A human being is not a problem to be solved but a mystery to be learned. For four years, I worked with two individual clients who are, in many ways, opposites. One client is a 14-year-old boy who has no official diagnosis. Eric (pseudonym) has some speech and visual impairments as well as global (developmental) delays. He attends school in a special education classroom. His mother and father came to Canada from Egypt and Eritrea in order to raise their family in a peaceful country. In relational and emotional realms, Eric is isolated to a certain extent. His music making can sound “autistic” such as getting “stuck” in the repetition of particular intervals, e.g., major/minor thirds. But he enters with ease and delight into the world of improvisational music therapy. At times, he exhibits a distinctly dramatic presence and playful sense of humour. Eric and I worked together for a total of 91 half-hour sessions.
Sarah (pseudonym) is a 52-year-old woman with severe cerebral palsy who is unable to speak. She does not have any intellectual difficulties. Sarah indicates “yes/no” by moving her head in response to “yes/no” questions and is able to communicate with a bliss board. She is in a wheelchair and does not have the strength or coordination to play most instruments. She lived at home with her parents until her late 20s and was cared for primarily by her mother. Since her mother’s death, Sarah has lived in long term care facilities. She is visited regularly by close family members. Despite the challenges and losses in her life, Sarah is remarkably available through her attentive listening, expressive nonverbal communication (e.g., facial expressions, body language, vocal sounds), and musical expression (e.g., vocalizing, playing accessible instruments). Sarah and I worked together for a total of 103 one-hour sessions.

Spirituality may not be explicitly discussed or even a conscious therapeutic aim in improvisational music therapy. However, for clinical practice to be effective, I believe that music therapists need to be sensitive to spiritual values when working with clients. This level of informed awareness is especially important in therapeutic approaches that seek to acknowledge and understand clients’ inner lives. I agree with Coholic (2002) when she states that “practice wisdom and personal knowledge are highly relevant in explorations of spirituality” (p. 2).

The reflections presented in this article are not meant to be firm truths. They are considered thoughts presented in a spirit of dialogue about a facet of therapy, namely spirituality, that is not always openly discussed or written about. As well, the environment of individual improvisational music therapy sessions lends itself to the exploration of spiritual dimensions. There are possibilities for intimacy, respect, and genuine trust. The attention and musical listening of the music therapist is focused intently on one client’s needs and musical responses. Co-creating improvisations in this environment may provide greater freedom to explore different facets of the music and musical relationship (Arnason, 2002b).

The ineffable nature of spirituality makes writing about it a challenging, if not impossible, endeavour. Spirituality is a vast and complex topic, which makes it very difficult to define. Not describing spirituality in words or text may be its truest definition. Be that as it may, this article is an initial exploration of spiritual dimensions that emerged in individual improvisational music therapy sessions with Sarah and Eric. Over four years, all sessions with these clients were audio or videotaped and analyzed (Arnason, 2002a). Interpretations of this clinical work developed from my understanding of the therapeutic and musical processes. With these particular clients, I cannot be sure if either one of them would reach interpretations similar to my own.
For this paper, improvisational music therapy (IMT) is defined as an interactive and creative experience where improvisations are co-created and listened to by a client and music therapist in a therapeutic context. IMT is situated in music centred psychotherapy where:

... the therapeutic issue is accessed, worked through, and resolved through creating or listening to music; verbal discourse is used [may be used depending on the capabilities or wishes of clients] to guide, interpret, or enhance the music experience and its relevance to the client and therapeutic process. (Bruscia, 1998, pp. 2-3)

For now, I define “spiritual dimensions” as wordless and deeply felt phenomena that emerge in the improvisational music experience. These phenomena both reveal and transcend the human condition.

Although some presented ideas could pertain to group improvisational music therapy sessions, free/jazz improvisation or instrumental/vocal compositions, these areas are not addressed in this article. Due to the boundaries of my own experience, nonwestern religious and musical cultures as well as indigenous spiritual and musical practices are not discussed. Presented ideas are meant to be nonsectarian and nonreligious.

**Literature Review**

As Aldridge (2002) emphasizes, attention to spirituality in medical care is not new. Aldridge’s (2000) book is a comprehensive cross-disciplinary evaluation of literature on spirituality and healing in which numerous definitions of spirituality are categorized into four main areas. These areas are (1) spirituality, meaning, and unity, (2) spirituality as transcendental, (3) spirituality as power or force, and (4) spirituality as postmodern. Clive Robbins[3] describes spirituality as “journeys of discovery in knowing” and that “we continually push outward in the search to make sense of life, to unite with the great realities in and through our consciousness” (personal communication, 3 January 2002). Burkhardt & Jacobson (2000) write that the word spirituality “derives from the Latin *spiritus*, meaning breath, and relates to the Greek *pneuma* or breath, which refers to the vital spirit or soul. Spirituality is the essence of who we are and how we are in the world and, like breathing, is essential to our human existence” (p. 92).

