

Performing spirituality in music therapy: Towards action, context and the everyday

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Declaration

I certify that the work presented in the thesis is my own. All material which is not my own work has been identified and acknowledged as such. No material has previously been submitted and approved for the award of a degree by this or any other University.

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Abstract

Despite various theoretical explorations of spirituality in music therapy, including debates about its perceived threat to music therapy's development as a legitimate profession, only a relatively small number of empirical studies have been conducted to date. Exploring mostly individual experiences of spirituality, these studies tend to focus on positive aspects of spirituality, such as peak moments.

With no single definition of spirituality, this thesis sets out to open up a space where diverse, even conflicting, spiritualities are explored. It is based on two complementary studies through which I explore music therapists' perceptions of spirituality and its (ir)relevance to music therapy (pilot study) as well as the performance of spirituality in everyday music therapy contexts (follow-up study). The pilot study is an international survey of 358 qualified and trainee music therapists whilst the follow-up study is an ethnographically-informed exploration of spirituality within three UK-based music therapy contexts. The survey findings provide an insight into music therapists' perceptions of spirituality, including its place in their training, practice and professional life. Music therapists' dilemmas and suggestions for future actions regarding spirituality are also highlighted. Adopting a performative view of spirituality, the ethnographically-informed study offers an exploration of spirituality in-action and in-situ. The findings expand beyond immediate music-making situations, to include broader professional practices, systems and frameworks pertaining to spirituality in and around music therapy. This involves a critical investigation of professional vocabularies, identities, and organisational values and agendas in connection to music therapists' stances and practices.

The thesis suggests a hybrid pneumatology in music therapy. Characterised by interpretative elasticity, spirituality emerges as a 'boundary object'; a hybrid construct which affords the co-existence of unfinished spiritualities as well as their multiple and heterogeneous translations. Repositioning spirituality as a vital subject area in music therapy, the thesis draws implications for further developments in the field.

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My intellectual curiosity regarding music, health and spirituality has been experientially founded in my music therapy work with dying people and the communities within which they live and die. This thesis would not have been possible without the insights I have gained from this work.

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List of acronyms

AMTA = American Music Therapy Association

BAMT = British Association for Music Therapy

CoMT = Community Music Therapy

CQC = Care Quality Commission

FACIT-Sp = Functional Assessment of Chronic Illness Therapy – Spiritual Well-being Scale

GIM = Guided Imagery and Music

HCPC = Health and Care Professions Council

LEAs = Local Education Authorities

MDT = Multidisciplinary Team

MT = Music Therapy

NMT = Neurologic Music Therapy

NRREC = Nordoff Robbins Research Ethics Committee

Ofsted = The Office for Standards in Education, Children's Services and Skills

PECS = Picture Exchange Communication System

PSI = Psycho-Matrix Spirituality Inventory

ROSREP = Register of Surveys, Research and Evaluation Projects

SALT = Speech and Language Therapy

SAME = Spirituality and Music Education

SMSC = Spiritual, Moral, Social and Cultural

SRPB = Spirituality, Religiousness and Personal Beliefs

WHOQOL = World Health Organisation Quality of Life

Prologue

My interest in spirituality as a research area in music therapy has grown out of my personal background and work as a music therapist. Setting a context for my thesis, the prologue sketches the personal and professional underpinnings of my research. This disclosure aims to contribute to the transparency and reflexivity of my research account – both of which are considered vital in qualitative research (Alvesson & Sköldberg, 2000). To guide the reader, I also outline the logic of the thesis in terms of its structure and I reflect on my writing voice.

i) Background

Born in Athens, the capital city of Greece, I grew up within a predominantly Christian Orthodox environment where State and Church were closely interlinked. On reflection, and after having lived in the United Kingdom (UK) for a decade, I realise that within this Orthodox environment absolute truths were often communicated more or less implicitly and that there was no strong distinction between the public and the private sphere of life. This relationship between State and Church had consequences – with implied moral rules and power relations – on various aspects of everyday living, including people's formation of national identity and their tolerance of difference. Until nowadays, for example, each school day in Greece starts with a morning prayer at the school's forecourt where the Greek flag waves. People are asked to indicate their religion on their ID cards, while men vow and are blessed by a priest at the beginning of their (compulsory) national military service. All these examples were part of my life in Greece and over time I became aware that for many people participation in these aspects of life did not necessarily mean believing in them.¹

Within this broader environment, with which I often struggled, my family provided a different micro-cosmos where heterogeneous spiritual beliefs were openly discussed and explored. My parents' interest in different spiritual traditions, beyond the confines of religious doctrines, triggered my imagination. I started

¹ The relationship between State and Church in Greece, and its socio-political implications have been widely debated and documented (e.g. Fokas, 2008; Molokotos-Liederman, 2007). With reference to the British context, Davie (1994) has introduced the term 'believing without belonging' to describe secular religion. In Greece, my experience pointed, at times, to the reverse situation where people were belonging without necessarily believing.

questioning the implicit right-wrong dichotomy of ‘orthodoxy’ (from the Greek *orthos* = straight or right, and *doxa* = common belief or popular opinion) and its implied finality. At the same time, I became more interested in understanding my and other people’s ways of finding meaning in living and the practical application of one’s values in everyday life.

My thinking regarding spirituality was also intrigued by elements of Ancient Greek culture. Ancient Greeks’ worship of the ‘unknown god’, for example, inspired an openness within me towards what is perhaps beyond one’s current comprehension and it is yet to be known. Furthermore, their understanding and practice of music as a healing agent – and its connection to myths and deities such as Orpheus and Apollo (see, for example, Bunt & Stige, 2014; Ruud, 1998) – inspired some of my early, somewhat romantic, thinking regarding music’s restorative potential. It also made me wonder how music healing practices are shaped by a society’s religious, ethical and political life.

Fast-forwarding to 2007, I moved to London to train as a music therapist at the Nordoff Robbins Music Therapy Centre. Alongside the training’s emphasis on ‘music as therapy’ as a basic premise of music-centred music therapy (Aigen, 2005; Nordoff & Robbins, 2007), my interest in ‘music as spirituality’ and in ‘spirituality as music’ grew further. Nordoff’s and Robbins’ seminal connection with anthroposophy², the spiritual meanings embedded in their music therapy approach, as well as Robbins’ later interest in Sufism (Robbins, 2009; Turry, 2001) were influential in the development of my own practice and thinking.

Throughout my training, and despite the rich spiritual heritage of Nordoff’s and Robbins’ work, I was struck by the limited discussions around spirituality. These were usually restricted to theoretical reflections on traditional music healing practices in faraway cultures and historical accounts of the anthroposophical roots of early Nordoff-Robbins music therapy work. Almost no discussions took place about the role of spirituality in music therapy as contemporary practice and discipline, and in relation to professional, sociocultural and ethical aspects of practice. Literature on this subject area was also relatively sparse and mostly preoccupied with spirituality in terms of transcendence and ‘the beyond’ – something that I found somehow limiting. Attempting to explore some of these issues I did, as part of my training, a modest research project exploring the interrelationships between spirituality and Nordoff-Robbins music therapy (Tsisir, 2009). By interviewing three music therapists, I was able to tease out their understandings of spirituality in relation to the Nordoff-Robbins approach and their own music therapy practice and teaching.³

Following my training, I worked as a music therapist at St Christopher’s Hospice in London. Within this multicultural hospice environment which was well-versed in supporting people’s existential questions, my work with people of diverse and no faith backgrounds kept alive and stimulated further my own

² A ‘spiritual science’ developed by Rudolf Steiner at the turn of the 20th century (Intveen & Clark, 2016; Tsisir, 2013a).

³ Throughout the thesis, ‘Nordoff Robbins’ (without a hyphen) refers to the UK-based music therapy charity, whereas ‘Nordoff-Robbins’ refers to the music therapy approach originating from the work of Nordoff and Robbins.

spiritual quests around meaning in life, human relationships, memory and identity, and afterlife. While I became aware of my limited knowledge of different faiths, I also realised music's transcendental power to overcome people's faith differences and create a common experiential space. Through my musical-therapeutic encounters with terminally ill adults and the communities within which they lived, I learnt about the potential role of music as a life-giving force to the expression of human suffering, celebration and questioning. I also became increasingly aware of the complexities and uncertainties that can occur when spirituality enters the professional practice and discourse of practitioners and organisations. My awareness of the latter was indirectly reinforced by my parallel work with the Nordoff Robbins Research Team (2009-2016). Including in-depth explorations of music therapy as a *service* within different organisations, my research work cultivated within me a more ecological perspective on music therapy practice beyond the immediate music-making situations (see Pavlicevic et al., 2015; Tsiris, Pavlicevic & Farrant, 2014; Tsiris, Spiro & Pavlicevic, 2018). This perspective arose from the Nordoff-Robbins research heritage of 'gentle empiricism' (Ansdell & Pavlicevic, 2010; see also Ansdell, 1990; Bortoft, 1996) and sociocultural theories within and beyond music therapy (e.g. MacKian, 2012, Pavlicevic & Ansdell, 2004a; Procter, 2011; Ruud, 1998, 2008; Stige, 2002); both placed an emphasis on the contextual investigations of phenomena within their natural settings. All these experiences still feed in to my current work as Senior Lecturer in Music Therapy at Queen Margaret University and Head of Research at Nordoff Robbins Scotland.

Motivated by these personal and professional experiences, I started in 2011 my doctoral research on spirituality and music therapy at the Nordoff Robbins PhD programme (for the timeline of my research, see Appendix 1). As a first step, I conducted an international survey to explore music therapists' perceptions of spirituality and its (ir)relevance to music therapy. Instead of focusing on individual accounts, this pilot study aimed to gain an overview of music therapists' perceptions without attempting to establish whether or not spirituality is relevant to the music therapy profession as a whole. I was more interested to allow heterogeneous voices to be heard and therefore I provided no working definitions of spirituality or of music therapy. Given the nature of the survey method, the findings gave a broad but somehow 'thin' overview, and often led to a reporting about spirituality as an 'it' with limited insight as to *how* spirituality played out in practitioners' daily music therapy service provision. I saw this kind of 'objectification' of spirituality as a limitation which I tried to balance in the follow-up study. Turning my attention to action, context and 'the everyday', I conducted an ethnographically-informed exploration of spirituality within everyday music therapy contexts. I explored how spirituality was 'performed' in and around three music therapy settings in the UK. Despite their different research angles and methods, the two studies complement each other and form a unified whole as presented in this thesis.

ii) Thesis structure

The thesis is organised in five chapters, each of which contains a series of sections. Its structure aims to stay close to the actual research process and enable the narration of my research as it evolved over time.

Chapter I offers a review of the literature. After an initial exploration of the meaning of spirituality and its role in health and healing, I trace its representation in music therapy literature. The chapter concludes with an evaluative overview of music therapy research in spirituality. By identifying some common research characteristics and gaps, this review draws certain directions for my pilot study.

Chapter II presents the pilot study: an international survey exploring music therapists' perceptions of spirituality. After setting the research aim and questions, I situate my initial epistemological and methodological considerations which informed my data collection and analysis methods. The presentation of the findings is organised in six areas to include various aspects of the respondents' understandings of spirituality and its relationship to their training, work and professional identity as music therapists. The chapter concludes with a situated summary where the survey findings are related to those of other studies.

As an interlude, Chapter III offers a passage between the pilot and the follow-up study. By revisiting the survey's function, this chapter entertains certain guiding questions and identifies some future potential research directions. In line with these emerging directions, the chapter explores the role of action, context and 'the everyday' in spirituality and music therapy – all of which form the backbone of the follow-up study.

Structurally mirroring the second chapter, Chapter IV presents the follow-up study: an ethnographically-informed exploration of spirituality's performance in everyday music therapy contexts. The findings are organised in five areas to include various aspects of spirituality's performance within and around music therapy in each research site. These aspects range from historical to discourse and professionalisation matters as well as music therapists' improvisatory stances and practices. The concluding summary situates the findings alongside those of other studies.

Chapter V offers an overview and synthesis of the two studies. Adopting a meta-analytic stance, I consider context, discourse, professionalisation and practice as four domains of spirituality in music therapy. These domains, which emerge as connecting threads and overarching areas across the findings of the two studies, lead to a discussion regarding the conceptualisation of spirituality as performance and as an object in music therapy. In this context, I propose the understanding of spirituality as a 'boundary object' in music therapy and I introduce the notion of 'hybrid pneumatology'. After assessing the quality of my research, I consider the potential implications of this research for the development of music therapy as praxis, profession and discipline.

In closing, the epilogue recaps certain key features of the thesis and points to some new vistas in spirituality and music therapy.

iii) A note on my writing voice

In line with the explorative and idiographic⁴ nature of my research, I intentionally use a more personal, yet academic writing voice. By writing in the first person and reflecting openly about my own experiences, expectations and reactions in relation to the research process, I hope I provide a more honest and reflexive account of my findings and arguments. This hopefully enhances the transparency of my research too by acknowledging openly the dilemmas I faced along the way as well as the conceptual and methodological choices I made. To illustrate the development of my thinking over time, I attempt to narrate the 'story of my research' while retaining an appropriate analytic distance.

While writing up this thesis, I often found myself struggling to find the words to express some of the nuances of people's experiences, including my own fieldwork experiences. To facilitate understanding, I occasionally use phrases like "their spirituality" to indicate, for example, that I refer to respondents' reported perceptions of spirituality. Such phrases should not be assumed as implying an understanding of spirituality as some-*thing* that 'belongs', so to speak, to respondents. These and other similar language-related challenges were present in varying degrees and guises throughout my study, and their implications are discussed in the final chapter.

My writing voice is also influenced by my own cultural background and my native tongue. In my attempt to convey the subtlety of different meanings and concepts emerging from the research process, I often translated them in Greek and considered their etymological origins. As part of my ethical considerations (Chapter IV, Section 6), I also explored the potential impact of these translations on my fieldwork.

Finally, it is important to acknowledge that this thesis is firmly situated within music therapy as a contemporary field. My writing voice is filtered through my own knowledge and lens as a music therapy practitioner, researcher and educator working in the UK. Likewise, the thesis is primarily addressed to the professional music therapy community. This is partly reflected through the primary use of music therapy-related literature. At the same time, I attempt to maintain a healthy interdisciplinary balance to inform, challenge and expand my music therapy perspective. In fact, the epistemological and methodological underpinnings of my study are rooted within a broader critical theory context which is characterised by "an interpretive approach with a pronounced interest in critically disputing actual social realities and ideologies" (Ruud, 2010, p. 149; see also Alvesson & Sköldberg, 2000). To facilitate understanding of how more distant epistemological and methodological ideas are transferred, applied and developed within music therapy, I draw where possible from related music therapy literature.

⁴ Idiographic (from the Greek *idios* = own, personal, distinct) research paradigms prioritise the in-depth exploration of particular cases within naturally occurring settings. On the contrary, nomothetic (from the Greek *nomos* = law) paradigms attempt to establish general laws about a phenomenon across a general population (see also Moses & Knutsen, 2012).

Chapter I

Literature review

The relationship between music therapy and spirituality becomes a rather difficult issue when we try to explore it and articulate what this is. First of all, any exploration requires a degree of ‘objectification’ of music therapy and of spirituality as if they are concrete ‘things’. Furthermore, the vast diversity of meanings and approaches embedded within each of these ‘things’ often leads to a degree of abstraction or normalisation with some terms and meanings being highlighted, while others are overshadowed. Taking a step back, the very idea of exploring the relationship between music therapy and spirituality also assumes that the two are different or that they can, at least, be differentiated.

Acknowledging these challenges right from the beginning is crucial. Bound by the limits of language, music therapy and spirituality are often used as conceptual frameworks which describe and help explore phenomena that occur between people through, within and around music in certain times and places. In this chapter, therefore, I attempt to make an initial critical exploration of what spirituality is (Section 1), as well as of its place in health and healing in conjunction with the problems one faces when it comes to assessing spirituality (Section 2). I then trace how spirituality has been documented in music therapy literature to date (Section 3), while I provide an evaluative overview of existing research in the field (Section 4).

1 Defining spirituality

There is no single or commonly agreed definition of spirituality, while some scholars argue that spirituality cannot be defined at all. According to the Dutch music philosopher Cobussen (2008, p. 26), spirituality “can never be contained, captured, or caught by any fixed pair of terms”. It can be seen as a movement, a floating concept which is always in the process of being defined and questions any kind of stabilisation. Embracing heterodox, even paradox, meanings, spirituality may be perceived by some as a vague concept and its use is often characterised by a degree of ambiguity.

Despite this, a growing body of literature offers a range of definitions, conceptual models and systematic taxonomies that attempt to capture what spirituality is (e.g. McSherry & Cash, 2004; Van der Merwe & Habron, 2015). Etymologically, the term spirit comes from the Latin *spiritus* (breath) and

translates the Greek *pneuma*. Commonly, spirituality is described as an inherent component of individual and collective human existence which is intangible and multidimensional (English, 1998; King, 2009; Tanyi, 2002). Spirituality consists of concerns that belong to the human condition, such as:

[...] the inquiry into the nature, identity and specificity of the human being; the consideration of the meaning and end of human action (morality); the quest for truth in knowledge; relations with others (social organisations, sexual identity); and the eventual relation to a transcendent. (Muldoon & King, 1995, p. 333)

Spirituality's relationship to religion is a controversial topic. Although the two terms are used, at times, interchangeably, an increased body of (mainly Western modern) literature suggests that the two are different. Religion refers to an organised entity with rituals and practices in relation to a higher power, the divine or God(s). It is a system that some people use to nurture, inform and contain their spirituality. As such, spirituality may relate to religion for certain individuals while for others it may not be (English, 1998; Tanyi, 2002). In fact, a rising number of people describe themselves as 'spiritual but not religious' or as 'believing without belonging' (Davie, 2013). In 2012, for example, 19.6% of people in the USA were religiously unaffiliated and 37% of those regarded themselves as 'spiritual but not religious'. This observation is attributed to a range of possible reasons, including political backlash, delays in marriage, broad social disengagement and secularisation (Pew Research Center, 2012). Representing a major strand of belief across the West, the people who describe themselves as 'spiritual but not religious' form a hugely diverse group.

It's a broad church, so to speak. The spiritually aligned range from pagans to devotees of healing crystals, among many other sub-groups. But for millions of others it is nothing so esoteric. Instead, it's simply a 'feeling' that there must be something else. (De Castella, 2013, no pagination)

While considering the increasingly diverse forms of spirituality in response to the changing social and cultural realities of the contemporary world, the British music philosophy scholar Boyce-Tillman (2016) argues that spirituality contains different strands: the metaphysical (the sense of an encounter with mystery), the intrapersonal / expressive (the personal experience of freedom, bliss or empowerment), the interpersonal / relational (the experience of relationship of some kind), the extrapersonal / ethical (morality, ethics and value systems), the intergaian (the experience of relationship with an other-than human world) and the narrative (the doctrines, stories and creeds underpinning different faith traditions).

Despite these attempts to describe spirituality, its relationship and potential overlaps with religion remain a problematic area for many. Although both spirituality and religion are connected to human action, and are thus political in a broader sense, spirituality is commonly used as a term which helps people to step beyond religious divides. Related concepts such as faith, meaning-making and belief systems, however, further complexify the relationship between spirituality and religion, with some people questioning altogether the usefulness and robustness of the term 'spirituality' itself. The open-ended

nature of spirituality has often been the root of various critiques including that ‘spiritual but not religious’ offers no further understanding of beliefs or principles and that many spiritual beliefs are built on pseudoscience and on ‘a pick and mix’ from consumer culture (De Castella, 2013; Payley, 2008; for a summary of such critiques, see MacKian, 2012).

Attempting to escape binary and logocentric frameworks of thought, postmodern approaches highlight and embrace the relational, non-static and dynamic nature of spirituality. Instead of talking about a universal spirituality, therefore, it seems more appropriate to talk about *spiritualities*.⁵ Situated in people’s diverse meanings and experiences, spirituality is experienced as part of being and acting in the world and as part of everything that makes this world, including its sociocultural and material aspects (Bartolini, Chris, MacKian & Pile, 2017; MacKian, 2012). Embodied and enacted within particular space-time contexts, spirituality lives beyond the discursive domain. Trying to put spirituality into words therefore entails a range of challenges including its ‘objectification’: the making and communicating of spirituality as a more or less tangible entity.

