checking in with the individual. How are they feeling? Has anything changed? Has anything else come up?
5. Post-prayer direction: what does the individual need to do next? A change in lifestyle? Restoring a relationship? Nothing?

As with the clinical practice framework, this model is just a guide, and can take place in any order. Not all steps are essential, but they are likely to be present in some way.

The link between the *5-Step Healing Model* and the five stages of a typical clinical cycle are obvious. Intuition can play a part at any stage. That is to say, the potential for God to speak is always present. The first step of each model (referral/interview) is essentially information gathering, this information being used to elucidate the second stage (assessment/diagnosis). Case 3 is an example of a non-medically trained individual having an intuition related to Stages 1 and 2. I often find thoughts appearing in my mind at these first two stages that seem to inform the third stage (treatment/prayer selection). I may have a musical motif in my mind, or the feeling that a particular instrument may be of particular use. In Case 2, the act of buying the books was actually an intuition relating purely to Stage 2, although my colleague was not to know this until the books were used in Stage 3 and she could retrospectively interpret the circumstances in this way. These thoughts do not tend to fit within standard clinical decision-making, such as those discussed by Lane and Corrie (2012), but rather within our earlier definition of the intuitive. These first two stages find resonance with the diagnostic procedure found in areas such as psychiatry, nursing and General Practice. Srivastata and Grube (2009) explore the importance of instinct in the diagnostic process of psychiatry, giving a case example where a group of clinicians were united in their decision to reject the data offered by psychometric testing in preference for their collective 'feel' of the patient (Srivastata & Grube, 2009). A similar account is shared by Peterkin (2017), who ordered a chest X-ray against the recommendation of his supervisor and with no justification other than a 'gut feeling', which showed up a lesion on the patient's lung. Peterkin (2017) briefly alludes to the possibility that the intuition may have been 'divine providence' and many other publications support the value of intuition in diagnosis (Keenan et al., 2017; Mickleborough, 2015; Schön, 1983).

The third stage of the models (clinical intervention/prayer selection) perhaps offers the richest landscape for God's voice to be heard, and the first case example above sits firmly within this stage. During a music therapy session the very presence of music "amplifies and intensifies spiritual experiences such that new meaning for the client can emerge that transcends current modes of 'being'" (Potvin & Argue, 2014, p. 118). The possibility of this intensified experience can be no less manifest for the therapist as it is for the client. The very nature of transference in psychodynamic theory is itself a mystery, to the extent that Freud likened it to 'telepathy' (1933, p. 419), and I have often wondered if God may be at work in the movement of thoughts and feelings between client and therapist. In my experience, intuition has proven most valuable in particularly challenging moments. Bion said that, "when two personalities meet, an emotional storm is created" (Bion, 1979, p. 321). According to the character of God, when the storm rages and fear and uncertainty dominate, we will not drown if we turn to God for help, as did the disciples when they were caught in a literal storm in Mark 4:35-41 (TNIV Study Bible, 2006). Yes, we can and should rely on theory, experience, evidence base and research, but for the times where these fail us, we can perhaps seek something deeper and rely on something that knows our client far better than we ever will.

The final two stages of the models (review/prayer engagement and transformation/post-prayer direction) serve as a safety-net, where the clinician and client can reflect upon or evaluate the effectiveness, appropriateness or validity of the intuitive interventions used previously. After all, what clinician would fail to check in with their client after an intervention, whether this is informally within

a single session, or as a more formal review after a series of sessions? The hope that the therapy is having a beneficial effect on the client's life outside of the sessions is implicit in the word therapy itself – the literal meaning of the word being 'curing' or 'healing'. These two stages bring us back to the concepts of informed consent, client safety and client's best interests, discussed previously (HCPC, 2019). The process of allowing oneself to act upon an intuition inevitably leads into the area of risk, as do many of the interventions used by clinicians. No therapist or client will fit perfectly into any theoretical model, therefore there will always be an element of uncertainty to the process. And when music, spirituality and intuition are included in the equation, "only speculation is possible" (Potvin & Argue, 2014, p. 124). The clinical practices we observe exist in part to manage this risk and keep the client as safe as is reasonably possible. Reeves writes about this aspect of clinical practice using the term "positive risk taking" (Reeves, 2015, p. 139) to explore the possible benefits to the client when the therapist is in a place of measured uncertainty. Stage 4 (review/prayer engagement) could also be described as reflectively looking back, and Stage 5 (transformation/post-prayer direction) could be described as bringing strategy and hope for the future; these last two stages mitigate the risk and give permission for intuitive moments to be embraced.

## DISCUSSION AND CONCLUSIONS

When I first offered the ideas presented in this article at the Nordoff-Robbins conference, a concern was raised by a delegate that to rely on God to guide a therapeutic journey is to renounce one's responsibility and duty of care to the client. I responded to this in a couple of ways. First, if one accepts the character of God as described above, why would we want to withhold this unfathomable level of wisdom and benevolence from our clients? This actually complements the rich resources necessary for therapeutic decision making (Lane & Corrie, 2012). Second, as I touched upon briefly in the discussion of the case examples, there remains a responsibility on the clinician to act on their intuitions appropriately and not allow their own bias and prejudice to cloud the relationship. A psychotherapeutic relationship usually requires the therapist to observe technical neutrality and therapeutic abstinence (Cabaniss et al., 2017) in order to preserve the integrity of the therapeutic relationship. So we are not actually renouncing responsibility; rather, we are drawing on an additional resource and gathering evidence to complement our knowledge and experience base, which then allows us to make a decision as whether to not to carry out an intervention. We are still the decision-makers and we are free to discount or ignore our intuitions, wherever we believe they may be coming from. In addition, were a professional to act upon an intuition, at none of the five stages does the client need to know the internal process of the therapist, nor does the therapist have any compulsion to share their belief system, thereby upholding the boundaries of therapeutic abstinence.

In the first case example described above, I very nearly decided not to sing the song. I have also experienced similar situations where I felt prompted by God yet did not follow through on the prompt – largely because of self-doubt or the fear of making a mistake. For example, as I was preparing for my presentation of this article in its original form at the SAME conference, I felt a conviction that at the end of the presentation I should offer to pray with the delegates who wished to further explore their connection with God and put into practice the ideas I had shared. I then considered and rationalised this intuition, ultimately choosing not to do so at the last minute. Perhaps this was a missed

opportunity? Perhaps it was a wise decision? Because of the enduring mysteries surrounding intuition and hearing from God there is no way to know for certain. However, I extend this offer now to the reader and warmly welcome contact from those who wish to delve deeper into this arena.

My final encouragement to the reader is to watch out for these moments of intuition in their practice. For the musician they may come as a musical gesture; for the artist they may come as an image; for the poet, they may come as a word or phrase; for the executive they may come as a strategy; or for the therapist they may come as a feeling. The possibilities and combinations are unlimited and endless. Perhaps in a time of crisis you could ask for a guiding prompt. And if you hear something, first test it against your training, experience and knowledge. Then, if it remains with you, take a risk – take the step of faith, and see what unfolds.

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## Ελληνική περίληψη | Greek abstract

# Βρίσκοντας τον Θεό στο διαισθητικό: Ανακτώντας την πνευματικότητα των θεραπευτών

Adam Kishtainy

## ΠΕΡΙΛΗΨΗ

Το άρθρο αυτό παρουσιάζει μια σειρά μελετών περίπτωσης που διερευνούν το θέμα της μουσικής και της πνευματικότητας, και προσφέρει ένα θεωρητικό πλαίσιο για την κλινική πρακτική. Στόχος μου είναι να δημιουργήσω μια άμεση σύνδεση μεταξύ της δικής μου (Χριστιανικής) πνευματικότητας και του ρόλου του διαισθητικού στη θεραπευτική διαδικασία, προσκαλώντας τον αναγνώστη να αναπλαισιώσει το άρθρο μέσα από την προσωπική του κοσμοθεώρηση. Πρόσφατη έρευνα έχει επισημάνει τη σχετική έλλειψη δημοσιευμένου υλικού σχετικού με τον ρόλο της πνευματικότητας του θεραπευτή στη θεραπευτική σχέση. Αυτή η έλλειψη μπορεί να οφείλεται σε διάφορους παράγοντες, κυρίως δε επειδή οι περισσότεροι θεραπευτές λειτουργούν μέσα σε κοσμικά περιβάλλοντα και θεωρητικά πλαίσια, και είναι πιθανό να βιώσουν

αντιστάσεις ή ακόμα και την απόρριψη εάν οι προσωπικές πνευματικές τους πεποιθήσεις εκφραστούν ανοιχτά στην πρακτική τους. Με παρόμοιο τρόπο, ο ορισμός της διαίσθησης έχει αποδειχθεί υπεκφεύγων εντός ενός ισχυρού θεωρητικού πλαισίου. Η ίδια η φύση της διαίσθησης (και μάλιστα της πνευματικότητας) δημιουργεί μια τάση απομάκρυνσης από την τεκμηριωμένη πρακτική η οποία χαίρει τόσο μεγάλης εκτίμησης στα περισσότερα θεραπευτικά πεδία. Σε αυτό το άρθρο προτείνω ένα πλαίσιο θεραπευτικής πρακτικής που επιτρέπει στους θεραπευτές να αγκαλιάσουν το σύστημα πνευματικών τους πεποιθήσεων ως βασικό πυρήνα του κλινικού τους έργου. Η συζήτησή μου βασίζεται σε έναν ορισμό της πνευματικότητας που υποδηλώνει την παρουσία ενός εξωτερικού θείου όντος (του Θεού) το οποίο μπορεί να σχετίζεται με τον θεραπευτή και τον πελάτη. Από αυτή τη βάση προτείνω ότι οι στιγμές της διαίσθησης δεν χρειάζεται να θεωρούνται μυστήριες και ανεξήγητες, αλλά επιρροές του θεϊκού.

## ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσική, θεραπεία, πνευματικότητα, Θεός, διαίσθηση [intuition], ίαση [healing]

## ARTICLE

# Communicative musicality, music and transformation in the lives of parents and their children with cerebral palsy and multiple disabilities (CPMD)

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### ABSTRACT

The births of children with cerebral palsy and multiple disabilities (CPMD) challenge their families' wellbeing. This article, which is based on a theme generated from an interview study, suggests that communicative musicality and the everyday use of music transforms these families' experiences. The research questions aimed to explore the musicality of individuals with cerebral palsy, and the use of music within their families. Six parents to individuals with cerebral palsy and multiple disabilities participated in this study. The data were collected through a three-interview series with each participant, integrated with home-video viewing. The interview transcripts were analysed with interpretative phenomenological analysis and grounded theory. Initially three core themes were generated (and presented in another publication). The 'transformation' theme is a fourth theme generated from a later analysis of the research interviews. It is presented here through the parents' voices as well as the researchers' interpretations. Theory and research are discussed on communicative musicality, everyday musicking, and wellbeing. We suggest that the families' intensive use of nonverbal communicative approaches, and music transformed their experiences: their moods, participation, and the meanings related to their lives together.

### KEYWORDS

cerebral palsy,  
multiple disabilities,  
communicative  
musicality,  
music,  
transformation,  
wellbeing

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## INTRODUCTION

The theme at the centre of this article, 'transformation', is a later addition to our study on children and young adults with cerebral palsy and multiple disabilities (CPMD)<sup>1</sup>, their musicality and their families' everyday musicking (Roginsky, 2016). Six parents participated in the original study. Each parent took part in a three-interview-series, integrated with musical home-videos. The analysis employed interpretative phenomenological analysis and grounded theory. Three core themes were generated on communication, the use of music, and on parental knowing. These themes were described fully in a different research paper (Roginsky & Elefant, in progress). An additional theme was found but left unprocessed due to our lack of an appropriate theoretical perspective. Thanks to the Nordoff Robbins *Plus* conference 'Exploring the spiritual in music', an adequate frame of thought emerged and the missing theme was processed.

Below, a literature review is given on CPMD and parental experience, communicative musicality, and on the use of music with individuals with CPMD. Then, the methodology of our research study is described and the fourth theme, transformation, is presented.

## CEREBRAL PALSY AND TRANSFORMATION

### Cerebral palsy: Parental experiences

Cerebral palsy (CP) is a chronic, non-progressive condition, caused by serious damage to the young, developing brain (Oskoui, Countinho, Dykeman, Jette & Pringsheim, 2013). It might cause various degrees of functional, cognitive, behavioural disabilities, and epilepsy (Rosenbaum et al., 2007). Severe conditions of cerebral palsy involve expressivity and speech impairments that might lead to psychological and social barriers (Cockerill et al., 2013). These conditions are named here cerebral palsy and multiple disabilities (CPMD).

Parents to individuals with CPMD may often encounter high levels of stress (Parkes, Caravale, Marcelli, Francesco, & Colver, 2011), sorrow, and other psychological symptoms (Whittingham, Wee, Sanders & Boyd, 2013). The participants of a study on parents' experiences when their child was diagnosed with cerebral palsy portrayed their daily preoccupations: the unstable health of the children, their intensive care, and an on-going financial struggle (Ribeiro, Vandenberghe, Prudente, Vila & Porto, 2016). These parents, however, reported some adjustment and decrease of stress in later years, as the children matured and stabilised. Burkhard (2013) generated four essential themes on mothers' adaptation to their adolescents with CPMD: managing an unexpected life, finding my own way, serving as my child's voice, and facing an uncertain future. These themes reflected the parents' ability to transform their uncertainty and struggle into meaningful, compassionate living. Quite similar results were generated in our study on musicality and the use of music with children and young adults with CPMD (Roginsky, 2016; Roginsky & Elefant, in progress); the participating parents portrayed communicative musicality and musicking as central in their process of adaptation.

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<sup>1</sup> This term addresses individuals with severe and extensive influences of cerebral palsy: sensory-motor, cognitive and more.

## Communicative musicality, music, and cerebral palsy

Communicative musicality is the use of voice, mimicry, body motion, silence and halts, and the changing dynamics and organisation of these, through the ongoing interaction of parents and their preverbal infants (Malloch & Trevarthen, 2009). It also underlies every person's communication with others throughout life (Butterton, 2007). This term was coined by Malloch and Trevarthen, (Malloch, 1999; Malloch & Trevarthen, 2009), preceding the studies of Trevarthen (2015), on the meaning and essence of infants' expressive motion. Malloch and Trevarthen's analyses of parent-infant communications (2009), suggested that communicative musicality was essential for the development of subjectivity and sociability in children. A broad body of research supports that notion: reciprocity was found a regular characteristic of mother-infant communications (Brazelton, Koslowsky & Main, 1974). Babies' ability to imitate was found to afford the development of theory of mind (Melzoff, 2007). Connection was seen between communicative musicality and the quality of mother-child relations (Beebe & Steele, 2013), as well as the development of inter-subjectivity in adult relations, and psychotherapy (Ammanity & Ferrari, 2013; Butterton, 2007; Stern, 2010). Insufficient communicative musicality was also studied: babies of postpartum depressed mothers, whose expressivity and reactions were dull (Papoušek & Papoušek, 1992), or babies with developmental or health issues that failed in communicating with their parents, achieved inferior social skills (Papoušek & Von Hofacker, 1998).

Communicative musicality of individuals with cerebral palsy has not been researched extensively. However, evidence on the use of nonverbal communication with this target population is found in the music therapy literature. Gilboa and Roginsky (2010) noticed the contribution of musical improvisation to the development of attunement, mutuality and empathy during short-term therapy with a mother-child dyad. This dyad's attachment had been interrupted with the child's traumatic birth and cerebral palsy. In therapy the mother was taught through musical improvisation to be more engaged with her son's communicative musicality and play. Following therapy, her attunement with the child and their mutual involvement improved. McFerran and Shoemark (2013) described the rich nonverbal dialogues in music therapy with a non-speaking young adult with CPMD. The active use of this client's communicative musicality was reported as contributing to his sense of wellbeing. Thompson and McFerran (2015) studied the outcome of music therapy with three separate children with cerebral palsy and profound intellectual disabilities. The clients' nonverbal communications (greetings, responses to names, farewell acknowledgment) as well as their quality of attention improved following 21-27 music therapy sessions. These cases, we suggest, may imply that communicative musicality survived despite the clients' severe brain damage; in fact, communicative musicality was an influential means for interaction with the non-speaking individuals with cerebral palsy. The survival of communicative musicality despite CPMD, we argue, afforded musicking influence on our research families' health and wellbeing.

Research shows that the regular use of music can improve people's quality of life. MacDonald (2013), for instance, proposed five interlinking fields where music enhanced health: music education, music medicine, music therapy, community music, and also what he named 'everyday uses' of music – listening, viewing, and participating in musical activities of choice. MacDonald related much significance to this last field. It was described as affording self-awareness, self-regulation, security

and control. Relying on the works of DeNora (2000, 2010), MacDonald defined music as a human form of self-help.

The health perspective on music has been covered thoroughly by DeNora and Ansdell (Ansdell, 2014; Ansdell & DeNora, 2016; DeNora, 2013). Through theory and case study, these authors portray music as an affording medium, appropriated to furnish people's worlds according to their unique personalities, tastes and needs. The affordances of music are also apparent in cases of disability. Ansdell and DeNora (2016) described community music therapy at BRIGHT, a day centre for users of mental health services. At BRIGHT, music afforded personal and communal transformations: it encouraged participation and authentic expression. It supported people's strengths, and reinforced group cohesion. The transforming power of music was illustrated through the story of BRIGHT's singers' visit to a general hospital ward, where, though facing disability themselves, they tended sensitively to the musical needs of a patient who seemed near the end of his life (DeNora, 2013).

CPMD is yet a different condition, but the benefits of music in cultivating the health and wellbeing of individuals with CPMD are similar, as reflected through the work of music therapists. Neurological and functional music therapists use prescriptive interventions to improve the gait, speech, movement or learning of their clients with cerebral palsy (see, for example, Marrades-Caballero, Santonja-Medina, Sanz-Mengibar & Santonja-Medina, 2018; Nami, 2017; Thaut, McIntosh & Hoemberg, 2015). Looking back at the 1960s and 1970s, pioneering music therapists seem to have held more holistic perspectives towards the treatment of clients with cerebral palsy: Juliette Alvin (1961, p. 261) tried to reach "emotional freedom, social and cultural belonging" with these clients. Interestingly, a few years later, in *Music for the Handicapped Child* (Alvin, 1965), her view had become rather rehabilitative. Quite differently, Nordoff and Robbins music therapy did not focus on clients' diagnoses or their functional rehabilitation, but on their 'music child': "the organizing agent that gives response or activity its integrity, its originality, its unique meaningfulness, its message of individual human presence [...] Within an awakened music child, the being child moves toward fulfilment and completeness" (Nordoff & Robbins, 2007, p. 17). Aldridge explained in an interview:

Whatever the other person is doing, whomever you are sitting across from, whatever smallest movement they do, whatever gesture, whatever sounds they used, we use that and base the music that we make with them on that... everyone is seen as a 'music person', there aren't inherent differences in the music based on age or condition. (Aldridge, cited in Mahoney, 2016, p. 14)

Various documentaries by Nordoff Robbins music therapy graduates with individuals with cerebral palsy (for example, Nordoff Robbins, 2008, 2016) demonstrate the vitalising effect of playing, vocalising and moving, and humane treatment in directing these clients towards reaching their abilities and personhood, and towards their families' wellbeing. Through our participants' experiences, the present paper follows a similar thought – that everyday musicking may have served in those families as a fundamental means to transform their health and wellbeing, including the individuals with CPMD.

## METHODOLOGY<sup>2</sup>

Overall, four research questions were formed:

- a. In what ways can parental experience enrich our knowledge about communication with their children and young adults with CPMD?
- b. How do parents use music with their children and young adults with CPMD?
- c. What purposes does music serve with these individuals?
- d. Can parents describe the meanings of music in the lives of these children and young adults?

Parents of children and young adults, ages 8-20, diagnosed with severe cerebral palsy and multiple disabilities (CPMD) were addressed. The participants were recruited through healthcare professionals and organisations for individuals with cerebral palsy. Six parents were recruited. All of them were thoroughly informed about the research aims and procedure, and signed the consent forms. Standard codes of ethics were implemented, as required and approved by the University of Haifa Ethics Committee.

Qualitative research was used to explore the parents' subjective experiences and meanings (Denzin & Lincoln, 2011). A Three-Interview-Series (Seidman, 2006) was conducted with each participant:

1. A semi-structured Life-World Interview (LWI) (Kvale & Brinkman, 2009) with a pre-composed script, focusing on the background of the families and their children and young adults with CPMD.
2. A semi-structured LWI, with a pre-composed script, integrated with the viewing of home video clips. Two topics appeared: the musical worlds of the families, and the musicality of the individuals with CPMD.

The interviews were held one month apart, and were audio recorded and transcribed in detail. Grounded theory analysis followed.

3. An open interview (Corbin & Morse, 2003; Seidman, 2006), in which the core themes generated through the grounded theory analysis were read together and discussed freely. Each participant could process and reconstruct their former ideas on the research topics: musicality, music and their children and young adults with CPMD.

Additional grounded theory analysis of each third interview followed, and a last grounded theory on the full body of data generated throughout the analytic procedure. A peer review was done by two cerebral palsy specialists (a physiotherapist and a speech therapist) on the final results.

An interpretative phenomenological analysis (Smith, Flowers & Larkin, 2009) took place from the beginning of this study, including planning through writing: the researcher's journal, the interviews and grounded theory analyses, as well as peer review, were part of the continual circulation of data collection and reflection. The aim was to reach an integrated theory (Linge, 2004) based equally on parental and professional knowledge.

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<sup>2</sup> The research method is explained briefly as a fuller description of the data collection and analysis can be found in our full research paper (Roginsky & Elefant, in progress).

Three core themes were generated through the grounded theory procedures of analysis: communication, the use of music in these families, and the parents' knowing. The fourth theme, transformation, was processed and written at a later stage, after the completion of this study. The additional theme captured the participants' unique appreciation of their children's personhood, and it was reflected clearly through their descriptions of communication and musicking with these individuals. At the time, this theme was left unprocessed mainly due to the lack of a proper theoretical frame. A year later, having participated in the Nordoff Robbins *Plus* conference, *Exploring the Spiritual in Music*, an adequate frame of thought was offered through which we could re-examine the unprocessed theme. The present article came as a result of this later analysis; the freedom to explore, as well as a few main ideas and terms, are driven by the presentations and discussions at the Nordoff Robbins *Plus* conference on spirituality.

## FINDINGS: THE TRANSFORMATION THEME

The transformation theme describes the everyday use of nonverbal communicative approaches and musicking as enhancing change in the families' experiences of caring for their children and young adults with cerebral palsy and multiple disabilities.

Four sub-themes portray the process, means and results of transformation: parental seeking and attunement, the proto-language established between parents and their children, and the paradoxical stances leading to appropriate music as a tool and container of change. The participants and their children's names, as well as any other identifying details, have been changed. They are presented here as the parents of Matanel, Roni, Tohar, Noa, Eli, and Lilly: children and young adults with CPMD.

### Sub-theme 1: Seeking and attunement

The births of their babies with CPMD and atypical expressivity caused the research participants to take a path of ongoing search for meaning. Seeking and attunement afforded the parents to transform their unknowing and helplessness, and establish relations with these children. Constant seeking was repeated throughout the participants' stories: their babies faced life-threatening health conditions; these babies' survival was the parents' fundamental goal, yet their needs were unexpected and unknown.

Tohar nearly didn't cry unless she was in great pain. She wouldn't ask for anything, not even food. When Tohar had seizures she was completely isolated.  
(Tohar's mother)

The search for meaningful communication was ongoing; it was, after all, the basis for relating with the children with cerebral palsy.

During her first eight months, Lilly didn't stop crying; she suffered aches and pains...that's how it is when children are born so small. (Lilly's mother)

There was no way to soothe this baby! His mouth was extremely sensitive and he couldn't suck. Rocking him only made things worse, so the stroller solution was out of the question; honestly, we had no way to calm this baby down! (Matanel's mother)

Individuals with CPMD are characterised by atypical expressivity: crying, laughing and vocalisation, can have unexpected meanings (Miller & Bachrach, 2007). The research participants were trying continually to comprehend their children and young adults with CPMD; careful attention was paid to their every motion and expression.

At NICU, you'd see her breath change, especially when she was very little; it would suddenly change when I got closer. (Toha's mother)

I can tell by Rony's expression; that's how I know she is content or she wants or doesn't want something. (Roni's mother)

She can talk with her smile! (Noa's mother)

They sit together a lot and Lilly...makes all kinds of voices when they are together; these voices he can understand. (Lilly's mother)

The parents' ongoing efforts to attune to their children and young adults with CPMD indeed resulted in improved comprehension. Some parents seemed to attribute themselves superior communicative abilities:

Someone who sees Tohar can tell me that she's static, or she cannot respond. The truth is that she DOES respond, but you should get to know her more intimately to notice that. (Tohar's mother).

Only a parent knows these things... (Roni's mother)

We can tell by the look on our children's faces or even by the blinking of their eyes. (Eli's father)

These parents portrayed their children's communications in much detail:

My daughter is magnetising! Her smile does that. She can talk with her smile...she has this special smile that means 'I want you near me!' Oh my god! This is her make-friends smile! I can't explain how, but it always works. (Noa's mother)

Brothers and sisters were also aware of their siblings' expressions, and would freely interpret them during family interaction:

As we drove to a family dinner the children were quarrelling over the music we should hear, and Noa let out this loud voice; 'Are you saying that I'm dumb?' her sister replied angrily - Noa just laughed at her. (Noa's mother)

The participants' intensive seeking and attunement resulted in establishing unique modalities of communication with the individuals with CPMD: they were based on body expression, on temporal dynamics, as well as on close acquaintances and deep faith in each child's aware, human presence.