Similarities as well as distinctions between religion and spirituality are discussed in counseling, psychotherapy, family therapy, and holistic nursing literature (Barracough, 2001; Becvar, 1997; Dossey, Keegan & Guzzetta, 2000; Fallot, 1998; Kelly, 1995; Miller, 1999; Walsh, 1999). As opposed to spirituality, religion has sometimes been cast in a judgmental light because of its affiliation with organized
institutions and established creeds and dogma. Bonny (2001) defines spirituality and its dissimilarity with religion:

Whereas religion is a set of belief systems, tests, liturgies, forms of worship organized for groups to teach and practice unified beliefs resulting in ‘faith,’ spirituality is the personal act or process of transformation that takes one from an ego-centered, exclusionary attitude toward life to one filled with inclusionary attitudes of love, acceptance, adoration, appreciation for all life forms, a sense of unity and purpose that extends into the past and into the future. (p. 60)

Kelly (1995) defines both similarities and basic differences between religion and spirituality:

... [religion and spirituality] both point to a transcendent, meta-empirical dimension of reality. However, they also represent, in certain respects, divergent approaches to this reality ... spirituality generally signifies an affirmation of and participation in the in-depth, transcendent, holistically connected, and inherently meaningful dimension of reality. Religion in its fuller meaning embraces spirituality, but also generally signifies specific modes and systems of belief, imaging, and practice that are often institutionalized in creeds, rituals, and moral codes; religion is embodied in religions. (xiv)

Aldridge (2002) differentiates between spirituality and religion in “that if spirituality is about the individual, ineffable and implicit, religion is about the social, spoken and explicit” (p. 2). It is important to remember, however, that there is not always (or has not always been) a split between psychotherapeutic practice and sacred rituals of healing (Kenny, 1982; Moreno, 1998; Schwartz, 1999).

In the nineteenth century, psychology distanced itself from the so called nonscientific areas of religion and philosophy in order to become recognized as an academic and clinical discipline (Sullivan, 1998). Early theories of psychology did not recognize religion or spirituality as being necessary or even healthy dimensions of the therapy process. For example, the theoretical tenets of Behaviorism were linked to observable, measurable, and predictable components of natural science models (Kurtz, 1999). Freud’s clinical and theoretical stance that religion was pathological, regressive, and narcissistic had a major impact on psychological views of religion and spirituality (Sullivan, 1998). Freud’s stance was one of the major differences that eventually caused his colleague Carl Jung to break away from Freud. Based on Jung’s clinical experience as a psychiatrist, and drawing on personal beliefs and religious experiences, Jung developed a theory of psychoanalysis in which spiritual ideals were an essential part of human needs (Storr, 1996).
Some organized religions, however, emphasize freedom of religious expression and encourage individuals to develop their own personal theology (From brochure entitled What do Unitarian Universalists Believe? authored by David Rankin). Details on the Unitarian position are included at this point because Unitarian principles help me to understand musical, therapeutic, and life experiences. For the reader, these details provide some insight into my approach as a music therapist. Unitarians believe that all people have the capacity for personal judgement. There is the optimistic view that people possess the capacity to grow and to change (human potential). They have “the power and the ability to act constructively and creatively” (From brochure entitled What Unitarians Affirm - Canadian Unitarian Council, authored by Rev. Charles Eddis). The emotional, spiritual, and artistic sides of religion are valued in Unitarianism. Unitarians “recognize the depths to our selves that the conscious mind can hardly take in” (From brochure entitled What Unitarians Affirm - Canadian Unitarian Council, authored by Rev. Charles Eddis).

The need for therapists to be sensitive to spiritual values in their work with clients is an important theme in therapy literature (Burke & Miranti, 1992; Chandler, 1992; Propst, 1988; Schafranske, 1996; Sims, 1994; Steere, 1997). That spiritual dimensions are present in therapy relationships, whether therapists consciously work with them or not, suggests the importance of spiritual mindfulness in therapeutic relationships (Aponte, 1998; Sullivan, 1998). At the same time, the counselling and psychotherapy literature confirms that there is a reluctance or even resistance to incorporating spirituality into therapy sessions. There is a belief among some therapists that exploration of spiritual imagery or language with, for example, mentally ill clients is contraindicated because of delusional behaviour or their inability to differentiate reality and illusion (Fallot, 1998).

Fallot (1998) reports that therapists believe that the discussion of spirituality is a violation of clients’ personal boundaries. There may also be anxiety about addressing spiritual issues that stems from therapists’ own painful experiences with organized religion. Kelly (1995) found that therapists may have ethical concerns about influencing clients’ beliefs and values, i.e., an invasion of a client’s privacy in terms of personal convictions. Therapists may avoid discussing clients’ spiritual beliefs because of a lack of religious or spiritual knowledge.

Interestingly, Coholic (2002) discovered that explicit spiritual discourse in therapy sessions was generally not used. In her qualitative interview study, she developed a set of practice principles for the professional and wise use of spirituality when working with clients. As she suggests, shedding light on spirituality in social work practice fosters more transparent therapeutic practice. In music therapy, receptiveness to a spiritually informed music therapy practice also leads to a greater understanding of our work (Amir, 2002a). In my experience, a knowledge of spiritual potential in improvisational music therapy allows for better informed, and inclusive, therapeutic and musical choices. However, music therapists should heed
Amir (2002b) when she cautions against the haphazard use of spirituality, either in explicit or tacit ways, without considerable therapeutic knowledge and self-awareness.