2 Spirituality, health and healing

Throughout human history, spirituality has been instrumental in the formation of societies’ conceptions and narratives of health and illness (Goldstein, 1999; Ross, 2010). As a result, the development of traditional healing practices as well as of contemporary healthcare and therapeutic professions interweaves, more or less explicitly and to varying degrees, with people’s spiritual quests and beliefs.

In modern healthcare professions, defining health faces similar questions to those of defining spirituality (Aldridge, 2000; Dossey, 1985; McSherry & Ross, 2010). Drawing on music therapy literature, Bruscia (2014) suggests that i) health is holistic; it goes beyond the body and the individual to include psychological, spiritual as well as social, cultural and environmental aspects of living, ii) health is a continuum of constant change, iii) health is a process, rather than a state, iv) health is both an objective and a subjective phenomenon, and v) health is not about people’s mechanic function, but about their ways of living and relating. On this basis, Bruscia (2014, p. 105) defines health as “the process of becoming one’s fullest potential for individual and ecological wholeness”.

Holistic and sociocultural approaches to health attempt to confute biological reductionism, individualism and medicalisation (Charmaz & Paterniti, 1999). In this context and while acknowledging that health – as one’s self more broadly – is in a constant process of becoming and change, health and illness are understood in terms of dynamics of change and growth. To highlight the dynamic, ever-changing and participatory character of health, Aldridge (1996, 2000, 2003, 2004) introduced in music therapy the notion

⁵ Although I continue to refer to ‘spirituality’ (singular) in most cases for ease, I urge the reader to remain aware of my understanding of spirituality as multiple, heterodox and paradox.

of 'healing'. Seeing health as performance, this notion resonates with the concept of 'musicking' (Small, 1998) and the understanding of music therapy as a process of 'health musicking' (Stige, 2002, 2003, 2012; see also Bonde, 2011). Health and illness, therefore, are not seen as fixed and separate entities but as part of people's ways of being, relating and making sense of their experiences. By acknowledging this dynamic, relational and heterogeneous nature of health, dichotomies such as mind-body, subject-object and health-illness seem to be transcended. Such holistic and sociocultural approaches to health embrace the multiple layers that constitute our conceptual frameworks of healthcare practices including political economies, social relationships and micro-level politics of participation (Charmaz & Paterniti, 1999; Daykin, 2007).

Overall, the role of spirituality in contemporary professional practices remains a relatively underdeveloped research area in healthcare and related disciplines. Spirituality is treated with scepticism by some, while it has commonly been problematised within psychiatric contexts where the boundaries of 'reality' seem to be somehow narrower⁶ (Fabrega, 2000; Swinton, 2001). Nursing is perhaps an exception where the interrelationships between spirituality and health have been more widely explored, especially within the context of palliative care (e.g. Coyle, 2002; Doyle, 1992; Kruse, Ruder & Martin, 2007). The foundations for many of these explorations originate in the concept of 'total pain' which was introduced by Saunders, the founder of the contemporary hospice movement (Clark, 2000; Saunders, 1964). Total pain suggests that health and illness are not restricted to physical wellbeing, but include psychological, social as well as spiritual elements of being human. Tied to a sense of biography and narrative, total pain emphasises the importance of listening to people's stories and of a multifaceted understanding of their situated experiences of living and dying. On this basis, a rich theoretical and research conceptual framework with regards to spirituality and its relationship to health and healthcare practices has been built especially in relation to palliative care.

Nowadays, there is a professional requirement for nurses to achieve competence in assessing and meeting the spiritual needs of patients. The area of spirituality, however, has come under criticism, bringing into question the role of the nurse regarding the provision of spiritual care (McSherry, Gretton, Draper & Watson, 2008). For example, the study of McSherry and Jamieson (2011; see also McSherry, 2011) shows that nurses across the UK health economy consider spirituality to be a fundamental aspect of nursing. At the same time, the majority feels that they need more guidance and support from governing bodies to enable them to effectively meet and support patients' spiritual needs.

⁶ Boyce-Tillman reflects on certain musicians' visionary experiences, such as Handel's visions of the angels while writing *Messiah*, and the problem that such experiences present for psychiatry which tends to "ban them to the realm of madness and insanity and therefore to unwholeness or ill health" (Boyce-Tillman, 2000, p. 244). She argues that psychiatry (as well as music therapy to the degree that it operates within similar boundaries) has traditionally lacked a spiritual frame where such experiences can be regarded as 'normal'. In recent years, however, there seems to have been a gradual change in psychiatrists' attitudes towards spirituality as a potential source of strength rather than evidence of psychopathology (Josephson, Larson & Juthani, 2000).

Despite the relatively limited number of empirical studies, a growing interest in spirituality is noted in many other healthcare disciplines too. This is reflected through the emergence of various spirituality-related networks, forums and special interest groups within different professional and disciplinary bodies (e.g. the Spirituality and Psychiatry special interest group of the UK's Royal College of Psychiatrists) as well as the increasing number of relevant papers published in professional journals (e.g. Pike, 2011).

2.1 Assessing spirituality

As a result of trying to include and describe spiritual aspects of people's wellbeing, the notions of 'existential health' and 'spiritual wellbeing' have emerged over the years. Unsurprisingly, there are no commonly accepted definitions and distinctions between these notions or between these and other related terms such as 'emotional wellbeing' (Sigurdson, 2016). Developed in tandem with an increased interest in assessing people's spirituality and its association with health outcomes (Draper & McSherry, 2002), the conceptualisation of 'existential health' and 'spiritual wellbeing' appears to relate to the development of a number of assessment and measurement tools (Monod et al., 2011). Some examples include the Spirituality and Spiritual Care Rating Scale (McSherry, Draper & Kendrick, 2002), the Psycho-Matrix Spirituality Inventory (PSI) (Wolman, 2001), the Functional Assessment of Chronic Illness Therapy – Spiritual Well-being Scale (FACIT-Sp) (Peterman, Min, Brady & Cella, 2002), and the WHOQOL Spirituality, Religiousness and Personal Beliefs (SRPB) field-test instrument (World Health Organisation, 2002). Although many of these tools have grown within the same field, they do not necessarily share the same constructs of spirituality. Due to its vast diversity, its shifting and multifaceted nature, the exploration, theorising and assessment of spirituality is a challenging task (Laird, Curtis & Morgan, 2017). The potential reduction of spirituality to a measurable phenomenon which can be stabilised often lies at the heart of the limitations that psychometric and standardised tests face (Macdonald & Friedman, 2002; Parsian & Dunning, 2009).

In any case, different assessment methods relate to different ways of conceptualising spirituality. Some, for example, view spirituality as unfolding in stages; this denotes some kind of developmental understanding where spirituality is typically seen as part of the highest levels of this development. Others view spirituality as an attitude and/or as entailing some kind of peak experiences (for more details, see Wilber, 2000). These different understandings relate to broader debates regarding spirituality and its relationship to health, including wider psychological and sociocultural domains of human life.

3 Tracing spirituality in music therapy literature

The discipline of music therapy concerns "the study and learning of the relationship between music and health" (Stige, 2002, p. 198), and therefore it needs to embrace any aspect that is part of and affects

this relationship. Spirituality is arguably one of these aspects. People's spirituality interweaves with their experiences of health/illness and the various therapeutic uses of music; from traditional healing rituals, such as shamanic practices, to contemporary music therapy practices (Gouk, 2000; Hanser, 2009, 2016; Horden, 2000). The relatively limited reference to and documentation of spirituality in the field, however, seems to be connected to the potential interference of spirituality with music therapy's recognition as a modern, legitimate healthcare profession and discipline. Music therapy in the Western world – and particularly in the USA – has tried to be recognised as an 'objective science', commonly through positivistic approaches to knowledge (Aigen, 1995, 2007a). In this context, spirituality may be regarded as something subjective and thus with limited or no value. Despite this, a growing body of music therapists challenges such perspectives by bringing spirituality to the fore of contemporary discourses and research initiatives. In introducing her book *Integrative Health through Music Therapy*, the American music therapist Hanser explicates some of the dilemmas that she, like other music therapists, has faced over the years:

This book is about healing—there, I've said it. I have avoided the word "healing" for my entire career as a music therapist, and I have balked at the use of the term from my clients, colleagues, and students. The word "healing" [...] tends to be associated with the inexplicable and often spontaneous transformation of individuals to a new state of mind, body, and spirit. Throughout my career, I have limited my professional vocabulary to Western medical vernacular [...] (Hanser, 2016, p. xi)

This gradual opening of music therapy towards spirituality-related topics and ideas is also reflected in contemporary definitions of music therapy where spirituality is more or less explicitly included. Bunt and Stige (2014, p. 18), for example, propose that music therapy supports and encourages "physical, mental, social, emotional and spiritual well-being". Likewise, Bruscia's (2014) definition acknowledges spirituality in relation not only to the client's health but also to various facets of music experience. He proposes that, by their very nature, spiritual music experiences elude cause-and-effect types of explanation and are difficult to define, induce or predict. Most importantly, Bruscia discusses the cultural challenges of defining music therapy and associated spirituality-related dilemmas.

How would it [music therapy] be defined in countries where music is integrally linked to spiritual or devotional undertakings? When music is already related to divine healing, would there be a need for a profession of music therapy? Would the provision of music therapy services for money be regarded as a sacrilege, or at least a secularization of the sacred nature of music? (Bruscia, 2014, p. 18)

Reviewing the literature, traces of spirituality can be identified in relation to a range of aspects of music therapy practice and profession. These can be organised in four domains: spiritually-inspired approaches, practices and initiatives in music therapy; spirituality in music therapy supervision and training; spiritual qualities of music; dialogues and dilemmas regarding spirituality's integration in music therapy. These domains are explored in the subsections below followed by an evaluative overview of research-based literature in the field.

3.1 Spiritually-inspired approaches, practices and initiatives in music therapy

The seminal connection between music therapy and spirituality can be traced in the establishment of various music therapy approaches and models. For instance, Nordoff's and Robbins' spiritual worldview and their original affiliation to anthroposophy were essential components of the conceptual framework underpinning some of the seminal theories and practices of Creative Music Therapy (Hadley, 1998, 1999; Nordoff & Robbins, 1992, 2007; Robbins, 2005). Similarly, Bonny's own transcendental experiences in music were a main inspiration and point of reference for the development of Guided Imagery and Music (GIM) (Bonny, 2001; Kovach, 1985). Drawing heavily on transpersonal psychological theories, music's relation to consciousness has become a core aspect of GIM (Goldberg & Dimiceli-Mitran, 2010). Anthroposophical music therapy (Intveen, 2007, 2010; Intveen & Clark, 2016; Intveen & Edwards, 2012) is another example of a music therapy approach which is based on spiritual concepts and practices originating from anthroposophy.

Likewise, different practitioners' worldviews and values have given birth to particular music therapy practices and initiatives. Boxill's (1997) vision for an activist and socially engaged music therapy that could promote peace throughout the world, for example, led to the development of the organisation *Music Therapists for Peace* in the 1980s. An expanded awareness "which leads the person toward participation in the external world and affords personal fulfilment and wholeness" (Boxill, 1985, p. 72) was at the heart of Boxill's philosophy and practice. For her, music therapy is 'love in action' (see Tsiris, 2012).

A similar emphasis on social justice and change as well as an urge for responsiveness to local needs and values has motivated more recent developments of community-oriented practices, including community music therapy (Pavlicevic & Ansdell, 2004a; Stige & Aarø, 2012). Values such as fellowship, communal bonding, enhanced citizenship, hospitality, respect, responsibility and a welcoming environment for 'the Other' have been documented as underpinning community music initiatives which are often viewed as praxes for social goods (Higgins, 2006; Silverman, 2012; Stige, Ansdell, Elefant & Pavlicevic, 2010).

On the other hand, Kenny (1982, 1985) introduced a systems-oriented perspective in music therapy, including sociocultural perspectives of music and health. Advocating the synthesis of traditional human wisdom with contemporary knowledge and practices, Kenny (2006) stresses the importance of working with and through rituals, myths and symbols. Her notion of the 'field of play' is related to an environmental approach and draws both from her music therapy and indigenous studies work. Another attempt to synthesise scientific evidence and indigenous healing techniques can be found in Hanser's (2016) work in promoting an integrative understanding of health through music therapy. Likewise, and while drawing from complexity theory, Crowe (2004) introduced 'music and soulmaking' as a new theory of music therapy. According to this theory, music therapy's influence lies in its complexity and wholeness, and on the human need for mystical and imaginative experiences.

'Music in pastoral counseling' is another example of a music therapy-related practice that is spiritually-inspired. Bruscia (2014, p. 235) describes it as an augmentative psychotherapeutic practice where a music therapist, a clergy member or a spiritual counselor uses music "to help the client gain spiritual insights and to develop a relationship with God that will facilitate emotional adjustment and growth". Bruscia also writes about 'inspirational music' to describe the use of music to stimulate spiritual experiences or facilitate worship and religious meditation.

Spirituality is generally welcome within the broader humanistic and sociocultural approaches to music therapy (e.g. Ruud, 1997, 1998, 2010). Within this context spirituality is often discussed in terms of meaning and a sense of wholeness and purpose in life. According to Ruud (1998, p. 65), music gives a sense of belonging and being part of a "context that is 'larger than life'". The latter points to a transpersonal space; an expanded context within which individuals can experience a meaningful existence in terms of larger principles and concepts such as humankind, nature or the cosmos.

3.2 Spirituality in music therapy supervision and training

Spirituality has been discussed in relation to supervision and training within different approaches to music therapy. Aigen (1998), for example, suggests that the Nordoff-Robbins training includes some kind of personal process aimed to expand awareness. He views spiritual practices, such as meditation, as equally important to psychotherapy for students' and therapists' personal development. Similarly, Turry (2001, p. 376) writes about the Nordoff-Robbins training as a spiritual discipline and characterises supervision as "a contemporary form of spiritual training". He describes the training as "a type of yoga that leads to raised consciousness and an expanded capacity to love, just as do meditation and prayer" (Turry, 2001, p. 375). Trust in music and in the 'Creative Now' is described as a competency needed for successful completion of the Nordoff-Robbins training. This competency includes a sense of trust in "the moment of intuition, of perception, of sudden insight or understanding" (Robbins & Forinash, 1991, p. 53).

It is my contention that the demands inherent in the Nordoff-Robbins training – the expansion of awareness, the application of the will, the focus on creativity, the challenge to live freely in the moment, and the development of a loving attitude – inevitably introduce the trainee to the elements inherent in a spiritual practice. (Turry, 2001, p. 375)

A sense of devotion and mastering, the love of adventure and improvisation, as well as the importance of 'risking the unknown' are described as spiritual qualities that are cultivated in the Nordoff-Robbins training. Turry (2001, p. 376) argues that the clinical maturity of music therapy trainees goes hand in hand with a more perceptive and resourceful capacity to love and this is seen as "a path of spiritual learning".

GIM is another example where spirituality is explicitly discussed as part of the training. According to the *Manual of Standards and Procedures for Endorsement of the Bonny Method of GIM Trainers and*

Training Programs (Association for Music & Imagery, 2010), transpersonal/spiritual competencies are important for trainers including their ability to discuss spiritual and transpersonal issues, their knowledge of related literature, as well as their knowledge of and openness to a broad range of faith traditions, philosophies and spiritual practices. In addition, submitting a spiritual autobiography in writing has traditionally been a requirement to become a GIM trainer.

3.3 Spiritual qualities of music

In music therapy literature, spirituality has commonly been documented in relation to music as a healing agent. Contemporary music therapists (e.g. Aigen, 2005, 2008; Ansdell, 1995; Lee, 1996) as well as some early pioneers (e.g. Bonny, 2002; Robbins, 2009) attribute spiritual qualities to music itself. Describing how music can give life or impart “some of its qualities of liveliness and motivation to both body and spirit”, Ansdell (1995, p. 81) introduced the idea of ‘quickenings’. According to him, the gift of music is “the unexplainable power to animate not just the flesh but also the spirit – to give an impulse which makes someone want to act, want to respond, want to create” (Ansdell, 1995, p. 87).

Likewise, Aigen (1991, p. 92) argues that music activates the spirit and that “to truly understand music is then to understand the secret of the maintenance and enhancement of life itself” (see also Aigen, 2005). He also stresses the need for developing music therapists’ awareness of the spiritual dimensions in their practice, including the parallels between their realms of work and those of spiritual guides (Aigen 2008). He proposes that “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). This transcendental potential of music as well as people’s strong experiences in music have, in fact, been widely documented within and beyond music therapy literature (e.g. Aldridge & Fachner, 2006; Gabrielsson, 2011). In music therapy, these experiences are often described as peak, transpersonal or transcendent, to include magic or pivotal moments, and as having catalytic therapeutic value (e.g. Amir, 1992, 1996, 2001; Grocke, 1999a, 1999b; Kasayka, 2002; Nicholson, 2015; Ruud, 1998). Bruscia’s (2014, p. 154) extensive review of the music therapy literature shows that accounts of spiritual experiences tend to involve different phenomena all of which seem to share a sense of intensity, profoundness or depth. Examples of such phenomena include experiences of profound beauty or aesthetic exaltation, feelings of utter bliss, intense or profound sensory experiences as well as transcendence of one’s personal or everyday reality.

3.4 Dialogues and dilemmas regarding spirituality’s integration in music therapy

The recent emergence of culture-centred music therapy offers the basis for an enhanced contextual understanding of spirituality in the field. By questioning universal truths, spirituality emerges here as context- and culture-bound. In his foreword to Stige’s (2002) book *Culture-Centered Music Therapy*, Bruscia calls for a dialogue between transpersonalists and culture-centred thinkers:

Transpersonalists will have to see that their very notions of spirituality are culture-bound; conceptions of consciousness, divinity, energy, and ultimate power differ not only from one individual to another, but also one community and culture to the next. Sometimes these conceptions are individually constructed, and sometimes they are constructed by like souls. Culture-centered thinkers have to somehow deal with the reality that most, if not all cultures recognize or construct a spirit as part of their belief system. Thus, no theory of culture-centeredness is complete if it has no place for spirituality. (Bruscia, 2002, p. xvii)

He argues that the emergence of culture-centred music therapy reflects the readiness of the field to “integrate sensitivity to culture and context into our collective consciousness of music therapy” (Bruscia, 2002, p. xvii). Nevertheless, the integration of spirituality in music therapy remains a complex and delicate area, especially when considering the ethics of practice (Abrams, 2013; Masko, 2016). Some music therapists consider spirituality a private matter and oppose its integration into music therapy practice and discourse, while some view spirituality as suggesting mysteries and esoteric thinking with potentially damaging repercussions to the profession (e.g. Streeter, 1999). On the other hand, some music therapists propose the need to establish a framework that will allow the spiritual phenomenon to be discussed (Verney, cited in Amir, 2002). For instance, Hartley and Verney write that:

[...] we constantly come up against the shortcomings of psychological and musicological discourses when trying to find a language in which we can talk about our experiences and our ideas [...] increasingly there is a demand from audiences, colleagues and students that we integrate the spiritual dimension into the way we talk about music therapy. (Hartley & Verney, 2001, p. 18)

Acknowledging the need for further development of a spiritual discourse in the field, some propose the integration of spirituality into training curricula (Dileo, 2000) as well as the need for formal and informal spiritual care training of music therapists (Masko, 2016). Similarly, Amir (2002) suggests the introduction of spirituality into music therapy practices and theories, by encouraging practitioners and supervisors to allow space for spiritual experiences to be discussed. Likewise, Turry (2001, p. 376) calls for the “integration of applied spirituality into the professional practice as a natural consequence of inherently creative work”.

4 An evaluative overview of music therapy research in spirituality

In their exploration of a range of theoretical considerations of spirit and spirituality in music therapy, Potvin and Argue (2014) suggest that three main themes emerge from the integration of music and spirituality: music and spirituality as experience; music and prayer; therapist and ministry. On the other hand, Magill (2002, 2006) identifies four recurring spiritual themes in music therapy literature: relationship, remembrance, prayer and peace.

Spirituality has been discussed more explicitly in music therapy within the context of palliative and bereavement care (e.g. Kidwell, 2014; Magill, 2005, 2007, 2009; Okamoto, 2005; Salmon, 2001; Wlodarczyk, 2007). In this context, a large number of case studies reflect on spiritual dimensions of music therapy practice (e.g. Aldridge, 1995, 1999; Lee, 1995; Pavlicevic, 2005). The relationship between music therapy and spirituality in palliative care has also been explored in some cross-disciplinary studies (e.g. Renz, Mao & Cerny, 2005; Trauger-Querry & Haghghi, 1999). Yet, spirituality remains a relatively underdeveloped research area in music therapy.