## Sub-theme 2: Proto-language

This sub-theme focuses on proto language: the nonverbal, very delicate and primary means of communication established within the research families. It was employed successfully by the parents and their non-speaking individuals, and helped to overcome the communicative barrier.

Understanding the individuals with a disability involved a constant pursuit for any of their proto-communicational signs: their autonomous motions and intentional expressions were studied and interpreted:

Look here, see? His breath is shallower now; that's how I know he is excited!  
(Matanel's mother)

There, you can see that her body relaxes, her eyes become distant – the child is obviously somewhere else. (Tohar's mother)

Smiles, laughter, crying or vocalising were followed:

He has variations of laughter. There is this laughter 'yea, all right' directed to keep us content "(Matanel's mother).

Eli's private talk was treated as an official language:

We all know that 'LA-LA-LA' means that he wants to listen to music, and 'GA-GA-GA' is the telephone. We have a printed dictionary of all his words. (Eli's father)

Upon these motions and vocal signs, communicative musicality was established:

When Matanel sits in his room and someone at the living room laughs, he responds immediately with his own laughter as if to reassure that he's listening.  
(Matanel's mother)

My husband makes all sorts of noises that Roni likes; he makes this sudden 'ATCHU!!' some sort of silly voices – and Roni – she melts! She faints! You can't believe what happens! What ecstasy and rolling laughter!! She simply cannot stop! (Roni's mother)

Lilly, another child, was recorded during an interview as she manipulated the whole family using her voice dynamically to make them come over and say “good night.”

These families were well-trained nonverbal communicators; yet this specialty was not owned by others outside the family. “At home we all understand, but as soon as he steps out of home, he is completely mute,” shared Eli’s father, and Roni’s mother complained: “No one else but their parents may understand.”

### Sub-theme 3: Paradoxical stance – the mechanism of change

Paradoxical stance, according to Hart (2000), is a main characteristic of transformative processes. The parents’ experiences regarding the communication with their children with CPMD reflected significant paradox and its solution – the transformation itself. The paradox revolved around the parents’ opinions regarding their children’s communicability and personhood: a) they had faith in these children’s potentials; b) they were uncertain of the validity of this faith; c) they had seemingly unrealistic hopes regarding the potential development of their child’s communication, especially verbal communication.

The following descriptions, generated from a single interview with Matanel’s mother, may demonstrate the parents’ paradoxical stance where faith, uncertainty and hope co-exist:

When I see his eyes, I’m sure he understands much more (*faith*)

He does not make sense at all (*uncertainty*)

I still hope he reaches communication one day...language, yes, even words (*hope*)

A comparable paradox was noted as the parents were asked to assess their children’s musicality<sup>3</sup>, as shown in the examples below, drawn from Roni’s mother:

Roni loves sounds. There are a few sounds she prefers over others; she actually has a taste for sounds. [...] Roni adores that song...even more than the other songs known to her. She likes these as well, but some songs are really her favourite. (*faith*)

How would I know if she is musical? She doesn’t give the slightest hint. (*uncertainty*)

Interestingly, hope was not expressed regarding musicality. Additionally, musicking experiences were not found paradoxical at all. We would like to offer that the paradox found in the realm of verbal or more typical communication kept pushing these parents to seek less paradoxical communicative experiences with their individuals with CPMD. As a result, communicative musicality and musicking were encountered. However, they were merely points of relief, as the ‘seeking stance’, an unresolved paradox in nature, was still found the most stable parameter in relations with the children and young

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<sup>3</sup> The research participants were asked whether their children were ‘musical’, as they were overall unaware of the term ‘communicative musicality’.



adults with CPMD. Seeking was essential, as it kept the parents alert and open-minded, searching for entry points, reactions, shifts and changes in their children's expressions. Motivating this stance was the parents' vague intuition that within the great deficit some untouchable potential exists:

I know that my son has got something more in him, yet, we cannot reach it.  
(Matanel's mother)

The paradoxical stance – their movement between seeking and finding, faith and disbelief – may, as Hart (2000) proposed, have provided the parents the power to go on exploring fuller communication and relations, despite their children's severe disabilities. Musicality and musicking, less paradoxical as seen, were employed for nurturing faith in these individuals' whole personhood.

#### Sub-theme 4: Living in music

Transformation in the realm of music is described now to a broader extent. Music provided these families an alternative for disability and isolation; it created a space that afforded cohesion, wellbeing, and a sense of health. Pleasurable moments were encountered in music.

Why do you ask me about the purpose of music? Is it not clear? LIFE IS MUSIC!  
I want my child to have fun! (Roni's mother)

Music improved bonding between parents and children:

Can you see? She wants me to continue singing! That's great... see? Tohar listens to what I do! Did you notice that when I sang to her she replied vocally?  
(Tohar's mother).

Family cohesion was enhanced through music:

When my kids turn the music on – It's wow! America! They love music so much!  
They enjoy just listening, dancing and having a good time! (Noa's mother)

They can spend even an hour during afternoon just listening to music together  
(Lilly's mother)

Disagreements also occurred around musical preferences:

[During a car ride] my elder child complained – “why must I suffer this Eastern music every time we stay together?! Why can't we listen to my style, to my songs for once?” (Noa's mother).

Play and creativity were facilitated with music:

When he was younger we would let him complete the last syllables of songs (Eli's father)

My elder child has a DJ editing station...when they stayed together once, Noa picked a song she liked and they edited it together... just for fun (Noa's Mother).

In music, the children and young adults with cerebral palsy could enjoy traditional holidays and ceremonies just like any other family member:

I let her listen to every holiday song (Roni's mother)

On Shabbat dinner when we chant, I take his hand and help him sense the beat so that he can feel our music...he always has this attentive face when we sing (Matanel's mother)

The families were also able to include their children and young adults in public musical events: "We go together to every children's song festival (Lilly's mother)

A while ago I took all my kids to a concert - the children, myself and a neighbour, see for yourself in that video, here, look at Noa: someone came over to her, a complete stranger, and they danced! They love it! (Noa's mother)

Musicking improved the families' wellbeing. It supplied the parents and their children more equality and an alternative space for communication, fun and play. With music, the families included their individuals with CPMD at home and in public. While musicking, the individuals with CPMD, as well as their family members, were not left out, weakened and disabled.

## DISCUSSION: CEREBRAL PALSY, COMMUNICATIVE MUSICALITY, AND TRANSFORMATION

The participants in this study tried continuously to establish communication with their non-speaking children and young adults with CPMD. The mutual relations they attained relied on the daily use of nonverbal communications<sup>4</sup>, yet they were not aware of communicative musicality as a theory. During these interviews, more awareness and knowledge were developed and the parents could see how the use of communicative musicality and of music were pushing their families away from disability and hardship towards a different plane, where more equal, fluent and playful relations were afforded. Transformation was attained daily with the natural help of communicative musicality and music.

Music is performed at the service of change in many cultures, old and new (Wigram, Pedersen, & Bonde, 2002). Sekeles described some tribal musical rites from the Amazon, Madagascar, Moroccan Atlas and elsewhere. These rites were meant to transform body sensations and moods, and are reported as permanently healing various physical and emotional ailments (Sekeles, 1996). Music's

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<sup>4</sup> As portrayed in the theory of communicative musicality (Malloch, 1999; Malloch & Trevarthen, 2009).

independent powers of healing are controversial in music therapy (Aigen, 2014). Aigen (2007), as well as Tsiris (2008), support the thought that the art of music itself may afford the client's transformative experiences. Can music actually lead to change without the mediation of a shaman, priest or therapist? DeNora (2000) has suggested that even non-professional musicking can afford experiences of wholeness, self-acceptance and wellbeing. Flow – understood as optimal experience affording wellbeing and personal growth – is reported by some research participants describing their moments of deep engagement with music (Csikzentmihalyi, 1990). Silverman and Baker (2016) captured flow as a mechanism of change in general, and specifically in music therapy. These authors, based on a wide literature review, illustrated the power of musicking to increase the engagement and the sense of wellbeing and meaningfulness in various target groups. Moreover, musicking was found to induce flow bi-directionally, i.e., in both the clients and therapists. The participants in our study also described positive processes occurring while nonverbal communication and music were utilised with their children with disability. We suggest that both modalities based on the intact proto-musicality of the individuals with CPMD transformed their families' existence by affording them context, meaning and flow. The analysis of the research interviews underlines a few possible causes of the transformative effect of communicative musicality and of musicking on the families: the enhancement of coherency and order in their lives; the meaningful routines and relations established; and the ability to treat the individuals with cerebral palsy as equal partners. Music's joyful influence on these family members is also considered here. All the above causes are discussed in more detail below.

## Coherence and order

All the research participants described their continuous path of seeking communication with their children and young adults with CPMD. Words could not serve this cause, and both parties' communicative musicality was their main meaning-maker. Gradual adjustment and attunement were described in this respect. The parents and children with cerebral palsy achieved highly synchronised nonverbal communications that improved their sense of coherence and order together. The state of coherence must not be undervalued, as it may serve as the baseline for uplifting, transformative experiences.

'Flow', the "optimal state of inner experience" described by Csikzentmihalyi (1990, p. 6), a positive psychologist, "requires order in consciousness". Communicative musicality is indeed about order: synchrony, turn-taking or carefully-constructed, recurring sequences are some of its building blocks (Malloch & Trevarthen, 2009). The nonverbal communicative approaches were gradually propelling these families' relations from trauma and chaos towards more orderly feelings and behaviours. The parents pointed directly at communication as the factor that changed their moods, improved the quality of relations, and afforded peak experiences, or, flow:

My husband makes all sorts of noises Roni likes. He does this sudden 'ATCHU!' and all kinds of silly voices, and Roni – she melts! She faints! You can't guess what happens here! What ecstasy, what rolling laughter – she simply cannot stop! (Roni's mother)

The use of music – singing, for instance – induced similar results:

When Tohar was a baby, bath was a time of joy. It's difficult for me to remember this time in our lives...only doctors, surgery, hospitals... Bathing her and singing always let me feel some serenity... It was good for her as well. (Tohar's mother)

## Meaningful living

According to Maslow (1970), as people meet their basic needs, higher awareness can be achieved, characterised by "serenity, understanding, nobility, etc." (p. 99), as well as "loyalty, friendliness, and civic consciousness" (p. 100). Once the participants' communications with their children improved, the families' stress and struggle gave way to increasingly secure and open-minded experiences. They were now able not only to comprehend their individuals with CPMD, but to love them, personify them, and consider them as meaningful partners. A notion also prevailed that these children's birth was not in vain; that it had extraordinary, perhaps mystical, causes that positively affected their families' beliefs, morality and behavioural codes. We will not ascribe the attainment of coherence, order or meaning to communicative musicality alone, and yet, communicative musicality, as well as the moments of music the parents described, reflected a greater ability to view their children and young adults with CPMD as more equal family members. A strong family union was attained through musicking. These parents, struggling with their children's fragile health as well as other family concerns, saw their common music as uplifting and uniting.

## Participation and inclusion

During the third interviews, parents described their children's isolation caused by CPMD. Musical moments, however, were experienced differently: in music, the individuals with cerebral palsy were more coherent to all family members. Dancing, singing, smiling or vocalising were everybody's appropriate responses to music, including the children and young adults with CPMD; here, nonverbal behaviours were quite acceptable and understood. Frequent use of music at home improved participation and inclusion within these families. "In music" exclaimed Noa's mother, "she is just as one of us!"

Some parents described their own lives as limited to their children's care; most of them did not develop careers and were less active socially due to the heavy burden of caregiving. The children's involvement with music afforded these parents the opportunity to take part in a cultural activity and reconnect to their surrounding social circles. In musical events they felt more welcome with their children with cerebral palsy. Csikszentmihalyi described large musical events as causing their audiences to lose the sense of individuality in favour of "'collective effervescence' or the sense that one belongs to a group with concrete, real existence" (Csikszentmihalyi, 1990, p. 110). Ansdell and DeNora (2016) described music as people's 'pathway' from social segregation towards participation. They saw music as 'bridging' between people of different classes and roles in communities. Music transformed these families' experiences from separation to equal participation and acceptance in their close environments.

## Towards self-realisation

In the mornings everybody goes to work, school, and I do my house chores. This is the time for me to turn the music on and play it loudly; I've got an enormous playlist of songs! (Roni's mother)

Two main approaches to parenting were encountered in our study: either one parent gave up her mature way of living to initiate a fully-symbiotic unit with the individual with CPMD or, when both parents insisted on having their own adult lives, hired care was taken, and thus, parents felt, less mediation was given to their children. Both mechanisms – symbiotic-existence or separation – were experienced as taking their toll either on the parents or their children. However, the frequent use of music in everyday life allowed the participants to experience more self-realisation and connection with their proper age-group, with no sense of neglect towards their children. In music, each family member had more freedom of choice, and their own separate identities. "Listening to, performing and talking about music is not as much a reflection of identity as a way of performing the sense of ourselves. Our identity" (Ruud, 2009, p. 3). The parents' lived experience was similar: with music, they could form their own spaces within hectic daily schedules that required low use of precious resources of time and money. Tohar's mother described:

I always listen to music when I'm in my car, driving alone somewhere. It's high-volume rock music, you know, Deep Purple, and so – this is the music of my childhood.

Music, in DeNora's term (2013), assisted these parents in "refurnishing" or accommodating their lives so that some separation from their children with a disability was achieved, yet did not prevent them from bonding with, containing and caring closely for these individuals.

## From suffering to joy

The children and young adults in this research experienced birth traumas and chronic health problems, as well as many sensitivities and functional limitations. However, they could enjoy music: it uplifted their moods and improved their quality of life. "Music," told Tohar's mother "is one basic thing you can use with a child. Over the years I have patiently taught my daughter how to hear music - just as I taught her how to eat." The effort this mother made to connect her child to music had to do, in our view, with another level of transcendence: from suffering to joy. That thought may seem simplistic, or very basic, yet it was not obvious to see that parents wished for their personified, included and beloved individuals with CPMD to also enjoy life despite their severe handicap and poor health. "Happiness," stated Csikszentmihalyi (1990, p. 2), "is a condition that must be prepared for, cultivated, and defended." Cultivating happiness meant, in these parents' lives, turning their backs on concerning reality and creating a more dynamic, enjoyable family experience. Music, so accessible presently, required only small effort to be utilised. It was described by all parents not only as encouraging positive changes, but also as affording their family an atmosphere shift, and moments of sheer joy.

Despite the participants' lack of awareness, they effectively used nonverbal communications – proto-communications and music – to improve their families' wellbeing: suffering was transformed to joy; practical and medical relations were transformed to personal and humane ones; chaotic experiences grew more meaningful due to the families' natural use of proto-musicality and everyday musicking at home.

## CONCLUSION

In the light of our wider research (Roginsky, 2016; Roginsky & Elefant, in progress), we see a need to rethink our professional perspective on individuals with CPMD and their families. This study's results describe the natural appropriation of communicative musicality and music by the parents we interviewed. Music, we suggest, has transformative potential for these families. Enriching these families' daily lives with music and encouraging experiences of coherence, meaningfulness, joy, or the achievement of flow, are worthy of special attention while treating this population. Music therapy practice and research, accessible technologies, and parental experience can all prove highly useful. A more holistic, even spiritual sense of care may shift our point of view on individuals with CPMD, bringing more relevance and efficiency to our music-therapeutic effort.

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## Επικοινωνιακή μουσικότητα, μουσική και μεταμόρφωση στις ζωές των γονέων και των παιδιών τους με εγκεφαλική παράλυση και πολλαπλές αναπηρίες

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### ΠΕΡΙΛΗΨΗ

Οι γεννήσεις παιδιών με εγκεφαλική παράλυση και πολλαπλές αναπηρίες αποτελούν δοκιμασία για την ευεξία των οικογενειών τους. Αυτό το άρθρο, το οποίο βασίζεται σε ένα θέμα που προέκυψε από μια έρευνα βασισμένη σε συνεντεύξεις, υποδηλώνει ότι η επικοινωνιακή μουσικότητα και η καθημερινή χρήση της μουσικής μεταμορφώνουν τις εμπειρίες αυτών των οικογενειών. Τα ερευνητικά ερωτήματα αποσκοπούσαν στη διερεύνηση της μουσικότητας των ατόμων με εγκεφαλική παράλυση και της χρήσης της μουσικής εντός των οικογενειών τους. Στη μελέτη αυτή συμμετείχαν έξι γονείς ατόμων με εγκεφαλική παράλυση και πολλαπλές αναπηρίες. Τα δεδομένα συγκεντρώθηκαν μέσω μιας σειράς τριών συνεντεύξεων με κάθε συμμετέχοντα, οι οποίες εμπεριείχαν και την προβολή αυτοσχέδιων βίντεο που καταγράφουν στιγμές από τη ζωή στο σπίτι. Οι μεταγραφές των συνεντεύξεων αναλύθηκαν με ερμηνευτική φαινομενολογική ανάλυση και την εμπειρικά θεμελιωμένη θεωρία [grounded theory]. Αρχικά δημιουργήθηκαν τρεις βασικές θεματικές ενότητες (και παρουσιάστηκαν σε άλλη δημοσίευση). Η θεματική της «μεταμόρφωσης» είναι μια τέταρτη θεματική που προέκυψε από μια μεταγενέστερη ανάλυση των ερευνητικών συνεντεύξεων. Η θεματική αυτή παρουσιάζεται εδώ μέσα από τις φωνές των γονέων καθώς και από τις ερμηνείες των ερευνητών. Επίσης, συζητούνται οι θεωρητικές και ερευνητικές προοπτικές που σχετίζονται με την επικοινωνιακή μουσικότητα, την καθημερινή μουσικοτροπία [musicking] και την ευεξία. Προτείνουμε ότι τόσο η εντατική χρήση μη λεκτικών επικοινωνιακών προσεγγίσεων από τις οικογένειες όσο και η χρήση της μουσικής μεταμόρφωσαν τις εμπειρίες τους: μεταμόρφωσαν τη διάθεσή τους, τη συμμετοχή τους και τα νοήματα που σχετίζονται με τη συλλογική τους ζωή.

### ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

εγκεφαλική παράλυση, πολλαπλές αναπηρίες, επικοινωνιακή μουσικότητα, μουσική, μεταμόρφωση, ευεξία



## ARTICLE

# Imaginariness of spirituality, violence and health impacts in metal music: A critical history and case study

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### ABSTRACT

In popular discourse, and in some research on music and health, a vague but universal healing potential is sometimes attributed to music in general. An important counterpoint appears in heavy metal music, which is often assumed to have deleterious effects on listeners and on society. This article reviews debates in politics, news media and research on health and metal music from the 1970s to the present, with particular focus on the UK and US contexts. Showing that research has been influenced by moral panics and legal controversies, the article demonstrates how ideas about transgressive religiosity have often influenced debates about health and harm surrounding metal music. A disciplinary and methodological polarisation is noted between, on one hand, psychological and behavioural lab experiments, and on the other, social sciences and humanities research with more ethnographic or contextual approaches. Noting that some lab-based methods seem highly contrived and even unethical, this article argues for an approach to research in this field which studies real listening practices. A case study of violence, religion and health is then outlined concerning the extreme subgenre of drone metal. In this music culture, listener discourses touch on mysticism, ritual and the sacred; on health, healing and catharsis; and on different modes of abstract and physical violence, in highly interrelated and sometimes surprising ways. The article concludes that noise and extreme music may offer particularly powerful –yet under-appreciated, at least to critics outside metal cultures– resources for positively influencing listeners' health.

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### INTRODUCTION

From development in the early 1970s in the UK to a truly globalised spread over the following decades, heavy metal music has consistently attracted controversies in which ideas and extreme claims are made about connections between religion, violence and health in relation to the music. This article

### KEYWORDS

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briefly outlines the history of this heated debate about the impacts of metal music on audiences and on society, a discussion which has taken place in public discourse, in court, and in research, particularly in the US and the UK. Assessing the connections between violence, religion and health in scholarship on metal and in public arguments about the music, I note a disciplinary polarisation where psychological and clinical research more often finds evidence for metal having deleterious effects, while sociological and humanities-based research tends to defend metal audiences and their music. Having examined some of the epistemological and methodological assumptions and orientations underpinning such studies, I call for an approach to studying music's effects which acknowledges an evident connection between ideas about religion, violence and health in metal music. In addition, metal's frequent depiction as music assumed to have seriously damaging effects on audiences is an important (though, again, overly polarised) counterexample to the sometimes uncritical magical thinking about 'the power of music' to simply and straightforwardly make things better. A more nuanced examination of metal, then, encourages us to seriously address the likelihood that different kinds of music, and participation in musical cultures, may have positive and/or negative effects, and that such impacts may intersect in complex ways. Further, responding to the rather artificial contexts in which some psychological or behavioural studies have been conducted (and from which sweeping generalisations have been extrapolated), I argue that conclusions about the impact of music on audiences must be drawn from assessment of the real contexts in which those audiences encounter that music. The controversial background of metal's historical reception overshadows or at least informs almost any contemporary engagement with metal, where even casual listeners are aware of its history of provoking moral panic and associations with transgression. Given this ongoing resonance, I explore listeners' engagement with drone metal, a marginal and extreme form of metal music, around which circulates ideas about catharsis, violence, mysticism and ritual. From ethnographic participation and discourse analysis of recordings, performances and surrounding artworks and discussion, I explore how ideas about violence, mysticism and ineffability inform listeners' understanding of the music's effects, how listening practices are developed and interpreted, and how violence and religiosity may be more inextricably linked to catharsis, therapy and healing in metal music than previous research frameworks have considered.

## IDEAS ABOUT VIOLENCE AND RELIGION FROM METAL MUSIC'S ORIGINS TO A GLOBAL REACH

Black Sabbath's first recording, released in 1970 and widely considered as a mythical origin point for metal, already evokes concerns about the effects of encountering Satan (Black Sabbath, 1970). Ever since, through decades of stylistic diversification, global expansion, and continuously evolving quests for extremity, representatives of metal and its offshoots and subdivisions have explored transgression and prompted controversy through sounds as well as in representations of bodily abjection, occult or unusual approaches to spirituality, and radical depictions of the relationship between individuals and society.

In 1985, a group of powerful women led by Tipper Gore, wife of then senator Al Gore, formed the Parents Music Resource Center (PMRC) in response to what they considered to be outrageous content in contemporary popular music. Metal was not the only style identified as objectionable, as hip-hop

was also prominently featured, as were some female and/or queer mainstream pop musicians. The campaign against corrupting influences did, though, foment concern about metal that lasted beyond the PMRC's limited reign. A particular feature of the PMRC's activities, which included media campaigns and senate hearings, was their 'Filthy Fifteen' list of especially horrifying songs, categorising problematic content according to sex, drug use, violence and occultism (Table 1).

Artist	Song	Genre	Theme
Prince	Darling Nikki	Pop/R'n'B	Sex/masturbation
Sheena Easton	Sugar Walls	Pop	Sex
Judas Priest	Eat Me Alive	Metal	Sex
Vanity	Strap On 'Robbie Baby'	Pop	Sex
Mötley Crüe	Bastard	Metal	Violence/language
AC/DC	Let Me Put My Love Into You	Metal/hard rock	Sex
Twisted Sister	We're Not Gonna Take It	Metal	Violence
Madonna	Dress You Up	Pop	Sex
W.A.S.P.	Animal (Fuck Like a Beast)	Metal	Sex/language
Def Leppard	High 'n' Dry (Saturday Night)	Metal/hard rock	Drug and alcohol use
Mercyful Fate	Into the Coven	Metal	Occult
Black Sabbath	Trashed	Metal	Drug and alcohol use
Mary Jane Girls	In My House	Pop	Sex
Venom	Possessed	Metal	Occult
Cyndi Lauper	She Bop	Pop	Sex/masturbation

**Table 1:** Table of the Parents Music Resource Center's 'Filthy Fifteen' list of songs deemed corrupting to American youth

Nine of the 15 songs can be categorised as metal, or at least hard rock. While rap and hip-hop were certainly PMRC targets, notably Geto Boyz and Ice-T, no songs from those genres are included. All the non-metal tracks are highlighted for the theme of sex (or sex/masturbation), and aside from Prince, each of those non-metal tracks are by women as solo artists or in groups, suggesting the PMRC had a particular fear of female and ambiguously non-hetero sexuality. While sex does feature as a concern for some metal (Judas Priest, AC/DC and W.A.S.P.), it is significant that all the other categories of problematic content (language, drug and alcohol use, violence and the occult) are attributed to metal music. Given that these were apparently the fifteen worst songs for young people, it is therefore implied that while pop music may cause concern relating to sex, metal's danger arises from sex, drug use, violence and the occult.

In subsequent court cases, moral panic controversies and sensationalist media representations, the latter two themes of violence and the occult became ever more strongly combined in association

with metal's effects on its audiences. High-profile court cases in 1986 and 1990 sought to conflate metal music with violent influence and occult purposes, specifically attempting to blame teen suicides on apparent subliminal or dangerous effects of listening to particular metal tracks. Former Black Sabbath singer Ozzy Osbourne's 1980 song 'Suicide Solution' was accused of malevolent influence in the 1984 suicide of Daniel McCollum in California, with the parents suing Osbourne and the record company. Osbourne defended the song as a cautionary tale about alcoholism which referenced AC/DC singer Bon Scott's recent death, and the case against the song failed. In 1990, a song by Judas Priest, 'Better by You, Better than Me' which had been released in 1978 on the album *Stained Class* (the song in fact being a cover of rock band Spooky Tooth's 1969 original) was alleged to be responsible for the joint suicide attempt of James Vance and Ray Belknap in Nevada. Both young men shot themselves, with Belknap dying but Vance surviving the injury (though he died three years later after a painkiller overdose). Vance's parents argued that a subliminal message ('do it') had been included in the song, and it was this message which prompted the shotgun incident. The band's singer Rob Halford defended their actions, arguing that including messages to kill their own fans would be counterproductive, and that in any case the message 'do it' was extremely vague. The case was also thrown out.