International definitions of music therapy often do not mention spirituality, although the relationship between spirituality and client health may be inferred (Bruscia, 1998, Appendix). In general, spiritual dimensions of improvisational music therapy have not been discussed in the professional arena until recently. One reason for this reluctance might be that music therapists have worked hard to establish the field as a recognized and credible discipline. Spirituality may infer an affiliation with the New Age Movement, to which music therapists would not necessarily aspire (Kenny, 2001; Summer, 1996). When spirituality in music therapy is discussed, it usually is in connection with palliative care, oncology, or persons with HIV/AIDS (Aldridge, 1993, 1995, 1996; 1999; Hartley, 1999; Lee, 1996; Magill, 2001, 2002; Munro, 1984; Munro and Mount, 1978; O’Callaghan, 1995, 1996a; Salmon, 1995, 2001).

However, distinct from other international music therapy models, spirituality provided an impetus for the Nordoff-Robbins approach to music therapy called Creative Music Therapy (CMT). Aigen’s (1998) in depth study of Nordoff and Robbins’ early clinical work elucidates the spiritual vision of Paul Nordoff’s and Clive Robbins’ pioneering work with handicapped and emotionally disturbed children. Clive Robbins describes this vision in his own words:

Paul’s and my work originated in an anthroposophical world view, as rejuvenated, made contemporary, and artistically dynamic by Herbert Geuter. Our spiritual lives were continually strengthened by meditation, study, and our own kind of research ... [But] we did not want to limit our work to a community that was versed in anthroposophical terms. Our work was for all children; our responsibility or intention was to help them...we were (if you like) servants of MUSIC, so much bigger than anyone knew, so much more alive and potent than most suspected. Destiny led us into the everyday world, and required us to find, adapt, and evolve a meaningful language in which to communicate and rationalize our work. (Personal communication, 3 January 2002).

Reflections on Music, Spirituality and Improvisational Music Therapy

At this point, a series of reflections about music and spirituality, and improvisational music therapy, are presented. As well as studying the literature and presenting workshops on the topic of music and spirituality, these reflections developed from my work as a music therapist. Clinical examples of my work with Sarah and Eric illustrate, in my view, spiritual dimensions of improvisational music therapy with these clients. These examples will be situated in the reflections as a “case study in rondo form.”
Reflection One

In music there is potential for transformative experiences to emerge and exist.

In improvisational music therapy, there is potential for clients to be genuinely communicative and engaged. Changes become possible in a client’s level of energy, intention, and relatedness. Through the power of expressive play, a client can grow to be emotionally available, thus revealing her/his true self (Winnicott, 1971). Ideally, improvisation is an integrative experience where mind, body and spirit coalesce into wholeness. This experience provides a place of safety and playfulness that fosters creativity:

When you’re spontaneous, the whole person is evoked. When you’re playing, you’re being creative; you don’t think, you’re not self-conscious. Spontaneity, being authentic and emotionally present – that’s bliss. (D. Austin, personal communication, 11 October 1995).

In her theoretical discourse on the music therapy experience, Kenny (1989) describes the field of play as “an expansion into an open space, experimentation, and new found freedom; a field that contains the qualities of surprise, playfulness, fluidity, and confidence” (pp. 82, 84). One of the principles of the field of play is that it “is a multidimensional, expansive, dynamic play in a field of expressive sound forms yielding a creative process” (p. 85).

Sarah: Because of Sarah’s life situation, our work does not focus on developmental goals or rehabilitation. Sarah has lived a relatively long time with severe cerebral palsy. I am, therefore, always mindful that her health could deteriorate at any time. Each session is, in many ways, a world unto itself. As Aigen (1999) points out, Ansdell (1995) found in his work with Emanuella, “[that] the essence of the process ... was not a development from week to week but the weekly transformation that happens while the music lasts” (p. 45). Though brief in comparison to the rest of her life, a weekly one-hour session where Sarah can trust that she is accepted for who she is, is vital for her being. As her brother once said to me, “not having music therapy would hurt Sarah.”

Sarah sometimes is in pain due to the extent of her physical challenge and the aging process. In session 14 (March 2000), an improvisation was created that reflected her experience of being in physical pain. As this improvisation progressed, the spirit of the session changed, evolving “back in time.” A deeper level of musical relationship that possibly connected to Sarah’s younger past was reached. I introduced a bass ostinato (G, B flat, A, D) at the piano to create a lullaby in G-minor. Improvised lyrics (summarized) were:
“Pain never goes away ... makes me feel so tired.” Descending minor seconds gave the music a quality of sighing. The spirit of the music was child like and simple (two part counterpoint) with an ambience of sleepiness and rocking (6/8 meter). The improvisation, which ended in E flat-major, musically supported Sarah’s vulnerability and tiredness as well as the sounds of her yawning and breathing.