In reviewing the research-based literature in the field, I identified 28 studies. My review included empirical studies that involved human participants and focused on music therapy and spirituality. In addition to including studies already known to me, I conducted online searches to identify other relevant studies published in English. I mainly searched for studies that included the terms “spirit*” and “music therap*” in their title and/or abstract. Other potentially relevant studies – including some GIM-specific studies – which do not use these terms were not considered.⁷ In addition, some studies to which I had no sufficient access (e.g. Anders, 2006; Bright, 2000; Kirkland, 1999; Norris, 2010; Sampson, 2006), and an article drawing on my pilot study (Tsisis, 2017) which is reported in greater detail in Chapter II, were excluded from my review. I analysed the identified studies in terms of their aim, method, sample and participants’ country of residence (for an overview, see Table 1) with the hope to identify existing gaps and future research directions.

Most studies (57%) have been published since 2010 reflecting perhaps not only an increased interest in this area, but also a gradual openness of the music therapy community in terms of integrating spirituality to the professional discourse and practice. However, it is worth noting that 50% of the studies are based, to the best of my knowledge, on student research projects that were implemented as part of master’s or doctoral theses – some of which remain unpublished.⁸ This observation indicates the interest of music therapy students and early career researchers in spirituality. At the same time, questions regarding the extent to which spirituality may be perceived as a relevant, worthwhile and valid research topic for the wider music therapy profession and discipline are raised.

⁷ For a systematic review of the effects of music on the spirituality of patients, see Alvarenga et al. (2017).

⁸ I also identified a number of other, non-empirical student research projects (e.g. Eum, 2012; Hong, 2016; Waldheim, 2000) relating to spirituality and music therapy which are not included here.

	Study	Aim	Method	Sample	Country
1	Amir (1993; thesis: 1992)	To explore how meaningful moments in the music therapy process can be described and understood	Interview	4 music therapists; 4 clients	USA
2	Marom (2004; thesis: 2002)	To investigate spiritual moments in different music therapy settings and to examine the personal experience of the music therapists involved in them	Interview	10 music therapists	USA
3	Okamoto (thesis: 2005)	To investigate the effects of music therapy interventions on grief and spirituality of family members of patients in a hospice setting	Questionnaire	60 family members or significant others of hospice patients	USA
4	Renz, Mao & Cerny (2005)	To explore the effect of therapeutic support given to patients and the characteristics of the dying process, and to assess the significance of spiritual experiences in illness and affliction	Unclear ⁹	135 cancer patients	Switzerland
5	Hanser et al. (2006)	To examine the effects of music therapy on women with metastatic breast cancer in terms of psychological functioning, quality of life and physiologic stress arousal	Outcome measurement; Physiological measurement	70 cancer patients	USA
6	Houck (thesis: 2007)	To examine the role of spirituality in the lives of hospice patients and outline a protocol for music therapists to address patients' spiritual needs	Case study	8 hospice patients	USA
7	O'Kelly & Koffman (2007)	To explore the role of music therapy within multidisciplinary palliative care teams	Interview	20 hospice staff	UK
8	Sutton (thesis: 2007)	To explore music therapists' experience of spirituality as related to their music therapy practice	Interview	5 music therapists	USA

(Continued)

⁹ The method of this study is described as a "careful combination of thematic material, evaluations, statistics and case histories" (Renz, Mao & Cerny, 2005, p. 963). The authors cross-refer to another non-English publication (Renz, 2003) for further information.

9	Wlodarczyk (2007; thesis: 2003)	To determine the effect of music therapy on the spirituality of persons in an in-patient hospice unit	Questionnaire	10 hospice patients	USA
10	Burns, Robb & Haase (2009)	To explore the feasibility and preliminary efficacy of a therapeutic music video intervention for adolescents and young adults undergoing stem-cell transplantation	Outcome measurement	12 adolescents and young adults	USA
11	Magill (2009; thesis: 2007)	To learn how music therapy sessions, held prior to the death of a loved one, impact spirituality in surviving caregivers of advanced cancer patients	Interview	7 bereaved caregivers	USA
12	Tsirir (thesis: 2009)	To explore the interrelationships between spirituality and Nordoff-Robbins music therapy	Interview	3 music therapists	UK
13	Kagin (thesis: 2010)	To examine the relationship between music therapists' spiritual beliefs and their clinical practices	Online survey	1,216 music therapists	USA
14	Elwafi (2011)	To investigate the impact of music therapists' religious beliefs and practices on their clinical identity and professional practice	Questionnaire; Interview	4 music therapists	USA
15	Squires (thesis: 2011)	To explore staff perceptions regarding the use of music therapy with dying patients, with a particular focus on spiritual aspects of palliative care in music therapy	Interview	5 hospice staff	New Zealand
16	McClean, Bunt & Daykin (2012)	To explore the experiences of patients with cancer with one-off group music therapy with emphasis on themes relating to the healing and spiritual properties of music therapy group work	Interview	23 cancer patients	UK
17	Barton & Watson (2013; thesis: Barton, 2012)	To consider the spiritual outlook of the music therapist and how this influences, supports or challenges their practice	Interview	3 music therapists	UK
18	Cook & Silverman (2013)	To determine the effect of three music therapy doses on spirituality in patients on a medical oncology/haematology unit	Outcome measurement; Interview	17 cancer patients	USA
19	Otera, Horike & Saito (2013)	To explore the functions of clients' meaningful or memorable songs used during life review sessions and to determine spiritual needs displayed by clients	Case study	2 dementia patients	Japan
20	Potvin (2013)	To explore the relationship between music therapists' spirituality and clinical practice, and explore whether spiritual beliefs function as a predictor of theoretical orientation	Online survey	252 music therapists	USA

(Continued)

21	Grocke et al. (2014)	To determine whether group music therapy impacts on quality of life, social enrichment, self-esteem, spirituality and psychiatric symptoms of participants with severe mental illness and how they experience the intervention	Outcome measurement; Focus group; Song lyric analysis	99 mental health patients	Australia
22	Kirkland et al. (2014)	To examine the effectiveness of a combined spiritual care-music therapy group on extended care residents with moderate to advanced dementia	Interview	9 dementia patients	Canada
23	Mika (2014; thesis: 2011)	To explore whether mindfulness is a useful tool for music therapists and how it can be applied clinically	Focus group; Interview	7 music therapists	UK
24	Thorpe (2014; thesis: 2013)	To provide new insights for music therapists regarding spiritual aspects of providing palliative care	Interview	4 music therapists; 3 spiritual care practitioners	Canada
25	Robb et al. (2016)	To examine the efficacy of a therapeutic music video intervention in terms of reducing the risk of adjustment problems associated with hematopoietic stem cell transplant for adolescents/young adults	Outcome measurement	113 adolescents and young adults	USA
26	Masko (2016 thesis: 2013)	To explore the thoughts and attitudes of hospice chaplains and music therapists about ethics and training issues related to music therapists providing spiritual care as part of the hospice interdisciplinary team	Interview	8 music therapists; 7 hospice chaplains	USA
27	Neudorfer (2016; thesis: 2014)	To gain an understanding of spirituality based on clinical music therapeutic encounters with patients using anthropological concepts of spirituality	Analysis of music therapy sessions	3 cancer patients	Austria
28	Pek & Grocke (2016)	To investigate the influence of religious background and spirituality among registered music therapists and clinical practice in Australia	Online survey	73 music therapists	Australia

Table 1: Chronological overview of empirical studies on music therapy and spirituality¹⁰

¹⁰ The term 'thesis' is used in the study column of Table 1 to indicate the studies that are based on master's and doctoral theses.

In a review of 52 articles (published between 1973 and 2000) relating to the topic of music, spirituality and health, Lipe (2002) stresses the need for further research on music therapists' personal aspects which might influence the relationship between spirituality and music therapy. These aspects include practitioners' personal beliefs, spiritual involvement and music therapy training. Lipe's review was in fact published during the year of the 10th World Congress of Music Therapy (Oxford, UK) where the role of spirituality and community were openly promoted and debated as two key emerging areas of music therapy practice, theory and research at the beginning of the 21st century (Wheeler, 2012). Both Lipe's review and the World Congress, which stimulated further discussion on *Voices: A World Forum for Music Therapy* (e.g. Amir, 2002; Wheeler, 2012), have become landmarks in the growing awareness, openness and discourse of spirituality in the field and the studies I reviewed appear to reflect and respond to this growth.

Almost all studies (96%) that I reviewed (Table 1) were published after Lipe's (2002) review and explore different aspects of spirituality in music therapy. More particularly, studies explore music therapists' experiences of spiritual moments (Marom, 2004), the impact of music therapists' religion and/or spirituality on their professional identity and work (Barton & Watson, 2013; Elwafi, 2011), the interrelationship between spirituality and particular music therapy approaches (Tsiris, 2009) as well as music therapists' spiritual beliefs as predictors of theoretical orientation (Potvin, 2013). In addition, some studies focus on clients' experiences of the healing and spiritual properties of music therapy (McClellan, Bunt & Daykin, 2012) and on music therapy's effect on the spirituality of patients (Burns, Robb & Haase, 2009; Cook & Silverman, 2013; Robb et al., 2016; Wlodarczyk, 2007) and of their families (Magill, 2007, 2009; Okamoto, 2005). Other studies focus on the role of mindfulness in music therapy (Mika, 2011, 2014) as well as on interdisciplinary approaches such as the combined provision of music therapy and spiritual care for persons with dementia (Kirkland, Fortuna, Kelson & Phinney, 2014).

In addition to the studies in Table 1, it is worth mentioning two non-empirical studies (Burns, Perkins, Tong, Hilliard & Cripe, 2015; Liu, Burns, Stump & Unroe, 2015) that analysed large amounts of medical records (10,534 and 4,804 respectively) of hospice patients in the USA. In examining whether music therapy affects the family perception of patients' symptoms and family satisfaction with hospice care, Burns et al. (2015) found out that patients who received music therapy were more likely to report discussions about spirituality and to receive the right amount of spiritual support. On the other hand, in comparing music therapy referral reasons and delivery for hospice patients living in nursing home versus home, Liu et al. (2015) found that one of the most frequent referral reasons for hospice patients was patient/family emotional and spiritual support.

Furthermore, a number of other spirituality-related studies have been conducted with particular reference to GIM as a distinct approach to music therapy where consciousness and the integration of psychotherapy and spirituality are seen as its central tenets (Goldberg & Dimiceli-Mitran, 2010). In line with the theoretical foundations of GIM (Bonny, 2002), most of these studies explore spirituality in relation

to consciousness, transcendence and transpersonal experiences. Abrams' (2000, 2002) interview-based study, for example, investigates how transpersonal experiences of the Bonny Method of GIM (BMGIM) are defined. Similarly, Blom (2011, 2014) points to a new understanding of transpersonal-spiritual experiences in BMGIM based on analysis of BMGIM transcripts while drawing on perspectives from intersubjectivity, phenomenology and psychology of religion.

Returning to Table 1, I identified three main research areas: i) the relationship between music therapists' spirituality and clinical practice (e.g. Elwafi, 2011; Potvin, 2013), ii) music therapy's effect or impact on patients' spirituality (e.g. Grocke et al., 2014; Wlodarczyk, 2007), and iii) clients' and/or their families' experiences of spirituality in music therapy (e.g. McLean, Bunt & Daykin, 2013). Moreover, the empirical studies reviewed here appear to present some commonalities especially in terms of focus, method and sample as summarised below.

In terms of focus, researchers usually provide participants with a working definition of spirituality. This is typically done to ensure a shared understanding of terms between researchers and participants, but at the same time it may silence or normalise people's diverse understandings of spirituality. Some researchers (e.g. Marom, 2004) keep a more open-ended stance towards their definitions by inviting participants to change or expand them.

Moreover, spirituality appears to be framed positively and explored in relation to particular 'moments' in the therapeutic practice (e.g. Marom, 2004). This seems to relate to a broader trend in the literature where spiritual experiences in music therapy (and in music more generally) are discussed, for example, in terms of peak experiences as well as magic or pivotal moments (e.g. Amir, 1993; Blom, 2011; Gabriellson, 2011; Grocke, 1999a, 1999b). The exploration of potentially challenging or negative aspects, as well as of dilemmas or problems related to spirituality in music therapy is limited.

Studies also tend to be local and setting-specific. They focus on people and practices within particular contexts or settings with oncology and hospice settings being the most prominent (54%). The studies which are not setting-specific (29%) explore spirituality in broader professional terms, including the investigation of music therapists' experiences of spirituality in relation to their practice (e.g. Sutton, 2007) as well as of the impact of music therapists' religious beliefs and practices on their clinical identity and professional practice (Elwafi, 2011). No study focuses on the contextual or organisational dimensions of music therapy service provision and their impact on spirituality.

In terms of method, most studies (61%) employ qualitative methodologies and through analysis of narrative data tend to provide in-depth analyses of individual views and experiences. No research to date has employed ethnographically-informed methodology and there have been no longitudinal studies.

Although the sample size of these studies ranged dramatically from two participants (Otera, Horike & Saito, 2013) to 1,216 participants (Kagin, 2010), almost half of the studies (54%) had no more than ten participants. Samples also tend to be culturally homogeneous, at least in terms of participants' country of

residence. Most studies include samples from a particular context, with USA (54%) being the predominant country where such studies have been implemented. No international study has been implemented.

Furthermore, music therapists as well as clients and/or their families are the most common research participant groups and feature in 43% and 54% of all studies respectively. The most common non-music therapist participants are terminally ill patients and their families. In particular, 73% of the studies where clients and/or their families took part focus on oncology and/or hospice settings. Apart from two studies (Burns, Robb & Haase, 2009; Robb et al., 2014) that involved adolescents and young adults, all other studies have adult participants. No child participants have been involved in a music therapy study on spirituality to date.

Almost half of the studies (57%) appear to have purposive sampling; this seems to relate to the setting-specific focus of most studies. The minority of studies that explore spirituality in terms of wider professional issues (e.g. Kagin, 2010; Potvin, 2013) tend to employ non-purposive sampling. Likewise, the small sample size of many studies seems to be linked to their research focus. The eight studies that have a sample of over 50 participants are: three survey-based studies (Kagin, 2010; Pek & Grocke, 2016; Potvin, 2013) which explore spirituality in broader professional terms by examining perceptions of population with a primary focus on the relationship between music therapists' spirituality and clinical practice, three studies (Grocke et al., 2014; Okamoto, 2005; Renz, Mao & Cerny, 2005) which explore the spiritual experiences of clients or of their families and the impact of music therapy, and two randomised clinical trials (Robb et al., 2014; Hanser et al., 2006) that examined the effects of music therapy interventions on people with cancer.



In addition to highlighting some current trends and gaps in the field, this evaluative overview of music therapy studies on spirituality pointed to some potential areas for future research. Informed by this literature review and motivated by my personal and professional underpinnings (see Prologue), I was keen to adopt a different notion of spirituality in this research. I was keen to move away from fixed definitions and allow participants to communicate their own understandings of spirituality in relation to music therapy. I was also keen to explore broader aspects of spirituality and of music therapy practice. This included a move beyond magic or peak moments, and beyond immediate music-making situations respectively. Furthermore, I was keen to allow space for potential problems and dilemmas associated with spirituality to be expressed. These considerations informed the logic behind the pilot study as discussed in the next chapter.

Chapter II

Music therapists' perceptions of spirituality: A survey

As a first step, and in an attempt to build on some of the current trends and gaps in the literature, I undertook an initial exploration of the territory to find out to what extent and in what ways spirituality is of relevance to music therapists. Furthermore, considering the highly (inter)subjective and context-sensitive nature of spirituality, I wanted to check to what extent 'spirituality' – given the perceived vagueness of the term – can serve as an appropriate conceptual vehicle for research in the field. For this purpose, I implemented a pilot study in the form of a survey.

1 Research aim and questions

The pilot study aimed to provide a systematic overview of music therapists' perceptions of spirituality and its (ir)relevance to music therapy. In addition to exploring their perceptions in relation to different aspects of their music therapy practice and professional life (e.g. music therapy training and working experience), this study invited music therapists to express any dilemmas or problems that they may face, as well as any suggested actions in relation to spirituality and music therapy.

My primary research question was: *"What are music therapists' reported perceptions of spirituality and its (ir)relevance to music therapy?"* This question included three secondary research questions: *"How do music therapists' perceptions relate to different aspects of their personal and professional life (including cultural and religious background, as well as music therapy training and working experience)?"*, *"What dilemmas or problems (if any) do music therapists identify in relation to spirituality and their music therapy practice?"*, and *"What actions (if any) do music therapists suggest in relation to spirituality and music therapy?"*.

In line with its explorative and descriptive nature, this study explored music therapists' perceptions of the (ir)relevance of spirituality to music therapy. Instead of focusing on an in-depth analysis of individual accounts, the study aimed to gain an overview of music therapists' perceptions without attempting to establish whether or not spirituality is relevant to the music therapy profession as a whole. My basic

premise was to allow heterogeneous, even conflicting, voices to be heard and therefore I provided no working definition of spirituality. I was more interested in listening to people's perceptions and in learning from their experiences instead of imposing a preformatted, unified framework.

2 Epistemological and methodological considerations

The dilemmas and controversies regarding spirituality as a concept, and the impact of its elusive nature on any kind of stabilisation, informed my epistemological and methodological thinking. I adopted an a-topological (from the Greek *topos* = place, locality) notion of spirituality (Cobussen, 2008). From this perspective, spirituality is seen as an open space that, according to Cobussen (2008, p. 77), "can never be occupied because it is [...] ec-static, not static, un-stable, enduringly moving". Spirituality is neither something subjective nor something objective; while in the first place it is not some-*thing*. It does not belong to the subject as a purely subjective experience and at the same time it is not an outer objective reality. Spirituality, like music, appears to transcend such polarities and dichotomies. As a floating concept which is constantly in a process of becoming, spirituality is located in atopies which come into being in and through relations; spirituality exists in the *in-between*.

My research stance was underpinned by reflexive intellectual discourses of knowing and knowledge, where the construction of meaning interweaves with the ways that human experience is lived, performed and narrated. In opposition to any ontological dualisms, which have set the agenda for many philosophical debates, my stance embraced pluralism and complementarity (Hitchcock, 1999; King, 2009). It embraced a framework within which the diversity and heterogeneity of human existence, identities, relationships and biographies are performed and interrelated, beyond binary oppositions.

According to postmodern sociocultural discourses of spirituality, researching spirituality means exploring an atopia. It means exploring the territory of an intangible phenomenon, and therefore living with the paradox of locating an a-locality. For this reason, researching spirituality requires the negative capability of staying with the unknown, of embracing paradoxes and contradictions, and of being in the *in-betweenness*.¹¹ It requires the ability to maintain a state of intentional open-mindedness which accepts that not everything can be resolved and which allows things to be in whatever their uncertainty and mystery may be. It generates and sustains a space for creative work on the edge between knowing and not knowing.

¹¹ Conceived by the English romantic poet Keats, the term 'negative capability' refers to a state in which a person is capable of being in uncertainties, mysteries and doubts. Within the modern context of organisational leadership (French, Simpson & Harvey, 2001, p. 1209), negative capability is discussed in terms of creating "an intermediate space that enables one to continue to think in difficult situations" and supporting reflective inaction.

Cobussen (2008) calls for preventing absolutism or teleological approaches by avoiding the development of structures that exclude 'otherness'. A degree of disorder and uncertainty is needed in order to open a space within which the in-betweenness of spirituality can be experienced. From this viewpoint – which resonates with broader philosophical perspectives on the importance of a thinking that calls or asks instead of focusing on its (possible) results (e.g. Heidegger, 1991; Love, 2003) – my research stance focused on the process of *questioning*. It was embedded in a culture of enquiring that views music therapy practices within the wider contexts of being and relating to the world. This reflexive and process-oriented approach of enquiring which is at the heart of contemporary qualitative research paradigms (Alvesson & Sköldbberg, 2000), is equally essential in various spiritual traditions and practices. Zen masters, for example, say that the questioning itself is already 'the way' (Tao). In other words, Tao already has a meaning, even before it is indicated which way is meant and to where it may lead. The sense of risk implied in the unknown of questioning has also been integral to various esoteric initiatic traditions from antiquity until today (Capra, 1985).