An array of similar controversies have since broken out in the US and elsewhere, featuring parents and other self-appointed moral guardians alleging that particular recordings or bands, or the metal genre itself, had influenced young people to cause violence to themselves or others. In the US, Slayer songs 'Postmortem' (1986) and 'Dead Skin Mask' (1990) were unsuccessfully alleged in a 2000 court case to have incited three teenagers to the 1995 rape and murder of Elyse Pahler in California; Marilyn Manson, KMFDM and Rammstein were implicated in the 1999 Columbine school shootings by two teenagers who listened to those bands (with Marilyn Manson attracting the most attention, as an American artist with a higher profile than the other two German industrial metal bands). In Europe, media attention was attracted to the early 1990s 'second-wave' black metal scene in Norway after musicians were associated with (and sometimes convicted of) several church burnings, as well as instances of murder and suicide (see Moynihan & Söderlind, 1998); while the 'Beasts of Satan' murders in 1998 and 2004 in Italy connected metal music to Satanism (with metal fans included amongst the victims as well as the perpetrators). In the Norwegian cases, church arson was connected to sonic extremity together with acts of violence between musicians, and it seems likely that accusations against Marilyn Manson were fanned by then-recent album title *Antichrist Superstar* (1996). In locations outside Western Europe and North America, too, association with metal music has been targeted by authorities as deviance in ways that conflate religious transgressions with threats to political and social order (Barone, 2015; Hecker, 2012; LeVine, 2009; Magout, 2010).

This history of controversy has frequently conflated the question of metal's impact on individual and social health with the issue of metal's religious connotations. Satanism and 'the occult' were themes in metal that were assumed to be obviously corrupting influences on young people (despite poor understandings of the diversity of meanings that each term could have), while religion, metal and violence were constantly juxtaposed in court cases, as if to show that metal caused religious deviance, which in turn caused violent crimes. Popular debate in news media often took a sensationalised lead from the PMRC's outraged and censorious tone and, as a result, research investigating such topics could not remain unmarked by this overwrought atmosphere.

## RESEARCH ON METAL IN THE SHADOW OF MORAL PANIC

In contrast to some other areas of popular music, such as subcultural studies approaches to punk, research on metal has largely developed in response to this atmosphere of moral panic and controversy. A polarisation in terms of disciplinary background (and therefore in methodological and epistemological assumptions and general orientation) has also emerged over the decades in which metal has formed an object of study between psychology and behavioural or 'deviance' studies on one hand, and sociological or interdisciplinary humanities approaches on the other. Early scholarship on metal was often situated as behavioural and/or psychological research, with articles frequently stating that their studies were designed in direct response to media controversies about metal in general, and the PMRC's activities in particular (e.g. Greenfield et al., 1987, see especially p. 316). In some cases, it was clear that researchers were interested in the topic because of the PMRC, and that they expected or were seeking findings relevant to the PMRC's hypotheses of damage. This tendency appears in a particularly irresponsible example in which public debate about metal music and suicide prompted a study in which heavy metal magazine subscription rates were compared with youth suicide across 50 US states. From this flimsy connection the researchers found that "the greater the strength of the metal subculture, the higher the youth suicide rate", and also, through rather circular reasoning, that metal music "perhaps nurtures suicidal tendencies already present in the subculture" (Stack, Gundlach & Reeves, 1994, p. 15). A later publication by one of the researchers adds an implicitly moralistic judgement linking low religiosity to higher 'suicide acceptability' rates in US metal fans (Stack, 1998), reinforcing the combination of metal, transgression of normative religiosity, and violent damage to health.

While public debate can always influence research agendas, the sensationalist tone of media coverage seems to have influenced the research conversation, with Arnett, for example, acknowledging that questions in one of the first studies to include the responses of metal listeners were "based partly on the public debate over whether or not heavy metal music is a destructive influence on adolescents who listen to it" (Arnett, 1991, p. 78). A study which sought to draw links between metal and rap and 'adolescent turmoil', for example, set out by assuming that such music contains 'negative messages', unquestioningly reports that adults correctly understood lyrics to be about Satanism and violence while adolescent listeners 'misinterpret' songs to be about dealing with everyday life, and define 'turmoil' as a broad umbrella term which includes a lack of religious affiliation, and draws participants from a population receiving mental health care who already by definition are considered as 'in turmoil' (Took & Weiss, 1994). The prejudice in these supposed representatives of objective science is stark, especially when combined with some attempts at a 'knowing' humour which expects or perhaps attempts to manufacture in readers agreement about the obviously dreadful aspects of metal and its audiences, underscoring how pervasive such stereotypes were in the US in the 1980s and 1990s. See, for example, Marianna Wertz on David Merrill's poorly designed, wasteful and deeply unethical student research project in which loud metal music was played at mice for 24 hours a day until many of them died, and in which it is taken for granted that the music somehow contained 'bad morals' (Wertz, 1998).

The shadow of the PMRC, tabloid speculation, and moral panic, is evident in 1980s and 1990s studies on metal, influencing the production of research and often showing through in biases,

assumptions, arbitrary and decontextualising methodologies, and overreaching conclusions of researchers. A strong connection between metal music, damaging violence, and dangerous religion was nevertheless established in the public imagination and confirmed by research which designed methods specifically to provide evidence for such ideas. As Paul King –author of early studies linking metal music and drug abuse, and expert witness at a 1985 PMRC senate hearing– wrote, metal music itself for young people was a problematic ‘new religion’ (King, 1985, 1988).

## SOCIOLOGICAL DEFENCES OF METAL AND ITS LISTENERS

A response came from a sociological and, later, a broader humanities perspective, which explicitly sought to defend metal audiences from such attacks, notably in the work of Donna Gaines (1991) and Deena Weinstein (1991). Weinstein’s book opens with three pages of quotes by metal’s detractors, from politicians and music critics to religious leaders and academics, before setting forth her attempt to “step back and reveal the elusive subject that is at the center of the controversy” and “show how heavy metal music is made, used, and transmitted” (Weinstein, 1991, pp. 3-4). Similarly, Gaines begins by discussing teen suicide (and her apprehension about studying it) before declaring herself “really pissed off at what [she] kept reading”, indicating that her work was motivated by observing others’ refusal to listen to young people and dismissal of their agency (Gaines, 1991, p. 6). Influenced by these books, and no doubt by the gradually increasing acceptance of popular music as an object of study in subcultural studies, sociology or analysis of lyrics and music videos, more work on metal appeared from the later 1990s.

In defending metal, some scholars sought to disassociate metal from Satanism, arguing that occult references were simply provocative symbolic play. While this was true in some cases, it was certainly not in all; King Diamond of PMRC-censured band Mercyful Fate is, for example, a self-described and longstanding Satanist. Attempts to disarticulate metal and problematic religion thus left unchallenged an assumed causal relation between transgressive religion and violent acts. Other defences of metal criticised the untheorized, uncritical models of musical meaning that were implicit in some research on deviance (as well as in popular media narratives, highly publicised court cases, and in the campaigns of moral entrepreneurs). Robert Walser and Glenn Pillsbury, for example, have both cast doubt on the ‘hypodermic’ model in which harmful messages or influences are imagined to implant directly into listeners’ brains (Pillsbury, 2006; Walser, 1993). While such assumptions are rightly criticised, it is important to avoid concluding that, therefore, music cannot have negative effects, is not related to Satanism or transgressive religion, and has no connection to violence, aggression or trauma, for example. About the history of research on religion in metal and popular culture more broadly, Titus Hjelm has observed that

in academic terms, there seems to be a discrepancy between the attitude of the earlier debunkers and the emerging paradigm that argues that popular culture and the media are important –perhaps even primary– sources of religious identity formation in late modernity. (Hjelm, 2015, pp. 494-495)

The same point can be made about metal's relationship with health and violence; a question that has often been framed in relation to issues of religiosity in society. Research influenced by moral panic controversies tended to assume that metal had dangerous and pathological effects based on crude models of musical influence, which were then sharply criticised by research based in humanities approaches. Later research developing from those studies in sociology and musicology, however, assumes that music and participation in musical cultures can be rich and vital resources for socialisation, learning, health and perhaps religion.

Further complicating the uses of musical cultures as rich and vital resources is an awareness of this pervasively contested history of claim, counterclaim and controversies. Metal listeners cannot help but have their responses in some way influenced by the pre-existing cloud of extreme and sensationalist ideas that have circulated around the music culture for so long. Pierre Hecker recognises the effects for both adherents and opponents of metal culture in Turkey:

The phenomenon of a moral panic may be volatile, but its impact as far as the effects of symbolization persists much longer. People may be quick in forgetting about the actual events of a moral panic, but the newly formed categories (long hair, black clothes = Satanist) persist in their minds, consequently affecting their future thoughts and behaviour. (Hecker, 2012, p. 115)

That participants in metal cultures are always at least implicitly responding to prior controversies about religion and violence is also shown within metal culture's productions. An extreme twist on the influence of mutual feedback between detractors adherents is reported by researcher (and Church of Satan member) Gavin Baddeley, wherein death metal band Deicide were involved in performing a 'Satanic' ritual. The researcher could find no evidence of the particulars of this ritual in actual Satanic tradition, but instead in media description – according to Baddeley, the ritual which was invented by sensationalist moral panic, and only then performed for real by the metal band (Baddeley, 2010). Mötley Crüe, who were included on the PMRC's 'Filthy Fifteen' list, included in album sleeves for some versions of *Shout at the Devil* (1983) the printed line "Warning: May contain backward messages", making a knowing, sarcastic and perhaps daring play on the earlier controversies.

This feedback can also arguably be found in research contexts: in an article linking metal-listening to alienation, Jeffrey Arnett quotes a listener approvingly citing Mötley Crüe's anti-drugs message. While it is possible that this listener is describing in earnest their interpretation of a particular song, it seems perhaps more likely, given Mötley Crüe's notorious party lifestyle and straightforward glamorising of alcohol and drugs, that the fan is in fact gently teasing the researcher by making an obviously counterintuitive suggestion (in Arnett, 1991, p. 81). These are examples of what Deena Weinstein describes as the 'proud pariah' status of the metal listener, where a rebellious outsider status is actively welcomed and cultivated (Weinstein, 1991), with transgressive subcultural capital accrued (Kahn-Harris, 2007). As Benjamin Hedge Olson has observed,

it is crucial to understand that the satanic cult conspiracy was not simply a paranoid delusion that existed exclusively in the minds of conservative Christians. Metalheads, from the earliest days of the genre, have embraced these characterizations to varying degrees. (Olson, 2017, p. 51)

## 'HOT SAUCE RESEARCH' CONTINUES

Past the turn of the century, research on metal has continued to develop along these divided lines. Research based in humanities and social sciences has gradually become a thriving research community of 'Metal Studies', with an International Society, a biannual international conference supplemented with a large number of other symposia, and a dedicated journal, *Metal Music Studies*. Metal Studies research is not often referenced in psychological and behavioural research, and vice versa. Meanwhile, psychological and behavioural research about metal in relation to traits such as aggression, emotion-processing and anger has continued, with experimental design generally based on interventions tested in artificial lab conditions. For example, in 2011, John Mast and Francis McAndrew published in the *North American Journal of Psychology* the results of an experiment designed to test the hypothesis that violent lyrics in metal 'cause' aggression (already implying that this connection existed). Groups of test subjects either listened to metal or did not and, after the metal or silence condition, were asked to add as much hot sauce as they wished to drinking water which was supposedly to be given to other individuals to drink. The metal-condition participants "added significantly more hot sauce"; the researchers concluded that this was "clear evidence that exposure to such lyrics was linked to aggressive behaviour" (Mast & McAndrew, 2011, p. 64). Aside from the complete absurdity of this method as a measure for aggression, the nature of the test is unethical: it is either unethical to put individuals in the position of drinking hot-sauce water (or even to simply waste their time), or it is unethical to lie to participants for no good reason. Indeed, if (as I suspect) participants guessed that no-one was going to actually drink the hot-sauce water, this renders the methodology itself entirely inconclusive (Mast & McAndrew, 2011). This is a particularly silly but by no means unusual or remarkable method in the field, which metal researcher Tore Tvarnø Lind has, in honour of this study, described collectively as 'hot sauce research' (Lind, 2016). Another example is a study comparing physical arousal between heavy metal and silence conditions, in which researchers specifically chose women subjects who did not like metal without justifying or explaining this choice (Becknell et al., 2008, p. 26). A further study measured physical responses to music for coping with stress, in which a metal condition was introduced as opposed to a self-selected relaxing music or silence condition, with a passing admission that the purpose of using metal was to agitate the listener, seemingly without imagining that anyone could self-select metal as relaxing (Labbe et al., 2007). While these methods may be outlandish, the sweeping and overreaching conclusions drawn from them can be dangerous and irresponsible, particularly when reported in news and popular media without critical examination but with the powerful, if implicit, backing of scientific authority. If they do correctly assert (or, arguably, contribute to) a conceptual connection between metal and violence, such studies sadly do not help us much in understanding how metal can potentially affect health and harm of listeners in the contexts in which they engage with the music.

In summary, a history of controversy, media sensationalism, and politicised research on metal music has produced such a fraught and polarised discourse that metal's impact on audiences unfortunately cannot be considered outside of this context. That is, a background of claims, stereotypes, myths, and contestations between moral panics and the vociferous defences of metal audiences are always implicit, and research on metal is already responding to these themes and contestations in some way, even if this is not overtly stated. Given this overdetermined history, a more



complex acknowledgement of the possibilities and potential of music to be helpful and to be harmful in different or complicatedly intersecting ways, it is therefore necessary to give an account of metal's relation with health and harm by engaging with individuals and communities participating in musical cultures. More nuanced approaches have been put forth which attempt to somewhat bridge the divide in orientation and methodologies between humanities and medical science approaches. Research by teams involving Suvi Saarikallio and Katrina McFerran, for example, have used both qualitative and quantitative methods in research on metal-listening, mental health and youth, while working on the basis that music may have healthy and/or unhealthy impacts, an unusually nuanced approach to this topic (Hines & McFerran, 2014; McFerran et al., 2015; Saarikallio, Gold & McFerran, 2015).

I hope to contribute to this literature by summarising the findings of my ethnographic project on an extreme form of heavy metal (Coggins, 2015, 2018). This research allows the possibility for music to have helpful and/or harmful impacts on individuals and groups, and acknowledges that a strong connection exists in metal between ideas about violence, religion, and health, while resisting simplistic explanations of cause and effect. Emphasising the need for research into the real contexts in which people engage with extreme music and how they understand its impacts on them, I explore how the language of ritual, transcendence, spirituality and mysticism in response to drone metal music overlaps with discourses of catharsis, healing, health, and also violence in various forms.

## DRONE METAL: A CASE STUDY IN VIOLENCE, RELIGION AND HEALTH

Drone metal is a marginal and unusual form of heavy metal characterised by extremes of repetition, extension, amplification and distortion, with metal riffs stretched and elongated to slow and monotonous dirges, and tracks sometimes lasting as long as an hour. Appearing in album artworks, titles, concert performance practices, associated imagery, and, importantly, in listener discourse surrounding the music, are a range of ideas, symbols and themes relating to a variety of religious traditions. Some bands, such as Om, employ an overt bricolage from sacred texts and artistic traditions; for example, using an orthodox-style icon of John the Baptist on an album with a name, *Advaitic Songs*, referencing Indian religion, which contains samples of Islamic pilgrimage prayers and a recitation of a Hindu mantra, as well as references to Kabbalah and Christianity (Om, 2012). Other musicians deploy more oblique references which still connect, if indirectly, to ideas about religion; such as Earth's references to William Blake's visionary imagery, Biblical riddles, or angels and demons in titles (Earth, 2005, 2008, 2011), or Bong's fragmentary quotes of Lord Dunsany's fantasy tales about weird fictional gods (Bong, 2011, 2012). Likewise, some listeners respond to and recirculate such ideas and references relating to religion more than others, but engagement with this music on records or in live performances frequently (though not at all exclusively) elicits descriptions in terms of ritual, mysticism and spirituality. In five years of ethnographic research with this marginal, fragmentary and translocal music scene, I have attended hundreds of drone metal live sets (often coinciding, or sharing bills, with other forms of extreme metal, or other forms of experimental music), conducted 74 ethnographic interviews with drone metal listeners, collected more than 300 survey responses about particular live shows or concert tours which I also attended, and compiled and analysed a vast amount of online materials relating to the music and surrounding culture. The particular focus of my doctoral project (Coggins, 2015) and subsequent book (Coggins, 2018) was how ideas and themes relating to

mysticism and ritual circulated around the music, and how audiences participated in the construction of drone metal music as an ambivalent space in which listeners could explore engagements with spirituality and society.

While conducting this research, it became clear that listeners not only experienced and talked about the music in the shadow of the decades-long conversation about transgressive religiosity, social/individual health and violence, but that they also specifically found resources for health and therapy within the music. Further, it was evident that aspects or dimensions of violence, pain or suffering represented in, or even caused by the music, were important aspects of the therapeutic potential of the music. I will briefly outline relevant themes that characterise the description of drone metal by audiences, each of which are inflected with a sense of ritual, spirituality or mysticism. Drone metal is described as indescribable, and therefore special, in its extreme qualities; it is often connected to imaginary other times, other spaces and other states of bodily consciousness; materiality and (non-dualistic) bodily consciousness are prominent features in musical engagement; and shifting conceptions of violence are crucial elements of the most powerful instances of responding to drone metal. These themes together prompt an overlapping rhetoric of mysticism and catharsis which is reported to represent profound and lasting beneficial effects. These findings I present in order to provide a methodological and epistemological counterpoint to the previously discussed research, which has correctly identified a connection between violence and health in metal often expressed in terms of religiosity and transgression, but which has mistakenly attempted to simplify this in order to conclude either that listening to metal causes violence, aggression, suicide, self-harm or delinquency, or instead that the socially experienced violence of anomie and alienation 'causes' young people to listen to metal. Instead, from this case study, I argue for a more complex understanding of the shifting significance of violence and its connection to ritual in music and in metal in particular. Such an approach would pay attention to the self-directed ways in which individuals and listening communities find and develop uses for music which they understand to be helpful and healthy in response to their conditions and situations.

## FROM MYSTICISM TO CATHARSIS THROUGH VIOLENCE

Often the first thing said about drone metal is that it is indescribable, in album or concert reviews, or in survey responses, interviews or fieldwork conversations; and just as often, claims that the musical experience is indescribable is followed by description which can be elaborate, lengthy, humorous, absurd and enlightening: "We can't describe this experience: it is loud, dark, violent, meditative, powerful", reported one survey respondent asked to describe drone metal performance. Or, people mention the necessity of talking about drone metal and its deeply felt impacts, even if it is impossible to know how. I asked a listener in an interview, "Did you talk about the performance with your friends afterwards?", they responded, "Yes, but what can you say?". This resonates with the recognition in the 20<sup>th</sup>-century study of religion that descriptions of indescribability or ineffability is a characteristic of mysticism, and this indescribability is connected to the lasting, transformative and potentially healing power of engagements with mysticism (James, 1982; Sells, 1994).

Rather than suggesting that these paradoxical statements are in some way mistaken, however, I suggest that they are deliberate attempts to strain the boundaries of language and therefore

demonstrate its limits. As Michel de Certeau writes of ineffability in mystical discourse, “the ineffable is therefore not so much an object of discourse as a marker of the status of language” (Certeau, 1995, p. 443). This performative contradiction can be understood alongside other rhetorical strategies such as jokes or self-conscious hyperbole and excess, where drone metal, for example, was described in surveys as “Like traveling through middle ages wearing capes”, “similar to death”, or, in a surreal and grammar-contorting example, as “like rusty needles of time would be taken from my eyes”. Here language is called upon in order to communicate, because of a basic communal impulse to discuss and compare events of significance; yet it is simultaneously reduced to failure or malfunction, precisely in order to assert or acknowledge the importance by discursively placing the event beyond what can be rendered in everyday language.

Another kind of estrangement is expressed in the many and varied ‘elsewheres’ that are evoked in talking about drone metal. Listeners discussing what the music is like, or reporting about attending a live concert or listening to a recording, call up images of far-off places such as deserts, mountains, oceans and forests, occasionally with exoticist notes; or distant epochs far in the past or future; or unusual states of bodily consciousness, such as being sick. Pilgrimage is a key theme in these descriptions (and indeed in album titles, for example Om’s 2007 recording of that name), with the music tending to be described in terms of journeys through outlandish vistas and altered states; the extraordinary and extended aspects of the journeys giving them a special, extreme quality that approaches a sense of the sacred or sublime.

Beyond referencing the traversal of ancient deserts or mountain ranges or outer space, language-use itself also shifts, such that there is not only movement in the content of description but also in form. For example, in the space of a short review, drone metal is described as being like pilgrimage, being a pilgrimage, and being like the music that pilgrims would listen to at the end of a journey. Elsewhere, grammatical shifts between discussing themes of music, then using metaphor, simile and identification effect similar shifts: from “drone metal is about...” to “drone metal is like...”, to “drone metal is similar to...”, to “drone metal is...” and so on. In language as well as thematic content, then, a shifting traversal is effected in communication about drone metal. The ways of talking about drone metal cover spirituality, magic, catharsis, transcendence and healing, with this terminology used ambiguously. Each theme is introduced with the caveat that it is not quite appropriate for describing something indescribable, but that it is language which approaches a certain resonance, or contains something that, if not quite accurate, hints in the right direction. What is unambiguous, however, amid these shifting themes, is the profound potential impact of this music; an importance that is asserted through claims that it is beyond language, and which is sought out for its extreme powers for catharsis.

## USES OF VIOLENCE IN RESPONDING TO VIOLENT CONDITIONS: A SHIFTING RITUAL LOGIC

An important feature of the reported powerful impact of drone metal music is an abstract and multimodal understanding of violence and ritual. Violence has been straightforwardly represented as a general aura of malevolence around metal and related musics, associated with acts of aggression against individuals within and outside of the music culture, against the self, and against society itself. However, critical assessment has seldom addressed the mechanics of how violence is enacted, nor

how exactly musical sounds and surrounding symbolism and practice are actually connected to violence beyond simplistic assumptions that bad lyrics are to blame. Analysis of ethnographic material on drone metal shows a much more complex relation between violence, ritual, health and metal music. Hyperbolic tales of bodily excess are common in drone metal, as in metal culture more broadly. Albums and concerts are routinely described as hitting listeners in the face, attacking audiences, or destroying their organs, for example; with this language becoming so conventional as to be read by those with any familiarity with metal as obviously commending the music. Drone metal, according to positive descriptions in surveys, interviews and reviews, “reduces your bones into the right spot”, “destroy[s] bowels”, makes “bones feel fuzzy”, allows a listener to “feel [their] body liquefy”. The music was compared to saunas, drugs, rollercoasters, extreme forces of nature, horror movies, sleeping, and even spicy food, for its qualities of physical engagement (Coggins, 2018).

While this pushing of language to absurdity in describing bodily impossibilities and excesses is clearly and self-consciously hyperbolic, it does connect to the actual physical impact of drone metal, particularly as experienced at live concerts. Extreme or unusual effects on the body are reported at gigs, including having difficulty breathing, noticing different areas of the body vibrating differently, feeling unable to move or swallow. At performances I observed extreme responses, such as people appearing transfixed, collapsing or even running away. While waiting for the band SunnO))) to perform in Bristol, I was told enthusiastically by fellow audience members that the last time they had seen that band, they had vomited almost as soon as they started playing; an experience they subsequently commemorated by getting tattoos. Stories of people experiencing vomiting, nosebleeds, and even involuntary defecation circulate, and while some seem exaggerated or apocryphal, it is significant that people enjoy telling and retelling such tales. Clearly an important symbolic aspect of the musical culture is circulated in stories of potential, rhetorically emphasised or hyperbolically imagined damage to the body, testifying to the extremity or even violence experienced in listening.

This violence appeared not just as incidental or anecdotally amusing, but as important constitutive aspects of listeners’ engagement with the music. A sense of violence was even part of its (perhaps paradoxical) appeal, with listeners at least in part attributing to this violence the production of beneficial physical and social effects. The volume, and the materiality of the physical engagement of the body with sound, make listeners “mind their bodies”, or push them to limits (Coggins, 2018, p. 159). One listener reported feeling that “It was really testing [...] something like hurt [...] Not a huge hurt but something difficult to experience. Yes, I think these difficulties are part of... give birth to something like a community, you know?”, going on to describe how this gave a feeling of mutual communion with other audience members present because of a collective participation and endurance of a testing experience. The sense of violence shifts between the abstract and the concrete, from sounding aggressive or seeming to represent violence and suffering, to temporarily or permanently causing actual physical damage to ears and other organs. The production through drone metal of a strange response, which is striking through its distance from the everyday, in itself can prompt associations with religiosity and transcendence; and this sense of violent removal from the ordinary further connects with religion in anthropological theories of ritual. In these models, a certain aspect of violence is necessary in ritual in order to effect a demarcation between the ritual context and the mundane world which thus allows a powerful social sense of *communitas* with fellow ritual participants (Turner, 1969; van Gennep, 1960); to channel the chaotic presocial violence into imposed social

structures through the violence of a scapegoating mechanism (Girard, 1977); to assert conceptual categorisations, enforce adherence and punish or excise transgression (Douglas, 1966); to safely express the rebounding violence of social constraints in mediated ways (Bloch, 1992), and even as figured in the relation between music and noise (Attali, 1985). Indeed, references to imagined 'archaic' or 'primitive' societies, and their rites and religious practices, are commonly invoked in descriptions of drone metal; listeners implicitly conjuring the context of the classical anthropological imagination and connecting further their experience of the music to vaguely articulated ideas about mysticism and spirituality beyond language. In each case, different conceptions, manifestations or articulations of violence take up multiple positions in this logic of sacrifice and ritual connecting violence, religion and cathartic healing. In this way it can therefore be suggested, in the light (or shadow) of the debates and discussions connecting violence, religious transgression, and health in the history of metal, that these themes are indeed inextricably connected, yet in a much more intransigent and complex economy of forces than simplistic unidirectional causal frameworks can portray.