Eric: It is no exaggeration that Eric’s participation in improvisational music therapy has been an awakening process. In the musical environment, he came alive and became playful. As his mother says, “Eric has music inside him.” This process of awakening embodied Eric’s capacity to genuinely relate through music. For example, in session 86 (April 2003) Eric appeared tired. His mood was quiet to the point of being withdrawn. However, while improvising on the snare drum (without snares) with my piano support, the quality of his playing and manner changed, becoming flexible and assertive. Eric initiated diminuendos during this improvisation, a musical nuance that he seemed incapable of in earlier sessions. He responded to my musical variations, stopping his own playing at times to listen with curiosity to my music, then re-entering the musical interaction. During this improvisation, his presence revealed a dramatic spirit that felt “larger than life.”

Reflection Two

The improvisational music experience expands a client’s experience of her/his life, providing access to inner resources and health.

The music therapist Fritz Hegi (in Ruud, 1995) describes facets of the improvisational experience that exemplify spiritual dimensions:

... improvisation is a field of experimentation where we may learn to transcend previous borders of freedom. It is a space of experience where processes of listening are expanded to the extent that there is nothing ‘wrong’ or without value. We find ourselves in a space emptied of experience where something more honest may come out of the hidden. (p. 97)

Arguably, the emergence of spiritual dimensions relates to the purely musical experience (without verbal dialogue). In music, clients can leave behind daily responsibilities and enter a timeless world of aesthetic expression (Arnason, 1998). Being in music together meets a human need to belong, thus alleviating an existential sense of aloneness. The reassurance that is inspired through creative actions is immeasurable. Improvising music together potentially goes beyond the human condition; a transcendence of perceived capabilities, intellect, personalities or physical sensations. Within the improvisational music experience,
concepts vital to human fulfillment such as inner being, imagination, creative spirit, strength and health, and hope can be accessed and brought into existence (R. Roberts, personal communication, 3 November 2001). As a music therapist working in palliative care, Salmon (1995) describes the need for a spiritually informed vision of therapy:

We [music therapists] must be guided by a larger goal; that of helping people to access their own inner senses of well-being or meaning. Although highly individual, this process essentially involves experiencing a sense of purpose, meaning, awareness, relatedness, spirit, beauty, calm, hope, nourishment, humour or creativity. Such experiences, when internalized, become part of a repertoire of personal resources. In the moments of connecting with these inner resources, it becomes possible to transcend the emotional and physical pains of terminal illness. (p. 73)

Music not only deepens clients’ experiences but also enriches music therapists’ therapeutic and musical knowledge. Hesser (2001) emphasizes that a music therapist’s growth in relation with others is both a musical and spiritual quest. Expanding personal resources can transform self-awareness. She asks salient questions:

Have we experienced the healing power of music personally? Can we make music that expresses our deepest essence? Is music therapy an effective way for us to work on our own personal issues? Can we freely and expressively play with others as we ask our clients to do? Can we explore our relationships in and through music? ... Throughout our careers we need to continually experience how music expresses us, awakens us, transforms us and touches our soul. (p. 54)

Sarah: Two examples of therapeutic goals with Sarah illustrate spiritual dimensions of our work:

1. To create a musical and emotional environment in which Sarah can go beyond her physical limitations and life situation
2. To extend Sarah’s means of self expression through vocalizing, moving, playing and listening.

It was crucial that Sarah be heard, especially since she is nonverbal and physically dependent. Sarah’s understanding that she could express herself musically and “state” her real wishes was fundamental to the therapeutic process. Although “empowerment” may not sound particularly spiritual, I believe that empowering Sarah’s capability to make independent choices beyond what might be expected of her, as a disabled and nonverbal woman, was a spiritual process. Positioning her wheelchair beside me at the grand piano helped to equalize power imbalances, that is, being at the piano gave Sarah musical choices on an instrument that has a range of tones and intervals as well as melodic and modal/harmonic possibilities. The
piano duet is an intimate configuration. Being at the piano together deepened the therapeutic relationship, which helped Sarah to draw on inner resources such as intelligence, imagination, humour, resilience, and her ability to feel deeply.

**Eric:** Important goals with Eric are:

1. Increase his musical flexibility
2. Improve his ability to communicate through music
3. Facilitate a musical relationship in which he can transcend developmental confines.

In session 63 (April 2002), Eric played a large conga while I was at the piano. This improvisation used the black note pentatonic with Bartok-like melodic and rhythmic shapes, an idiom chosen to support Eric’s straightforward approach to drumming. Although sensitive to musical phrasing, he usually did not initiate or develop rhythmic patterns. In this improvisation, Eric responded to my musical choices, e.g., changes in tempo and/or dynamics. As well as greater musical flexibility, his responses demonstrated an expanded ability to attentively listen while playing. In addition, during the silence after the improvisation ended, Eric unexpectedly initiated a clear rhythmic pattern on the conga.