From this perspective, and while influenced by Dewey's philosophy of aesthetics, I viewed my quest for spirituality as being inherently an aesthetic praxis where the questioning is what matters most of all; this is 'the way'. Dewey (2005; see also Kestenbaum, 2002) criticises the split of means and ends, and counter-proposes their unity as a defining characteristic of aesthetic experience. The goal, therefore, becomes the experience itself as it possesses and reveals the unity of structure and purpose, the integration of parts. Dewey's emphasis is not on the outcome, but on the journey of questioning (for related music therapy literature, see Aigen, 2007b; Tsiris, 2008). While the aesthetic may appear to occupy a polar opposite to the scientific, I argue that a pluralist stance is necessary to express the life of human beings (Aldridge, 2000, 2003). This stance embraces the multiplicity of political, ideological, cultural and social aspects of spirituality, music, health and wellbeing.

Researching spirituality can be seen as an aesthetic praxis which also involves a process of 'spiritualising' research (see also Davis & Breede, 2015; Janesick, 2015). Attempting to go beyond the confines of rigid belief systems and approaches to music therapy practice, my study invited some kind of 'mess'; it welcomed 'otherness', diversity and plurality. Attempting to stay in the in-betweenness, my stance called for an aesthetic and transcendental approach which does not refer to a reality beyond the material world, but to a reality that goes beyond our intellectual categorical frameworks (DeNora, 2014). This approach embraced heterogeneity; it allowed the co-existence of diverse and multi-layered (even paradox and conflicting) meanings. As such, instead of limiting our inquiries to the positive aspects or magic moments of spirituality (which form a common focus of music therapy studies to date; see Chapter I, Section 4), my approach and its implied action-oriented stance welcomed the exploration of potential dilemmas and problems as well as suggestions for future change and action.

These considerations drew certain epistemological and methodological directions calling for an approach that avoids the implicit violence intrinsic to any finality, ultimate truth or orthodoxy which

silences further questioning (Cobussen, 2008). My methodology aimed to make sense of the phenomena in terms of the meanings that people brought to them based on their own understandings and embodied experiences, without seeking to establish causal relationships or to make law-like statements (Bruscia, 1995; Forinash, 1995). Such an approach was deemed appropriate for the nature of my research area given its alignment with the diverse meanings associated with spirituality in the context of music therapy (and beyond). This methodological stance enabled the existence of multiple constructed realities where I, as the knower, interacted with the known (Aigen, 1995; DeNora, 2014; Lincoln & Guba, 1985). Based on this contextual and open-ended approach to spirituality and its interrelationship with music therapy, I adopted a reflexive methodological stance which was informed by hermeneutical principles of understanding the whole through its parts and vice versa, without assuming a preformatted unity (Aigen, 1995; Alvesson & Sköldbberg, 2000; Ruud, 2005). This methodological stance had implications for my study's design including the angle of its research questions as well as my data collection and analysis methods.

3 Data collection

Data were collected for two months (from 21st June to 20th August 2012) using an online survey questionnaire.¹² Organised in seven main parts, the survey included 36 closed and open questions (Appendix 2). On accessing the survey an introductory message appeared together with a question checking whether respondents met the selection criteria and agreed to take part in the survey. Parts 1 and 6 obtained demographic information. Client group categories (in Part 6) were organised by considering the groupings of the British Association for Music Therapy (BAMT)¹³ as well as the Nordoff Robbins Evidence Bank (Nordoff Robbins Research Department, 2012). Part 2 of the questionnaire explored respondents' perceptions of spirituality, whilst Parts 3, 4 and 5 explored their attitudes toward spirituality in relation to music therapy practice, including problems, dilemmas and suggestions for change. If respondents wished to be invited to a follow-up study, they could provide their contact details in Part 7.

In addition to emerging themes from the literature, the questionnaire design was informed by existing scales – such as the Spirituality and Spiritual Care Rating Scale (McSherry, Draper & Kendrick, 2002) and the WHOQOL SRPB field-test instrument (World Health Organisation, 2002) – and survey questionnaires used in related studies (e.g. McSherry, 2011). Additionally, pragmatic and action research principles (Brydon-Miller, Greenwood & Maguire, 2003; Reason, 2003) inspired the underlying questionnaire structure by guiding respondents from reflecting on their perceptions of spirituality and its consequences in their work, towards identifying potential problems or dilemmas and then proposing

¹² For the overall research timeline, see Appendix 1.

¹³ See the BAMT *Directory for Members* for 2009-2010 and 2010-2011.

suggestions for change or action. The clarity, relevance and accessibility of questions in terms of language were checked and refined by piloting the questionnaire with two music therapists; a native and a non-native English speaker.

3.1 Survey circulation and sample

The survey was circulated to qualified and trainee music therapists.¹⁴ In line with the study's open-ended stance, the sample was non-purposive; the survey was open to any music therapist across the world irrespective of their approach, training, area of work or spiritual orientation.¹⁵

An extensive mailing directory was developed for the worldwide circulation of the online survey questionnaire.¹⁶ In addition to my own professional contacts, this directory included email addresses of music therapy and other related professional associations, training programmes and other institutions which I identified online. All countries' reports which were available on *Voices: A World Forum for Music Therapy* at the time were searched (see Appendix 3). For countries where no music therapy contacts were identified, I implemented an extra online search (using Google™) by typing the country's name and "music therapy".

In total, I sent 597 invitation emails (Appendix 4). These emails included a standard invitation text (Appendix 5) as well as a personal note (Appendix 6). In addition to the emails, the survey link was circulated via other online media (e.g. newsletters) and professional forums (e.g. the website of Spirituality and Music Education [SAME], the BAMT Register of Surveys, Research and Evaluation Projects [ROSREP], and a forum of the American Music Therapy Association [AMTA]).

The survey required approximately 15 minutes to complete. Respondents could save and re-access their responses and therefore complete the questionnaire at their own pace.

4 Data analysis

The need for a strategic approach to data analysis became apparent right from the start. The type of collected data (due to the nature of the data collection tool), in combination with the large size of the data corpus yield, could afford a range of analysis methods, including statistical analyses and tests which would

¹⁴ For ease, both qualified and trainee music therapist respondents are named 'music therapists' from now on unless a distinction of the two respondent groups is necessary.

¹⁵ Taking into consideration the different professionalisation systems across countries (Ridder & Tsiris, 2015; Stegemann, Schmidt, Fitzthum & Timmermann, 2016), music therapy qualification and training standards were accepted according to the benchmarks of the country where each respondent worked or studied at the time of the survey completion. Compliance with the survey's selection criteria was dependent on respondents' honesty.

¹⁶ An edited version of this mailing directory was later published as an open access resource (see Tsiris, 2014a).

deviate from the pilot's scope. Careful treatment of the data was required; I tailored my analysis according to the study's focus on providing a systematic overview of music therapists' perceptions with no attempt to make law-like statements. At the same time, I was attentive to the risk of my strategic data analysis becoming an imposed, rather than a naturally emerging framework. Fostering a dialectic relationship between research questions, method(ology) and data analysis, I tried to remain grounded to the raw data (i.e. participants' own responses) without forcing my own expectations.

All survey responses were exported into a data spreadsheet and five-point Likert scales (strongly disagree/disagree/uncertain/agree/strongly agree) were collapsed into three-point scales (disagree/uncertain/agree). Given the descriptive nature of the study, the collapsing of the scales allowed a clearer focus on the overall qualitative differences of music therapists' reported perceptions (i.e. disagree/uncertain/agree) rather than on the more nuanced differences within each end of the scale (e.g. strongly agree/agree). Where relevant, such nuanced differences are highlighted in the presentation of the narrative findings.

Since this survey aimed to describe and gain an overview of music therapists' reported perceptions, descriptive statistics were used for the analysis of quantitative data (Ansdell & Pavlicevic, 2001; Stige & Aarø, 2012; Wigram, 2005). These data were collected from participants' responses to closed questions including their Likert scale ratings. No inferential statistics (DeCuir, 2005) were used, as making inferences from sample to population was not in alignment with this study's scope.

Qualitative data (i.e. participants' responses to open-ended questions and additional comments to their ratings) were thematically analysed. Informed by principles of interpretative phenomenological analysis (Smith, 2004; Smith, Jarman & Osborn, 1999; Smith & Osborn, 2003), my thematic analysis focused on the exploration of participants' own ways of making sense of spirituality and music therapy. I was interested in exploring individuals' personal perceptions and accounts without hoping to produce any 'objective' statements. Practically, after exporting the data into a spreadsheet, I did multiple readings of participants' responses not only 'vertically' (to get a sense of everyone's responses per single question) but also 'horizontally' (to get a sense of each participant's responses across the whole survey questionnaire). These multiple and 'two-dimensional' readings allowed for inter- and intra-respondent narratives to emerge. During this process, and while remaining observant of unexpected findings, I identified key statements which led to the formulation of some initial codes. These codes were grouped into larger units of meaning leading to the generation of themes and/or narratives which communicate the findings in a prose format (see Appendix 7). This format reflects the explanatory nature of the majority of music therapists' responses which aimed to elaborate and comment upon their ratings.

5 Strengths and weaknesses of method

The use of an online survey questionnaire included some strengths and weaknesses as summarised in Table 2 (see also Wigram, 2005). As a data collection method based on self-completion of questionnaires, surveys are particularly helpful in soliciting demographic information, as well as information about respondents' opinions and their attitudes towards particular issues. A common function of surveys is to understand and analyse social problems by describing preferences, opinions, perceptions and attitudes among large groups of people; a function which grew out of journalism, often aiming to inform the public politically (Stige & Aarø, 2012). Nevertheless, surveys have limited power in allowing in-depth explorations of people's experiences; they focus rather on getting an overview of perceptions and trends.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Cost and time effective • Easy to administer; an efficient way of collecting information and describe characteristics of a large sample • Collect a wide range of information (e.g. attitudes, values, beliefs, and practices) • Gather both numeric and narrative information • Standardisation of questions (i.e. set of pre-determined questions) ensures collection of similar kinds of data from all respondents, and therefore measurement and comparative interpretation can take place where appropriate 	<ul style="list-style-type: none"> • Accuracy of collected information depends on respondents' motivation, honesty, memory and ability to respond • Require familiarity with technology • Limited in-depth, contextual exploration of personal views and experiences • Errors (or misrepresentations) due to non-response may exist (i.e. people who are able to or interested in participating in the survey may be different from those who are not, thus biasing the outcomes) • Questions and ratings can be interpreted differently not only by different respondents, but also by the researcher who analyses their responses

Table 2: Strengths and weaknesses of survey method

Although each question and response category would ideally have the same meaning for all respondents, this is impossible and greater deviations are to be expected especially when respondents from diverse sociocultural groups are involved (Stige & Aarø, 2012). This was highly relevant to my survey due to not only the complexity of its topic, but also the sample diversity. This complexity and diversity was embraced by purposefully providing no working definition of spirituality. I asked respondents to provide their understanding of spirituality and respond accordingly to all survey questions. Nonetheless, I remained alert to these potential weaknesses during data analysis and in the reporting of the findings.

6 Research ethics

Ethical approval for this study was provided by the Nordoff Robbins Research Ethics Committee (15th May 2012) and research data were treated according to the guidelines of the UK's Data Protection Act (1998). Data were saved in password-protected computers and memory disks, while respondents' anonymity, privacy and confidentiality were respected at all times. Survey questions were written using plain English to increase accessibility for non-native English-speaking respondents. At the beginning of the questionnaire, all respondents were provided with information about what their voluntary participation would entail, as well as a consenting question. Respondents could reveal themselves selectively and withdraw from the study at any time with no consequences.

On an epistemological level, the study involved dilemmas regarding the actual process of researching spirituality. The process of ascribing meaning to phenomena through more or less open classification grids and schemes of intellectual representation uncovered a potential tension – with implicit ethical implications – between the fluidity of spirituality and the somehow static nature of the survey's media for researching it. This tension – which could somehow violate and confine spirituality as the phenomenon under investigation here – has been pointed out by poststructuralists and philosophers of language. They support that through language and its categorical frameworks we are able to catch only a glimpse of the realm of spirituality beyond language and its accompanying institutions (Cobussen, 2008). This argument does not necessarily imply discarding categories, classifications and representations. It does call, however, for a research reflexivity (Alvesson & Skoldberg, 2000) which acknowledges that our structures for gaining access to reality do not necessarily coincide with that reality (or realities). For Cobussen, this reflexive space is in fact where spirituality and music manifest.

It is in this humble understanding that there is and that there will always be a space between category and reality that an experience of the spiritual becomes possible, and experience which both feeds upon and undermines the structures with which we try to assure, secure, and insure our existence. And it is on this threshold that music does its work. (Cobussen, 2008, p. 61)

At the intersection of these ethical and epistemological considerations, I adopted a reflexive stance which acknowledges, welcomes and reflects on the tensions and complexities inherent in the research of spirituality. I attempted to retain a critical stance towards the categorical frameworks which emerged through the research process. This stance enabled a more empirical exploration of spirituality which responds constructively to the epistemological, methodological and ethical challenges of locating atopies.

7 Findings

In this section, which is the largest in Chapter II, I present the survey findings. These are organised in six main areas most of which contain a number of subareas as illustrated in Figure 1.

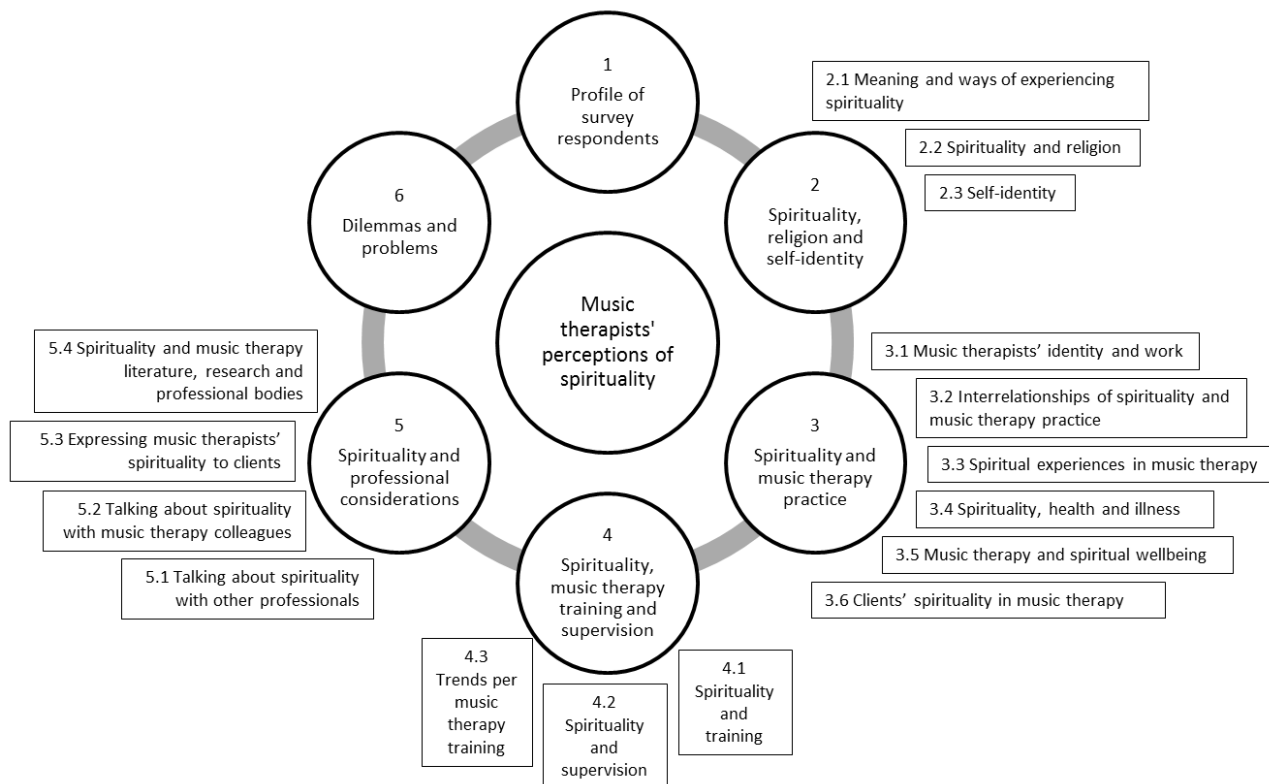


Figure 1: Areas and subareas of findings (survey study)

Drawing from open questions and, where relevant, from respondents' additional comments to their ratings (see Appendix 8), the narrative findings are presented either in themes or in the form of prose. Areas 3, 4 and 5, in particular, begin with an overview of the numeric findings followed by a presentation of the respective narrative findings. In an attempt to allow the data to 'speak for themselves', I illustrate the findings with direct quotes from respondents' own words. Each quote is followed by the unique number of the respective respondent (R).

7.1 Profile of survey respondents

In total, 358 (81% female; 19% male) music therapists responded to the survey.¹⁷ Respondents represented 43 different nationalities with the three most often represented nationalities to be British

¹⁷ The responses of additional 104 respondents were eliminated because they did not meet the sample selection criteria and/or because they did not complete the survey questionnaire beyond Part 2.

(22.4%), American (16.7%) and Australian (6%). At the time of the survey completion, respondents were residing and working (or studying) as music therapists in 29 countries across different regions of the world: Africa (three countries), Asia (four countries), Australasia and Oceania (two countries), Europe (16 countries), North America (two countries) and South America (two countries). Again, the three most often represented countries were: UK (27.2%), USA (20.4%) and Australia (7.1%).

In total, 20% of the respondents were trainee music therapists, while 50% had over five years of working experience with a range of client age groups. Respondents had studied music therapy (or were studying at the time of the survey completion) in 25 different countries, with the three most represented countries being: UK (29.7%), USA (21.2%) and Australia (6.8%). The most represented approaches to music therapy training were psychodynamic (49%) and music-centred (Nordoff-Robbins) (25%).¹⁸

7.2 Spirituality, religion and self-identity

This area of findings contains three subareas regarding respondents' perceptions of spirituality, religion and their self-identity as follows: meanings and ways of experiencing spirituality (Subsection 7.2.1), spirituality and religion (Subsection 7.2.2) and self-identity (Subsection 7.2.3).

7.2.1 Meanings and ways of experiencing spirituality

Provided with no working definition of spirituality, respondents offered their own understandings of what spirituality means and how they experience it in everyday life. My analysis yielded five closely interrelated themes: spirituality as part of human life and existence, and as a way of living; spirituality as something beyond the individual; spirituality as a greater reality beyond the material world; spirituality as belief and meaning-making; and, spirituality as a sense of connection and relationship. I discuss each theme below.

Spirituality as part of human life and existence, and as a way of living (theme A): Respondents perceived spirituality as an integral part or dimension of human life and existence; something that penetrates or underlies everyday life.

Spirituality for me is necessary like a piece of bread and a drink of water – not less important than that! For me it is the basis for my life, for communicating with other living beings, for my BEING. (R204)

For some respondents, spirituality affects their “whole way of being” and is present in daily life as something “normal” (e.g. “nothing ‘magic’, but special events in normal daily life” R260). Respondents referred to spirituality as a way of living. For example:

¹⁸ More detailed information regarding respondents' demographics and music therapy background is provided in Appendix 9.

My spirituality is the way I live my life. (R18)

Spirituality is the lived experience of my beliefs and values. (R19)

My spirituality dictates how I live my life. (R55)

[Spirituality] is a way of being and a way of understanding the world. (R83)

In this context, some stressed that spirituality is about living and therefore goes beyond a mere theoretical or philosophical worldview or belief (e.g. “It’s more than a way of looking at the world, it’s a way of living in the world” R109). Spirituality for some was seen as a private or personal matter, while others emphasised its relevance in communal living and acting in the world.

[Spirituality] means living for the community rather than the individual. That we are all connected in some way, and that our actions define not only ourselves, but humanity. (R258)

Similarly, respondents commented on how spirituality is about becoming “more human as a person in this world” (R3). Some adopted a generic attitude towards spirituality as “being a part of everything, having a connection to everything” (R27).

Spirituality as something beyond the individual (theme B): Spirituality was perceived as something which goes beyond the individual and is connected to a greater whole. For some, this greater whole can be accessed through “experience of transpersonal states of consciousness” (R5) and is connected to a sense of “seeking after something which is greater than us” (R23).