## CONCLUSION: VIOLENCE, THE SACRED, AND POTENTIAL FOR THERAPY; ESCAPING LANGUAGE THROUGH EXTREME MUSIC

In conclusion, there does seem to be a connection between non-normative religiosity, different conceptions or manifestations of violence, and health and wellbeing in metal music cultures. However, they intersect in more complicated and nuanced ways than has been acknowledged in moral-panic news media or in psychological research informed and influenced by that public debate. Complicating factors not accounted for in much of this research include the fact that listeners often strongly assert that this music is helpful rather than harmful, sometimes in combination with a framing of the music and associated cultural practices as rebellious and resistant to authority and authoritarian censorship and restriction. A feedback mechanism, functioning in complex ways, therefore incorporates transgression and shock into the practices and understandings associated with the music and, by extension, its impacts on health. Contributing to extremity in sound and association, then, this transgressiveness itself could be a factor in the powerful experience of otherness beyond language that metal music is sometimes reported to offer its listeners. Understanding that the effects and impacts of this music may be complex, can be positive and negative, and must be understood in their own contexts for listeners, this article has outlined a case study of extreme music in which violence is manifested or conceptualised in different ways; whether in the music representing aggression or oppression, or in actually damaging listeners' bodies, or in prompting or offering a radical differentiation or escape from everyday life, or in evoking the otherness of archaic ritual forms. Thus a better model for understanding violence, religion and health in metal music is suggested here, which accounts for exactly this multimodal complexity: where violence can occupy different and shifting positions in a logic of ritual, and where certain kinds of violence can be instrumentalised through music to achieve goals related to therapy, catharsis or healing, or even to specifically avoid or ameliorate other kinds of violence such as alienation or trauma. Noise and extreme music may be particularly valuable for this kind of work, where extremes of sound can be mobilised in exploring mechanisms and economies of channelling violence. This is by no means to suggest that all such uses and effects of metal and extreme music are necessarily helpful and healthy, and in fact it is perhaps unavoidable

that there may be dangers to health inherent in the power of such music. However, rather than sensationalise or demonise the music, investigating it in the contexts in which it is enjoyed and used may allow greater understanding of the music's power to impact listeners for good as well as ill.

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## Ελληνική περίληψη | Greek abstract

# Εικονικές εκδοχές της πνευματικότητας, της βίας και των επιπτώσεων στην υγεία στη χέβι μέταλ μουσική: Μια κριτική ιστορία και μια μελέτη περίπτωσης

Owen Ciggins

## ΠΕΡΙΛΗΨΗ

Τόσο στον κοινό, καθημερινό λόγο όσο και σε κάποιες έρευνες που αφορούν τη μουσική και την υγεία, αποδίδεται στη μουσική μια αόριστη αλλά καθολική θεραπευτική δυναμική. Σε αντίθεση με αυτήν την οπτική, η χέβι μέταλ μουσική θεωρείται συχνά ένα είδος με αρνητικές επιπτώσεις για τους ακροατές και την κοινωνία. Αυτό το άρθρο αναλύει τις απόψεις που εκφράζονται στις διάφορες πολιτικές, στα μέσα ενημέρωσης και στις έρευνες που σχετίζονται με την υγεία και τη χέβι μέταλ μουσική, από τη δεκαετία του 1970 μέχρι σήμερα, εστιάζοντας κυρίως στο πλαίσιο του Ηνωμένου Βασιλείου και των ΗΠΑ. Παρουσιάζοντας τις επιρροές που έχει δεχτεί η έρευνα από τον ηθικό πανικό και τις νομικές αντιπαραθέσεις, το άρθρο παρουσιάζει τους τρόπους με τους οποίους οι ιδέες για την παραβατική θρησκευτικότητα έχουν συχνά επηρεάσει τις συζητήσεις που περιστοιχίζουν τη χέβι μέταλ μουσική σχετικά με την επιρροή της στην υγεία και με τη βλαπτικότητά της. Σε επίπεδο επιστημονικής προσέγγισης και μεθοδολογίας, επικρατεί μια πόλωση ανάμεσα στα ψυχολογικά και συμπεριφορικά εργαστηριακά πειράματα, από τη μία μεριά, και στην έρευνα των κοινωνικών και των ανθρωπιστικών επιστημών, οι οποίες βασίζονται σε εθνογραφικές μελέτες ή σε προσεγγίσεις που έχουν ως άξονα το πλαίσιο, από την άλλη. Σημειώνοντας ότι κάποιες εργαστηριακού τύπου

μέθοδοι φαίνεται να είναι στημένες ή ακόμη και αντιδεοντολογικές, το άρθρο αυτό υποστηρίζει μια ερευνητική προσέγγιση στον τομέα αυτό, η οποία μελετά πραγματικές πρακτικές ακρόασης. Στη συνέχεια παρουσιάζεται μια μελέτη περίπτωσης βίας, θρησκείας και υγείας που αφορά την ακραία μουσική υποκατηγορία της ντρόουν μέταλ [drone metal]. Σε αυτή τη μουσική κουλτούρα, με ισχυρά αλληλένδετους και μερικές φορές απροσδόκητους τρόπους, ο λόγος των ακροατών ακουμπάει τον μυστικισμό, το τελετουργικό και το ιερό, την υγεία, τη θεραπεία και την κάθαρση, και τους διαφορετικούς τρόπους της ακαθόριστης και της σωματικής βίας. Το άρθρο καταλήγει στο συμπέρασμα ότι ο θόρυβος και η ακραία μουσική –αν και έννοιες υποτιμημένες, τουλάχιστον από τους κριτές που βρίσκονται έξω από τη χέβι μέταλ κουλτούρα– μπορούν να προσφέρουν ιδιαίτερα ισχυρά μέσα για τη θετική επιρροή της υγείας των ακροατών.

## ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μέταλ [metal], ντρόουν μέταλ [drone metal], θόρυβος, βία, παραβατικότητα, θρησκεία, μουσική και υγεία, ηθικός πανικός, αντιπαράθεση, μεθοδολογία



## ARTICLE

# Music and the invisible world: Music as a bridge between different realms

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### ABSTRACT

Among the Wana people of Morowali, Central Sulawesi, music serves as a connection between the human world and the hidden world of spirits and emotion. For this reason, music has a central role during the *momago*, the main Wana healing ritual. Music makes it possible for shamans to tap power from mythical time. By examining the *momago*, I will clarify the role and the importance of music for Wana rituality. During the ritual, music serves as a ritual marker and, with its relation with the hidden world, calls the spirits, transforms ordinary time into mythical/ritual time and helps shamans to get into trance. Moreover, it contributes to the playful atmosphere that characterises Wana rituals and that allows the healing of the patient and the community through emotional catharsis. To explore the role of music in this shamanic ritual, this paper will analyse the structure and the aim of the *momago*, a ritual in which shamans and music join forces in the effort to find the soul of the patient and save his/her life.

### KEYWORDS

shamanism,  
ritual,  
music

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### INTRODUCTION

This work will explore how a small Indonesian community, the Wana people, unite two divided worlds, the visible (human) and invisible (spirits, illness and emotions), through music. To engage with the invisible world, the Wana rely on the *tau walia* (literally human spirits), liminal beings existing between the two worlds and who, nowadays, are the only beings able to move between the two. Moreover, music, with its invisibility, becomes the perfect tool to act as a bridge between the visible and invisible, calling the spirits and controlling emotions.

The Wana people are not a famous cultural group among researchers, but there is some existing work, most notably from U.S. anthropologist Jane Monnig Atkinson. Between 1974 and 1976, she lived among the Wana in the Ue Bone area in the northern part of the Morowali, studying how the *mabolong*, a shamanic healing ritual, establishes a political order within the community. She produced an analysis of the ritual lyrics in her book *The Art and Politics of Wana Shamanism* (Atkinson, 1989). In addition,

Atkinson wrote a number of articles on other Wana-related themes, in particular the relationship between Wana and the other religious groups that reside inside the Morowali area (Atkinson, 1983, 1987, 1992, 2003).

The Wana people are an indigenous community that live inside the Morowali natural reserve in Sulawesi, Indonesia. In 1980 a World Wildlife Fund Report estimated that there were about 5,000 Wana people (Lahadji, 1999). The natural reserve of Morowali, with its 2250km<sup>2</sup> of equatorial forest (Lahadji, 1999), has been home to the Wana people since the arrival of the Indian kingdoms (Alvard, 2000), and possibly even before. The Morowali forest is in the central area of Sulawesi Island, and it extends from the Kolonodale gulf to the Bongka Tojo bay. A Wana settlement can range from 12 to 100 people, but these numbers constantly change due to their semi-nomadic culture. Primarily relying on swidden agriculture,<sup>1</sup> Wana also trade with the towns outside the forest, selling dammar gum, rattan and wood.

## SHAMANS AND MEDICINE

Wana shamans do not have any more medical skills or medical knowledge than other members of the community, who ordinarily share a wide understanding of the medical plants growing inside the reserve and routinely use them to treat diarrhoea (*andolia*, *guampanha* and *gampu*), wounds (*koto*), colds (*umbu*) and lice and fleas (*kasiu* and *tambaole*). For more severe injuries, they resort to western medicine, especially pills bought in small pharmacies outside the jungle,<sup>2</sup> and go to the local hospital in Kolonodale. The *tau walia* take care of the 'inner illness', invisible problems affecting a patient's soul; these problems include when the patient's soul gets lost, escapes as a result of a strong emotion, or is attacked by a *setan*. Nowadays, the latter term is used to indicate a wide range of different demons,<sup>3</sup> and is one of the many products of the influence of Christianity on Wana religion, provoking a simplification of their terminology. The inner illness is something that cannot be cured by doctors or by using indigenous medical knowledge because it is an illness of the soul, not of the body. Shamans are often called medicine-men by many authors (Demetrio, 1978; Eliade, 1972; Lewis, 1980; Miyazaki, 2000; Winkelman, 1990) but the latter term is inappropriate when discussing Wana shamanism. In his monumental work on shamanism, *Le Chamanisme et les Techniques Archaïques de L'extase*, Eliade notes that

the Shaman is the great specialist in the human soul; he alone "sees" it, for he knows its "form" and its destiny [...] and wherever the immediate fate of the soul is not at issue, wherever there is no question of sickness (= loss of the soul) or death, or of misfortune, or of a great sacrificial rite involving some ecstatic

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<sup>1</sup> Also known as slash-and-burn agriculture or shifting cultivation, swidden agriculture is a typology of farming that involves the destruction of trees and plants with fire, with the aim of creating new farmable land. The new farm land created through this process has a short life, forcing the farmers to move on after few years and to restart the process on a new piece of land.

<sup>2</sup> It is important to underline that few Wana use pills with caution. This habit, beyond the danger of an allergic attack, can be quite dangerous, leading to inopportune or over use.

<sup>3</sup> In the past there were different kinds of demons, such as the liver-eater *measa* or *pongko*, the soul trader *tau tolo*, the *salibi*, which punished those who speak badly, the *tabar*, which crossed the rainbow to hurt the Wana (Atkinson, 1989).

experience (mystical journey to the sky or the underworld), the shaman is not indispensable. (Eliade, 1972, p. 8)

This description is consistent with the behaviour of Wana people, for whom shamanic services and presence are needed only to treat problems related to the soul. Rex L. Jones adds,

Because the properties and conditions of the soul are within his domain of knowledge, the shaman is a curer and healer of disease. One might conclude that, wherever illness has nothing to do with the "soul", shamans and shamanism will be conspicuously absent. (Jones, 1968, pp. 332-333)

In my experience, even Wana shamans themselves use pills and other medicines to treat illnesses not related to the soul; once, Apa Tobi came to me asking for medicine for his toothache, while Apa Main also sought medicines from the pharmacy. Atkinson clarifies that "medicines, in contrast to names and spells, are not a requisite for shamanhood, nor is their use a part of shamanic performance, whereas without verbal magic a shaman is not a shaman" (Atkinson, 1989, p. 74). Considering the fact that "they treat not overt symptoms, but unseen causes" (Atkinson, 1989, p. 75). All these affirmations are convincing and I strongly agree with Atkinson and the idea that Wana shamanhood is strictly related to issues of the soul and not of the body, in other words with the invisible and not the visible. However, I have to point out that I did also witness one incident suggesting that spells, in the present time at least, can be used to treat small ailments not related to the soul, such as fevers and headaches. Once, the grandson of Indo Pino, a powerful female shaman, got a fever which I personally recorded as 37.8 °C. He was clearly feeling terrible, shaking and complaining about the headache, until Indo Pino recited a *do'a* (magic spell) on the head of the child. He quickly felt better and went outside of the hut to play in the rain, without showing any adverse signs.

The illnesses related to the soul are invisible to common people. They are part of spiritual reality, a world that in the past was one with the human realm but which, nowadays, is not accessible by most humans. Only shamans, sharing their status with the spirits, are able to move from their human (visible) being to become a spiritual (invisible) one through the control of their soul. Like in many other shamanic cultures (Eliade, 1972; Roseman, 1993), the Wana commonly believe human beings possess three souls: *lengke* (the shadow), *koro uli* (the blood) and *tanuana* (the 'agent of dreams'). While the *lengke* is always with his or her owner, and the *koro uli* is the soul that goes to heaven once the person dies, the *tanuana* leaves its owner every night during sleep to wander around the worlds. Wana believe that what we see in our dreams is what the *tanuana* sees and experiences in its night wanderings. "The *tanuana* is a tiny image of its owner, residing in the crown of the head at the fontanel. [...] When recounting a dream, a Wana speaks of the dreamed self as 'my *tanuana*'" (Atkinson, 1989, p. 106). In these excursions, it is possible for the *tanuana* to be abducted or wounded by *setans*, or to get lost in the spirit realm. An intense negative emotion, such as anger or jealousy, can make the soul escape or get sick; for this reason, Wana tend to have a resigned reaction to the negative events of their life, often coping with pain through humour. When the soul is wounded or separated from its vessel for a long period, the person falls sick and the shaman must venture into the spirit realm, accompanied by

their spirits, to find out the cause of the illness and to facilitate the eventual recovery of the soul. Among the Temiar of Malaysia, a cultural community that shares many common traits with the Wana,

prolonged absence of the head soul outside of the contexts of dreams and trance leads to the illness of soul loss (*reywaay* “to lose one’s head soul”). Soul loss is marked by weariness, excessive sleeping, and weeping, and may lead to coma, delirium, and death, while the patient’s dislocated head soul takes up residence outside the body with spirits of the jungle. (Roseman, 1990, p. 232)

The Wana, like the Temiar, also consider the head (specifically the area of the occipital bone) to be the house of the soul, and they show similar symptoms when they have the inner illness. Just as for the Temiar, the *tanuana* moves around the jungle with the other spirits, but the Wana conception of jungle goes well beyond the material representation. For the Wana, the jungle is the special place of the spirits but, actually, everything that is outside the human realm of the village falls under the realm of the spirits. Outside the village, the spirits can be found in the forest, dreams, the afterlife and even in the place of *Pue*.

## TAU WALIA

Almost every Wana village hosts one or more shamans, although they do not operate in only one village or area but instead are a resource for all the Wana people of Morowali. As shown in one of the documentaries made by the French couple Journet and Nougari (2007), *tau walia* are ready to help everybody, even people that live in France; in the movie, the shaman Indo Pino tries to cure a friend of the couple. Indeed, when I fell sick during my first period of fieldwork, my friends and informers asked me if I wanted to organise a *momago*. Moreover, it is not rare that a shaman, while travelling between villages, stops to help or cure somebody. These services are not free but their cost, 10.000 Indonesian rupiah, is a trivial amount even by local standards (in 2016 the cost of one litre of petrol was 7.000 IDR). People do not become shamans for money or power, but to preserve the tradition and to benefit the community. Shamanism is not considered a job but a call, and shamans still have to work in mainstream jobs to sustain themselves and their families. In fact, the strongest shamans I met (Apa Ingus, Indo Pino and Apa Main) were all less well-off than the average Wana person.

Obviously, shamanic treatments would not be possible without the trust and approval of the community, and this trust is based on a history of good outcomes from past rituals and on the religious and mythical systems that frame and give authority to the shamans’ actions. According to myth, the first shaman was *Dungola*, son of the first human couple, *Santoto* and *Delemontu*. He was so powerful that his rituals lasted three days and three nights. *Dungola* was also the first musician, revealing the relationship between music and the world of spirits, and he was the first entertainer, underlining the important role of playfulness in shamanic rituals. Therefore, the three main characteristics of Wana shamanism are ritual, music and entertainment. Among the shamans I met, Apa Ingus seemed the perfect incarnation of this “shamanism-music-playfulness” triad. He is a powerful shaman, respected

by everyone; he is also a *geso*<sup>4</sup> (spike fiddles) player and an extremely skilled *popondo*<sup>5</sup> (chest resonators) player, plus, to my great surprise, a harmonica player (see Figures 1 and 2).

Moreover, Apa Ingus is a remarkably fun person and he likes to play pranks and to joke with other people. He used deliberately to sing badly while I was recording him, laughing aloud at the humour of the situation. Apa Ingus' comic verve is also clear in his teknonymy.

*Ingus* means "mucus" in the Wana language and he gave this name to his first daughter knowing that from that moment on he would be called "Father of Mucus" (Apa Ingus). Indeed, when Ajeran, my guide, explained to me the meaning of the name, others present did not try to hide their fun or perplexity regarding the choice of name.

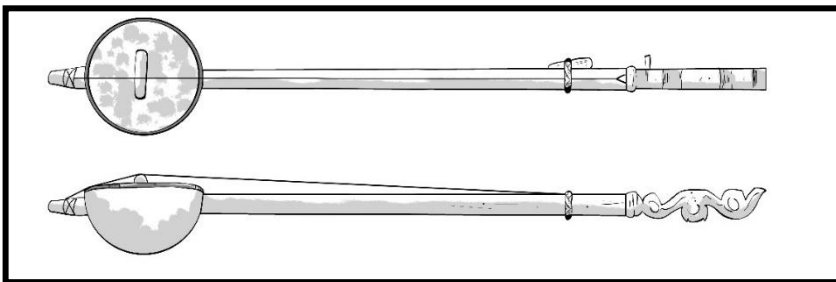


Figure 1: The side and the front of a *geso* (drawing by Santo D'Alia)

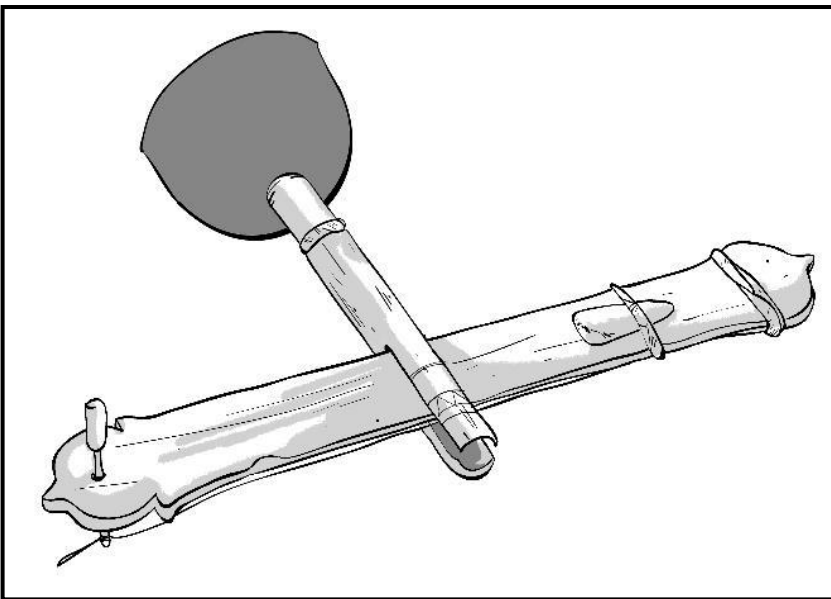


Figure 2: A *popondo* (drawing by Santo D'Alia)

<sup>4</sup> The *geso* is a single-string spike fiddle, generally tuned a quarter of a tone under C3 and almost certainly of Muslim derivation. It consists of a coconut resonance box, covered with lizard (*kenbosu*) or snake skin. The wood of the *ba-a* tree is used for the handle, and much attention is paid to the decoration and personalisation of this part of the instrument. In the past, the strings were made from the fibres of the *enau* palm, but now fishing line or wire is used. The bow is made from bamboo, while the strings are still made from the fibres of the *enau* palm, which are cooked before use in order to make them more resistant. A fundamental accessory for the *geso* is the dammar gum that is passed on the string of the bow to increase friction.

<sup>5</sup> The *popondo* is a chest resonator, of which the tuning seems to vary between a quartertone below and a quartertone above F3. It consists of a sound box made of half a coconut that rests on the player's chest, a wooden part, parallel to the chest, on which one string is fixed, and a piece of bamboo that connects the coconut to the wood.

Just as in many other cultures, Wana shamans choose to undertake this path following a shamanic call. These calls usually happen in dreams, a space-time that, as I have already noted, shares many characteristics with the invisible world. Unlike elsewhere in the world, however, this call is not mandatory in Wana culture. Studies of Japanese, Siberian and North American shamanism testify that refusing the call can bring illness and death to the individual. The shamanic call is not binding, as it is in Siberian shamanism (Balzer, 1997). We must consider that the work of a shaman is dangerous, even more so than working without any protection in a palm oil plantation or felling trees with a chainsaw. The shaman travels in worlds populated by demons and spirits, and he or she must always be ready to help the community. “[T]he desire to enter into contact with the sacred is counteracted by the fear of being obliged to renounce the simple human condition and become a more or less pliant instrument for some manifestation of the sacred.” (Eliade, 1972, p. 23) The ability to travel between the world of spirits and the human world, and their familiarity with both, places the shaman almost on the same level as that of *walia* (spirits). The shamans are called *tau walia*, literally human spirit. This liminal status, between humans and spirits, is the key of their powers. Many of these powers are available during the *momago*, especially in presence of ritual music. At these moments, ritual music transforms ordinary time into ritual time, a time that shares its power with myth. In these occasions, shamans that occupy a liminal space between the visible world and the invisible world of the spirits, between the everyday and the mythical, are able to perform wonders, to share their status with the spirits. Music acts as a bridge between the two worlds, a connection that the shaman can use to tap from the power of the mythical era. When *momago* is celebrated, the ritual music brings back into existence the mythical time.

Among the shamanic powers mentioned above, invisibility seems to be the one that links shamans to the mythical time and their spiritual aspects most strongly. Atkinson describes the *bolag*, spirits of the forest, as also possessing the *jampu* (Atkinson, 1989); this similarity places shamans on the same plane of the existence as spirits while they are using that power. Eliade tells us that among the Menangkabau of Sumatra the shaman train in solitude: “there they learn to become invisible and, at night, see the souls of the dead – which means that they *become* spirits, that they *are* dead” (Eliade, 1972, p. 86).

I believe that the same is true regarding the Wana; during the *momago* the *tau walia* lose their human (*tau*) status to embrace their spirit (*walia*) status, and use this new identity to perform wonders, to travel among realms, and to serve the community. They do not act as if they were spirits; rather, they are spirits and, furthermore, they have the control of their soul during the *momago* – something that it is impossible for other members of the community.

Moreover, the following testimony about a female shaman of the north provides an interesting description of the relationship between trance and dreaming:

There’s a woman in Posangke called Mime. When she hears the music, she starts trembling. People cannot see them but there are spirits with her. And when she sings she is dreaming and the spirits speak for her.<sup>6</sup>

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<sup>6</sup> From an interview with Indo Pino, May 2011.

Moreover, Atkinson affirms

Shamans see in waking states what others can see only in dreams. [...] People liken the experience of a performing shaman to “the state of a person dreaming” (*ewa kare’e tau mangipi*) [...] As they sing, shamans close their eyes and see the spirit world. (Atkinson, 1989, p. 92)

So, the trance of a shaman and the state of dreaming are similar experiences for the Wana. “Dreams – perceived through the agent of one’s *tanuana* – are most people’s only direct access to spirits and hidden realms of existence” (Atkinson, 1989, p. 91). Like music, dreams act as a bridge between the visible and invisible realms.