**Reflection Three**

*The indefinite nature of improvisation has similarities with the spiritual experience.*

The nature of improvisations is fluid and evanescent. Music has the potential to change our perception of time, to make time stand still or to stretch it out eternally (Robbins & Forinash, 1991). Although music can be recorded, the original improvisational music experience is impermanent, remaining only in musical memory. Nevertheless, the intangible aspects of improvisation must be honoured in order to legitimize the interpretation of spiritual dimensions. Spontaneous events during improvisations can imbue the music with a sense of preciousness or even creative sacredness (Arnason, 1998). Interestingly, moments of creative sacredness can arise from quite ordinary or routine (mundane) events (Dunn, 2003). Ruud (1995) describes improvisation as a period of transition with qualities of ambiguity and emotional intensity. It is:

... a situation where change, transformation, and process come into focus. In this sense, improvisation not only means to get from one place to another, but from one state to another ... Improvisation means to change a relation to other human beings, phenomena, situations - maybe the very relation to oneself. In this sense, improvisation is a transitional ritual, a way of changing position, frames, states, or state of consciousness. (p. 93)
Sarah: Not only can improvisations contain transitional qualities but they can also emerge from transitions. In my work with Sarah, significant events, e.g., shifts in boundaries, level of relationship or the meaning of musical interactions occurred in direct relation to transitions. Musical transitions contributed to the musical form of improvisations. These transitions were denoted by different musical elements, e.g., tonal centres, modality or changes in musical texture. As a music therapist, these transitions or, in other words, musical choices, were guided by Sarah’s responses, e.g., facial expressions, quality of gaze, body language, intentness of listening. A transition was also the musical movement (improvising a transition) from a composed song to an improvised song. When addressing pertinent therapeutic issues, improvised songs sometimes were based on germane lyrics and/or harmonies in a composed song. The musical material of improvised songs could also be more extemporaneous.

At times, rather amusing improvised songs emerged from my uncertainty about Sarah’s wishes, mood or the therapeutic direction of a session. This transitional process was an interesting one of working with the mundane, and our developing relationship, to create music that seemed to have meaning for Sarah’s life. For example, during our first session in January 2000 (session 12) I began improvising in a blues style. The improvisation was in G-minor and featured the interval of an augmented second. This was the first session after a one-month Christmas break. The lyrics in this improvisation took a mundane (so called obvious) topic and charged it with humour and playfulness. The lyrics (summarized) were: “Here we are sitting around on a Wednesday morning ... The Y2K didn’t get us, all the fuss, all the muss. Sarah’s still here, I’m still here ... the world’s still here.” Sarah responded with obvious delight. As well as affirming our relationship, this improvised song depicted the fortitude of a woman who has lived 52 years with a severe physical challenge.

Individual improvisational music therapy sessions are especially fraught with potential for change. Kenny (1989) describes this musical space as:

a sacred space, a safe space ... a territory which is well known and secure ... [it] is a sacred space because of the nature of its origins and represents a delicate and powerful moment in time. It is the first time something new comes into being and indicates a receptivity to creation (change) .... (pp. 79-80)

Ruud (1995) notes that the Norwegian translation of the word “void” has qualities of liminality (a boundary or threshold), that is, “to undo old meaning, to empty old meaning in order to create a new space to be filled with new meanings, to clear the space for something new” (pp. 97-98).
**Eric:** In session 51 (November 2001) two unique musical events spontaneously occurred. Since it was unusual for Eric to play musical elements in a defined manner, the unexpected aptness of these events made the musical interaction special. The first event occurred in the opening music (piano duet). The music was in B flat-major with a tango bass pattern, creating a warm and inviting atmosphere. The melody was in double thirds, leaving room for Eric’s exploration of white and black note thirds. In the middle of this song, Eric suddenly played the interval of a descending diminished fifth (F - B), an interval very close to the song’s tonality and the interval of an ascending perfect fifth (B flat-F) that I used to sing the words “Hello Eric.”

The second event occurred when this song ended. In the momentary pause, Eric approximated on piano the opening theme of a familiar improvised song entitled “Super Singer.” This song had developed from an earlier session when Eric wore a “super singer” sticker that he received at school. The A section is in D-major with a melodic motive of parallel sixths. Eric spontaneously and, in an assertive manner, played two descending sixths (E to G, F to A). These intervals approximated the song’s melodic theme, which began with ascending sixths (A to G, B to A).

**Reflection Four**

*The improvisational music experience engenders different levels of being and inspires shifts in consciousness.*

According to Bonny (2001), “music explores/uncovers the depths - our personal depths - and allows us to perceive ourselves and situations in ways that we don’t normally see them” (p. 60). This level of Being is a perceptive awareness of living in the moment, attuned to one’s spiritual self. Burkhardt & Jacobson (2000) state that:

Being asks for nothing and expects nothing. Being includes experiencing the present moment more deeply, aware from the physical experience of all levels of one’s body-mind-spirit-energetic self in interaction with all in the environment. (p. 96)

Music inspires shifts in consciousness and heightens the exploration of memories, and personal imagery and metaphors (Bonny, 1978; Bruscia, 1987; Katsh & Merle-Fishman, 1998). The improvisational music experience can create meditative levels of consciousness, leading into states of quiet stillness (Boyce-Tillman, 2000). Music making is not, however, always meditative. Musical expression can be ecstatic and aesthetically exhilarating. In her discussion of consciousness, Kenny (1996) writes that:
Music therapy explores the territory of the implied. Since it communicates something from an implicit reality, it is critical that we take seriously the need for ambiguity in this field. In fact the central factor in healing or growth may be the plasticity, fluidity, ambiguity and connotative nature of the field of sound. Here is an opportunity for change. Disequilibrium allows for shifting realities and the construction of new worlds ... How we describe these worlds determines how we might engage in them. (p. 5)

Kenny (1996) also poses a question that is especially apropos when considering spiritual dimensions in improvisational music therapy – “Our work with clients is nonverbal ... how do we maintain the integrity of these nonverbal experiences?” (p. 12).