Spirituality as a greater reality beyond the material world (theme C): Whereas theme B points to a dynamic between the individual and the universal, the personal and the transpersonal, theme C refers to a dynamic between the physical and the metaphysical (or the invisible). In this context, spirituality was understood as transcending the ordinary; as something other than material existence or an invisible world. For many, this “invisible world” is metaphysical and relates to existential questions, such as existence before and after human life on earth.

Knowing there is something greater than my immediate circumstances. (R54)

[Spirituality] is a belief in the metaphysical, that leads and influences our lives. (R64)

[Spirituality is] the acknowledgement of a dimension of experience which transcends the 'ordinary' yet pervades it. (R183)

Spirituality was reported by some as something mysterious and unknown which goes beyond everyday life and cannot be captured or studied by science. Some respondents (and perhaps in contrast to theme A) described spirituality as something “abstract” or “something we cannot understand”.

Spirituality as belief and meaning-making (theme D): Respondents connected spirituality to beliefs or a belief system, such as belief or faith in “a higher power”. Likewise, they connected spirituality with

meaning-making and a sense of purpose in life (e.g. “Knowing one's purpose and having a relationship with their Creator” R59; “A set of values and beliefs that I use to guide me in my daily life” R69). In this context, spirituality was described as “a way to see and experience the world” (R270) and an attitude towards life.

[Spirituality] means to be open, open-minded, loving and humble – qualities I think [are] very important for a music therapist. (R324)

Spirituality as a sense of connection and relationship (theme E): Respondents referred to a sense of connection to and relationship with their self, other people, and/or a transcendental or divine entity such as “the Creator”, God or gods, or “Jesus Christ”. For example:

Spirituality is a sense of, or relationship with, something greater than your own being. (R33)

A connection to something greater, other people, and yourself. (R86)

A personal relationship with God. (R145)

For others spirituality was a holistic sense of connection which includes nature and the world in general (e.g. “a thoughtful and respectful way to the surrounding world” R24; “[a] sense of wholeness and connectedness to the world around you” R106). Respondents referred to spirituality in terms of connection in two main ways: i) as something that the individual does or performs with intention (e.g. “responding to the part of every person that is spirit, that relates to the meaning and purpose of life and to a higher being (God)” R97), and ii) as something that exists as an underlying, unifying essence of all life forms; as something that connects everyone and everything (e.g. “we are all one and that there is no separation between each person and every other atom in the universe” R74). The latter is closely related to respondents’ comments regarding spirituality as a sense of everyone (and everything) being part of a “greater whole”.

A sense of universal connectedness with all that exists, which helps to imbue meaning and purpose in existence. It may or may not involve a relationship with a god or deity, but it does acknowledge that all beings are in relationship with each other and the universe in some way. (R77)

In line with these five themes, diverse ways of experiencing spirituality were reported. For many respondents, spirituality was experienced through daily living and their sense of presence in the world. Others, however, reported that they do not experience spirituality daily, but only in certain situations, such as difficult times or personal tragedies. Likewise, some respondents were experiencing spirituality as a source of strength and a coping resource; spirituality informs, or is, their way of dealing with difficulties and challenges, both in their personal and professional life as music therapists. Spirituality provides a sense of trust and faith in challenging situations and in “the unknown”.

[Spirituality] doesn't make illness or death any more palatable, but it does help me get through suffering or help others through it with a little more presence of mind [...] [it] helps me see others without prejudice and gives me a framework for pain and suffering. (R107)

Having a spiritual path helps me to better support those who are facing health challenges. (R152)

My sense of the spiritual does give me more 'peace' when confronted with difficult situations and clients with particularly distressing conditions. (R84)

Respondents also reported that they experience spirituality through the enactment of their values in everyday life, such as respect and love of others.

[I experience spirituality] through attempting to love God and other people through my day to day activities. (R72)

I am guided by the idea of total equality of all human being(s) before God. We have to respect the other person and shouldn't impinge on their freedom, which is the greatest gift that we have been given. (R13)

Others were experiencing spirituality through certain practices (e.g. prayer, meditation, yoga), reading scriptures (e.g. Kabbalah, Bible), or being in certain places (e.g. going to church or to a temple). Many also reported that spirituality can be experienced through certain states of being, such as deep relaxation, dreams or a sense of flow.

I experience spirituality when I'm in flow, when 'time' is left out and I just 'am' (in the now), when I am observing what's happening more than being the person who acts. (R322)

For some, spirituality relates to a sense of mystery in life. Experiences of beauty, music, arts and/or nature were commonly reported sources of experiencing spirituality. In particular, some reported that they experience spirituality in the context of their music therapy work: for example, in their music-making with clients or when they witness clients' development.

I experience it [spirituality] everywhere, by the love and relationships of people, by the beautiful nature around me, by the [music therapy] work I am so privileged to be able to do. (R301)

I experience spirituality within others when they surprise me, such as a client making sudden progress in a therapy session – becoming able to do what they were not able to before. (R143)

[I experience spirituality] by listening deeply to my clients. (R247)

Finally, some were experiencing spirituality as informing their awareness and their ways of perceiving the world around them, including their intuition, optimism and creativity.

7.2.2 Spirituality and religion

Almost half of the respondents (46%, $n = 160$) reported that their perception of spirituality is connected to a religion (or a number of different religions) with Christianity and Buddhism being the most common. Some clarified that religion's connection to their spirituality does not mean that the latter is limited by religion. In addition, for some spirituality is connected to religious places, rituals or acts but not necessarily to a religion and its accompanying belief system.

While I do not have a single religious group that I subscribe to, I often have spiritual experiences in religious places or services. For example, when traveling and visiting sacred temples or cathedrals, when attending a religious service for a wedding or funeral etc. I also think my spirituality is sensed or nurtured when I work with hospice patients, which may be the result of singing a sacred song or playing a piece of music with a religious association. (R161)

For others (41%, $n = 145$), spirituality did not relate to religion but in some cases it resonated with different traditions or philosophies (e.g. "My spirituality is related to a combination of teachings from different philosophers in the East and the West" R57), while for others spirituality was above or underlined all religions (e.g. "My spirituality is above every possible religion! Each religion relates to 'the big truth' – they all have the same basis, the same truth" R204). Some commented on their familiarity with a particular religion through their upbringing and cultural background but differentiated this from their spirituality (e.g. "Culturally, I'm a Catholic but I don't think an organised religion connects much to any 'spiritual' side I may have" R132). Finally, some distinguished their spirituality from religion due to their concerns that the latter entails some kind of dogma.

I am very wary of dogma and the dangers of belonging to a group who gain comfort from believing that they are right and others are wrong. Music for me is my closest 'religion' – as a source of spirituality. (R254)

Similar explanations were given by respondents (13%, $n = 47$) who were "not sure" whether or not their spirituality related to any religion. In other words, for some spirituality may be influenced not only by one or more religions, but also by other aspects or experiences in life.

My spirituality is influenced by religion and by the people around me. My spirituality does not fit any faith or denomination, but can be explained in [...] any faith's vernacular or value system. (R33)

I am Christian, but I am not religious (e.g., I do not attend Church any more). I don't really read the Bible, but I believe in Jesus as a Saviour. But my spirituality is extended beyond these ideas. (R43)

I have always made up my own rules (now learning that there are none!), but many religions hold truths which I think go along with what I feel is true for me. Many religions also hold beliefs which I do not agree with, or think are not necessary. (R125)

7.2.3 Self-identity

Most respondents (81% $n = 287$) perceived themselves as a “spiritual person”. Respondents’ diverse perceptions regarding their spirituality’s relationship to religion did not influence dramatically their self-identity as a spiritual person; the majority of each subgroup considered themselves to be a spiritual person. As shown in Table 3, 93% (149 out of 160) of respondents whose spirituality was connected to religion, 67% (97 out of 145) of respondents whose spirituality was not connected to religion and 79% (37 out of 47) of respondents who were “not sure” whether their spirituality was connected to religion, considered themselves to be a spiritual person. For the majority, however, who did not consider themselves to be a spiritual person (87%, 26 out of 30), spirituality was not connected to religion.

		Spirituality relates to religion(s)				
		Yes	No	Not sure	Did not reply	Total n (%)
Considering self a spiritual person	Yes	149	97	37	4	287 (80%)
	No	3	26	0	1	30 (8%)
	Not sure	8	21	10	0	39 (11%)
	Did not reply	0	1	0	1	2 (1%)
	Total	160	145	47	6	358 (100%)

Table 3: Respondents’ self-identity in connection to their perceptions of spirituality’s relation to religion(s)

Respondents (80%) who considered themselves to be a spiritual person were categorised in two main groups: those who explained that considering themselves to be a spiritual person was connected to their religious beliefs and/or practices (52%, 149 out of 287) (e.g. “I am a Christian so I believe spirituality is an important component of anyone's life and wellbeing” R301), and those who explained that considering themselves to be a spiritual person was not connected to a religion (34%, 97 out of 287). The latter clarified that they considered themselves spiritual but not religious (e.g. “I consider myself spiritual though I have no loyalty to any denomination” R69). Furthermore, many reported that considering themselves to be a spiritual person was connected to their own practices, such as meditation and yoga. At the same time, some respondents suggested that spirituality is something that goes beyond religious differences (e.g. “I am a practicing Christian, but I also feel there is a spirituality that connects us all – of all faiths and none” R84). In addition, a number of respondents commented on their own understanding of what ‘spiritual’ means with many believing that everyone and everything is spiritual (e.g. “[All] living things (and non-living) are spiritual, whether they are aware of this or not” R127), and with some clarifying that naming themselves a ‘spiritual person’ did not entail any supernatural beliefs.

The majority of respondents who were “not sure” (11%, $n = 39$) or did not consider themselves as spiritual (8%, $n = 30$) expressed either their uncertainty or dislike about the term ‘spiritual person’. Many of them, however, commented on their personal beliefs and practices, including their belief in “the spirit and soul”, “the unknown”, the integration of spiritual-physical-mental existence, as well as their values for living (e.g. “I am an atheist. I believe in being a good person and helping others” R276). Some also reported their belief that every human being is spiritual and hence they replied “not sure” to avoid distinguishing themselves from others (e.g. “I would see all human beings as spiritual. So I am no more, nor less, spiritual than others. Hence, ‘not sure’” R121). Some respondents in particular reported that they have “no supernatural belief” or that they are atheists.

7.3 Spirituality and music therapy practice

This third area of findings focuses on respondents’ perceptions of spirituality in relation to different aspects of their music therapy practice. The numeric findings shown in Figure 2 are elaborated below in six subsections. Drawing from respondents’ additional comments, I provide several and extensive quotations to allow the immediacy of their voices.

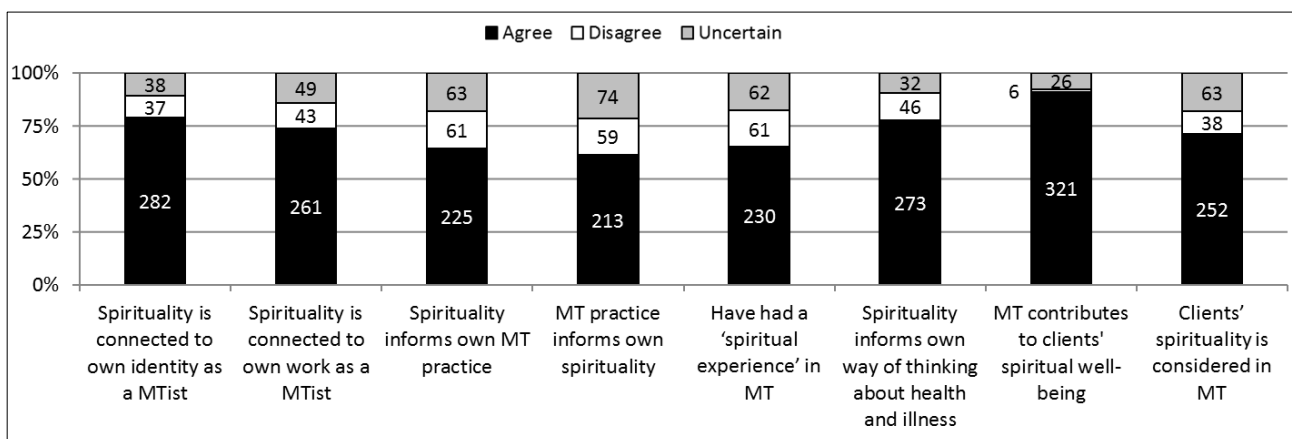


Figure 2: Music therapists’ responses regarding spirituality and music therapy (MT) practice

7.3.1 Music therapists’ identity and work

On average, 76% of respondents reported that spirituality is connected to their identity (79%, $n = 282$) and their work (74%, $n = 261$) as music therapists. Many reported that, since spirituality is connected to everyone and everything they are or do, it is naturally connected to them as professionals.

As an integral part of my existence, spirituality is connected to all my activities/roles. (R4)

As my view is that everyone is in essence spiritual I don't think of spirituality being able to be disconnected from me as a music therapist or the work of music therapy. (R41)

As a GIM therapist, I value the spiritual domain in human life and I honor many spiritual paths as they emerge for people through GIM. (R241)

The majority of respondents clarified that they do not disclose or discuss their personal beliefs with clients, while the relation between spirituality and their work does not equal the use of any kind of “mystery” or “esoteric” practices.

I don't use any esoterical or fuzzy music (no new age or singing bowls), I'm actually really 'down to earth', but I feel the spirituality in playing, talking, listening together, in 'connecting'. (R20)

Respondents reported that their spirituality informs their therapeutic stance. Accepting clients for who they are and their place in society, as well as valuing relationships, coexistence and interdependence were some common themes that linked respondents' therapeutic stance and their spirituality. Many referred to a particular kind of awareness, inner knowledge and the use of intuition in their work.

[Spirituality] is involved in my way of engaging in a therapeutic relationship. (R24)

There's something about seeing (or feeling) and connecting with the inner being, especially with people with severe disabilities or illnesses. (R53)

What isn't spirituality connected to? But I think it depends on whether I focus my attention to spiritual things in the therapy space in terms of how aware I am at that point of therapy. I am more thinking relationally in the therapy room, and being 'me' and thinking about the client – rather than being very aware of what might be happening spiritually. In short, my being 'me' is just as spiritual as praying, but it would be rude of me to focus on my relationship with God when a perfectly good representation of God (ie the client) is right in front of me to relate to. (R107)

For some, a sense of morality, goodness and rightness underlines the connection between their spirituality and work. Their ways of approaching, perceiving and connecting with clients are enactments of their spirituality.

I feel my spirituality is connected with goodness, compassion, gentleness, joy and love. I feel all these aspects play a role in my music therapy practice. (R129)

The concept of 'right livelihood' is important, i.e. making a living from doing something which has a positive effect on society. (R76)

A large number of respondents reported that their professional identity and work is linked to their perceptions of music therapy as something more than “just a job”. Many reported that they became music therapists in response to a (spiritual) calling:

My journey towards becoming a music therapist was guided not only by a love for people and music, but also a sense that I had the potential to serve people (and also God) in this profession. (R143)

I began training because I felt this would be putting my faith into practice. (R71)

My spirituality caused me to begin training to be a music therapist. (R74)

I am gifted musically (to some extent) and as a therapist (to a small extent!) and my spirituality means that I am obliged to put these gifts at the service of others. (R76)

I believe God guided me to train as a music therapist. (R111)

As my spirituality affects everything I do, it affects me as a music therapist – how I view what music therapy is and how I approach my work. My decision to study [music therapy] came from a desire to help struggling people, which is something God desires His followers to do. (R112)

From this perspective, many respondents viewed music therapy as a “vocation”:

From the beginning of my studies, I certainly felt that music therapy was my vocation, not just a career choice. I still feel passionately about my work and believe it is one way I can live my life with purpose. (R77)

Being a music therapist often feels like more than ‘just a job’. My identity as a music therapist has a spiritual aspect to it – in the sense that it informs my general approach to life. (R234)

Respondents’ perceptions of music therapy as a vocation appeared to relate to their sense of expressing and enacting what is spiritually significant to them through their work: to help other people and connect with them, to have empathy and express their compassion and unconditional positive regard towards others.

I see work as an opportunity to show compassion and love – traits of God. (R109)

Being a mentor or therapist for others to expand and express themselves via music is a spiritual path from my point of view. Allowing a higher force to be present in those interactions. (R196)

[Music therapy] is my opportunity to serve and love God in my clients. (R113)

My Christian beliefs are in line with music therapy ideas of service to others and the iso principle (Jesus meets people where they're at). (R88)

Likewise, for many, spirituality functions as a source of guidance and strength for their music therapy practice which can help them deal with challenging situations, such as a client’s death.

While I never forced my beliefs on clients and generally talked about spirituality if the clients raised the subject first, I often thought about how God may be at work during sessions. I also prayed about my work, asking for guidance and wisdom. (R23)

I believe that therapeutic understanding is more related to theoretical knowledge. In challenging moments, though, spirituality may offer additional intuitive thinking. (R42)

When faced with clients who are suffering (who have had tragic things happen to them in the past and present), my spirituality helps me understand and have compassion for those I serve. It may be easy to lose hope or become angry. However, a sense of spirituality may help me give purpose to my work. (R168)

I find it [spirituality] helps me relate to those having spiritual distress, and it brings me comfort and strength when I'm working with the terminally ill (especially after someone passes away). (R159)

Beliefs about music's origin, nature and function were central to the perceived connection between respondents' spirituality and their work. Some viewed music as spiritual or divine in nature (e.g. "a gift from God" R102) and/or as a medium that can enable people to connect with others and the world.

I am sure that God is working through the music. (R191)

Music for me is no medium but a spirit, let's say like an angel. It brings message(s) from the spiritual world and connects with the spiritual world in everything. (R295)

I feel that music is such a powerful medium for helping us access our own spirituality – as it connects to the deepest parts of ourselves, and when making music together with others, we're connected together on a similarly deep level. I've often felt in sessions, there are moments when I'm making music together with clients, when the music becomes something far greater than ourselves – it expresses our highest potential, all that we can possibly be and more – and in these moments I feel the music is expressing the presence of the spiritual within us. For me, I might interpret this as God being in the music with us, whilst a client without a similar spiritual viewpoint might simply suggest that the music has connected to something beautiful within them. (R143)

I allow the music to do the work and that itself is a spiritual process. (R205)

Music is about expression, acknowledgement, and sometimes celebration, of human experience; is often a clear and simple reminder of order, structure and beauty; music-making calls us into clarity, organization, creativity. (R294)

7.3.2 Interrelationships of spirituality and music therapy practice

The majority of respondents reported a dialectical relationship between their spirituality and their music therapy practice: not only that their spirituality informs their practice (64%, $n = 225$), but also that their practice informs their spirituality (62%, $n = 213$). More particularly, they reported that their spirituality influences, enriches and helps them understand their practice. Spirituality informs their thought process and reflection. Some respondents suggested that their spirituality overlaps with certain theories and approaches to music therapy practice, such as client-centred approaches.

I believe that the main informant of my music therapy should be current thinking of other music therapists. However, Sufism teaches the inherent value of each person, and to be the servant of whomever one is with at that moment. This informs my practice, though it is also largely overlapping with client-centred approaches. (R76)

A respondent clarified that although their spirituality influences their way of seeing the world, they are aware of not letting it directly influence their way of practising music therapy. For many respondents, however, there is an inherent connection between their music therapy practice and spirituality, and the two are inseparable. A respondent described this connection as a “chicken and egg” situation, while another named it a “symbiotic relationship”.

The majority of respondents reported that their music therapy practice informs their spirituality. Although for some this was not something that applies only to music therapy (as they believed that all life experiences inform their spirituality), most of the respondents reported various aspects of music therapy work as having an impact on their own spirituality. For many, their work, including the change they witness in clients, affirms their spirituality and beliefs. As such, their practice functions as proof which reassures their spirituality.