## THE RITUAL

The *momago* is the most common shamanic ritual among the Wana people. It is a night-long ritual during which a group of shamans enter into trance and travel between the human and the spiritual worlds to take care of the souls of their patients. The trance is made possible because of the ritual music, produced by two gongs and a drum, which calls the spirits and act as a bridge between the human and the spiritual/mythical world. The contraposition between human and spiritual, conceived of and expressed as an opposite of the visible and the invisible, holds a special position in the Wana way of interpreting reality. The atmosphere of the *momago* is characterised itself by another duality: the continuous alternation of centrifugal and centripetal forces produced by the many shamanic journeys. These journeys are incorporated into a bigger performance, during which the bystanders (both as observers and actors) enjoy the opportunity to stay, drink and joke, contributing to the playful and chaotic atmosphere of the ritual.

At the beginning of the *momago*, dozens of people wait in the darkness of the hut in which the ritual is to take place. Darkness is one of the key elements of the *momago*, and we will explain later that while music attracts the spirits, light keeps them away. For this reason, the *momago* must end before dawn and any strong light in the hut must be shaded or turned off. Once, during a ritual I witnessed in the Taronggo village, the only available light was considered too strong and the patient had to be protected from the light by a curtain. During this part of the procedure, people are still arriving and they take up places wherever they can find space; the ritual room becomes very crowded.

While the main patient has the attention of one shaman, usually the most powerful, for the entire night, all those in the village suffering from ailments have the opportunity to be visited, and ideally cured, by the other shamans. It is not unusual for mothers to bring their children to the rituals, and many of them need treatment.

Ritual music should never be played away from the ritual itself,<sup>7</sup> because it would attract the spirits outside of the controlled situation of the *momago*. The only way to learn how to play the ritual music is to listen to it and gain experience playing it during downtimes in a ritual, when the shamans are present and ready to intervene in case of need. In this context, playing is both playing a game and

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<sup>7</sup> Wana people have a truly lax attitude regarding rules. Even if there are many things that should never be done (e.g., play the war trumpet, play ritual music outside the ritual, or use red *pompolonzu*), Wana do these things anyway.

playing a musical instrument. Through the former kind of playing, children learn the latter, becoming accustomed to dealing with the instruments through incorporating them into their games. This playful learning process also contributes to the atmosphere that characterises the ritual and that contributes to the healing of the entire community. The presence of children is a reminder of life's energy and of the community's future. Ultimately, it is also important to note that assiduous participation in the rituals from a young age creates a strong relation between listening to the ritual music and the triggering of various memories and emotions linked to those times. On one side, those memories reinforce the trust in shamans and their healing power, while on the other side, they can help the shaman to enter into trance (Becker, 1994).

People's presence at rituals from young ages also ensures that they become deeply sensitised to ritual stimuli, so that the music unfailingly triggers an emotional response, bringing them to healing, playfulness or into trance. Wana people grow up experiencing a *momago* almost every month from their first weeks of life, when their hearing is more developed than their vision and so is the main tool they use to understand their environment. It seems clear that a strong connection is created in the minds of infants between ritual music and playfulness (the sounds of people chatting and laughing). Other important elements, such as healing, rituality and trance, will be subsequently linked to the ritual music when other senses (sight) and conceptual understandings (the ideas of community, religion, ritual and so on) develop. Overall, this atmosphere of playfulness, joyousness and communality is also a resource for the patients; they are influenced by the positive energies around them and feel part of something that transcends their own existence. It is worth noting here more details of the nature of inner illness. It can be a symptom related to a physical illness such as cancer, or an issue of mental health, such as depression. Inner illness can also be caused by a strong emotion that is not tamed, such as an extreme sadness, anger or jealousy; all of these emotions are potentially threatening for the stability of the community. Wana people often told me that the main cause of inner illness is "speaking badly," indicating gossiping or swearing. In other words, being upset or undermining the stability of the community is thought of as a serious negative.

The final aim of the *momago* is not just to eliminate illness but also to restore a healthy emotional state to the individual and, in doing so, to the entire community. The shamans not only move between the visible and the invisible world, but with their mediation and narration they make visible (comprehensible) the invisible (incomprehensible), giving a shape and a materiality to the inner illness. As Capranzano notes regarding the Moroccan Hamadsha: "They [saints, jnun, and Baraka] are elements in which I would call the participational mode of explanation of illness and therapy. They may be considered *signs* of psychic states and *symbols* of socio-cultural processes" (Capranzano, 1973, p. 213. Italics in the original). Moreover, Peters (1978, p. 65) notes among the Tamang of Nepal that "the curing activities involved in shamanic healing are not exercises in the treatment of organic disease but attempts to treat disturbing emotional states and interpersonal relations".

In a society like that of the Wana, where people tend to support each other and where the community is more important than the individual, a conflict between two people can escalate and bring sickness to the community. The *momago* is an opportunity to dispel frustration and emotional stress. The ritual is an example of organised chaos that allows the Wana people a greater emotional freedom and, through alcohol, courtship and joking, to relax and resolve tensions inside the community. Like in a carnival, during the *momago*, social rules are looser; people can let themselves go by drinking, flirting,



joking and dancing, even if extreme behaviour is still prohibited. Drinking is also now becoming a common behaviour outside the rituals, partially diminishing the uniqueness of the event, but it is not well perceived by many people, especially women.

## THE RITUAL MUSIC

According to the Wana, the *momago* starts and ends with music, with a drum solo introduction and ending called *topo* (slapping). A pair of gongs and a drum are the main instruments. The drum, called the *ganda*, is a double-skinned hourglass-shaped instrument of around 50cm in length. On one side there is reptile (lizard or snake) skin, and on the other there is mammal (cuscus, wild cat or deer) skin. During the *momago*, the *ganda* is suspended from the ceiling between the two gongs and played by two people positioned on either side of it. Atkinson affirms: "Typically, young men and boys play the drums, and young women and girls the gongs" (Atkinson, 1989, p. 27) but I never noticed any division or roles between the genders. The reptile skin is struck with a rattan strip knotted at the end, while the mammal skin is hit with two wooden sticks. In the area studied by Atkinson, the *momago* ritual is called *mabolong*, literally meaning "drumming." She explains: "The ritual takes its name from the two-skinned *bolong* drum, which, along with a pair of bronze gongs, produces the insistent rhythms that summon both humans and spirits to the ritual and accompany shamans as they dance" (Atkinson, 1989, p. 1). The ritual can be also called *walia moganda* (Atkinson, 1989, p. 207), literally meaning "drumming the spirits" or "the spirits of the drum." The fact that the ritual is named after the main musical instrument stresses the important role of music in the ritual.

The drum plays a very important role in the ritual: to keep the shaman safe. Any mistake made while playing the drum can hurt the shaman. A wrong beat or an unexpected stoppage in the music can cause a traumatic breaking of the bridge that links the humans to the spirits and that allows the shaman to go into trance. These problems are called *ganda masala* (problems of/with the drum), and can cause shamans to convulse and become rigid in the limbs; when this happens the audience is ready to help the shaman and to calm them or to stretch the blocked limb.

The smaller of the two gongs used during the ritual has an average diameter of 26cm, while the larger has a diameter of around 41cm. The instruments are not made locally; Apa Rahu and other people told me that the large gong of Marisa village was brought into the village of Kayu Poli around 30 years ago by a man called Nyole. The small gong in Taronggo was brought in 2010 by Anna Grumblyes, who had bought the gong in Bali. The large gong in Taronggo village seems to have been present in the jungle for at least 40 years. Apa Main, one of the most powerful shamans in the Taronggo area, told me that the gong was already around when he was a child and that he does not have any idea of what could have been played during the *momago* before it arrived.

Beyond helping the shamans to get into trance, ritual music has many functions and roles within the *momago*. First, the music functions as a ritual and emotional marker. In a ritual with a complex structure like the *momago*, music is the only way to mark the start and end and to distinguish ritual time from ordinary time. *Momago* are very common events, but they always bring the exceptionality associated with a ritual and a party.

## VISIBLE AND INVISIBLE

As we saw before, the ability to see the invisible world is one of the main characteristic of Wana shamans, so the *pompolonzu* (a ritual piece of cloth) that is used to cover the eyes of the shaman helps him or her to enter into a dream-like state and to see the invisible world. In some cases, the trance achieved can be so deep that the shaman is not able to stand or to stop dancing. In these cases, people are always on hand to support the shaman or to stop the *motaro* by physically blocking him or her. When the dance has ended, the shamans concentrate on the patient. The shamanic cure, whether in a *momago* or in a different context, consists of attempting to suck the inner illness out of the body, often from the head or the back, and to cast it away. These actions are performed with the hands and the mouth, or with the help of the *pompolonzu*. The cloth is also used to “clean” the sickness, with it spat on and passed over the patient’s body. This part of the ritual is accompanied by shamanic chanting. The dramatisation of the healing process through the sucking and spitting out of evil is not a factor seen only in Wana rituals but is, in fact, quite common in diverse locations. In Nepal, for example, “this process is known as *jharnu*, or to blow the illness away” (Peters, 1978, p. 66).

Sometimes, the shaman’s job is not to suck out illness but to reinsert the patient’s lost soul. This process is also dramatised. The shamans grasp at the air, as if to catch and retrieve the escaped soul, and gesture to restore it to the owner’s head.

Shamanic texts are best described as dramatic dances [...] in non-literate cultures religion is always a performing art, and the sacredness of religious stories or prayers resides not in the words of the texts as they have been or could be transcribed but in the power invested in them through performance. (Porterfield, 1987, p. 726)

Therefore, the Wana *tau walia* can be understood as entertainers, musicians and living manifestations of the mythical, but they are also psychologists. The rituals deal with the beliefs, traumas, culture and memories of patients; they are working on their psyche.

Actually the shamanistic cure seems to be an exact counterpart of the psychoanalytic cure, but with an inversion of all the elements. Both cures aim at inducing an experience, and both succeed by recreating a myth which the patient has to relive. But in one case, the patient constructs an individual myth with elements drawn from his past; in the other case, the patient receives from the outside a social myth which does not correspond to a former personal state. (Levi-Strauss, 1963, p. 199)

Dramatisation is crucial for the success of the ritual; it helps the patient to understand what it is happening to them, especially considering that people in this context do not have an extensive understanding of contemporary medical science. It is, in effect, making something frightening and incomprehensible simpler and relatable to the worldview of the people involved. Again, the example of the Tamang of Nepal illustrates the prevalence of this phenomenon in other traditional cultures: “the illness is placed within a conceptual framework. The patient’s symptoms and all the mysterious and

chaotic feelings of distress were organized and their causes identified by the shaman during diagnosis." (Peters, 1978, p. 82)

This process has been recognised by the psychiatrist Fuller-Torrey (1972, p. 16), who considers this "naming process" a "universal component of psychotherapy which is used by both witchdoctors and psycho-therapists alike." Fuller-Torrey believes that once the illness is put into a suitable cultural frame, the patient can empathise with other people previously cured of the same complaint, with identification helping to reduce anxiety and to put the patient into a more serene state of mind. A similar theory was already expressed in 1944 by Kluckhohn, who underlined how the identification of the illness helps the patient and their family to make order from the chaos created by a previously unlabelled complaint. As Peters (1981, p. 135) explains, "the diagnostic process through which illness is identified makes a transformation from chaos to order in the eyes of the patient and those concerned for him, and that has therapeutic effectiveness".

Of course, all this happens in the subconscious of the person because ritual symbols may

refer to extensive and complex ideas of value, structure, and transformation, whose verbal statement requires considerable time. Consequently, the symbolism of ritual is often obscure, since it refers to intentions and beliefs that are complex and, in part, unconscious. (Wallace, 1966, p. 237)

The battle between the shaman and the illness is played out on a symbolic plane, where the words, music and action build a powerful world around the patient. The shaman "holds a dialogue with the patient, not through the spoken word but in concrete actions, that is, genuine rites which penetrate the screen of consciousness and carry their message directly to the unconscious" (Levi-Strauss, 1963, p. 200). Particularly fascinating is an idea from Peters that

the underlying effect of all these exercises in Tamang healing puja is to transmute the patient's symptoms and behavior into socially useful channels. In accomplishing this purpose, the symbol serves, I believe, as a guide or vehicle for the reorganization of the emotions released during the traumatic cathartic experience. (Peters, 1978, pp. 85-86)

We should note that while the single shaman is busy with his/her trance, all around him/her there are shamans who are intent on dancing or treating people. Bystanders are also chatting, joking and drinking, and while the players take turns the music stops for a long time or changes, becoming faster or slower, depending on the requirement. With myth, drama and performance, the *tau walia* create a frame that brings sense to the pain of the patient. For a community with almost no access to modern medicine, it is much more difficult to explain things like asthma or psychological problems than it is a broken bone or skin wound, without reference to the hidden world. During the *momago*, the illness is presented as a material object within the patient that the *tau walia* has to suck up and dispose of. This materialisation of the invisible makes sense of what otherwise could not be understood. Geertz not only underlines the power of the shaman to create meaning, but also the role of chanting in these processes:

a sing is mainly concerned with the presentation of a specific and concrete image of truly human, and so enduring, suffering powerful enough to resist the challenge of emotional meaninglessness raised by the existence of intense and unremovable brute pain. (Geertz, 1973, p. 105)

Because “as religious problem, the problem of suffering is, paradoxically, not how to avoid it, but how to suffer, how to make the physical pain, the personal grief bearable: something, as we say, tolerable” (Geertz, 1973, p. 104).

The connections between the invisible and mythical power are expressed especially strongly during the *momago*. The ritual must take place during the night and end before the sunrise. Moreover, an almost pitch-black darkness is required for the ritual, because light pushes away the spirits (just as music attracts them). This darkness helps to set the atmosphere and it is in line with the idea that “miracles can still happen but only in secret;” great wonders (like the shaman’s powers) can only happen in the dark, where the mystery can be preserved and where invisible beings dwell. Moreover, the shamans use the *pompolonzu* (ritual cloth) to cover their eyes when they are “seeing far.” They close their human eyes to activate their spiritual sight: “there is no elaborated transition between ‘states.’ As they sing, shamans close their eyes and see the spirit world” (Atkinson, 1989, p. 92) and “As he sings he uses ‘the eyes of his spirit familiars’ to see hidden aspects of the world” (Atkinson, 1989, p. 121). Despite Atkinson’s suggestion that sight and not hearing is more central to the language of extraordinary experience, the music (the singing) is a constant presence when entering into contact with the invisible world. Thanks to their liminality, shamans can tap into mythical time and use their spiritual power to see the invisible world. This is a power that it is not always active; if it were, shamans would be fully invisible beings rather than points of contact between humans and spirits. In fact, “Shamans with such magic insist that they possess such vision only in the context of a shamanic ritual, whereas vampires use such vision at all times” (Atkinson, 1989, p. 96). The shamanic ritual is a context characterised by the presence of music.

Building on these reflections about the opposition between the visible and the invisible, other elements of Wana life and rituality can also be categorised according to this visible-invisible dichotomy. There is, however, an important element of Wana life that does not fit into this dichotomy: emotions. There is no obvious binary counterpart to emotion in this construction, but the control of emotion in particular ways plays an important role in Wana life, particularly through how people cope with the frustrations of living a “miserable” life. They are an invisible force that can bring great danger, and the control of emotion is crucial for the survival of the individual and the community. Despite their power, emotions share the invisibility that I have just discussed as an important shaper of Wana social life.

I would suggest, also, that there is a direct connection between the use of music and communication with the invisible world. Following the theories of James Frazer (1889) on sympathetic magic, I see important connections between the invisibility of music and other invisible elements of Wana life (spirits, emotions and so on). I understand music as a bridge and link between the visible and the invisible worlds.

Secrecy or invisibility (*jampu*) is the main characteristic of everything that is non-human and, hence, extraordinary. Previously, I outlined how *jampu* is one of the main powers of shamans, and how

this power is strongly related to their spiritual nature. Shamans, in Wana language *tau walia* (literally person spirit), are the living manifestation of liminality between the human and the spirit. As humans they have a body and they live and interact in the same reality as all other Wana people, but as half-spirits they also belong partially to the invisible world of the spirits. Indeed, spirits are not the only invisible element of Wana life that is visible to them; illness and emotion are also accessible to them.

Inner illness, by definition, is invisible to normal people, and only shamans can see and treat it. This kind of illness is caused by problems of the soul or wounds caused by *setan*, both of which are also invisible. It is the role of the shaman to make these illnesses “visible,” by describing them in their *do’a* (magic spells) or in songs, to help the patient in understanding and “materialising” the illness. In the *momago*, the illness is described as a rock that it is thrown away, but also as something that can come in contact with other people and infect them. In the *molawo*, illnesses are fishing hooks that are tearing the flesh of the patient and that the shaman removes after having obtained permission from *Pue Lamo*, the vengeful god of lightning that it is punishing the patient. For Wana people (along with many other peoples), that which is invisible is mysterious, and often dangerous. It seems likely that the jungle, as the place of spirits, is considered dangerous partly because of the difficulty in seeing more than a few meters around. The shaman acts as a mediator between the visible world of the humans and the invisible world of the spirits, helping Wana people in understanding what they cannot see and experience by themselves.

Emotions are also invisible, and Wana people are highly concerned with them, with strong emotion considered the primary cause of inner illness. It seems unlikely it is just a coincidence that music, something invisible, is used to control emotion and to treat the inner illness. In Wana culture, music seems closely linked to these two invisible elements, emotion and spirits. Wana people consider music the best tool to enter into contact with the non-visible world, that of emotion and spirits. Invisibility is the element that links these phenomena together. Shamans are a living liminality, a hybrid between human and spirit. In this liminal state, shamans are able to do things that are impossible to normal humans, and to interact with the human world in a way that it is impossible to spirits. I discussed the powers that shamans can employ while listening to the *momago* music; in those moments, the shaman is more spirit than human.

Ultimately, invisibility should be thought of as a special form of existence and, of course, shamans cannot simply interact with it using mundane language. As Rudolf Otto (1956, p. 125) points out, “What is essential and great requires to be sung”. Atkinson (1989, p. 54) explains that “It is not uncommon for one who is skilled at playing a musical instrument such as flute, tuning fork, or stringed chest resonator to play haunting and plaintive songs to attract hidden beings”. Here, the relationship between sound, or music, and the invisible world is made even clearer. Music is present during the entire *momago* and *kayori* rituals and it takes a very important role. Moreover, non-ritual music also has a great power; the *popondo* and the *tulali*<sup>8</sup> (Figures 3 and 4) are two instruments with the power to greatly influence people’s sexual desires. Atkinson herself even describes the *yori* (tuning fork) as an instrument able to attract the spirits, in a similar way to the ritual music of the *momago*. At the other extreme, instrumental music is forbidden in the *kayori* because the aim of the ritual is not to call the

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<sup>8</sup> The *tulali* is a bamboo flute with three holes and a mouth opening (*pagoma*) that is similar to that of a panpipe. It can be decorated with *rando* (decorations) of geometric patterns. After engraving, they are coloured white with a powder derived from molluscs.

spirits (centripetal force), but actually to keep them away and to send away the soul of the deceased (centrifugal force). Music is thus used as way of calling the spirits, and as a tool for interacting with the invisible realm that is available not only to the shamans but to everyone. In addition, it is possible to draw a direct connection between the invisibility of emotions and of the spirits, and the invisibility of music.

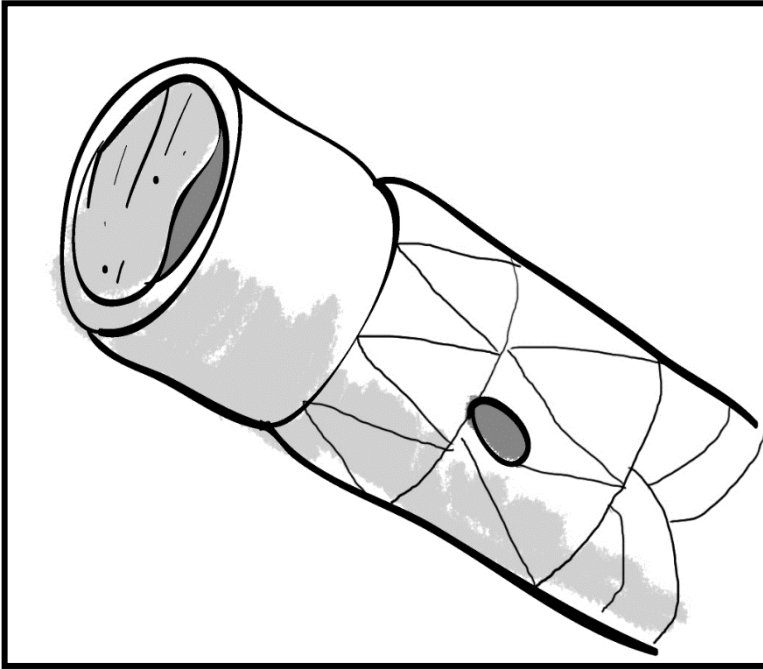


Figure 3: Detail of a *tulali*'s mouth opening (drawing by Santo D'Alia)

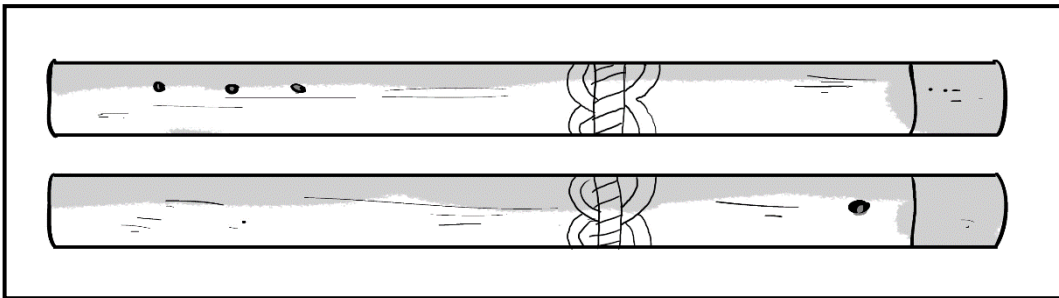


Figure 4: A *tulali* with typical decorations (drawing by Santo D'Alia)

## CONCLUSION

Ultimately, it is reasonable to conclude that Wana people see a connection between sound and the invisible world; this is evident considering the Wana belief that sounds produced by invisible beings can be heard. Sound on its own, however, is not enough to communicate with the invisible world; normal speech is too mundane for interacting with non-human beings, especially gods. For this reason, Wana people use music to communicate with the spirits and to control emotion. Music creates an atmosphere and sets the stage for wonders to happen. During the *momago*, it is the music that marks the beginning and the end of the ritual. Likewise, it is not darkness or not-seeing that separates

mundane time and ritual time, but music. Taken in this light, music seems to take on a central role in the relationship between humans and the invisible people.

In this sense, Wana culture adds new insights to wider discussions on the link between music, emotion and wellbeing. These are connections drawn since antiquity (Plato, 2005) and continuing to fascinate scholars and professionals. Wana people look at music as a tool to communicate with spirituality, through its strong connections with the inner world of emotions. For this community, emotions are crucial for the wellbeing of the single person and therefore of the entire community. Humans are not only comprised of flesh and symptoms, but they manifest a complex system in which emotion, spirituality and mental health are crucial. To control and manage this system, Wana people use music, seeing invisibility as the common factor uniting these elements. Even if the Wana live in a very different environment and culture than the Western one, we share many commonalities as humans. Among these commonalities are the power of emotion upon us, the need for spirituality and the ability of music to touch us and bring us into new worlds.

With this article and with its view from a culture so distant from us, I intend to push forward the discussion on how we see ourselves and patients, not only as monolithic beings but as unions and interconnections of many elements that are not always clear to our eyes. In times of religious fluidity and personal spiritualities, acknowledging the inner emotional world present in ourselves and our patients will open new doors to their physical and emotional health and to the use of music therapy. As the Wana case shows, music can be a unique tool for safely creating a safe healing space-time and for uncovering the 'inner illness' of our patients, working as a bridge between the inner and the outside world of the patient and his or her illness. This will be extremely important when working with patients coming from different religions and cultures, with whom music can help to communicate and collaborate better than words. In the end, there is an important need to know and understand the other to successfully work with it and, more than anything, to link our inner world with the inner world of the patient through music.

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## Ελληνική περίληψη | Greek abstract

# Η μουσική και ο αόρατος κόσμος: Η μουσική ως γέφυρα μεταξύ διαφορετικών σφαιρών

Giorgio Scalici

## ΠΕΡΙΛΗΨΗ

Μεταξύ των Ουάνα [Wana], των κατοίκων του Μορωγουάλι [Morowali] που βρίσκεται στο Κεντρικό Σουλαουέσι [Sulawesi] [σ.τ.μ. που είναι ένα από τα μεγαλύτερα νησιά της Ινδονησίας], η μουσική χρησιμεύει ως σύνδεση μεταξύ του ανθρώπινου κόσμου και του κρυμμένου κόσμου των πνευμάτων και του συναισθήματος. Για τον λόγο αυτό, η μουσική κατέχει κεντρικό ρόλο κατά τη διάρκεια του *μομάγκο* [momago], του βασικού θεραπευτικού τελετουργικού των Ουάνα. Η μουσική δίνει τη δυνατότητα στους σαμάνους να αντλήσουν δύναμη από τη μυθική εποχή. Ερευνώντας το *μομάγκο* θα διευκρινίσω τον ρόλο και τη σημασία της μουσικής στην τελετουργία των Ουάνα. Κατά τη διάρκεια του τελετουργικού, η μουσική χρησιμεύει ως τελετουργικός δείκτης και, μέσα από τη σχέση της με τον κρυμμένο κόσμο, καλεί τα πνεύματα, μεταμορφώνει τον κοινό χρόνο σε μυθικό/τελετουργικό και βοηθά τους σαμάνους να εισέλθουν σε έκσταση. Επιπλέον, η μουσική συμβάλλει στην παιχνιδιάρικη ατμόσφαιρα που χαρακτηρίζει τα τελετουργικά των Ουάνα και που επιτρέπει την επούλωση του ασθενούς και της κοινότητας μέσω συναισθηματικής κάθαρσης. Για να διερευνήσει τον ρόλο της μουσικής σε αυτό το σαμανικό τελετουργικό, το άρθρο αυτό θα αναλύσει τη δομή και τον στόχο του *μομάγκο*, ενός τελετουργικού στο οποίο οι σαμάνοι και η μουσική ενώνουν τις δυνάμεις τους στην προσπάθειά τους να βρουν την ψυχή του ασθενούς και να σώσουν τη ζωή του.

## ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

σαμανισμός, τελετουργία, μουσική



## ARTICLE

# Music and gerotranscendence: A culturally responsive approach to ageing

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### ABSTRACT

Gerotranscendence is a theory of ageing which suggests that transpersonal growth and development is intrinsic to human development and plays a vital developmental role in the elder years. Mature gerotranscendence is experienced through a shift from identifying with an individual ego self to identifying with a transpersonal Self. This development can be enhanced or hindered by sociocultural and personal experiences, including one's own worldview.

Today's older adults in America are diverse, and each faces a unique ageing experience to which music therapists must be sensitive. In addition to potentially living more years with chronic illness and possible financial concerns, those from cultures with a history of sociocultural discrimination face additional challenges in ageing. This leaves the possibility that many may experience increased existential questioning and personal insecurity than previous generations.

Music is commonly used in working with older adults within elder care settings. Music has also traditionally been used to facilitate spiritual healing and transcendence. Because music can cross cultural lines, while also being an effective tool for meaning-making, I suggest that music can be a powerful and culturally-aware way of helping older adults experience mature gerotranscendence.

This article is an opinion piece based on my experience as a music therapist with a transpersonal orientation. In this context, I highlight the unique psychosocial challenges faced by older Americans today and suggest the theory of gerotranscendence as a way of understanding their therapeutic needs. I then discuss ways of, and considerations for, using music to support the development of mature gerotranscendence.

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## AGEING IN 21ST CENTURY USA

The experience of ageing in USA today is unlike at any other time in history (Wacks, 2011). Advances in medicine and science have helped today's older adults live longer, while the hard-fought Civil Rights movement in the country, coupled with the accompanying shifts in societal norms during the 1960s and 1970s, have allowed for men and women of different ethnic and racial backgrounds and sexual orientation to have greater individual freedoms. Additionally, many from the Baby Boom generation and the generation prior to it saw great personal prosperity as the world recovered following World War II (Green, 2014), although this prosperity is not universal among older Americans (Administration for Community Living, 2018).

Due to such disparities, ageing in the 21st century also brings with it great insecurity for many older adults in America, who now make up 15.2% of the population in the United States (Administration for Community Living, 2018). One reason for this insecurity is related to finances, and whether older adults have, or will have, the resources necessary to meet their long-term needs in a way that will allow them to maintain a high quality of life as defined by them. Related to this insecurity are health and medical issues, as more older adults in the United States are living longer, with unique health challenges due to comorbidities. Isolation or loneliness can also be issues for some older adults as they may live far away from family, be estranged from family, or have no family at all.

Resolving these sources of insecurity is foundational to being able to age in USA with a good quality of life. Experiencing such uncertainties can shake a person to their core and make them question themselves, their life, the state of the world, and whether there is a greater purpose to being alive. How one exactly experiences these uncertainties is influenced by a variety of personal and social factors that are shaped by one's gender, race and ethnicity, and sexual orientation (Administration for Community Living, 2018; Adams, 2011; Artiga, 2016; Centres for Disease Control and Prevention, 2013). Some of these experiences are examined in greater detail below.

### Financial instability of older adults in USA

Financial instability can make it difficult for many of today's older adults to afford providing for their living needs (Adams, 2011; Administration for Community Living, 2018). According to the Older Americans Profile (2018, p. 10), "over 4.6 million people age 65 and over were below the poverty level in 2016" and another "2.4 million of older adults were classified as 'near-poor,'" meaning their income was between the poverty level and 125% of this level. However, it is reported that the poverty rate for older adults in the United States may be as high as 14.5% when regional variations in the cost of housing, the impact of non-cash benefits received, such as SNAP/food stamps, low income tax credits, and non-discretionary expenditures, including medical out-of-pocket (MOOP) expenses, are taken into account (Administration for Community Living, 2018). Poverty rates also vary depending on gender, race and ethnicity, sexual orientation, and/or whether one lives alone (Adams, 2011; Administration for Community Living, 2018).

## Health and health care

Many of the non-discretionary expenditures made by older adults are for MOOP expenses (2018). Advances in medical science have helped people to live longer, but that also means that many people are living longer while in poorer health and with complicated health issues (Gillespie, 2015). According to a 2010 report by the University of Southern California's Schaeffer Centre for Health Policy and Economics:

The typical Medicare beneficiary who is 65 or older [in 2030] will more likely be obese, disabled and suffering from chronic conditions such as heart disease and high blood pressure than those in 2010 (as cited in Gillespie, 2015, no page).

When one looks at health and access to quality health care in America, however, a divide exists based on race and/or ethnicity, sexual orientation, socioeconomic status, and/or geographic location (Adams, 2011; Artiga, 2016; Centres for Disease Control and Prevention, 2013). For example, the Centres for Disease Control and Prevention (2013) cites that 30% of total direct medical expenditures for Blacks, Hispanics, and Asians are excess costs due to health inequities. LGBTQ older adults may be in poorer health because they are less prone to seeking medical treatment due to the fear of being discriminated or judged by the health care provider (Adams, 2011). Someone who lives in a rural community may have limited healthcare options and lack access to certain medical specialities.

## Loneliness and isolation

Another contributor to a compromised quality of life for today's older adults is isolation and loneliness. The 2017 Older Americans Profile reports that "about 28%, or 13.8 million of all noninstitutionalized older adults lived alone in 2017" (Administration for Community Living, 2018, p. 5). Additionally, some older adults may no longer have family. It is estimated that by 2040, 19% of older adults will not have children, while 17% will have only one child (Green, 2014). However, feelings of loneliness and isolation can be true whether one remains living at home alone, living with family, or even when living in a community.

## CONTINUED PSYCHOSOCIAL DEVELOPMENT WHILE AGEING

Looking at these uncertainties through a developmental lens, psychologist Erik Erikson theorised that the lifespan entails eight psychosocial stages of development. These stages are: Trust vs. Basic Mistrust, Autonomy vs. Shame and Doubt, Initiative vs. Guilt, Identity vs. Identity Confusion, Intimacy vs. Isolation, Generativity vs. Stagnation, and Integrity vs. Despair and Disgust. Within each stage there is a developmental "crisis" or "conflict" which contributes to an individual's growth and personal development (Erikson, 1997, 1980). Erikson (1980, p. 57) describes the conflicts at each stage as "a potential crisis because of a radical change in perspective [...] Different capacities use different opportunities to become full-grown components of the ever-new configuration that is the growing personality".

Therefore, crisis, in this developmental sense, does not connote “a threat of catastrophe, but a turning point, a crucial period of increased vulnerability and heightened potential” (as cited in Sokol, 2009, p. 140). Erikson summarises this developmental progression as presenting

human growth from the point of view of the conflicts, inner and outer, which the vital personality weathers, re-emerging from each crisis with an increased sense of inner unity, with an increase of good judgment, and an increase in the capacity ‘to do well’ according to his own standards and to the standards of those who are significant to him. (Erikson, as cited in Sokol, 2009, p. 140)

The 8<sup>th</sup> stage of this theory, originally attributed to adults 65 years and older, is called Integrity vs. Despair and Disgust (Erikson, 1980). During this stage, a person reflects upon the choices they have made during their life. If one is satisfied by the way they have lived their life, they experience feelings of contentment and a sense of integrity. If one is not satisfied by the life they have lived, they may become bitter or angry. In describing this, Erikson writes that

the lack or loss of this accrued ego integration is signified by despair and an often unconscious fear of death: the one and only life cycle is not accepted as the ultimate of life. Despair expresses the feeling that the time is short, too short for the attempt to start another life and to try out alternate roads to integrity. Such a despair is often hidden behind a show of disgust, a misanthropy, or a chronic contemptuous disgust and a displeasure with particular institutions and particular people – a disgust and a displeasure which (where not allied with constructive ideas and a life of cooperation) only signify the individual’s contempt of himself (Erikson, 1980, pp. 104-105).

Completion of this stage does not mean that a person’s life is complete, however. Erikson (1997) has suggested a 9<sup>th</sup> stage that involves moving through the previous 8 stages again. The difference being that this time around the dystonic quotient comes first as it better represents the ageing-related experiences faced by older adults at the time. Therefore, the stages can be viewed as: Basic Mistrust vs. Trust, Shame and Doubt vs. Autonomy, Guilt vs. Initiative, Identity Confusion vs. Identity, Isolation vs. Intimacy, Stagnation vs. Generativity, and Despair and Disgust vs. Integrity. If an older adult is able to successfully process through these stages, they will achieve hope, will, purpose, fidelity, love, care, and wisdom (Erikson, 1997).

Descriptions of this stage and its accompanying crisis allude to, but do not overtly discuss a transpersonal dimension of human life and development. Yet spirituality is considered an area ripe for continued growth as one gets older (Atchley, 2011; Wacks, 2011). Research also suggests that religion and spirituality can have a beneficial impact on one’s physical and mental health (Koenig, 2012).

At the same time, the practice of religion and spirituality is varied in the United States. While the religiously affiliated are still in the majority, more Americans are moving away from religion and instead consider themselves to be spiritual (Pew Research Centre on Religion and Public Life Project, 2012; 2015). Pew Research Centre on Religion and Public Life (2015) found that 59% of Baby Boomers to find religion to be “very important.” Whereas 24% found religion to be “somewhat” important and 17%

did not find religion to be “too/at all” important. A survey from 2012 found that 41% of adults surveyed age 50 and older identified as being “spiritual, not religious,” while 31% identified as being “neither” spiritual nor religious (Pew Research Centre on Religion and Public Life Project, 2012). Many Americans mix elements of diverse faith traditions, and a significant minority of Americans express a belief in a variety of Eastern or New Age Beliefs (Pew Research Centre on Religion and Public Life, 2009). Additionally, 49% of respondents to a Pew Research survey (2009) identified having had a religious or mystical experience. Such mystical or transpersonal experiences do not need to adhere to any particular religious tradition or spiritual practice (Corbett, 2012).

## GEROTRASCENDENCE

The theory of gerotranscendence supports such religious or mystical experiences as a part of one’s development (Tornstam, 2011). Identified by Swedish sociologist Lars Tornstam, gerotranscendence could be considered the result of coming “to terms with the dystonic elements in their life experiences in the 9<sup>th</sup> stage” (Erikson, 1997, p. 114). Erikson (1997, p. 123) describes gerotranscendence as “the final stage in a natural process towards maturation and wisdom. It defines a reality somewhat different than the normal mid-life reality which gerontologists tend to project on old age”. Gerotranscendence recognises a spiritual or transpersonal dimension to being that can become more prominent as one gets older (Tornstam, 2011). Yet the experiences of this dimension are not affiliated with any particular religious tradition or spiritual practice.

Much like with Erikson’s stages, the factors of language, normative constraints, opportunity structures, social class, and education can affect one’s experience of mature gerotranscendence (Tornstam, 2011). Mature development is not guaranteed. While experiencing gerotranscendence is not complicated, the conditions and environment need to be conducive to facilitating experiences of gerotranscendence.

There are three dimensions to gerotranscendence. Each pertain to a different dimension of being and how one recognises or experiences themselves in the world. These dimensions are: cosmic dimension, self-transcendent dimension, and social selectivity dimension.

### Cosmic dimension

This dimension pertains to a person’s sense of time and place. Within this dimension, one may experience an altered sense of time where the distance between the past and present disappear. One may also feel themselves as connected and linked to past and future generations. One comes to a place of accepting death, while rejoicing in life (Tornstam, 2011). Some of these aspects, such as connection to past and future generations, may be more pronounced in some cultures, while an altered sense of time is quite often seen with those who have dementia.

### Self-transcendent dimension

This is related to how a person perceives themselves and their body. Within this dimension, one engages in self-confrontation where an honest and ‘objective’ review is made of one’s life. This

dimension can also be accompanied with a decrease in self-centredness and body-transcendence where one develops a healthy relationship with one's body and physical condition. A person's needs and concerns shift towards others, especially towards children and grandchildren (Tornstam, 2011).

### Social selectivity dimension

This dimension pertains to personal and social relationships. Within this dimension, one may desire time alone for contemplation and have a disinterest in superficial relationships. In this dimension, one is working to identify their authentic self vs. their social roles, and living from that place. There may be an emancipated innocence where individuals can be more playful and carefree because they no longer regard how others may judge them. Material things may take on less significance, and there is a certain mental flexibility as one's worldview can shift from right/wrong duality to instead evolve towards becoming more broadminded and tolerant (Tornstam, 2011).

Of note to those working in long term care, I believe it is important to consider the social selectivity dimension of gerotranscendence when a resident may decline to participate in an activity. Not everyone enjoys participating in large group activities, and the degree to which a resident has the ability to decline participating in a group activity varies, depending on the policies of the care community. This means that there are times when some residents may be forced or coerced into activities when they do not want to be there. While it is possible for a resident who initially did not want to participate in the group to ultimately have benefitted from participating, in other cases a resident who declines participating in a group activity may actually want to have time to themselves for quiet contemplation. They may also further benefit from smaller scale or one-on-one interaction. Assessing a person's temperament, social needs and preferences is helpful in being able to help reduce isolation, while also supporting them in the social selectivity dimension.

### USING MUSIC TO SUPPORT MATURE GEROTRASCENDENCE

Music can be a conducive and versatile way of supporting the mature gerotranscendence of diverse older adults. This is because music is culturally inclusive and accessible to people of differing levels of physical and/or cognitive functioning. Making music can provide opportunities to play and create. Songs and musical experiences can take on personal significance and meaning, while also facilitating transpersonal experiences that can be integrated to create healing within oneself (Boyce-Tillman, 2000). Music can also be used to facilitate conversations and insights related to aspects of gerotranscendence, which can address important unmet needs for older adults living in institutional settings (Wang, 2011).

The connection that exists between music and the wisdom gained from a well-lived life and deep personal healing (Boyce-Tillman, 2000; Erikson, 1997) supports the use of music to support mature gerotranscendence. Erikson identifies music to be related to the wisdom achieved from gerotranscendence when she writes, "Sound is powerful; sound can soothe, enlighten, inform, and stimulate. It challenges us with its potential, and we are dependent on our aural perception for the development of wisdom" (Erikson, 1997, p. 7). Boyce-Tillman describes the role of music in facilitating maturity when she writes that

music has the capacity to express and awaken hidden aspects of the personality and has elements of both public and private because its meaning cannot easily be read. It is therefore a way of gaining a wider acceptance of painful private areas of human experience and aids the process of maturity: to know how to use music to express private events publicly can lead to maturity. (Boyce-Tillman, 2000, p. 46).

The following are examples of how I have used and have observed music to enhance gerotranscendence with older adults living throughout Boulder County and the Metro Denver areas in the state of Colorado. These observations are based on my clinical work as a Licensed Professional Counsellor (LPC), board-certified music therapist (MT-BC) and musician for New Thought spiritual services. Additional observations are based on informal communication with older adults attending and participating in community music-based events. While not cited specifically in this paper, there are literature and research published on topics of spirituality, music therapy, aging, and end-of-life care which contributed to my interest in further investigating the topic of gerotranscendence and music.<sup>1</sup>

## Listening to music

Listening to music is a readily accessible way to engage with music. Lyrics can make one think, feel, and shift perspective, while the rhythm and instrumentation of a piece can have a transcending effect. Boyce-Tillman connects listening to music with the hero's journey when she suggests that:

Listeners are called to enter into the processes of the performer and composer. The listener tunes into, becomes 'in sync' with the composer/performer. The listener shares the journey and is reassured by the fact that another person has been into that chaotic place that they are experiencing. They also become part of the journey and learn some of the strategies of the composers/performer. (Boyce-Tillman, 2000, p. 51).

Below are some different ways that I have utilised music listening in my own work with older adults.

## Personally-meaningful music

I have found that having a client select music that is personally meaningful to them can allow for the sharing of memories and associations related to aspects of gerotranscendence. An example of this is when a client selects a song that they associate with a profound life experience. This sometimes leads to insightful conversations about their experience related to then and now. Yet for clients with speech or cognition challenges, listening to a personally-moving piece of music can lead to peak experiences where words are not necessary, and this can also be healing (Boyce-Tillman, 2000).

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<sup>1</sup> Examples include Kidwell (2014), Lipe (2002), Lynch (2006), Potvin and Argue (2014).

## Therapist-selected thematic music

Sometimes I facilitate dialogue by selecting songs that contain themes related to gerotranscendence. For example, I have used the song “Rocky Mountain High” by John Denver as a starting point of discussion about where one feels at home and supported, such as by being in nature or being with family. I have also used the song “Green, Green Grass of Home” by Johnny Cash as a way to talk about life and death. On a more light-hearted note, I have used the song “Old Folks’ Boogie” by Little Feat to start conversations about ageing and personal perceptions around ageing.

## Creating a playlist

Soundtracks enhance the action of a movie. If one thinks about one’s life as a movie in which one starred, what would the soundtrack be like? I have found that creating a playlist can help a person reflect upon their life in a deeper way by identifying pivotal moments in their life. I use playlists with clients to help them amplify their recollection of past experiences and to also provide them with opportunities to recognise positive growth and change in their lives.

Sometimes this can lead to experiences of personal pain or regret, however, but the music helps to contain such feelings for processing and reintegrating. As Boyce-Tillman (2000, pp. 53-54) writes, “[music] is a way of living with the chaos until such time as the self is ready to re-integrate [...] Music is a way of holding”. Music is a safe place for experiencing and exploring darker or more painful aspects of one’s self.

## Choosing a power song

A power song is a song that energises a person and helps them feel good in their own skin. I have found that a client-selected affirming song can be useful in working with older men and women who are struggling with reconciling their current physical reality with the memories of their younger selves. In this sense, “music can be used as a safe home or relationship,” a space “to revisit old and new areas of oneself for purposes of renewal and sustenance” (Boyce-Tillman, 2000, p. 54).

An example of this is from my individual counselling work with recently retired women. Some of these women have neither spouses nor children, and they were now questioning who they were as women. In those cases, selecting songs to reflect how they wanted to experience themselves has led to conversations about their sense of identity, meaning, and purpose as older women in our society.

## Making music

Making music encourages the playfulness associated with the emancipated innocence that can be experienced within the social-selectivity dimension of gerotranscendence. Where I live in Colorado, there are many music-making opportunities available to older adults. These opportunities include groups offered through community recreation services, community music schools, and music stores offering lessons on a wide variety of instruments. Below are some of the ways I have used active



music-making in my work as a music therapist and teacher, as well as music-making opportunities I have observed in my community that may be available in other communities.

## Singing

Singing has a wide variety of benefits. Singing, especially singing in a group, can help induce play and feelings of transcendence of time and body, as well as personal healing (Boyce-Tillman, 2000). Additionally, singing has other known health effects, such as improved cardiovascular fitness, improved breathing and respiratory strength, and vocal control and production, which can further contribute to the health and well-being of older adults, including those who may have neurological disorders (Wany, Rüber, Hohmann & Schlaug, 2010).

Some people seem to have a fear or reluctance to sing, though. This can be due to negative messages given to them in childhood or adolescence. Many older adults, both women and men, approach working with me because they want to sing, but they have internalised early messages of being “tone deaf” or being told to “mouth the words.” In this way, singing in a therapeutic and non-judgemental environment helps them come to recognise, embrace, and embody their authentic self.

Influenced by what I see in my clinical work, I utilise melodically simple chants with affirming lyrics in the congregational music I lead for New Thought spiritual services. The chants are intended to be approachable for those who do not consider themselves to be singers, and they are repetitive because repetition can be healing (Boyce-Tillman, 2000). Congregants often continue hearing some of these chants outside of service throughout the week at different times. Contemplative chant and group singing can also help to foster community, as well as a sense of embodiment or transcendence (Boyce-Tillman, 2000).

## Playing an instrument

Playing an instrument can take different forms. It can include drumming in a community drum circle, playing different handheld percussion instruments in a therapeutic music group, to playing or learning to play some other instrument, such as the guitar, piano, or ukulele. Similar to singing, playing an instrument can help induce play and feelings of transcendence of time. By making appropriate modifications as necessary, I have found with some older adult clients that playing an instrument can be used to support the self-transcendent dimension where a person needs to engage in an honest self-assessment about what they can do and to demonstrate perseverance by finding ways to do it. They continue to persevere because they are motivated to make music.

## Performing music

Desiring to perform music builds upon making music, which may be purely for one’s own pleasure and benefit. Choosing to perform in front of others requires a courage and a disregard of judgements others may have towards us. When one chooses to perform, it is also possible to feel a transcendence of time and place. I have found that older adults who volunteer to perform music for others who may

not otherwise be able to access live music are tapping into a shift away from self-centredness and a desire to give back to others. It can also help create a connection with others.

Some of the venues and opportunities that I have seen in my community for older adults to perform music include open mics, community festivals and block parties where buskers or musical ensembles help liven up the event, or volunteering to perform music at skilled nursing facilities or memory care communities. For those older adults who are more proficient in playing an instrument and are seeking traditional opportunities to perform, community choirs, bands and orchestras can be welcoming ensembles.

## CONSIDERATIONS FOR USING POPULAR MUSIC OF THE 1950s-1970s

An informal online survey on the use of familiar music with older adults that I posted in the largest Facebook group for credentialed music therapists and music therapy students from around the world resulted in 51 responses. Responses given suggest that it is common for music therapists working with older adults to use familiar music, as 40 respondents indicated that “regardless of age or condition” they “almost always” or “mostly use familiar music” in their work with older adults. Eleven respondents indicated that they base their use of familiar music with older adult clients “on the therapeutic goals” or “conditions” (Personal communication with Music Therapists Unite!, 2<sup>nd</sup> December 2018).

It is important to develop an understanding of how the cultural and societal changes that occurred in USA following World War II could be reflected in the music, and how this might affect a person’s response to interventions to address gerotranscendence using popular music. For example, popular music from the Vietnam War era can mean one thing to someone who was against the war, while a veteran who fought in the war can have a completely different association to the song. This section provides a brief overview of popular music of the 1950s-1970s and suggests some considerations music therapists working with today’s older adults in America could take into account.

### Popular music of the era

Popular music from the early years of today’s older adults is considerably different from the popular music of previous generations. Rock and roll ushered in a new phase of youth culture, and with this, in a way different from other generations, music has been able to play a defining role in the cultural and social landscape of today’s older adults, particularly those from the Baby Boom generation (Pruchno, 2012; Puente, 2011). With television, transistor radios, and LPs, national and regional musical trends became easier to share and access (2011).

Music festivals also began to take on another form in the 1950s and the 1960s, becoming large scale cultural events showcasing popular music. The Newport Jazz Festival, the Newport Folk Festival, and the Monterey Jazz Festival began in the late 1950s and continue today. Rock and roll festivals came on to the scene in the 1960s with festivals such as Monterey International Pop Festival, Woodstock, and Altamont.

## Themes of non-western spirituality

Aspects of non-western spirituality can be seen in the music of popular artists of this time. Music, including the instruments used, song composition, and lyrics themselves, reflected such experimentation and transpersonal exploration. The Beatles, due in part to George Harrison, can be credited with introducing aspects of Eastern philosophies and spiritual beliefs into the consciousness of many people through songs such as “The Word” from *Rubber Soul* and “Within You, Without You” from *Sgt. Pepper’s Lonely Hearts Club Band*. Such transpersonal exploration was also occurring within jazz music with John Coltrane’s critically acclaimed album *A Love Supreme*, which is suggested to be influenced by Ahmadiyya Islam. His wife, Alice Coltrane, an accomplished musician and swamini herself, continued in this direction of spiritual exploration with her own music. As a tribute to John Coltrane, Carlos Santana and John McLaughlin also released an album called *Love Devotion Surrender* that was inspired by the teachings of the guru Sri Chinmoy.

## Cultural identity

As music became more integrated during the 1960s, one can also find examples of musicians exploring or embracing their cultural identity. For example, during the Black Power Movement, James Brown released the song “Say It Loud – I’m Black and I’m Proud.” Carlos Santana brought Latin American jazz to the forefront and fused it with rock and roll.

## Sex, drugs, and rock and roll

Many musicians during the 1960s and 1970s, were experimenting with altered states of consciousness. Often times these were drug induced. While the mantra of “sex, drugs and rock and roll” has been seen as a rallying cry for hedonistic youth culture, it is important to recognise that this was not always a pleasurable experience had by everyone. It must be emphasised that music may bring up painful memories that need to be processed and reintegrated.

## THERAPEUTIC CONSIDERATIONS FOR THE USE OF POPULAR MUSIC

Because familiar music can elicit personal memories and associations, both positive and negative, I want to highlight some possible therapeutic considerations that may come up when using popular music of the 1960s and 1970s with older adults. It is not meant to be exhaustive, but rather to illustrate considerations not commonly discussed which may come up for some older adults in response to the use of music. It should be noted that these considerations are based on my own experiences and interactions with older adults in Colorado, where cannabis has been legalised for both medical and recreational purposes. However, with the rates of known substance use disorder among members of the Baby Boom generation (Kuerbis, Sacco, Blazer & Moore, 2014), along with the recent #MeToo movement, there is a need for those working with older adults to be aware of these particular considerations and how that may impact one’s process towards mature gerotranscendence.