Spirituality has been described as connection “... to something bigger/transcendent, community, one’s self, environment, culture, nature, and other people. Thus, assisting clients to foster connections on myriad of levels was ... identified as spiritually influenced practice” (Coholic, 2002, p. 17). Music therapists and jazz musicians describe “flow,” i.e., the search for the “timeless” moment when a player is carried along by the music itself and the music feels and sounds “right” (Ruud, 1995). “Consciousness and behavior become one, life is expanded and full of meaning” (Ruud, 1995, p. 97). Munthe (1999) describes an amusing yet revealing narrative about consciousness:

The American jazz guitarist Pat Metheny ... tells the story of how he, after three weeks of intense rehearsals and recordings with saxophonist Ornette Coleman, sat down to compose the music to a film. Coleman’s very free attitude towards improvisation had such an impact on Metheny, that he started to search for notes on his guitar with the free state of mind suggested by his work with Coleman. Without thinking about the names of notes ... he went on, and after a couple of hours he had found a sound that he liked. He wrote it down on paper note for note and did not until then realize - to his own amazement - that the sound was the simplest of C Major chords. (pp. 1-2)

Eric: The opportunity to play reed horns in the B section of the “Super Singer” song (described in Reflection Three) allowed Eric to participate in a quiet and more introspective musical experience. Eric sat beside me at the piano and had access to two reed horns with the pitches of F sharp and C sharp. When Eric also played the piano, his improvising was in contrast to a robust and, at times, repetitive style of piano playing. He played with more attention, heard in one particular improvisation as he played first an F natural then F sharp to accurately match the reed horn’s pitch. There was a nascent sense of phrasing and sensitivity to cadences in his carefully chosen tones that made his playing expressive. My musical choices both accommodated his horn tones and gave him an expanded aesthetic experience, as if he was the soloist
in the slow movement of an improvised concerto. An aim of this improvisation was to help Eric sustain musical interaction and interpersonal closeness by co-developing musical ideas, in other words, to facilitate his participation on a different level of being.

**Sarah:** At the beginning of session 73 (April 2002), an improvised song was created with the lyrics *Welcome to music on this beautiful afternoon.* This improvisation was in F sharp-minor in 6/8 meter based on a four note melodic motive (C sharp, F sharp, E, D). Although Sarah played the piano and vocalized intermittently, she actively participated as listener. Being in music was how she engaged in this improvisation. Aigen (1996) includes Clive Robbins’ comment on the value of listening – “It isn’t the fact that it’s a passive response to a quiet piece of music. It’s an active response to a beautiful experience” (p. 27). My musical approach was the creation of music “for/with a client” (Aigen, 1998). I was not guided exclusively by Sarah’s overt responses nor was my music intended to activate an observable response. This vital improvisation likely could not have happened without the trusting relationship developed over almost three years. Notably, my musical choices reflected her inner being and the still intentness of her listening (Arnason, 2002b). As the improvisation continued, there was an intense feeling of connection between us. In subsequent sessions, when listening to the videotape of this improvisation, Sarah indicated through facial expressions, vocal sounds, and responses to “yes/no” questions that this improvisation was satisfying for her.

**Reflection Five**

*Music opens us to deep feeling states, taking us to places where intellectual thought is superfluous.*

Much like emotions, spirituality cannot be produced or understood by sheer intellectual or consciously planned effort. The improvisational music experience encompasses a spectrum of emotions and human condition themes, e.g., loss, hope. “Music has always been related to human feelings and emotions. Each piece of music making manages to incarnate these - that is, put them into audible form” (Boyce-Tillman, 2000, p. 43). To my mind, there cannot be meaningful exploration of spirituality or spiritual growth without emotional involvement. However, it is not necessary, and may even be counterproductive, to label the emotional content of improvisations. This openness of attitude towards interpretation permits spiritual values to be an integral part of improvisational music therapy.

Opposites such as differing emotions or musical elements can co-exist in improvisations. The power of music emanates from polarities of tension and resolution. Boyce-Tillman (2000) observes how polarities reside in musical structure:
Music allows for juxtaposition and simultaneous combination; it therefore can accommodate different and differing degrees of unity. It allows for things to stay separate or to be recombined into new ideas. It allows for the existence of chaos in certain sections (especially freer improvised structures) and more ordered sections at other times. (p. 51)

Copland (1939/1957) describes music as having the ability to express:

... at different moments serenity or exuberance, regret or triumph, fury or delight. It expresses each of these moods, and many others, in a numberless variety of subtle shadings and differences. It may even express a state of meaning for which there exists no adequate word in any language. (p. 13)

Scheiby (1999) observes that “music rivals verbal language in its complexity and is well suited to conveying the subtleties and ambiguities of emotional expression” (p. 267).