My music therapy practice gives me examples again and again of the wonder and beauty of life in the actual present moment, of the joy of connection with self and others – it is proof of my beliefs, again and again! (R158)

Music therapy continually deepens my understanding of spirituality, of connection with others, of profound beauty contained [within] profound sorrow. (R292)

Furthermore, music therapy work helps respondents explore further and foster their spirituality. Respondents’ work with clients enriched and broadened their own spirituality and their experiences of spiritual connection not only within but also beyond music therapy (such as in religious contexts). Being exposed to and witnessing a range of often challenging life situations through their clients, respondents could learn about their own self and humanity in general. These situations helped respondents reflect and expand their awareness with regard to how human beings and life are valued, and thus helped them to put their own life events in perspective. In this way, music therapy work was reported as bringing up “deep” existential questions. Thus, for some, their practice helped them become more aware of the “bigger picture” and brought a sense of purpose in life.

I learn so much about how to live my life, how to keep life events in perspective, through observation of my clients and their families. (R55)

It may reinforce what I prioritize in life, and enables me to maintain a sense of gratitude. (R34)

Similarly, working with clients from a range of spiritual and religious backgrounds expanded practitioners’ own spirituality. Clients’ spirituality and faith were reported as inspiring and encouraging for many respondents, with some of them referring to clients as exemplars or teachers from whom they learn “important things in life”.

For some, their music therapy work brought new understandings in terms of their spirituality, while others reported that their work enhances their understanding of people and suffering, and strengthens

their faith without necessarily changing what they already believe.

[Music therapy practice] does not change what I believe, but enhances my understanding of people and suffering which in turn helps me to understand more about what is written about these things in the Bible. (R112)

I believe becoming a music therapist broadened my experience of spirituality. (R153)

In addition, some considered that the skills and qualities they have developed as music therapists (e.g. careful listening) help them to grow spiritually or to develop their spiritual qualities. Likewise, practising certain music therapy methods and techniques (e.g. improvisational techniques) informs and helps them explore spiritual practices.

As a therapist we are taught to give unconditional positive regard, to work with people's behaviors – and not let those always reflect on the 'goodness' of a person. There are many fundamental things required of a 'good' and effective therapist, so I think these definitely shape and influence my spiritual beliefs. (R160)

Through music therapy methods, especially GIM and improvisational techniques, I have known transformational and transpersonal experiences that I can identify as trance-like... which has led to the exploration of other spiritual/meditational practices within other cultures. (R257)

Additionally, music was perceived as an expression of spirituality. Respondents commented on music's power to communicate things that cannot be communicated in other ways, as well as on its function as a "guide". They reported that music-making and listening with clients can lead to experiencing "deeper places", a sense of "transcendence" or "flow" – all of which were reported as enhancing respondents' own spirituality. Furthermore, some respondents believed that their ability to use music in a therapeutic context is not only a matter of professional training, but also a spiritual matter (e.g. "I believe that God has given me the gift of being able to use music to help people" R102).

Work-related stress increased some respondents' need to feel "spiritually strong and rejuvenated" (R71), and for some this entailed developing their relationship with God. Certain music therapy experiences (e.g. working within a hospice environment) had led some respondents to explore their spirituality further. A respondent, however, suggested the opposite: that their practice within a particular context could be a "threat" to their spirituality (e.g. "On any given day, my work in the hospital attempts to eat away at my spirituality so I must guard against that" R149).

7.3.3 Spiritual experiences in music therapy

The majority (65%, $n = 230$) reported that they have had a "spiritual experience" in music therapy. Such experiences were described in diverse ways, including a sense of mutuality, close contact and deeper or meaningful connection with a client. "Peak" or "profound" experience, "flow", a sense of being "conscious" or "grateful" were some of the terms or phrases that respondents commonly used to describe

their spiritual experiences. Likewise, many referred to such spiritual experiences as moments with certain qualities, such as “now moments”, “moments of synchrony”, of “resonance” and/or “connectedness”, as well as “magic”, “holy” or “special” moments.

For me the ‘magic moment’ with a human being is a spiritual experience. The moment of meeting is for me when time and place don't exist in that special moment. (R207)

GIM-trained respondents, in particular, described their spiritual experiences in terms of “trancing”, “travelling” and “transpersonal” experiences, as well as in terms of experiences of “altered state of consciousness”.

Whereas for some respondents spiritual experience is something beyond their normal experience, or when something intangible or special happens, for the majority such experiences were reported as part of everyday life experience; not as a “special moment” or something “extraordinary”.

[I] find it very hard to define spiritual experience as it is interwoven through life and doesn't necessarily ‘stand out’. (R227)

Maybe not of the ‘peak experience’ kind, but often in music-making I feel that special kind of contact and awareness that I regard as spiritual. (R305)

Every day is filled with spiritual moments, both big and small. (R18)

Every experience in music therapy is spiritual. Just as it has mass, meaning and time. I have had occasional experiences of mystery, deeper awareness and intensities, but I don't locate those solely within the ‘spiritual’. For me, observing daily disciplines is also part of my spirituality. (R360)

Connection and connectedness emerged as an underlying element of spiritual experiences across the different respondent subgroups, whether they reported their spiritual experiences as peak and magic moments, or as part of their everyday experience. Connection and the idea of “sharing” something with another person was a recurring theme in respondents’ descriptions of spiritual experiences. Spiritual experience was reported in terms of a sense of connection to their (inner) self, to others, to music, to a divine entity and/or to the environment surrounding them.

As I feel that making deep connections with people through music IS basically working on a spiritual level then I have had many spiritual experiences. However, if the question is referring to ‘esoteric’ or ‘other-worldly’ experiences then I have not had any. (R41)

Although spiritual experiences were not described in relation to specific client groups, certain work settings were reported as facilitating or hindering respondents’ experiences of spirituality (e.g. “I am so fixed within the medical or educative model that I work in that I don't always see the relevance spiritually at the time” R107).

Furthermore, a few respondents suggested that having a spiritual experience in music therapy requires a long working experience as a therapist. Irrespective of client group, work setting or longevity of

working experience, however, witnessing a significant (positive) change or a breakthrough in clients' ways of being or behaving was often reported as a spiritual experience. Such situations – which are usually spontaneous or unexpected – were linked to witnessing clients' "healthy parts", as illustrated in the following more extensive cases described by three different respondents:

I completed my final student placement in a psychiatric hospital. A patient on the ward where I was working had been very difficult to communicate with. She'd been in the hospital for a couple of weeks and sporadically attended group music therapy sessions, wandering in and out of the room, not responding when we spoke to her, let alone to any music we offered. Occasionally she would come over and hit the keys on the piano, but this seemed random with no connection to the instrument. One afternoon, our group session was almost over. For the final song, we chose to sing *One Day at a Time*. Our patient wandered into the room at this point, and as usual appeared not to pay attention to what we were doing. As we sang, however, this changed. She looked straight at my supervisor and I as we played and sang with the group. She began mouthing the words along with us: "*One day at a time, sweet Jesus, that's all I'm asking of you...*" Tears streamed down her face. Once the song ended, she again was unresponsive to us. This was the one and only time we connected with her in music therapy, and it's my belief that something spiritual was happening for her. (R23)

I have been seeing an 18 year old man with Bipolar Disorder for about 2 years. He has been showing extreme mood swings in sessions where he would sometimes jump up and down and beat drums very hard, or would just burst into [tears]. His crying exhibited a sense of impulsive sadness which [was] sometimes triggered by his false interpretation of what people [said] to him or just as a result of sadness which had no reason. One day recently and quite unexpectedly he suggested we sing some of the worship songs that he learnt from church he used to attend and he spontaneously showed me how he could sing these songs. Since then, we've been singing them in sessions regularly. On one occasion he suddenly started to cry in the middle of singing *Power of Your Love*. Unlike his usual crying, this time it was [temporary and] he was able to control by his will, and afterwards he said he is 'happy now'. It resembled the crying that I have experienced whenever I worshipped, the cry of healing and joy, not a cry of devastation. Personally I could strongly sense the presence of the Holy Spirit here. (R333)

I have experienced many unanticipated connections between clients... for example, during a group on an acute [psychiatric] unit of mixed gender, I found that I only had males in the group of eight clients. As the [music therapy] experience progressed in the group, there was a moment when all the men in the group rose and spontaneously held hands, sang and danced with each other. I was privileged to be part of this unexpected goodness – a spontaneous connection with the good of each person that broke through preconceived notions about how males typically relate to each other. (R168)

Spiritual experiences were often reported in relation to respondents' capacity to "deeply listen" to clients and were described as "wordless encounters". Such experiences often emerge in free music improvisation with clients, where music was described as becoming a third entity with its own direction and force.

I have had spiritual experiences with learning disabled clients where music enabled us to communicate on one level where words and logic wouldn't have made sense. (R13)

Moments of inexplicable and deep closeness, mutuality, connectedness, often where the music feels like it has a will of its own and is leading myself and the client(s). (R176)

For some, spiritual experience is connected to aesthetic aspects of music-making (including experiencing music's transcendental force and beauty), while others clarified that it is the kind of connection that one experiences through music, rather than the type of music itself, that makes an experience spiritual.

I remember once I was doing a session with a client at a cardiac emergency ward of a hospital. The client was intubated but conscious and had family members [present]. He was selecting songs from a list and we were singing. At the end of the session, we were doing *'Let's Twist Again'* with the nurses, doctors, the patient and his family. Is *'Let's Twist Again'* a spiritual experience? Hardly. But is the connection between therapist, patient, family and medical staff spiritual – at that moment it felt like it. (R174)

For some, their spiritual experience was also accompanied by some kind of heightened senses and a change in their perception of physical space. Some, for example, had experienced differences in their perception of the room or the client.

The room changed. The air almost felt electric [...] the patient's voice got stronger (R155).

[...] experiencing some kind of 'weight' (R182).

Seeing a 'light' come into a non-verbal child's eyes (R263).

On the other hand, some respondents were sceptical about the term "spiritual experience" and its ambiguity. Although the vast majority implied that spiritual experiences are positive (by using, for example, words such as "wonderful" and "moving"), a few respondents pointed out that such experiences can include not only a sense of "God and angels", but also of "evil beings" which may be unpleasant to the person.

7.3.4 Spirituality, health and illness

Most respondents (78%, $n = 273$) reported that spirituality informs their way of thinking about health/illness while for some the reverse also applied (e.g. "My thinking about health and illness informs my spirituality" R33). Spirituality helps respondents to put health "in perspective" and to perceive illness as a learning opportunity in one's life; as a situation with meaning to be explored and which can contribute to the person's spiritual growth.

In some ways illness can disable our ability to connect with our spirituality (e.g. depression, schizophrenia). However, my sense from my work is that when we are ill or disabled this also offers an opportunity for us to connect deeply with our spirituality, and use this as a source of solace or support. Health to me, can also be viewed as being in a spiritually healthy space – aware of our own spirituality, however we may interpret it and [be] guided by this. (R143)

Similarly, spirituality informs respondents' views on (clients') death and dying (e.g. "I think atheism does inform my ideas about health, death and dying in particular" R234). For many, spirituality also helps them think beyond the physiological aspects of health/illness and consider its existential aspects. They referred to a psychosomatic understanding of health and the capacity to think beyond "Western medical scientific thinking". Their spirituality enables them to have a holistic perspective towards their clients and their work; it enables them to engage with the whole person, beyond pathology or disability.

As for the relationship between spiritual wellbeing and general health, respondents had varied views. Many believed that this is not a linear or cause-effect relationship, and they were careful not to equate 'spiritual status' to 'health/illness status'.

I see no connection between one's level of health and one's spiritual status – I think this is a dangerous aberration. I think that spiritual practices can have a bearing on health, but that the main response to illness should be recourse to modern medicine or therapies – i.e. I am very spiritual but I am not a new-ager! (R76)

On the other hand, some argued that spiritual wellbeing could influence one's health and serve as a health resource.

If you are not grounded and balanced you are more likely to fall ill. (R144)

I believe that resisting the depths of human experience can lead to illness... physically, psychologically, socially. (R294)

I have seen people healed through prayer and believe in some cases physical and mental illness may have spiritual roots. Spirituality can also have an impact [on] people's ability to recover (regardless of the roots of the illness). (R227)

7.3.5 Music therapy and spiritual wellbeing

The majority (91%, $n = 321$) suggested that music therapy contributes to clients' spiritual wellbeing, but many respondents clarified that this is not the aim or focus of their practice, or their "primary responsibility" as therapists. Music therapy's impact on spiritual wellbeing was reported as something that depends on the client, their spiritual inclination, their worldview and how "they wish to use the therapy":

I think this depends entirely on the client. Music presents itself as a medium in a music therapy room and if the client uses this in a spiritual way then of course it can contribute to their spiritual wellbeing. It could of course have the opposite effect. (R80)

For the majority of respondents, clients' spiritual wellbeing is not related to, nor should be led by practitioners' own spiritual beliefs (e.g. "I'm not spiritual, and if I was my beliefs should not be put on my clients. But if my clients are spiritual it's a part of their life, and then also of course a part of their therapy" R95). At the same time, some other respondents proposed that music therapy's contribution to clients'

spiritual wellbeing depends on whether the practitioner is a spiritual person and whether they incorporate spiritual issues into their practice.

Although clients' spiritual wellbeing was not seen as a "self-evident result" in music therapy, most respondents argued that it is part of their work towards enhancing clients' holistic wellbeing.

I feel that music therapy can affect the whole of a person – and in this way, it could certainly open a client up to increasing and developing their spiritual wellbeing. (R202)

When we [music therapists] contribute to wellbeing in general I think this also contributes to spiritual wellbeing. In my work with young sexual offenders, I often encounter boys who arrive with a strong religious moral code (e.g. saying I shouldn't have done that, I made God angry, I need forgiveness, and so on). However, they seem to lack self-esteem, feel a strong sense of regret and that they are bad because of their actions. After the therapy process, it sometimes happens that these young men become more confident, their contributions to the group are valued, and they begin once again to connect with who they really are – and feel able to start over – I think this is an enhancement of their spiritual wellbeing. (R143)

For some, music therapy can reach clients' "inner core"; it can "soothe and quicken the spirit" (R112). It provides clients with space for reflection, as well as a sense of peace, transcendence, meaning and wholeness. Music therapy was perceived as helping people access their self-consciousness and creativity, and as giving them opportunities for "deep personal expression through the experience" (R254).

In many ways music therapy can help people to feel connected. There is also a sense of peacefulness that often seems to come in tandem with being creative in the moment and having your feelings heard and understood. If spirituality is about how you relate to your environment, music therapy promotes awareness and could promote a sense of wonder and curiosity. (R234)

7.3.6 Clients' spirituality in music therapy

The majority (71%, $n = 252$) reported that they consider clients' spirituality in music therapy. Many consider spirituality in broader terms as part of clients' personality, humanity and wellbeing. Considering clients' spirituality was commonly reported as part of respondents' "holistic approach". Respondents did not only consider clients' ethnicity, religious values and beliefs, but also clients' music preferences and their general ways of being and relating.

I consider the whole person, including their relationships with other people, places, things and ideas. (R34)

I find that without any reference to care plans their [clients'] spirituality emerges – from their vocabulary, how their rooms are decorated, by their state in life (belonging to particular denominations, congregations) and I hold this in mind. (R133)

Some suggested that considering clients' spirituality is a basic principle of being a therapist. Some also include spirituality as part of their music therapy assessment, especially with verbal adult clients.

Constantly [I consider my clients' spirituality]. And if I did not consider their beliefs, first and foremost, I would not be working therapeutically. (R158)

I always ask, in assessment sessions with verbal adults, about the presence of spirituality in a person's life. (R247)

On the other hand, many respondents commented on the ethical dilemmas around clients' spirituality. They would consider a clients' spirituality or faith only if the client brought it up. Attention to maintaining one's professional role and appropriate therapeutic boundaries was stressed by the majority, while a few stated that considering clients' spirituality in music therapy would be unethical or unprofessional altogether (e.g. "Just as I wouldn't bring my spirituality into the room, I wouldn't consider my clients' spirituality" R80).

7.4 Spirituality, music therapy training and supervision

Discussing the fourth area of findings, this section focuses on spirituality in relation to music therapy training and supervision. An overview of the numeric findings is provided in Figure 3, while the music therapists' responses are analysed further in the three subsections below.

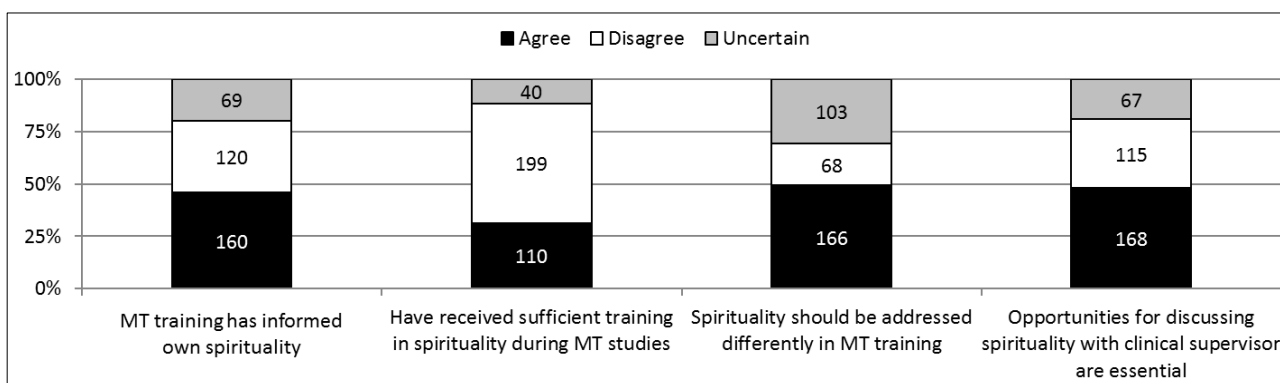


Figure 3: Music therapists' responses regarding spirituality, music therapy (MT) training and supervision

7.4.1 Spirituality and training

Almost half of the respondents (46%, $n = 160$) reported that their music therapy training has informed their spirituality. Common responses included that the training raised their awareness of self and others. It also enhanced their self-knowledge, their capacity to accept others for who they are (to tolerate differences), and their understanding of human relations (e.g. "[Music therapy training] has made me become more aware of my own mental state and physical state when working, speaking and sharing with others" R129). For some, training had a moral and ethical impact; it helped them to "become a better person" and to recognise how social justice and spirituality are connected.

Likewise, many respondents explained that their training informed their spirituality by requiring “introspection” and strengthening “reflective practices”.

In my coursework I found myself continually evaluating my core beliefs about people and how my work as a music therapist could serve them and honor these beliefs. My training provided plentiful opportunities for reflection and personal growth. (R217)

[Spirituality] is a notoriously vague word! – but looking beyond the immediate here and now is very important to me, and became more so during my music therapy training, and in the 4 years since I have been working as a music therapist. (R226)

Some described their training as “life changing”; it enabled them to explore their faith and think about different aspects of spirituality that they might not have had previously. Some were challenged to think more deeply about their spirituality, while for others the training helped them on a more personal level (e.g. to “grapple with things in my life” R112).

Developing skills in how to connect personally and musically not only to clients but also to themselves were described by many respondents as an essential aspect of the training’s impact on their spirituality (e.g. “I have become slightly more capable of making human connections and relating to myself since training” R32). Additionally, for some, their relationship to music and their understanding of how music-making can communicate one’s spirituality were “deepened” in the training. Some respondents also reported that their training affirmed, reminded them of or reinforced their spirituality – without necessarily challenging, broadening or changing it.

[The training] reinforced my belief that spirituality comes from within and you do not need a specific religion to lead a good life. (R34)

I cannot say my training has informed my spirituality so much as allowed me to be trained in a place where we can integrate our spirituality. (R158)

On the other hand, many argued that their spirituality was changed and/or expanded during training (e.g. “I think music therapy training has done a lot for me in terms of showing me many ways of looking at life, people, music, therapy, and myself” R125), while for others the training was the beginning of their spiritual explorations (e.g. “Music therapy training began this journey for me” R238).

At the same time, some respondents (34%, $n = 120$) reported that their training has not informed their spirituality. Although some explained that the training developed their awareness or “open-mindedness”, they would not name this “spirituality” (e.g. “I would say that since training I have become more open-minded and I contemplate things more [...] but I don't count that as spiritual for me, but others might for them” R26).

Many respondents, whose spirituality was informed by their training, commented on three aspects that informed, affected or challenged their spirituality: i) being part of a group of trainees (including the experience of music-making and improvisational work with fellow students; challenging each other’s

beliefs and assumptions), ii) having personal therapy during training, and iii) working with their first clients during clinical placements.