## Substance use and abuse

When using music of the 1960s and 1970s, we should consider and recognise that music celebrating substance use can be triggering for someone with a history of addiction or substance abuse. Music can bring up recollections of past substance-induced experiences that could be either positive or negative. A music therapist needs to be comfortable in being able to facilitate those conversations as they may arise. An additional consideration for those music therapists working with older adults in states where cannabis is legalised for either medical or recreational use is that clients may enter into sessions while under the influence, and the therapist should be prepared for this possibility.

## Gender roles

Gender relationships and norms went through a great change in the 1960s and 1970s with the Women's Liberation movement. Women were able to have greater control of their reproductive rights with the advent of the birth control pill, the free love movement, and the legalisation of abortion with the Supreme Court's decision on *Roe v. Wade*. Many women found themselves going out into a workforce rife with sexual harassment where they had to break through glass ceilings. Now in their retired years, they may be questioning their identity as women and feel a continued desire to give back. Men may also be questioning their identity as men and may need to reflect upon their own attitudes towards women, particularly as most caregivers, family or professional, are female.

## CONCLUSION

Gerotranscendence highlights an aspect of being that has often been overlooked in American society. Yet studies suggest that life satisfaction can be enhanced when a person experiences mature gerotranscendence (Tornstam, 2011). I argue that music can be an accessible and impactful means of facilitating gerotranscendence among older adults from diverse backgrounds. However, when using popular music from the 1950s to 1970s, it is also important to recognise the cultural and social contexts that exist around the music, as these may have an impact on an individual's personal experiences around that music.

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## Ελληνική περίληψη | Greek abstract

# Μουσική και υπέρβαση του γήρατος: Μια πολιτισμικά ευαισθητοποιημένη προσέγγιση της γήρανσης

Faith Halverson-Ramos

## ΠΕΡΙΛΗΨΗ

Η υπέρβαση του γήρατος [gerotranscendence] είναι μια θεωρία για τη γήρανση [ageing], η οποία υποδηλώνει ότι η υπερπροσωπική ωρίμανση και ανάπτυξη είναι εγγενής στην ανθρώπινη ανάπτυξη και διαδραματίζει έναν ζωτικό αναπτυξιακό ρόλο στις μεγαλύτερες ηλικίες. Η ώριμη υπέρβαση του γήρατος [mature gerotranscendence] βιώνεται μέσω μιας μετατόπισης από την ταύτιση με ένα ατομικό εγώ προς την ταύτιση με έναν υπερπροσωπικό Εαυτό. Αυτή η εξέλιξη μπορεί να ενισχυθεί ή να παρεμποδιστεί από τις κοινωνικοπολιτισμικές και προσωπικές εμπειρίες, καθώς και από την προσωπική κοσμοθεωρία του καθενός.

Οι σημερινοί ηλικιωμένοι στην Αμερική είναι πολύ διαφορετικοί μεταξύ τους και καθένας τους βιώνει το γήρας με έναν μοναδικό τρόπο, απέναντι στον οποίο οι μουσικοθεραπευτές οφείλουν να έχουν ευαισθησία. Μαζί με το ενδεχόμενο να ζήσει κανείς περισσότερα χρόνια πάσχοντας από κάποια χρόνια ασθένεια και έχοντας πιθανές οικονομικές έγνοιες, όσοι προέρχονται από πολιτισμούς με ιστορικό κοινωνικοπολιτισμικών διακρίσεων έχουν να αντιμετωπίσουν επιπλέον προκλήσεις σε σχέση με τη γήρανση. Έτσι, πολλοί από τους ηλικιωμένους σήμερα έχουν αυξημένες πιθανότητες να βιώσουν την υπαρξιακή αμφισβήτηση και την προσωπική ανασφάλεια εντονότερα από τις προηγούμενες γενιές.

Η μουσική χρησιμοποιείται συχνά στη δουλειά που γίνεται με τους ηλικιωμένους σε κέντρα φροντίδας ηλικιωμένων. Η μουσική έχει επίσης χρησιμοποιηθεί παραδοσιακά για να διευκολύνει την πνευματική θεραπεία [spiritual healing] και την υπέρβαση. Καθώς η μουσική μπορεί να διαπεράσει τις πολιτιστικές γραμμές όντας ταυτόχρονα και ένα αποτελεσματικό εργαλείο για την κατασκευή νοήματος, προτείνω ότι η μουσική μπορεί να αποτελέσει έναν ισχυρό και πολιτισμικά ενημερωμένο τρόπο να βοηθηθούν οι ηλικιωμένοι άνθρωποι ώστε να ζήσουν μια ώριμη υπέρβαση του γήρατος.

Αυτό το άρθρο εκφράζει μια γνώμη που βασίζεται στην εμπειρία μου ως μουσικοθεραπεύτρια με υπερπροσωπικό προσανατολισμό. Σε αυτό το πλαίσιο, υπογραμμίζω τις μοναδικές ψυχοκοινωνικές προκλήσεις που αντιμετωπίζουν σήμερα οι ηλικιωμένοι Αμερικανοί, και προτείνω τη θεωρία της υπέρβασης του γήρατος ως έναν τρόπο κατανόησης των θεραπευτικών τους αναγκών. Στη συνέχεια συζητώ τρόπους και σκέψεις για το πώς η μουσική μπορεί να χρησιμοποιηθεί υποστηρικτικά απέναντι στην ανάπτυξη της ώριμης υπέρβασης του γήρατος.

### ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

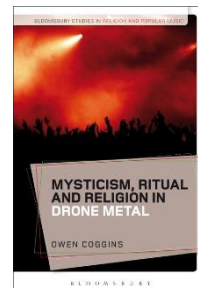
gerotranscendence, μουσική, πολιτισμικά ευαίσθητοποιημένη φροντίδα ηλικιωμένων [culturally-responsive eldercare], πνευματικότητα, γήρανση [ageing]

## BOOK REVIEW

# Mysticism, ritual and religion in drone metal (Coggins)

Reviewed by Tia DeNora

University of Exeter, UK



**Title:** Mysticism, ritual and religion in drone metal **Author:** Owen Coggins **Publication year:** 2018 **Publisher:** Bloomsbury Academic  
**Pages:** 224 **ISBN:** 9781350025103

### REVIEWER BIOGRAPHY

**Tia DeNora** FBA is Professor of Sociology of Music and Director of Research in the Department of Sociology/Philosophy at the University of Exeter. [[T.DeNora@exeter.ac.uk](mailto:T.DeNora@exeter.ac.uk)]

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Music invites talk – the realm of Guided Imagery and Music has shown us this repeatedly (Bonde, 2007). And sometimes music instigates new talk, new world views. Music *instigates* when its materiality speaks to the body to offer sonic bases; not only new sensations, but new imaginings, and with those new imaginings, new words and hence new worlds. In this thoughtful, careful, and highly original study of the quasi-religious rituals associated with drone metal production and reception, Owen Coggins shows us how the repetition, monotony and distortions of Drone are appropriated in ways that come to undergird mystic stances, constructions, and alternate ways of sense making in the world. And if the task, for the researcher, involves tracing “the production of [...] discourse in drone metal culture” (p. 2), “[t]he challenge”, Coggins writes, involves:

how to name and draw boundaries around a group of sounds that is loosely connected and whose audience is fragmented and dispersed is closely related to the challenge of reported indescribability, of how to name sounds which are unusual or difficult to talk about in language that works for other music (p. 69).

To approach the seemingly ineffable features of what we might speak of as ‘implicit culture’, that is the tacit or ‘felt’ features of meaning and practice that we live and which operate without, or sometimes in spite of, our overt awareness, Coggins employed an exemplary and very thorough mix of methods (ethnography and auto-ethnography of concerts and festivals – more than 100 events across the UK but also in the Netherlands and Belgium – short, online surveys with 430 responses, and 74 interviews). Coggins aimed to explore listeners’ experiences of Drone and how their communications of those experiences can be seen to illuminate music’s role in religious life in modern societies.

The book's chapters follow a logical structure. Chapter 1 introduces the topic, while Chapter 2 reviews discussions of mysticism and religion in relation to heavy metal. Chapter 3 reviews the history of the genre, and Chapter 4 considers how the music evokes descriptions of imaginative spaces, times and states of bodily consciousness. It connects perhaps most closely to the practices associated with music and guided imagery. Coggins explores how drone metal's rhetoric – which evokes departure, traversal and movement across imaginative landscapes. The experience of Drone thus involves, as Coggins puts it, "a vast range of imagined spatial, temporal and bodily conscious elsewhere" (p. 114). Chapter 5 examines amplification and distortion and how they are linked to bodily experiences of loud, low and sustained vibration – the physical qualities of sound – and describes representational connotations and their impact upon the listening experience. Chapter 6 considers extreme responses. The final chapter reviews and sums up.

Beyond the sum of its parts, three interrelated themes emerge, amply illustrated and pursued throughout this volume. The first theme is concerned with amateur (in Hennion's [2014] sense of the *lover* of music) classification of musical genres, in particular how people speak about musical genres that operate outside of highly familiar boundaries and conventions. Coggins describes how, in describing Drone as 'unusual', listeners search in innovative ways for appropriate comparators. This innovation draws of course on the listening experience, and upon the sonic affordances that any music offers. It produces understanding – of what Drone is 'like' or 'not like,' and therefore its genre (p. 79). And, of course, to compare one thing (music) with another (anything) is to rearrange cultural furniture, to 'redecorate' so as potentially to invite change in social use, social roles, and custom (DeNora, 2013). Through these mediations, music has power and by placing the spotlight on this genre work, Coggins shows us how music gets into action.

The second theme concerns Drone's role as a kind of boundary object (Star & Griesemer, 1989). Its very strangeness, its testing of listeners' endurance through monotony and difference, through volume and through unconventional sonic intensity, offers special resources for shared yet multiple and varied experience. When music stands outside of the familiar or the routine, its liminality and elicitation of novel imaginings can accommodate potentially divergent realities. As a place for 'holding' and 'keeping together' disparate world views, Drone also offers, one might suggest, a resource for the tolerance of multiple meanings in action. Coggins describes how the 'same' music reminded one research respondent of Arabic prayer, a pilgrimage to Mecca and Islamic countries, reminded another of Christian prayer meetings, and reminded another of yoga, Gregorian chant, and travel. The 'sacred canopy' offered by strange music is broad, and it invites eclecticism and shelter to diverse groups who can share their quasi-religious devotions to the music.

The third theme takes on the theme of modern religious experience directly, and it is here that Coggins' study highlights the value of music-led investigations (in this case of cultural practice and belief). Coggins describes how the musical experience elicits discourses that constantly defer, that resist reduction, that shift towards and away from being lodged in metaphor. This unsettling in turn reflects back onto the music in ways that produce a constantly changing, 'real' yet ephemeral experience that eludes, indeed, is antithetical to identification – a form of sacred 'elsewhere,' but one in which embodied consciousness is heightened in the here-and-now of Drone listening, and thus in the devotion to the 'genre' that listening inculcates. In this manner, Drone offers its listeners a kind of



prosthetic technology of perception, as Coggins explains through reference to the auto-ethnographic component of his study:

My own experience [...] involved a heightened consciousness of my body in heavily vibrating space. I had the strong impression that while standing in the loud, low droning noise I had a more accurate perception of the extension, limits and density of my body in comparison to my own everyday projections of self and body. [...] it also seemed that I was experiencing a consciousness of bodily reality that was not common in ordinary life but in an important way felt more real (p. 110)

We are, in other words, capable of being drawn in to the recalibrations and new inscriptions that Drone – or any ‘different’ set of sonic parameters – affords. We become, or are re-made, in and through our deferred and re-adjusted perceptions and stances. We perform the social ritual in and through these adjustments, which lifts us on to a different and, for all practical purposes, shared social plane. Surely this is what Durkheim (2001 [1912]) described in the *Elementary Forms of Religious Life*? Coggins’ concern with the materiality of sound, the connection between sound and embodied consciousness, and the realm of ‘strange’ or marginal sounds that afford sounding out new or different orientations, has deeply enriched our understanding of spirituality, consciousness studies, embodied knowledge and – in so far as music can be understood to offer but reconcile competing interpretations – tolerance and peace-keeping. Coggins’ book demonstrates once again that music helps in everyday life (Ansdell, 2014), and that it is good to think with.

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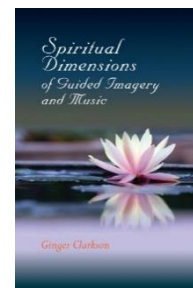
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## BOOK REVIEW

# Spiritual dimensions of Guided Imagery and Music (Clarkson)

Reviewed by Marilyn Clark

Johns Hopkins University; Appalachian State University, USA



**Title:** Spiritual dimensions of Guided Imagery and Music **Author:** Ginger Clarkson **Publication year:** 2017 **Publisher:** Barcelona Publishers  
**Pages:** 192 **ISBN:** 9781945411281

### REVIEWER BIOGRAPHY

**Marilyn F Clark** has been working with the Bonny Method of Guided Imagery and Music (GIM) since 1975. She studied with Dr Helen Bonny and Dr Sierra Stearns. GIM has been central to Clark's career focus. She has administered training programs, trained persons to become facilitators, has had a private practice utilising GIM, and written articles and book chapters about it. She has taught music therapy students at Temple University and Appalachian State University. Following in her interest in women's self-care, she has also co-authored with Judith Waldman a book entitled *Stand, Flow, Shine: Caring for the Woman Within*. [[marilynclark01@gmail.com](mailto:marilynclark01@gmail.com)]

### Publication history:

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Ginger Clarkson, music therapist, Vipassana meditation teacher, and intrepid spiritual experience seeker, has compiled her explorations into a book combining adaptations of Guided Imagery and Music with a variety of spiritual and healing approaches. Clarkson has had the unique opportunity throughout her adult life to sample, study, practise, and teach a wide variety of therapy and healing techniques as well as spiritually oriented approaches. These include Gestalt dream therapy, facilitated communication with autistic persons, mindfulness meditation, chakra energy healing, kundalini experiences, and shamanism. The breadth of spiritual interests as well as the variety of persons seeking treatment with Clarkson are a testament to her interesting and varied career; one full of service, personal challenge and spiritual unfoldment.

### OVERVIEW OF BOOK

Clarkson weaves many stories throughout the book and begins in the *Preface* with the story of Helen Bonny's mystical experience during a violin performance which set the course for Bonny's life work. She developed the method variously called Guided Imagery and Music (GIM) or the Bonny Method, and that method now has international recognition. Clarkson's strong conviction is that GIM can provide a spiritual path. Clarkson states, "The case studies in this book point to specific adaptations of GIM and particular music programs that may support or enhance expansive states of consciousness" (p. 7).

Each chapter begins with Clarkson's self-reflections. She candidly shares stories from her own personal and spiritual journey, including both challenges and successes. This sharing is followed by an explanation of the method, approach, or practice that is being highlighted as catalyst or support to

the client's GIM therapy. In Chapters 2 and 3 the reader will meet Sabal, a man whose early wounding led to narcissistic inflation and the misplaced sense of the sacred. With a highly adapted form of GIM, Clarkson describes her work with Jerry, an autistic, non-verbal man with whom Clarkson develops a poignant relationship.

Clarkson's chapters on mindfulness practices, Gestalt dream therapy, and subtle energy healing exemplify ways that these practices can be employed with the GIM process. She shares the stories of three clients and describes how these approaches are shown through preliminary relaxation, facilitation, and interpretation. Each process requires training and practice with supervision or feedback. Use of a pendulum to evaluate and clear energetic centres in the body is called chelation. Clarkson's conclusions are helpful to consider: "My pioneering experiments with chelations in the realm of GIM are intended to inspire further research about the marriage of the refined vibrations of classical music with the subtle energy of the auric field" (pp. 85-86).

Having studied art therapist Joan Kellogg's work and been mentored by Carol Bush and Carol Cox, early students of Kellogg, Clarkson is well prepared to appreciate mandalas created by her clients. The story of Marina, a young woman in search of a meaningful life, is inspiring, and the use of the drawn mandala and the mandala card test accentuated her journey.

The journey of spiritual discovery includes grief and loss, and explores how healing can occur for persons who are bereft. A lovely poem early in Chapter 8 that was evoked by her own loss and grief is testament to Clarkson's open heart. In a chapter in which the GIM methodology is the primary therapeutic intervention used, Angel's struggle with grief and the healing of relationships is recounted.

The phenomenon of kundalini has been observed, experienced, researched, and written about for centuries. Clarkson shares her own partial kundalini openings extensively in *GIM and Kundalini Awakening*. Charlie's story covers his experience of kundalini awakening with GIM as a catalyst.

The last chapter is the beginning of new work for Clarkson. She is in a rigorous Buddhist chaplaincy training programme and intends this to be her primary focus for the next period in her fascinating career. In this chapter, there are two very touching stories, Mario and Rose, persons on the threshold of dying. This deep work, supported by classical music, enabled both to accept that death was near.

## REFLECTIONS OF THE REVIEWER

### General

Clarkson's book is a compendium of anecdotal examples of spiritual dimensions of life as evidenced by her extensive personal reflections; case material that supports her premises regarding transcendent experiences and subjective interpretations. She is an explorer and discoverer. She is enthusiastic and curious. In some areas she surveys the field; in others she delves more deeply. She is one who offers other ways of looking; she is not a traditional researcher nor does she seek to verify others' frameworks through repeated trials. She samples, studies and applies methods, combining them with the basic GIM patterns of relaxation, imaging with music and reflecting on the experience.

As a reviewer of this book, I am disappointed that most of the book consists of reprints from published articles. I would like to have seen a forward where her extensive personal reflections would provide a meaningful introduction to the chapters that follow. I found her description of her shamanic experience in the *Epilogue* to be out of place in this book. She is also profuse with her acknowledgments within the chapters, but this tends to distract from the flow. She could add these to the acknowledgements in the front of the book.

As I read through the book, I found Clarkson's chapter GIM at the Threshold of Dying to be compelling. While the detailed background and training information did not hold my attention, I gleaned that this arena is where Clarkson's calling now resides. I know that Clarkson's wealth of experience, her ability to hold a quiet and peaceful space, and her knowledge of music will bring to many persons an opportunity for a meaningful dying, not only for the one making the passage, but also for family and friends gathered as witnesses.

I appreciate the inclusion of a discography. She has listed music used traditionally in GIM settings as well as New Age, minimalist, and world music. She describes music so that the reader can imagine what it might sound like. From her discography the reader can create a soundtrack.

## Adapted and blended formats of Guided Imagery and Music

How far can an approach be adapted and still be recognised? Clarkson's account of her work with Jerry, an autistic, non-verbal adult, brings this question into relief for both methods employed: GIM and Facilitated Communication. Their transcribed conversations include his purported past lives with Clarkson, his deep knowledge of classical music, and so on. I found that authoritative organisations (American Psychological Association, 2003; American Speech-Language-Hearing Association, 2018) note that Facilitated Communication has no positive evidence-based findings and is prone to the facilitator's direction. However, on the internet, I saw pictures and videos of very loving, dedicated helpers and autistic adults with smiles making connections with others. While Clarkson did not make a career of working with autism or researching it with scientific method, she has experienced something amazing, deep, and important in her work with Jerry. I imagine readers will feel Clarkson's compassion and caring for this non-verbal man.

Practitioners have different approaches and, for some, particularly psychotherapists, using inductions that involve healing touch and chakra opening could be outside of their ethics. For others, these practices might upset their religious belief as practised in their tradition. She is sharing explorations into dimensions of mind, body and spirit that are not easy to talk about. They are not validated through research replication and remain in the New Age realm. I am heartened that she clearly states at the end of Chapter 6, *Enhancing Spiritual Openings with Subtle Energy Healing*, that more research needs to be done.

Clarkson reports using both the drawn mandala and the mandala card test (known as MARI card test) in her sessions. From Joan Kellogg's third edition of *Mandala: Path of Beauty* (Kellogg, 1987, p. 135), she states: "Each and every mandala is a product of a specific individual in a specific setting at a specific time. As a consequence, it is a unique, never-to-be-repeated phenomenon" (p. 135). I

wonder if the same guideline could be used with MARI cards. As an assessment tool, they have yet to be widely tested. While many GIM therapists use MARI cards, care should be taken in interpreting what the cards *mean*.

## GIM modality

Meditation and mindfulness have been consistent practices for Clarkson for many years. She is well grounded in these practices. She is a meditation teacher and has applied mindfulness perspectives in every facet of her work: personal spiritual practice, individual therapy, workshops and trainings. A vast amount of mindfulness research has proven the very positive outcomes for individuals in so many different settings: hyperactive children, prison inmates, yoga students, juveniles, business executives, and so on. Both mindfulness and Gestalt techniques of staying present in the moment, experiencing whole-being responses to stimuli (e.g., music, internal imagery, emotions, and body sensations) greatly enhance the facilitation of GIM. Clarkson draws our attention to these experiences through the transcripts from case material that include her interventions.

As a GIM practitioner, I know that the GIM experience itself is an adequate opener to spiritual dimensions when the client is ready. I am always fascinated by how spiritual dimensions are revealed and experienced through GIM. Although the title, *Spiritual Dimensions of Guided Imagery and Music*, points the reader in that direction, this is not a consistent focus of the book. Rather it is more accurate to say that the book is about combining a variety of approaches with GIM. One chapter that did not convey to me a spiritual dimension is, ironically, titled *Gestalt Dream Work and GIM – Partners for Spiritual Practice*. It is a good example of the therapeutic power of Gestalt-style interventions in GIM, especially as interpreted through the lens that incorporates shadow/anima elements into consciousness. Many GIM practitioners incorporate Gestalt techniques into the elements of GIM. This chapter is an excellent example of that incorporation.

## CONCLUSION

Since the 1990's, the span of Clarkson's career as a GIM facilitator and teacher, spirituality has been clearly differentiated from religion. The two co-exist but are not the same. Spirituality is no longer solely connected with religious traditions, creeds, beliefs and faith. Spirituality is now understood as an experience of transcendence and can be sought in many ways both within and without religious traditions. Often personal, direct experience is emphasised. These experiences come about through non-ordinary states of consciousness as experienced in GIM, meditation, spontaneous mystical states, vision quests, attuning to healing energies, and psychedelic experiences in both indigenous peoples' sacred rituals and contemporary research settings. Not all of these experiences are validated with scientific evidence but can be personally deeply meaningful, and sometimes life-changing, for the individuals who seek spiritual awakening. In the last quarter of the last century, these topics would have been swept into the category of New Age and often vilified as such. Clarkson has sought these experiences out and, as a spiritual explorer, offers us her findings.

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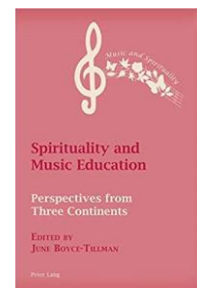
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## BOOK REVIEW

# Spirituality and music education: Perspectives from three continents (Boyce-Tillman, Ed.)

Reviewed by Leslie Bunt

University of the West of England, UK



**Title:** Spirituality and music education: Perspectives from three continents **Editor:** June Boyce-Tillman **Publication year:** 2017  
**Publisher:** Peter Lang **Pages:** 336 **ISBN:** 978-1787074163

### REVIEWER BIOGRAPHY

**Leslie Bunt** is currently Professor in Music Therapy at the University of the West of England, Bristol, UK. After a period of teaching music, he trained in music therapy with Juliette Alvin and later studied Guided Imagery and Music with Kenneth Bruscia. He gained his PhD (City University) in 1985 for a series of outcome studies with children. Leslie has worked with children and adults across the lifespan with wide-ranging healthcare needs. He has been involved in training music therapy students since 1980. Leslie is also a freelance conductor. [[Leslie.Bunt@uwe.ac.uk](mailto:Leslie.Bunt@uwe.ac.uk)]

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This compilation is the fruit of over a decade of collaboration between a group of committed practitioners and researchers. They have presented at international conferences and formed a working group named 'Spirituality and Music Education' to explore the complex and multifaceted issues that surround integrating and researching the position of spirituality within music education. The education settings extend beyond the school classroom and musical activities with children and young people to wider social, community-based and cultural contexts. These include the responses of adults to music listening and making that resonate with aspects of spirituality. Diverse cultural and political perspectives are never far from the surface of these discussions. The perspectives connect to musical activities presented by authors spanning three continents: Africa, Europe and North America. The final chapter (14) by Diana Harris explores 'Music in its Cultural Context' (p. 279) with a focus on work in the UK; but that additionally includes the results of some interviews with participants who have spiritual roots and traditions within another continent, that of Asia.

As editor, June Boyce-Tillman brings her years of experience in this field of study to create a well-balanced text. Following her introductory chapter, the next six chapters focus on theoretical perspectives of the central topic of the book. In their previously published 2015 review of the literature in presenting a 'conceptual model', Liesl van der Merwe and John Habron (Chapter 1) "identified two core phenomena [...]: music as a holistic experience and music as drawing on body, space, time and relationships to offer an experience of the sacred" (p. 29). In Chapter 2, Marie McCarthy develops the 'holistic', 'multisensory' and 'non-linear' nature of a child's emergent relationship with the spiritual, alongside the 'transcendent' and 'ineffable' aspects within music. At the beginning of her chapter there

is a not-so-positive example of an adult memory of a childhood musical experience, stressing the underpinning of time, place and cultural context. Matthew Sansom (Chapter 3) draws on his extensive experiences as a performer, teacher in higher education, and researcher in formulating connections between improvisation, spirituality and the metaphysics pertaining to 'Perennialist philosophy.' Anchen Froneman's research focuses on 'Embodiment as Locus of Aesthetic and Spiritual Musical Experience' (Chapter 7) within the performance practice of four chamber musicians.