Music involves the senses in creative ways and deeply satisfies emotional needs, thus creating potential for a spiritual experience (Bonny, 2001). Improvisational music therapy not only offers clients a grounded musical experience that incorporates tangible actions (playing instruments and/or singing) but also creates possibilities for expanding beyond present realities, i.e., the transcendent or peak experience (Maslow, 1964, 1970). This experience may also embody an intense inner “inspired state” (Ruud, 1995).

**Sarah:** With Sarah, major and minor tonalities, a variety of modes, and atonality were explored in order to sound the richness and subtleties of emotions. From this musical palette, different chords were used to meet fluidly shifting and, at times, ambiguous feelings that Sarah experienced. Robbins and Robbins (1998) describe Paul Nordoff’s teaching about the power of chords:

Dissonance and consonance as tension and relaxation; urgency in tonal directions ... the building of tension through harmonic progressions; through silences; through dynamics. Tension through the loosening of tonality ... and through treating chords as independent expressive entities [italics added]. (Exploration Thirteen, p. 111)

An improvised song in A flat-major entitled *Dry Your Tears* originated in session 73 (April 2002). This song emerged from a two-minute silence that occurred after singing *Bridge Over Troubled Waters*. This song had personal meaning for Sarah because it portrayed the constant loving support of her elderly father. As the improvised song evolved, my therapeutic aims were to affirm his importance in her life, to musically
process the impending loss of her father, and to support any feelings or memories she had. The lyrics summarized were:

When tears are in your eye, I will comfort you. That’s what Dads do, dry those tears, make them go away. Dry those tears little one, don’t cry for me. Dry those tears, that’s what Dads do. They dry our tears until it’s ok.

In this improvisation, there was an interpersonal transparency that went beyond the client-therapist relationship. I could only be open to Sarah’s being and the nonverbal musical experience by allowing the conscious awareness of personal feelings to influence my music. One of Coholic’s (2002) participants described this affinity as “being connected to her heart center” (p. 19).

Reflection Six

Bringing silence into music and our lives facilitates spiritual growth.

Canadian composer R. Murray Schafer advocates for more silence in our lives. “Because we live in a noisy culture, we need to find the still moments in our lives and bring back respect for silence and quiet .... Every piece of music exists in a container of silence [italics added]” (Lecture by R. Murray Schafer, Wilfrid Laurier University, 15 January 2002). In his inimitable fashion, Cage (1961) believed that total or “silent” silence was not possible. Silence only meant that we as listeners turned away from sounds (Solomon, 1998). Living in silence allows both the client and music therapist to interact in each other’s process of music making. In her study of free improvisation and conversation analysis, Sutton (2002) cites Flower (2001) when discussing silence:

It is not only listening to the communicative potential between each sound that is contained in silence, but also listening to and feeling the quality of connection that can exist between those sharing and negotiating the silence. While engaged in this process, those sharing such silences do so with a heightened sense of awareness of both self-with-other and self-alone. (p. 36)

The Canadian composer Istvan Anhalt used the term “coloured silences” to describe how silences are informed by the sounds before and after them (Lecture by R. Murray Schafer, Wilfrid Laurier University, 15 January 2002). Pavlicevic (1995b) describes the significance of silences and their impact on the temperament of improvisations. In his work with cancer patients, Lee (2001) describes the spiritual significance for both client and music therapist of allowing silences to ingress the music experience. The
music therapist’s ability to create and recognize silences during music, plus interpret different qualities of silences, are essential skills for co-creating improvisations with clients.

Sarah: Because Sarah is nonverbal, silence was an actual and familiar part of sessions. Many times, improvised songs that had meaning for Sarah emerged from silence (as described in the previous reflection). Silence lived in both the music (e.g., musical rests and pauses) and surrounded the music, e.g., before or after an improvisation. The dynamic range of improvisations was, at times, pianissimo or piano as I listened for the rhythm or qualities of her breathing. Silence had qualities of calmness and peace. The ambience of sessions felt “stretched out.” This spaciousness was in contrast to the “hustle and bustle” of life outside sessions. With Sarah, my sense of time and therapeutic timing became more attuned. As well, musical tempos sometimes slowed down in order to affirm Sarah’s responses or discover her wishes.

Reflection Seven

Listening to music is a dynamic and transformative practice.

As Bruscia (2001) explains, “musical improvisation is a sound-centered art form .... As such, musical improvisation is ear-oriented; hearing and listening are at the very core of the experience” (p. 7). Spiritual dimensions of music are revealed when people truly listen and immerse themselves in the improvisational music experience. Bonny (2001) describes the intellectual distancing and subsequent musical alienation that occurs when people do not allow themselves to engage in music:

In our society, we’re accustomed to holding music away from us as an objective item. To observe and dissect music gives us control of the medium. But this hinders us from a deeper kind of intimacy with music that is needed for spiritual exploration. Spiritual growth demands a subjective stance, an allowing of immediacy, a melding with the music ... to accept, rather than try to control, the images that arise in response to the music … the letting go process is an important part of spirituality, but to do so we have to abandon the more objective stance of observation. (p. 61)