[The training] helped me consolidate and clarify my own particular ideas about spirituality and how it relates to my work. I trained alongside people with an eclectic mix of 'spiritual' backgrounds (including Steiner, Buddhism & Christian fundamentalism) which brought up some very interesting questions. (R234)

[The] personal therapy I have undertaken as part of my training has helped me to gain a better understanding of the world and who I am. I feel more secure in my lack of spirituality and more convinced of the non-existence of any kind of God than before, something which I see to be incredibly positive. (R307)

Many respondents reported that spirituality was addressed "indirectly" and was part of their personal journey and development during the training; spirituality was not part of the formal curriculum. They had opportunities to experience spirituality through music-making opportunities in training, as well as opportunities to talk about spirituality in supervision. Respondents, however, suggested that one could never receive "sufficient" training regarding spirituality.

Learning also about culture and developing a sense of "faith in music" helped some to find personal meaning in relation to spirituality during training. For some, their sense of spirituality related strongly to their training's particular music therapy approach (with GIM being the most commonly reported approach, followed by Nordoff-Robbins), its ethos and/or to their tutors as role models.

The Nordoff-Robbins approach to music therapy is very much connected to and based on what I personally consider as spirituality. In this regard I feel that everything that we are taught on the course informs my thinking and my approach to spirituality. Having said that, spirituality as a phenomenon itself – the way it can be understood by different people, in different cultures and how it can affect our music therapy practice – is not addressed directly [in music therapy training]. (R64)

Although training informed most respondents' spirituality, the majority (57%, $n = 199$) reported that they have not received sufficient training in spirituality during their music therapy training, and a smaller number (49%, $n = 166$) would like a change in how spirituality is addressed in training (see Figure 3). Some argued that trainings and tutors were often "afraid" to address spirituality explicitly. Respondents contended the need for trainings to be "broadened" and some common suggestions for change included: studying the role of music in different faiths; providing opportunities to discuss openly about spirituality; inviting students to reflect on their own spiritual autobiographies; considering how therapists can support clients on their spiritual journey; incorporating spirituality as part of assessment tools; shadowing other professionals (such as chaplains or spiritual counsellors) while on placement.

Respondents stressed that spirituality needs to be addressed sensitively (i.e. not to proselytise or cause offence or misunderstanding) and they suggested that it should be considered alongside the standard ethics of music therapy practice (e.g. to respect clients' and colleagues' different beliefs). However, some

commented that too much emphasis on “political correctness” could prevent music therapy training from providing students with competence in dealing with spirituality in their practice.

Maybe there is a case for it [spirituality] to be more present [...] I think trainees need to be encouraged to be open to thinking about the spiritual but it is one of those things that needs to be invited not forced... maybe to know that it's OK to name something as having a spiritual quality in the clinical work if this feels appropriate. (R89)

Many [music therapists] who are very enthusiastic about their faith may be eager to bring up the topic when it's not clinically appropriate, and they may not be aware of the potential for clients to have negative responses to issues around religion. Training and education needs to help [music therapists to] be sensitive and aware of both the positive and negative possibilities when connecting with clients' spirituality. (R77)

Respondents (31%, $n = 103$) who were not sure whether spirituality should be addressed differently in training, were hesitant to make generalised statements or suggestions for the different training programmes. Some also had had no recent contact with training programmes and thus felt that they could not give an informed answer, while others were uncomfortable with the idea of “addressing” spirituality; a term that was used in the survey questionnaire.

I am not sure it should be ‘addressed’ at all. Who is qualified to ‘address’ it? Would students who did not ‘address’ it be at a disadvantage? I certainly would encourage discussion of spirituality if/as it arises in training, but the danger of ‘addressing’ things in training is that you then need to assess it. And that you can't do, I think. (R121)

Finally, some respondents (20%, $n = 68$) thought that there is no need to address spirituality differently in training. More particularly, some indicated that spirituality cannot, or should not, be a required topic in formal training because it cannot be taught due to its very nature and/or because it is a personal, and not a professional, matter.

I think it would be highly inadvisable, even a bit silly, to include ‘training’ in spirituality. This comes from life experience. The danger would be tutors turning into evangelists. (R122)

I think it is a personal matter and difficult to address in a formal multicultural training. (R22)

I do not feel it is necessary to include spirituality as a required topic in music therapy training. Again, we are not being trained to be pastors. I felt that my training left room for the topic to be addressed as the students expressed a need for it. (R38)

Although some proposed that there is no need for spirituality to be overtly included in the training, they suggested that spirituality could be explored in implicit ways. Musical experiences in training, for example, as well as the use of psychological terms (e.g. transference and countertransference) to reflect on these experiences, could function as vehicles through which spirituality might be explored. Some

respondents stressed the need to allow discussions about spirituality to emerge only if students raise the subject; otherwise some were anxious of the training losing its focus.

7.4.2 Spirituality and supervision

The majority of respondents (48%, $n = 168$) considered opportunities for discussing spirituality with their clinical supervisor as essential. For many, such discussions are important only when, and to the extent that, spirituality affects their work (e.g. discussing spirituality in connection to clients' needs or when the therapist's spirituality conflicts with their clinical practice).

This seems very much up to the supervisor and supervisee relationship, but just as personal psychotherapy issues are not part of supervision, so I would think religious beliefs need taking elsewhere unless they are [...] central issues in the therapy work or in the supervisory relationship. (R122)

For other respondents, allowing opportunities to discuss their spirituality are significant, irrespective of their spirituality's direct impact on their work, and are an important criterion for choosing a supervisor. Supervision, as suggested by many, should be a safe place where anything can be brought up by the supervisee without prohibiting certain topics from being discussed.

[...] I wouldn't go to a supervisor who was dismissive of spirituality. (R53)

I chose a clinical supervisor who I knew [could] accept my spiritual views. But we hardly talk about spiritual issues in the end. But it's nice that there are possibilities to do so. (R116)

In some cases – when, for example, the supervisor was not considered a competent or appropriate person for spirituality-related discussions – some respondents approached other professionals, such as a chaplain or their personal psychotherapist.

I think it is important that supervisors [are] available for supervisees to discuss their spirituality, however I cannot imagine that that would suffice in all cases. Some supervisors don't have spiritual beliefs that might resonate or be open to resonating with the spiritual beliefs of the supervisee – [it is] important that each student [has] some trusted individual with whom they can process their experiences, if not able to [do so] with their supervisor. I feel very lucky to have had supervisors with whom I could discuss whatever dimensions I needed to, I chose them knowing this would be so. (R158)

I have a spiritual advisor who I speak to about this aspect of my work, it does not feature in my clinical supervision. (R230)

Some respondents considered that discussing their spirituality in supervision (and in personal therapy) is essential especially when this relates to their sense of morality and ethics in their work. They argued that such discussions help the supervisor to gain a good understanding of the supervisee, their belief/value system and how it relates to their work.

If I feel that my spirituality is having an active or very strong influence on my work, it would be necessary to address it both in supervision and in personal therapy (I would consider my role as being unethical and intrusive). That is not my role – I am a music therapist, not a pastor. (R38)

At the same time, some reported that they hesitate to open such discussions with their supervisor as they are afraid of being rejected or considered as practising unethically.

7.4.3 Trends per music therapy training

Respondents' perceptions regarding spirituality, training and supervision presented some common trends in terms of their training's music therapy approach with three subgroups emerging: i) those with behavioural, music-centred or psychodynamic training, ii) those with anthroposophical or GIM training, and iii) those with neurologic music therapy training.

As shown in Table 4, most respondents, across all subgroups, agreed that having opportunities to discuss spirituality with their supervisor is essential and that there is a need to address spirituality differently in training. Similarly, the majority (as distinct from half of the GIM and anthroposophically-trained music therapists) reported that they had not received sufficient training in spirituality during their music therapy studies. Likewise, the majority of respondents (with the exception of neurologic music therapists) reported that their music therapy training has informed their spirituality.

7.5 Spirituality and professional considerations

The fifth area of findings concerns respondents' perceptions of spirituality in relation to different aspects of professionalisation of music therapy and includes their suggestions for change. The numeric findings (Figure 4) are discussed further in four subareas drawing from respondents' additional comments.

7.5.1 Talking about spirituality with other professionals

Talking about spirituality with other professionals at the workplace was not considered unprofessional by the majority (74%, $n = 260$). Although a small number of respondents suggested that spirituality is a private matter and should not be discussed in professional contexts, the majority reported that talking about spirituality with other professionals is appropriate as long as the topic is relevant to their work and clients.

The "how" to talk about spirituality was described as what can make such discussions professional or unprofessional. Some of the most commonly reported prerequisites for appropriate professional ways of talking about spirituality included respect and openness for different views and value systems.

		Anthroposophical MT		Behavioural MT		Guided Imagery and Music (GIM)		Music-centred MT (Nordoff-Robbins)		Neurologic MT		Psychodynamic MT	
		n	%	n	%	n	%	n	%	n	%	n	%
MT training has informed spirituality	Yes	7	58%	21	42%	25	68%	45	56%	7	33%	68	43%
	No	3	25%	18	36%	5	14%	17	21%	8	38%	60	38%
	Not sure	2	17%	11	22%	7	19%	18	23%	6	29%	32	20%
Have received sufficient training in spirituality during MT studies	Yes	6	50%	21	40%	19	50%	29	36%	9	45%	49	30%
	No	6	50%	27	51%	16	42%	42	52%	11	55%	97	60%
	Not sure	0	0%	5	9%	3	8%	10	12%	0	0%	25	10%
Spirituality should be addressed differently in MT training	Yes	7	64%	29	57%	20	54%	34	41%	11	55%	76	47%
	No	3	27%	12	24%	3	8%	22	27%	4	20%	35	22%
	Not sure	1	9%	10	20%	14	38%	26	32%	5	25%	50	31%
Opportunities for discussing spirituality with clinical supervisor are essential	Yes	8	67%	22	42%	19	50%	34	41%	12	57%	84	52%
	No	4	33%	20	38%	13	34%	26	32%	8	38%	58	36%
	Not sure	0	0%	11	21%	6	16%	22	27%	1	5%	21	13%

Table 4: Spirituality, music therapy (MT) training and supervision: Music therapists' responses per training subgroups

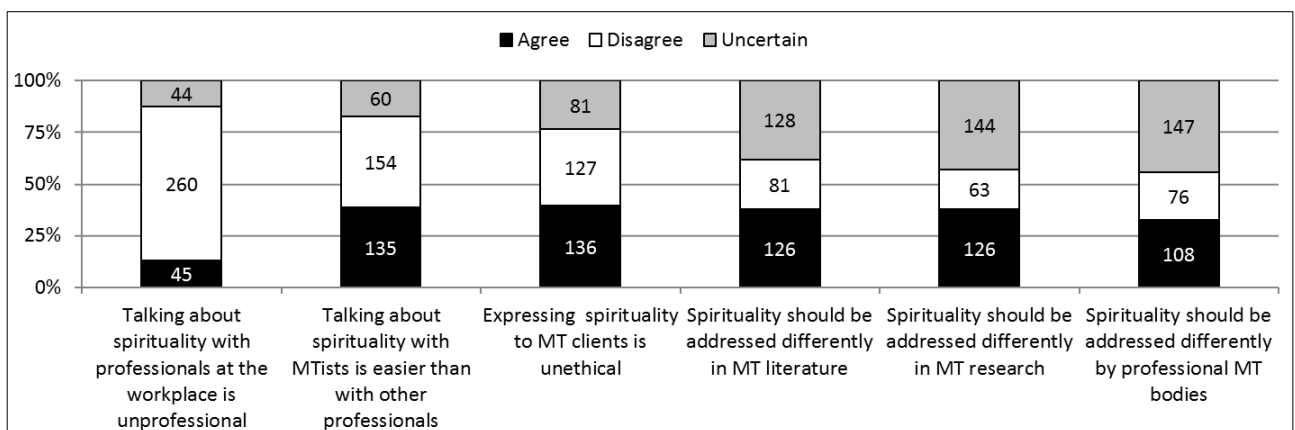


Figure 4: Music therapists' responses regarding spirituality and professionalisation of music therapy (MT)

I think it is HOW you talk about spirituality that can be professional/unprofessional. (R106)

In the confines of supervision, it is cool to talk about it. In the vein of the patient's religion and spirituality, it is cool. To recruit people to your church, it is not cool. To go on about your beliefs to convert people to your way of thinking, not cool. (R155)

As long as all ideas are respected and professionalism is maintained, I believe it can be healthy to discuss such topics. (R62)

Many also reported that the context and ethos of their workplace could allow, promote or hinder discussions about spirituality. Hospices and faith-based institutions (e.g. Christian hospitals) were examples of the first case, while institutions that are based on a "medical-model" were given as examples of the latter case. In addition, different cultural contexts and traditions influenced respondents' perceptions of whether or not it is professional to talk about spirituality (e.g. "But it is an unspoken rule that you shouldn't talk about it in the UK. In Uganda we pray about everything" R102).

Various respondents commented that they hesitate to talk about spirituality. Given people's multiple understandings of its meaning (with some relating spirituality to religion), they were afraid of being misunderstood by colleagues. Respondents were, therefore, careful with whom they would talk (or not) about spirituality as this might be "unwelcome" or "misunderstood" by certain professionals.

7.5.2 Talking about spirituality with music therapy colleagues

There was no clear agreement as to whether talking about spirituality with music therapists is easier than talking about it with other professionals (39%, $n = 135$ agreed [found it easier]; 44%, $n = 154$ disagree [did not find it easier]). The majority explained that it depends on the personal qualities rather than professional qualifications of the other person. From this point of view, talking about spirituality with a music therapist could be equally as easy or difficult as talking about it with another professional. However, a number of respondents suggested that, on the whole, music therapists (as well as other creative arts therapists) have certain qualities and experiences that facilitate discussions around spirituality. Music therapists, in particular, were seen as being "open to a holistic view of things" (R66), more comfortable with 'spirituality' as a term, and able to maintain a conversation respectfully and sensitively even when there is conflict or disagreement. Finally, music therapists' experiences of strong or peak moments in music could provide a common ground for talking about spirituality among them.

7.5.3 Expressing music therapists' spirituality to clients

There was no clear agreement regarding the ethics of expressing the music therapist's own spirituality to clients (37% [$n = 127$] perceived it as ethical; 39% [$n = 136$] perceived it as unethical) (Figure 4). The majority – across the different respondent subgroups – reported that the ethics of expressing their spirituality to clients depends on the setting (e.g. palliative care or mental health), the client and each

particular situation. Respondents explained that one could express their spirituality ethically or unethically. They agreed that it would be unethical and unprofessional to express spirituality as a “missionary activity” trying to force one’s beliefs on the client.

Respondents who considered spirituality as part of who they are, suggested that there is no way they could avoid expressing their spirituality to clients. Their spirituality is “ingrained” in their way of being.

I’m not sure that I can hide my ‘spirituality’ any more than I can hide my appearance. In regards to expressing ‘beliefs’, [it] is not always unethical, but with any ethical question, it [should] be considered mindfully, and with the client's goals in mind. (R247)

From this perspective, many respondents argued that they constantly express their spirituality in one way or another including their music-making with clients. For them, ethical dilemmas were relevant in terms of whether to communicate their beliefs more explicitly.

We express our spirituality constantly to our clients! What we deeply believe, we constantly express implicitly. Is it ethical to express our beliefs explicitly? I think it depends on the context, the clients beliefs, the therapeutic relationship (whether short or long term). (R158)

I probably agree that expressing it in words is problematic. [...] I think my spirituality is expressed also through actions, deeds, gestures, kindness etc etc. That doesn’t strike me as unethical – in fact, to not express it in that way would be the more unethical act! (R170)

I would never talk about my religious beliefs to someone vulnerable unless they specifically asked me – I would not want to block or influence them with my words when it is their therapy session not a discussion about philosophical beliefs. But the question is not clear here – I express my spirituality through my music and my way of relating – expressing it verbally explicitly defining in words what I perceive is happening in a session using ‘religious’ words I agree would be highly unethical. My buddhist philosophy is less explicit than say a fundamentalist christian’s terminology. (R187)

For many, the ethics of expressing their spirituality to clients depend on whether the client introduces this topic and if the practitioner considers it conducive to the therapeutic process. Many respondents would consider this expression of spirituality in therapy within a psychoanalytic framework of transference and countertransference.

Respondents’ opinions about the ethics of expressing their spirituality with clients were also analysed in relation to whether their spirituality was connected to a religion or not (Figure 5). The majority of respondents whose spirituality was not connected to religion (40%, $n = 55$) and those for whom it was connected to religion (43%, $n = 66$) considered it unethical to express spirituality to clients. On the other hand, most respondents who were not sure if spirituality is connected to religion (41%, $n = 19$), considered it ethical.

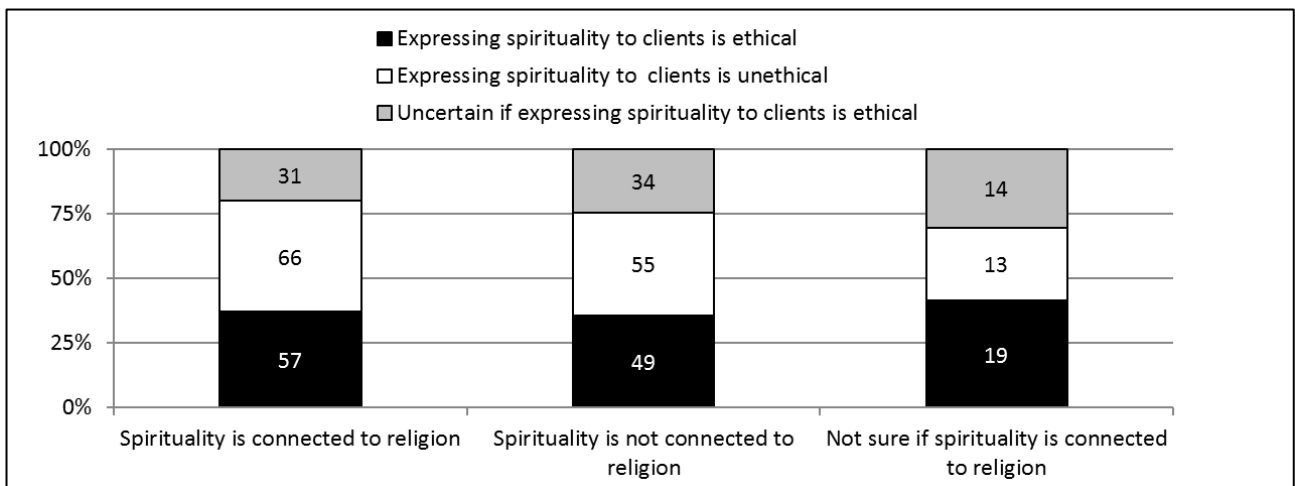


Figure 5: Spirituality's connection to religion and the ethics of expressing music therapists' spirituality to clients

7.5.4 Spirituality and music therapy literature, research and professional bodies

Many respondents were uncertain about whether spirituality should be addressed differently in music therapy literature (38%, $n = 128$) and research (43%, $n = 144$) and by professional bodies (44%, $n = 147$). The majority suggested that space for the multifaceted and complex nature of spirituality needs to be allowed without imposing any general rules.

Respondents would welcome more writing and research activity on the topic of spirituality in music therapy. At the same time, and while acknowledging the difficulty of defining and measuring spirituality, some expressed their concerns regarding the impact of spirituality-related literature and research on the professionalisation of music therapy and its recognition as a legitimate discipline.

In order to be accepted as a serious and affective treatment just as other treatment options [...], I believe it is important at least not to [mention] such a non-scientific-word. At least not until music therapy is a more widely well-known field. (R312)

I strongly believe 'spirituality' in music therapy should be treated with extreme caution and/or should be given a very, very wide berth in terms of the music therapy profession. Although it is interesting and I know many music therapists who have some kind of strong sense of faith, I don't believe it to be very relevant to the therapeutic process. There is a danger that connecting music therapy to spirituality in any way could lead to a lack of credibility for music therapy in terms of other health professions. (R307)

Similarly, some mentioned that there can be a mismatch between spirituality and certain research methodologies.

Music therapy literature rarely talks about spirituality, where it may be avoided due to the challenge in measuring it and operationally defining it. (R292)

This opens up a whole debate about the practice and design of research. I strongly believe that we need quantitative research to be seen as a profession, but in any research we must take into account the views and experiences of the client and this should include acknowledgement of spirituality. (R290)

Some respondents proposed particular research areas or questions, including the exploration of the relationship between specific religious beliefs and music therapy practices, as well as of the use and of the impact of spirituality in music therapy practice.