Following on from this more theoretical first section, although not without reference to the practical, the fundamental focus of the second part of the book is on practice. References to song and song texts, solo and group singing, and early vocal interactions feature to some extent in all of these further seven chapters. Some interesting connections can be drawn. For example, we find Eurika Jansen Van Vuuren's exploration of how a spiritual dimension can continue to be nurtured during the musical demands of singing competitions in South Africa (Chapter 11). A tentative connection might be made to a quantitative study by Arvydas Girdzijauskas (Chapter 13) that indicates that students in Lithuania "from choral singing schools have shown the traits of spirituality a little more maturely than the other students" (p. 276). Adults also feature in this second section. Examples include: Grant Nthala's chapter (10) of how music connects with spirituality, explorations of individual/'group identity' and 'hope' at a support centre for people living with HIV/AIDS in Malawi, and from South Africa there is a metaphorical analysis by Hetta Potgieter (Chapter 9) of Coenie de Villiers' "Afrikaans song... *Katedraal* (Cathedral)" (p.167), following interviews with four people from the Dutch Reformed Church.

The authors are mindful to differentiate overarching spiritual themes from those relating to specific religious or faith traditions. This is not straightforward, as exemplified in Chapters 5 and 6 by Susan Quindag and Frank Heuser respectively, where there is reference to the ontological and ethical complexities within the US, with educators not being permitted to teach any particular religion. It is difficult to separate reference to aspects of the spiritual, particularly with the addition of text and given the contemporary and ubiquitous availability of music, from so many diverse cultural traditions.

As a music therapist, I found many resonances, gained insights and was inspired by new questions from studying the chapters in this text. How can we begin to describe the numinous moments that can occur in individual or group music therapy? Such moments seem embodied physically but also to transcend earthly boundaries, reaching to places where words seem inadequate. How can such moments relate to any therapeutic aims and the required rigours of professional, local, national and international policy documents and regulations?

In her review chapter (8) on 'Spirituality in Parent-Infant Musical Communication', Gerda Pretorius integrates familiar perspectives for music therapists into "A Systems-Based Approach to the Construction of Primary Consciousness" (p. 146). It is informative to place discussions of the early intersubjective music-focused encounters between parent and child, as elaborated in writings by such scholars as Stern (2010), Malloch and Trevarthen (2009), alongside research on *flow* states by Csikszentmihalyi (2008) and colleagues. The young infant appears to initiate, enjoy and want more of these special moments, described by Pretorius as "a holistic encounter" with "increased levels of complexity" (p. 150). And she concludes that such moments can be "a natural condition for the spontaneous occurrence of spirituality" (p. 161).

Phiwe Ndodana Makaula's chapter (12) exploring the 'Philosophy of *Ubuntu* on Bhaca Music and Social Structure' (p. 237) poses some thought-provoking questions for music therapists accustomed



to group cohesion being felt through a sense of shared pulse and rhythmic entrainment. The *Ubuntu* philosophy teaches that “a person is a person through others” (p. 238) which means, for a satisfying musical encounter, that “the one person’s drumming must be different from that of another, filling in spaces (cross rhythms) of the other pattern; this gives it a musical sense and direction” (p. 241).

June Boyce-Tillman’s introductory chapter provides background to the book and situates themes elaborated in the text within a series of ‘strands.’ I would have found it helpful to have read some kind of closing epilogue to balance this useful introduction, as bookended markers for the text.

I imagine colleagues from the fields of music therapy, music education, community music and all interested in the use of music in health and wellbeing, healing and the connections to spirituality, will be drawn to certain chapters in this compilation and find much on which to reflect and relate to their own practices. The contributors originate not only from a range of different cultures but also from different areas of practice, including secondary and higher education, with research projects exploring various spiritual traditions. As a music therapist it is my understanding that ‘Music and Spirituality’ was introduced for the first time at a World Congress in Music Therapy as one of the three main overarching themes at the 10<sup>th</sup> Congress held in Oxford in 2002, when the keynote address by Michael Mayne was entitled *Music, Spirituality, Healing: This Intimate Stranger* (Mayne, 2002). More recently, the 2017 conference *Exploring the Spiritual in Music* was held at the Nordoff Robbins Music Therapy Centre in London, co-chaired by the chief editor of this journal, Giorgos Tsiris (2017, 2018), whose own doctoral study presented the results of an international survey of music therapists’ perceptions of spirituality as well as an ethnographic exploration of how spirituality is performed in everyday music therapy contexts. The door now seems wide open to further journeys of discovery.

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## CONFERENCE REPORT

# The 4<sup>th</sup> Nordoff Robbins *Plus* Research Conference and the 4<sup>th</sup> International Spirituality and Music Education (SAME) Conference

*'Exploring the spiritual in music: Interdisciplinary dialogues in music, wellbeing and education'*

**Karin S. Hendricks**

Boston University, USA

**Tawnya D. Smith**

Boston University, USA

The 4<sup>th</sup> Nordoff Robbins *Plus* Research Conference and 4<sup>th</sup> International Spirituality and Music Education (SAME) Conference *'Exploring the spiritual in music: Interdisciplinary dialogues in music, wellbeing and education'*, London, UK, 9-10 December 2017.

### AUTHOR BIOGRAPHIES

**Karin S. Hendricks** is Assistant Professor of Music Education at Boston University. She has served in local, state, and national music education leadership roles and has published papers on motivation and social justice in a variety of academic journals and books. Hendricks is an award-winning orchestra teacher, researcher, and clinician. [khen@bu.edu] **Tawnya D. Smith** is Assistant Professor of Music Education at Boston University. As a researcher and educator, she is interested in transforming educational spaces by applying therapeutic knowledge to create safe and healthy learning environments. She has published papers on personal development in education, and explores the use of art-based research as a means to better understand the inner-world of learners. [tdsmith7@bu.edu]

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On a foggy December morning we found our way from our Kings Cross Station hotel to the Nordoff Robbins Music Therapy Centre in London. We arrived at the entrance thanks to the help of another conference attendee – a perfect stranger to us at the time, but who became an instant kindred spirit as all three of us took time to pause and watch a squirrel at play on the ground. We did not know whether our new friend shared our practice in nature-based spirituality or whether she was simply exercising remarkable empathy for a tiny living being. In any case, the details did not matter because we knew –as we paused together to see eye-to-eye with a squirrel– that we were also safe with one another.

Each of us entered the Nordoff Robbins Therapy Centre with different backgrounds but with similar hopes and intentions. We represented an eclectic mix of music researchers, teachers, therapists, philosophers, students, and clients, all with an interest in sharing with and learning from one another. The interdisciplinary nature of the conference was one in which individuals from

various backgrounds in music therapy and education could share ideas and gain new insights into topics surrounding spirituality and wellbeing.

## SPACE AND PLACE

Much more than simply a building in north London, the Nordoff Robbins Therapy Centre had a history: countless interactions between people who care deeply about helping others, recognising and celebrating the best in others, and supporting and strengthening one another in that endeavour. The authors of this article –music education researchers who are admittedly too often caught in our heads– embraced the invitation to enter the centre and join others from a variety of backgrounds, to experience a weekend devoted to integrating mind, body, and spirit. As we interacted with likeminded individuals from a variety of fields we felt a sense of ‘home’ there, despite having never visited the centre before.

This remarkable feeling of ease in an unfamiliar location reminded us of the geographical concepts of space versus place. According to geographical scholars, space represents a temporal or structural essence, whereas place is a more personalised or humanised essence of dwelling, rank, or order (Casey, 1996). Space turns to place as something indifferent becomes personally valuable (Agnew, 2011; Cresswell, 2004; Murray-Tiedge, 2014). Said differently, “*Space* is physical, structural, and geographical. *Place* is alive with meaning.” (Hendricks, 2018, p. 125).

In a phenomenological essay arguing for the primacy of place versus space, Casey (1996) described how humans do not just occupy places but that we both create them, and are created in them, through our experiences and perceptions: “[W]e are not only *in* places but *of* them” (Casey (1996, p. 19). Such was our experience as we entered the Nordoff Robbins Centre building ‘space’. As we began to interact with others and sense the potential for care and healing within its walls, we came to view it first and foremost as a safe and meaningful ‘place’.

Humanistic geographer Yi-Fu Tuan (1977) noted an ironic dualism between these two “where” aspects of human experience: “place is security, [while] space is freedom: we are attached to the one and long for the other” (p. 3). Yet notions of both space and place are fundamental to our understanding of the world in which we live, and the concepts rely upon one another:

From the security and stability of place we are aware of the openness, freedom, and threat of space, and vice-versa. If we think of space as that which allows movement, then place is pause; each pause in movement makes it possible for location to be transformed into place. (Tuan, 1977, p. 6)

The interdisciplinary nature of the 4<sup>th</sup> Nordoff *Plus* Research Conference allowed attendees a safe *place* to integrate mind, body, and spirit while also offering each of us the open and flexible *space* to contemplate and consider new ideas. We were both at home with likeminded colleagues, while also encountering others from a variety of fields who might challenge our perceptions. Our conversations juxtaposed topics of philosophy, epistemology, medicine, nature, and even angels – with each of us allowing one another to explore our own meanings and interpretations of the world.

In this uniquely interdisciplinary context we practised unconditional positive regard and openness to people from numerous backgrounds, beliefs, and practices in music, therapy, and spirituality. Many of us in attendance shared a disposition to embrace mystery, thereby providing place to simply wonder at our various questions and interpretations about music, wellbeing, and spirituality. We were, therefore, simultaneously comfortable, stimulated, and challenged.

## CONFERENCE OPENINGS AND SPIRITUAL INVOCATIONS

The Nordoff Robbins Music Therapy Centre evoked a spirit of collaboration and interdisciplinary dialogue at this conference, which was a joint venture between the Nordoff Robbins *Plus* Research Conference Series and the Spirituality and Music Education (SAME) group. As Julie Whelan (CEO of Nordoff Robbins, UK) described, “this conference [...] highlights Nordoff Robbins’ commitment to engaging in collaborative dialogues across sectors, academic disciplines and research institutions” (Whelan, 2017, p. 10). Nordoff Robbins’ interest in broadening and enriching its understandings and approaches was similarly expressed by Neta Spiro (Chair, Nordoff Robbins *Plus* Research Conference Series), who explained that this event extended upon the success of three prior conferences by collaborating with SAME to “question traditional assumptions and venture beyond familiar knowledge and methods” (Spiro, 2017, p. 11).

According to conference chairs Giorgos Tsiris (Head of Research at Nordoff Robbins Scotland and Senior Lecturer in music therapy at Queen Margaret University, Edinburgh, UK) and Gary Ansdell (Professor and Research Associate, Nordoff Robbins, UK), conference attendees came from a variety of fields, backgrounds, and parts of the world. Attendees’ shared interest in spirituality was the common thread that allowed us to engage in critical and constructive dialogue about the ways in which music and wellbeing might manifest in a variety of settings and contexts.

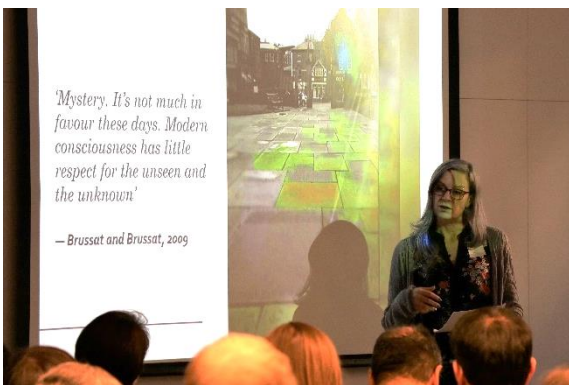


Photograph 1: Welcome by Giorgos Tsiris

## Opening keynote

In her opening keynote address, human geographer Sara MacKian (Senior Lecturer in Health and Wellbeing, Faculty of Wellbeing, Education and Language Studies at The Open University, UK) invited

attendees to engage in the space of mystery, gently but firmly challenging us to “become a little more comfortable with some of [the] more uncomfortable dimensions” of spirituality (MacKian, 2017, p. 19). While sharing of her research experiences into “issues of health, wellbeing, and the otherworldly,” she considered the ways that her research participants understood their own experiences between the “real and imaginary, the body and the spirit, and this world and the otherworldly” (MacKian, 2017, p. 19). These stories made clear the importance of embracing the mystery or the unknown as an active agent in healing and wellbeing. Citing Fowles (1965), MacKian reminded us that the mystery or unknown is a form of energy that is stifled or killed the moment we humans attempt to solve or confine it intellectually or through religious dogma. The keynote response given by Lars Ole Bonde (Professor in Music Therapy at Aalborg University, Denmark and Professor in Music and Health at the Norwegian Academy of Music, Norway) provided a reflection upon Sara’s work more generally, and connected her ideas with related work in the field of music therapy.



Photograph 2: Keynote address by Sara MacKian



Photograph 3: Keynote response by Lars Ole Bonde

## CONTINUED CONVERSATIONS IN SEPARATE SPACES

Following the keynote on Saturday, the presenters were organised according to three themes that served as ongoing strands of conversation in each room throughout the remainder of the day. The attendees enjoyed two of the Nordoff Robbins buildings for the event. Damp and chilly air in the courtyard between the buildings provided the opportunity to breathe in the beauty of the space and be reminded of the holiday season as there were evergreens adorned with Christmas lights covered in newly fallen snow.

### Uncertainties and controversies (theme 1)

The Reverend Professor June-Boyce Tillman (Artistic Convenor for the Centre for the Arts as Wellbeing, Convenor of the Tavener Centre for Music and Spirituality, UK; Extraordinary Professor at North-West University, South Africa) further invoked a place of mystery by challenging current trends in music education such as standardised assessments that impose a limited way of knowing and a “forced and false simplicity.” Her talk stressed the importance of uncertainty in the appreciation of

beauty, and the inclusion of pedagogies that encourage “wonder and risk” (Tillman, 2017a, p. 26). The discussion was furthered by Giorgos Tsisiris, who shared his research of the “everyday” in music therapy and spirituality. Following fellowship and refreshment enjoyed during the break, the conversation was further developed by Gavin Hopps (Senior Lecturer in Literature and Theology and Director of the Institute for Theology, Imagination and the Arts at the University of St Andrews, UK), who explored the spiritual potential of popular music; Janet McDonald (spiritual director and music therapist in the L’arche community, UK), who suggested that the music may offer a “theological language” for expression that is “revelatory, progressive and all inclusive” (2017, p. 41); and Owen Coggins (researcher at Nordoff Robbins London, UK), who contemplated upon the spiritual and therapeutic possibilities within the ambiguities of drone metal music.

## Culture, politics, and identity (theme 2)

A separate conversation on culture, politics, and identity took place in a nearby space in the Nordoff Robbins Centre. Here, Koji Matsunobu (Assistant Professor, Department of Cultural and Creative Arts, Education University of Hong Kong, Hong Kong) opened the discussion by challenging the masculine spirituality of shakuhachi flute practice, which (due to its sexual symbolism) has traditionally been unavailable to women. Hetta Potgieter (research fellow at the School of Music, North-West University, South Africa) discussed the South African Mass *Missa de Meridiana Terra*, and explored the spiritual dimensions of how the work, as paired with Strijdom van der Merwe’s land art, can be seen as a means to experience “experiences of connectedness, relationship or oneness with God/Christ/a higher power/the sacred/nature and appreciation” (Morgan & Boyce-Tillman, 2016, p. 157). After the break, Giorgio Scalici (PhD student, Durham University, UK) examined the *momagu*, a shamanistic ritual of the Wana people to better understand the role of music in this soul-retrieving rite, while Conroy Cupido (Senior Lecturer at North-West University, South Africa) provided a case study detailing the role of the New Apostolic Church in the music education of those living in the Western Cape during the 1980s Apartheid era. Faith Halverson-Ramos (counsellor and music therapist, USA) demonstrated how popular music might be an important tool for Baby Boomers, as they work to achieve transpersonal development during times when elders are facing unprecedented financial and health related issues exacerbated by a longer lifespan.

## Learning and teaching (theme 3)

A third simultaneous strand of presentations centred around spirituality in music learning and teaching. Elizabeth Mitchell (PhD Candidate, Western University, Canada and music therapist in residence at Wilfrid Laurier University, Canada) opened this discussion by sharing her work with Cathy Benedict (Assistant Professor and Director of Research, Don Wright Faculty of Music, Western University, Canada) that explores the applications of music-centred music therapy within music education settings. John Burdett (Director of Instrumental Studies and Director of Graduate Music Education, Azusa Pacific University, USA) explored the development of spirituality as fostered by the curriculum of a faith-based institution. After the break, Karin Hendricks (Co-Director of

Undergraduate Studies in Music, Boston University College of Fine Arts, USA) took the attendees on a tour of her forthcoming book *Compassionate Music Teaching* and offered key concepts from the text as a framework for music teaching and learning. While discussing musical ritual and liminality in schools in the UK, Michael Davidson (Head of Rock, Family, and Community Music for Hertfordshire Music Service, UK) suggested that there might be a “benefit in adopting a more global approach to instrumental music teaching that integrates aesthetic and social healing uses” (2017, p. 30). The discussion was furthered by Frank Heuser (Professor and Head of Music Education at University of California, Los Angeles, USA), who presented research of “spiritual connectedness” (Heuser, 2017, p. 34), as experienced in a non-competitive and student-driven music-making context.

## Nordoff Robbins Choir and Jam Band

The inclusion of music at any conference has the potential to deepen the experience of spirituality, filling an otherwise intellectual conference space with vibrations of emotion and connection. The Nordoff Robbins Choir and Jam Band certainly provided such an opening for the participants at the close of the day on Saturday. The performers exuded a love for singing and performing that was both charming and heart-warming. Performing a wide range of music including mash-ups of rock classics, folk songs, and popular tunes, the choir captivated the audience and then included the conference participants in both singing and playing rhythm instruments on the closing number. An especially poignant moment was a performance of Pink’s “What About Us” performed by a member of the Jam Band: we found ourselves moved to tears by her courageous expression of these lyrics, co-written by Johnny McDaid and Steve Mac. We did not need to know the Jam Band member’s background or personal story to connect with her, as the music provided instant resonance with our own experiences of loss and betrayal as described in the song lyrics.

## RESTING, CONNECTING, AND FURTHER REFLECTING

An often-cherished aspect of any academic conference is found in the intentional creation of a place for rest, connection, and reflection. Saturday evening provided such an opportunity for conference attendees, with time to reflect upon the day’s presentations either on their own or in groups at dinner. The formal proceedings took place again on Sunday, beginning with a launch and promotion of forthcoming books on music and spirituality (Boyce-Tillman, 2017b; Coggins, 2018; Hendricks & Boyce-Tillman, 2018). Following the book launch and promotion, presenters similarly organised into topical strands in three separate spaces.

## Music, imagery, and reflection (theme 4)

Bolette Daniels Beck (Associate Professor in Music Therapy, Aalborg University, Denmark) began the discussion of music, imagery, and reflection by sharing case vignettes of Guided Imagery in Music (GIM) sessions that were specifically intended to induce transcendent experience and personal transformation. Evangelia Papanikolaou (Adjunct Professor at the Hellenic American University and

Director of 'Sonora-Organization for Music Therapy & Research,' Greece) shared related research where GIM was used as a treatment for women with gynaecologic cancer, while Martin Lawes (founder of the London-based integrative GIM programme, UK) expanded the discussion of the spiritual dimensions of GIM as it pertained to work in palliative and bereavement care. Adam Kishtainy (Associate Lecturer on the MA Music Therapy Programme at the University of the West of England, UK) encouraged intuition in music therapy by honouring the spiritual beliefs and inclinations that therapists might bring to their practice. At the close of the presentation strand, Janelize van der Merwe (PhD Candidate in Music Education, New York University, USA; Lecturer in music education and manager of Musikhane community music programme, North-West University, South Africa) described a compelling autoethnographic method for introspection through the process of self-interviews, the analysis of which led to "a dense polyphonic composition of contradictions" that she heard in her own voice (van der Merwe, 2017, p. 50).

## Musicians, thinkers, and approaches (theme 5)

The strand on themes of musicians, thinkers, and approaches embraced history along with mystery. MacKinlay Himes (PhD Candidate in Music Education, Penn State University, USA) opened this discussion with a review of the sacred music of Duke Ellington and Dave Brubeck, followed by reflections from David Marcus (Nordoff-Robbins Center for Music Therapy at New York University, USA) about how the invention of music-listening technologies had caused him to question the need for music and further contemplate the role it plays in human development. Shifting the conversation to a somewhat different perspective, Liesl van der Merwe (Research Director of Musical Arts in South Africa: Resources and Application, and Associate Professor in the School of Music at the North-West University, South Africa) and John Habron (Head of Music Education at the Royal Northern College of Music, UK) presented their research, which has led to the formulation of their own theory of spirituality in Dalcroze Eurhythmics. After the break, Oksana Zharinova-Sanderson (Director of Music Services for Nordoff Robbins, UK) presented work based upon Paul Nordoff's understanding of pathology and shared her clients' as well as a music therapist's search for freedom from limitations. Continuing the discussion of the Nordoff Robbins approach, Richard Sanderson (tutor on the Nordoff Robbins Master of Music Therapy programme in Manchester, UK) shared stories of musical encounters between music therapists and clients with advanced dementia.

## Living and dying (theme 6)

The final presentation strand of the conference very fittingly offered a place to reflect upon both living and dying. Leading off this discussion, Noah Potvin (music therapist and Assistant Professor of Music Therapy at Duquesne University, USA) stressed the importance of "internal and external alignment" (Potvin, 2017, p. 46) during the end-of-life transition and how psychospiritual processes as facilitated by music therapy practices might be beneficial. Also concerned with the "thin place" between life and death, Kate Binnie (music therapist and mindful yoga practitioner working in palliative care settings, UK) presented her research of CRMT treatment with a hospice patient dying



from mesothelioma (Binnie, 2017, p. 25). Richard Bennett (Regional Manager for London South/South-East at Nordoff-Robbins, UK) then shared how the Bahá'í twofold moral purpose, particularly the practice of an outward-focused spirituality, can inform the practice of music therapists. After the break, Astrid Notarangelo (music therapist at a hospital in regional Australia) and Katrina McFerran (Head of Music Therapy at the University of Melbourne, Australia) continued the discussion of music therapy as a support for spiritual care for those in the hospital, and Oliver Kluczewski (music therapist at St Christopher's Hospice and at Nordoff Robbins London, UK) closed the discussion by returning to the topic of end-of-life care through his exploration of his client's creative spirit as experienced in music therapy sessions in hospice care.

## Poster session

The main meeting space where keynotes and opening and closing events took place was also the location of the poster session. Posters were affixed to the walls along the perimeter of the room and the authors were present several times during the two days of the conference. A wide range of topics were included. From the discipline of music education, posters included research by Christian Bernhard (Professor of Music Education at the State University of New York at Fredonia, USA) concerning contemplative practices in music-teacher education; John Burdett's exploration of Dallas Willard's theological framework as applied to music and spirituality; research by Olivia Dowd (undergraduate music education student at Penn State University, USA) on the culture of care and empathy in music education; a description of a course on music and religion by Deborah Saidel (freelance woodwind performer and educator, Richmond, Virginia, USA) that explores global cultural diversity; and an essay exploring worldview and the function of music engagement as a means of psycho-spiritual becoming presented by Tawnya Smith (Assistant Professor of Music Education, Boston University College of Fine Arts, USA). In the discipline of music therapy, posters were presented by Jon Blend (psychotherapist and psychotherapy instructor at Gestalt Centre London and Minister Centre, UK), who explored Lifemusic as a means for spiritual journeying and healing; Elizabeth Coombes (music therapist and course leader of the MA in Music Therapy at the University of South Wales, UK), who examined the use of GIM in the professional development of music therapists; Faith Halverson-Ramos, who examined the benefits of mindfulness practice for music therapists and music educators; and Efrat Roginsky (therapy coordinator at the Israeli Ministry of Education, and supervisor and lecturer at Haifa University, Israel), who studied the spiritual-musical communication between parents and young adults with profound cerebral palsy.

## A FINAL CELEBRATION AND CONVERSATION

In a final communal celebration of spiritual place-making, the conference attendees participated in a roundtable discussion provided by Gary Ansdell, June Boyce-Tillman, Simon Procter (Director of Music Services, Nordoff Robbins, UK), Liesl van der Merwe, and Rachel Verney (music therapist, UK). This final coming together allowed us to reflect upon and challenge themes that had emerged and ideas that had been birthed throughout the conference. Befitting for his service as our host and

co-chair throughout the weekend, Giorgos Tsiris led us in a final forum where conference attendees remarked on their experiences, both impromptu as well as through bulletin board notes that had been posted at will throughout the weekend.



Photograph 4: Roundtable discussion (From right: Gary Ansdell, Liesl van der Merwe, June Boyce-Tillman, Simon Procter, and Rachel Verney)

In this closing session, music therapists, educators, and scholars reflected on their two days spent together, in a space-turned-place that provided us an opportunity to view and envision our professional worlds anew. As one conference attendee stated, “We have much to learn from one another.” The juxtaposition of our differing backgrounds and experiences, with our collective willingness to learn and simultaneously embrace mystery, reflected the “heretical—and quite ancient—thought” proffered by Casey (1996), who suggested that the phenomenon of “place, far from being something simply singular, is something general, perhaps even universal” (p. 19).

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