In poetic form, McMaster (1995) describes the sacredness of listening as:

a sense that all sounds and silence, all movement and stillness, are eloquent expressions of the very nature of every aspect of Reality, each equally significant in itself, as is, as a part of the Whole, regardless of any distress of pleasure we may feel in its presence -- an alert curiosity and ready acknowledgement towards all that we perceive. (p. 73)
Music therapists’ musical choices are grounded in how attentively they listen to clients and their responses. The practice of tuning into different levels of listening underscores Bonny’s (2001) belief that the discipline of listening is related to the deep concentration needed for spiritual growth. In a two-year qualitative interview study, I found that experienced music therapists have a repertoire of perspectives that incorporates numerous levels of listening. “These levels [both when listening in sessions and listening back to taped improvisations] clearly include listening to, and analyzing, the music itself and the musical relationship. But the listening experience also consists of visual, personal, emotional, perceptive, and interpretive factors” (Arnason, in press). Listening, therefore, is attending to the music co-created by a client and music therapist as well as interpreting what is either nonverbal, or not being sounded.

**Eric:** At the end of the conga and piano improvisation (session 63, April 2002) described in reflection two, Eric seemed to lose focus in his drumming. His playing began to sound aimless and repetitive. However, what I “heard” was not so much the musical quality of Eric’s playing but his disengagement from the musical interaction. In response, I played a repeated chord in my right hand and a declamatory left hand (LH) melody (black note pentatonic) to simultaneously meet his apparent loss of focus and to call him back into interaction. An additional aspect of this response was my “disengagement” from absolute thinking or musical forethought in order to revitalize Eric’s music making. Eric’s ability to respond with intention to my music seemed to indicate an attuned level of listening and a developing capacity to “break out” of aimless repetition. His drumming regained its animation. To my mind, the spiritual value of this example is Eric’s unfolding awareness of interactive listening. For Eric, listening for, and responding to, musical variations (changes) while maintaining musical momentum was no small feat.

**Coda**

The opportunity to engage deeply in creative actions, regardless of verbal, intellectual or physical capabilities, is a life affirming practice. Music has the power to reach hidden depths of the human spirit. This article was an initial exploration of connections between music and spirituality. An overview of literature on spirituality in therapy and music therapy was presented. Seven reflections about spiritual aspects of improvisation were introduced. These reflections encompassed such areas as potential, inner health, levels of consciousness, creativity, emotions, silence, and listening. Since the source of insights and questions is our clinical work, a “case study in rondo form” was interspersed throughout the presented reflections. These clinical examples illustrated individual improvisational music therapy. My concept of spiritual dimensions in these examples developed over four years of clinical work with two very different clients.
With Sarah, much was revealed about being in music and the spiritual value of creating a musical relationship. Sarah’s inner life is ostensibly shrouded in mystery since she cannot verbally communicate her feelings or provide open ended feedback about improvisations. My understanding of her facial expressions and body language was limited because of physical movements associated with her physical challenge. For these very reasons, however, spiritual dimensions were always present in sessions. Sarah’s life experience and the extent of her cerebral palsy cannot be changed. But in improvisational music therapy, the potential to transform Sarah’s life in music was a spiritual reality.

Eric came alive in music. Although not a formal goal, his verbal communication improved as did the clarity of his speech. Over four years, Eric’s growing willingness to relate to me both musically and interpersonally was a major achievement. Many times, there were remarkable changes in the level of his energy and musical flexibility as well as an emergent creative joy. Despite developmental challenges, he became a vibrant partner in the improvisational music experience. Eric taught me a great deal about having faith in the creative process.

Throughout this article, I tried to communicate the importance of knowingly integrating spiritual awareness in improvisational music therapy. My hope is that readers understand how immense and complex the topics of music and spirituality are. At best, this article provides a mere “drop” in the proverbial “bucket” of history and discourse on these topics. In the context of improvisational music therapy, the question could be posed -- What makes an experience a spiritual one as opposed to an emotional experience or even a “musical meeting”? (Ansdell, 1995). At this point, a fuller exploration of this question is not possible, except to say I do not consider the different parts of the question to be in opposition.

References


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[1] This quote is from a keynote address given by The Very Reverend Michael Mayne on “Music, Spirituality, Healing” at the 10th World Congress of Music Therapy in Oxford, July 2002.

[2] Permission was given to include Sarah’s and Eric’s photos in this article.

[3] In the late 1950s to early 1960s, Clive Robbins and Paul Nordoff worked with handicapped children in England, thus pioneering the music-centred approach to music therapy called *Creative Music Therapy* ([www.nyu.edu/education/music/nrobbins](http://www.nyu.edu/education/music/nrobbins)).

[4] At the 10th World Congress of Music Therapy in Oxford (2002), one of the conference themes was “Music, Spirituality, Healing.” As well, the theme of the 2003 British Society for Music Therapy/Association of Professional Music Therapists Conference in London was “Community, Relationship, and Spirit.”

[5] In response to posed “yes/no” questions, Sarah (through “yes/no” head movements) and I discussed these goals.

[6] Because she indicated her preference for playing the grand piano, piano duet was the primary improvisation configuration in later sessions. Sarah was able to choose when and how she played the piano treble with her right hand.