Respondents stressed the importance of openness to discuss spirituality, as well as the role that professional bodies can take in breaking taboos. A respondent reflected on their experience of taking part in a music therapy professional forum where members were against the idea of talking openly about spirituality and would consider this unethical:

I am a member of [a music therapy forum], and overall people who engage in discussion there come across as anti-spirituality – that there is no need to talk about it, let it inform your practice, etc., because to do so would be unethical. (R157)

Some respondents suggested that professional music therapy bodies could organise spirituality-related conference themes and reflection days to raise practitioners' awareness and improve their competence to deal with spirituality and related ethical issues in music therapy. Some also proposed that professional bodies could offer clients the option to choose therapists from the same faith as themselves.

On the other hand, some respondents argued that professional music therapy bodies do not need to change their current ways of addressing spirituality. They felt that professional bodies already allow people to explore issues relating to spirituality in their practice and allow individual differences.

Some expressed their concern in using the word "should" and proposed that spirituality is not something to be forced or "addressed", as it is something that comes up naturally for some people and not for others.

I grew up in a very oppressive, regimented religious atmosphere and feel that freedom to choose NOT to be spiritual should be respected. If a therapist has the need to share his/her experiences, that is legitimate. But dogmenting the NEED for others is strictly out of place. (R38)¹⁹

Some other respondents suggested that professional bodies need to maintain a secular and neutral stance; spirituality is not a professional matter that can be "regulated" or "prescribed". However, the majority of respondents (44%) reported that they are not sure if and how professional bodies currently address spirituality and, therefore, felt unable to make any (counter)suggestions. Similarly to other respondent groups, they reported the importance of accepting diverse views on spirituality, of understanding cultural differences (and their relation to spirituality) and of having clear ethical boundaries.

I am not sure how it is currently addressed by professional music therapy bodies and if it needs to be 'addressed' as such. I think it is for the therapist to address it [spirituality] and the professional body to only step in when practice becomes unethical. (R84)

¹⁹ 'Dogmenting' refers to dogma marketing.

It's tricky: I believe that discussion of religion and spirituality requires a deep awareness and sensitivity that can't actually be "legislated" in a professional Code of Ethics. So to err on the side of caution has some merit... as long as the 'rules' aren't held TOO narrowly. (R294)

Many of the respondents who indicated that spirituality does not need to be addressed differently by professional bodies, still argued that organising relevant lectures or study days are helpful ways of exploring spirituality in music therapy. Having a forum where spirituality can be discussed with other music therapy practitioners, however, was a common wish among different respondents.

7.6 Dilemmas and problems

There was no clear agreement regarding whether or not finding the words to talk about spirituality and its relevance to their music therapy work is difficult (46% did not find it difficult; 45% found it difficult). Respondents' difficulties related to the diverse, and at times controversial, ideas and interpretations around spirituality; something that could lead to conflict. Respondents were afraid of being misunderstood by others (e.g. "It's easy to sound a bit off with the fairies" R12), especially since spirituality can have negative connotations for some people.

I think this [my difficulty] stems from a fear of being misunderstood. There are many words, but there are so many negative connotations with faith/spirituality and some of the words used to describe it that it can be hard to get through a sentence easily! (R84)

Some respondents were concerned that other people may connect their spirituality to religion. Others considered spirituality a personal and subjective topic which seldom comes up in the workplace, and they would only talk about it depending on the setting and the openness of other people.

Psychotherapeutic and spiritual concepts, according to some respondents, come from different philosophical perspectives which could create difficulties in talking about spirituality and its relevance to their work. On the contrary, some other respondents commented that their work and spirituality are identical, and distinguishing the two is difficult (e.g. "I've never tried to separate who I am from what I do. I went into the music therapy field because of who I am" R149). In addition, some reported that their difficulty in finding the words is not restricted to talking about spirituality; a similar difficulty is experienced in finding the words to talk about music therapy and music more generally.

On the other hand, the participants who experienced no difficulties in talking about spirituality and its relevance to their work explained that they feel comfortable with their spirituality and how it fits (or does not fit) with their professional identity and work; for some their spirituality and work overlap, whereas for others the two are not linked. Many of these respondents had developed a vocabulary to talk about spirituality and/or had a clear context of reference. Likewise, some had a framework of understanding spirituality which was shared among their colleagues.

In GIM [it] is OK as we have a framework to understand spiritual experiences and the experiences clients have are so obviously spiritual and can be described directly to convey that. (R85)

I can talk about it in Jungian terms. (R205)

Music is the common denominator and most people I talk to understand the spirituality of music expression. (R271)

In addition to their quandaries in terms of finding the words to talk about spirituality, respondents outlined problems and dilemmas in three main areas: music therapy's professional and scientific recognition; spirituality as a taboo area; and, ethics of integrating spirituality into music therapy practice.

Music therapy's professional and scientific recognition (area A): Some suggested the integration of spirituality into music therapy could be damaging to the profession and have a negative impact on its recognition as an evidence-based practice.

I think the inclusion of spirituality within the practice, study and methodology of music therapy is not scientific, and could be damaging to the profession. Spirituality is an individual issue, not an issue of the profession and should not be considered as such. (R108)

Spirituality is treated with suspicion as something "unprofessional" which is not accepted by the prevailing scientific, medical paradigm. Respondents were concerned about music's healing function being misunderstood as something "esoteric" and therefore music therapy being classified as an esoteric, spiritual healing practice for "alternative people".

As [a] music therapist I try to point out that we are an evidence-based profession and no hocus pocus. It's hard to be recognized when being in the same category as esoteric healers etc. (R218)

Spirituality as a taboo area (area B): The perception of spirituality as a taboo area was seen by some respondents as problematic. They reported that there is neither sufficient nor in-depth addressing of spirituality in music therapy and suggested that there is a need for more open discussion about it within the profession. A respondent commented on the perceived imbalance regarding how music therapy engages with spirituality compared to politics (e.g. "Sometimes spirituality is a no-fly zone, but politics is! That seems inconsistent and entirely opposite of how things should be considering the field" R251).

Similarly, others faced dilemmas regarding spirituality's compartmentalisation and separation from other aspects of life, as well as its potential misinterpretation. Many respondents found the "confusion" between spirituality and religion problematic. Some respondents stressed that spirituality is a vague term and therefore difficult to discuss; this is why some hesitated to share their spiritual experiences in music therapy as others (including clients) may not perceive them as such. The difficulty also of using language to communicate spiritual aspects of music therapy, as well as the multiplicity and diversity of meanings and

views regarding spirituality, could create confusion and problems. Some respondents communicated their disagreement with those who consider spirituality as something “magical”.

Finally, some suggested that spirituality has become a taboo subject because the role of spirituality in wellbeing is not acknowledged by the theories underlying music therapists’ work and by the prevailing Western medical paradigm.

The theories which underpin our work rarely address spirituality. Within a medical context, the idea of spirituality is too often regarded as a delusional belief or part of pathology. Very little space is given to thinking about the role spirituality can play in wellbeing, resilience and health. (R290)

Ethics of integrating spirituality into music therapy practice (area C): Some respondents reported ethical dilemmas about spirituality’s integration into music therapy practice. They expressed dilemmas regarding how to set goals and assess spirituality in music therapy, as well as how to find a balance between state/organisational policies, regulations and clients’ spiritual needs. Dilemmas were expressed regarding what the boundaries should be with regard to the integration of spirituality into one’s practice, and respondents referred to problems that may occur in this kind of integration.

In fact, some music therapists expressed their frustration with colleagues who may “evangelise”. Cases of practitioners who do not keep their religious beliefs separate from their practice and who want to work only with clients from their own religious traditions were described.

I think it is important that you don’t preach [...] in front of your patients. It’s important that they can be free to take their own decisions and stands of what they believe in. (R139)

When clients feel the devil is at work and that’s why they are suffering, I struggle with my own views because my spirituality doesn’t involve any punitive deity or devil. (R278)

Regarding boundaries, I do not see that there is a strong consensus about WHAT the boundaries should be. Do we pray with our patients as a chaplain would, simply because we share a common faith? Do we speak about our own spiritual practices in the care of the patient? How deeply do we delve into spirituality in music therapy interventions? There is much grey area here, and in [name of a country’s region] where the Protestant faith is in the majority, I find that my fellow music therapists are crossing lines that I have deemed to be outside of our scope of practice. (R164)

As hinted in the respondents’ comments, some music therapists faced dilemmas when clients come with very different worldviews and spiritual experiences to their own, but they stressed the need for openness to people’s experiences and views on spirituality without trying to convey their own beliefs.

8 Situated summary of findings

In sum, this pilot study explored music therapists' perceptions of spirituality and its (ir)relevance to music therapy. This international study offered no working definition of spirituality and invited respondents to report any potential dilemmas, problems and suggestions for change. The study included six main areas of findings. These areas are summarised below while acknowledging their links relation to those of other studies.

Profile of survey respondents (area 1): In total, 358 respondents took part with the UK, USA and Australia being the three predominant countries in terms of nationality, country of residence and country of study. Psychodynamic and music-centred (Nordoff-Robbins) approaches to music therapy training were the most common ones.

Spirituality, religion and self-identity (area 2): Respondents' perceptions of what spirituality means were organised in five themes: spirituality as part of human life and existence, and as a way of living; spirituality as something beyond the individual; spirituality as a greater reality beyond the material world; spirituality as belief and meaning-making; spirituality as a sense of connection and relationship. Overall, 81% of the respondents perceived themselves as a 'spiritual person'; this perception was not dramatically influenced by their views regarding their spirituality's (ir)relation to religion. Some commonly reported ways of experiencing spirituality were: through daily living and respondents' sense of presence in the world, including the enactment of their values in daily life, such as respect of and love for others; by doing certain practices (e.g. prayer, meditation), reading scriptures or being in certain places (e.g. church, temple); through respondents' awareness and perception of the world around them, including their intuition, optimism and creativity. This study's findings regarding what spirituality means and how it is experienced resonate with those of other music therapy studies (Magill, 2007, 2009; Sutton, 2007; Tsiris, 2009).

Spirituality and music therapy practice (area 3): On average, 76% reported that spirituality is connected to their identity and work as music therapists; many perceived music therapy as a vocation, as a way of expressing and enacting their spirituality through their work. Becoming a music therapist was a response to a (spiritual) calling for many. They reported a dialectical relationship between spirituality and music therapy practice: not only that their spirituality informs their practice, but also their practice informs their spirituality. In terms of spirituality informing their therapeutic stance, many referred to a particular kind of awareness, inner knowledge and the use of intuition in their work. However, they clarified that this does not imply the use of any kind of 'esoteric' practices. These findings are in alignment with and complement those of other studies (Elwafi, 2011; Mika, 2014; Sutton, 2007; Tsiris, 2009). Elwafi's (2011) study, in particular, shows that music therapists' religious beliefs influence their decision to become music therapists, their ways of dealing with challenging experiences with clients, their conceptions of helping and their clinical practice.

The majority reported that they have had a spiritual experience in music therapy (65%) and that their way of thinking about health/illness is informed by their spirituality (78%). Furthermore, 71% considered clients' spirituality in music therapy, usually in broader terms as part of clients' personality, humanity and wellbeing. Respondents (91%) suggested that music therapy contributes to clients' spiritual wellbeing, although many clarified that this is not the aim of their practice, or their primary responsibility as therapists. Respondents' descriptions of their spiritual experiences resonate with and complement other studies' findings which focus on spiritual or meaningful moments (Amir, 1996; Marom, 2004).

Spirituality, music therapy training and supervision (area 4): Most respondents (46%) indicated that their music therapy training has informed their spirituality; it raised their awareness of self and others, and enhanced their self-knowledge, their capacity to accept others for who they are and their understanding of human relations. However, 57% reported that they have not received sufficient training in spirituality during their music therapy studies, and 49% would like a change in how spirituality is addressed in training. Some common suggestions for change included: exploring the role of music in different faiths; considering how music therapists can support clients on their spiritual journey; incorporating spirituality as part of assessment tools. Respondents stressed that spirituality needs to be addressed sensitively and considered alongside the ethics of music therapy practice. However, some commented that too much emphasis on "political correctness" can hinder training from providing students with competence in dealing with spirituality in their practice.

The majority (48%) considered opportunities for discussing spirituality with their clinical supervisor as essential. Respondents' perceptions of spirituality in relation to training and supervision presented some common trends on the basis of their training with three subgroups emerging: i) those with behavioural, music-centred or psychodynamic training, ii) those with anthroposophical or GIM training, and iii) those with neurologic music therapy training. These findings complement those of Potvin's (2013) survey which indicate music therapists' limited training and education regarding spiritual issues as they pertain to clinical work. Although Potvin's findings show that music therapists' spiritual beliefs do not function as predictors of theoretical orientation, some tendencies emerge with participants' self-reported associations with four distinct theoretical traditions, including a dichotomous identification with either the cognitive/behavioural or humanistic/person-centred approaches to music therapy.

Spirituality and professional considerations (area 5): Talking about spirituality with other professionals at the workplace was not considered unprofessional (74%). However, there was no clear agreement as to whether or not talking about spirituality with music therapists is easier than with other professionals. Moreover, there was no clear agreement regarding the ethics of expressing the music therapist's own spirituality to clients; respondents argued that this depends on each particular case. The majority were uncertain about whether spirituality should be addressed differently in music therapy literature and research and by professional bodies.

Dilemmas and problems (area 6): Respondents reported problems and dilemmas regarding three areas: i) spirituality's negative impact on music therapy's professional and scientific recognition, ii) the lack of sufficient and in-depth acknowledgement and consideration of spirituality in music therapy, and iii) the ethics of integrating spirituality into music therapy practice. These areas of problems and dilemmas (which also feature in the literature; see, for example, Masko, 2013, 2016) seem to be connected to respondents' uncertainty regarding how spirituality could be addressed in music therapy literature and research, and by professional bodies. However, the ethical and professional dilemmas of talking about spirituality at the workplace and of expressing the music therapist's own spirituality to clients have not been widely documented in other studies. An exception is Sutton (2007) who explores the ethics of integrating spirituality in terms of disclosure, boundaries/roles, and respecting other belief systems.



As the first step of this two-fold research, the survey played a crucial role. In addition to setting the roots of my research, it indicated future potential routes by (re)orienting and refining my conceptual framework and stance. As discussed in the Interlude, the connection between the survey and these future research routes highlights the logic informing the link between the pilot survey and the follow-up study of this research.

Chapter III

Interlude: From roots to routes

In this chapter, I take a step back to look at the bigger picture. I consider the roots of my research – as set out by the pilot survey – and their implications for the follow-up study. After revisiting the survey’s function (Section 1), I write about action, context and ‘the everyday’ as three key emerging areas of focus in my research (Section 2). This includes an exploration of the notion of performance (Subsection 2.1) as well as the area of ‘everyday spirituality’, its critiques and its potential relevance to the study (Subsection 2.2). During the three-year long pathway that I followed as I moved from the survey to the follow-up study (see Appendix 1), these three areas emerged after in-depth engagement with my learnings from the survey and exploration of further literature.

1 Revisiting the survey’s function

The pilot survey served as an initial mapping of the territory by providing an overview of music therapists’ reported perceptions of spirituality. While the findings support and complement those of other studies, this pilot study went beyond and expanded some of their common methodological characteristics (as outlined in Chapter I, Section 4) in terms of focus, method and sample (Table 5).

The survey provided no working definition of spirituality, allowing respondents to communicate their own personal understandings and perceptions of spirituality. With non-purposive sampling and by inviting music therapists around the world to take part regardless of their views on spirituality and its (ir)relevance to their work, the study attracted a large and heterogeneous sample.

Unavoidably, the findings were shaped not only by the profile of the sample – including respondents’ diverse training and cultural backgrounds – but also by the nature of the data collection tool and the wording of the specific survey questions. Most respondents as well as I (as the researcher) came from Western countries and as such certain assumptions and conventions were shared to some extent. The very use of the words ‘spirituality’ and ‘music’, for example, implied a framework of understanding which could

	Common characteristics of existing studies	Tsirir's survey (pilot study)
<i>Focus</i>	<ul style="list-style-type: none"> • Provision of working definition of spirituality • Positive aspects of spirituality (including a focus on magic and peak moments) • Setting-specific, with an emphasis on palliative and bereavement care) 	<ul style="list-style-type: none"> • No provision of working definition of spirituality • Diverse aspects of spirituality (including problems, dilemmas and suggestions for action) • Non-setting- specific
<i>Method</i>	<ul style="list-style-type: none"> • Interviews and/or questionnaires • Narrative data • In-depth analyses of individual views and experiences 	<ul style="list-style-type: none"> • Online survey • Narrative and numeric data • Overview of reported perceptions
<i>Sample</i>	<ul style="list-style-type: none"> • Small • Homogeneous • Purposive • 'Local' (most studies in the USA) • Music therapists, clients and/or families • Adult participants 	<ul style="list-style-type: none"> • Large • Heterogeneous • Non-purposive • International • Music therapists • Adult participants

Table 5: Common characteristics of existing studies in relation to Tsirir's survey

be at odds with cultures and languages where a direct translation of these words does not exist.²⁰

In many ways, the pilot established the roots of the study. In addition to addressing the immediate focus of the pilot research questions, it allowed the exploration of some broader guiding questions in terms of my initial methodological stance. As I explain below, this exploration revealed some areas for further research.

Despite the large sample of the survey, no generalisation of the findings was attempted. The sample is not to be treated as representative, while speculating any overall links between particular sample characteristics, survey responses and trends in the wider population would be at odds with the study's descriptive scope as well as its epistemological and methodological angle. Attempting to locate atopies, the study welcomed respondents' diverse perceptions with no wish to fix these into rigid categories. Although no kind of stabilisation or generalisation is attempted, the large survey sample did suggest that spirituality is of interest and relevance to a large number of music therapists across different countries and backgrounds.²¹ This is equally reflected in other music therapy studies on spirituality which also attracted large samples (e.g. $n = 1216$ in Kagin, 2010; $n = 252$ in Potvin, 2013).

²⁰ With no equivalent to the Western concept of the word 'music', many African cultures and languages have a different philosophy of music and of its therapeutic powers which are often connected to the spiritual world (Jones, Baker & Day, 2004; Mereni, 1997).

²¹ A large number of the survey respondents also expressed their interest in taking part in a future study on spirituality (see Appendix 10).

The pilot also indicated that ‘spirituality’, despite its complexity and elusiveness as a term, could serve as a workable conceptual vehicle for further research in the field. Notwithstanding respondents’ diverse perceptions, the findings indicated some main themes regarding spirituality’s meanings (Chapter II, Subsection 7.2.1). Most importantly, the findings as a whole pointed to some broader areas within which spirituality seems to come to the surface in relation to music therapy. These areas, which contain respondents’ diverse and conflicting perceptions, were: training, approach, workplace, ethics and music-making (Figure 6).²² As discussed below, some of these areas were deemed as contentious and problematic by the respondents, while all five areas highlighted potential directions for further research and action in the field.



Figure 6: Areas where spirituality's relevance to music therapy comes to the surface

Training: music therapy training emerged as an area where certain traditions, approaches, concepts, values, ethical systems and ways of working are communicated and become more explicit. Training was also described as a challenging period of personal change and spiritual transformation or re-orientation for many music therapists where their pre-existing belief systems and ways of living may be challenged, confirmed or amplified.

Approach: this area includes the values, concepts, ways of practising, theoretical frameworks, and histories that are embedded within different approaches to music therapy. Certain approaches appeared to be linked with certain belief and meaning-making systems with some (e.g. GIM and anthroposophical

²² In addition to the analysis of the survey findings, and in line with the dialectic and implicit action-oriented approach of the study, the shaping of these emerging areas was influenced by informal discussion with 33 music therapy practitioners and students. This discussion took place within the context of a conference workshop where I presented the pilot study (Tsisir, 2014b). In addition, some of the survey respondents who had expressed their interest for future research participation (Appendix 10) contributed with ideas in response to a research update that I sent via email (Appendix 11).

music therapy) using more explicit spiritual frameworks.

Workplace: this area brings up the role of the organisational context within which a music therapy service is provided. Professionalisation issues and dilemmas (e.g. concerns about spirituality's impact on professional legitimisation), as well as the notion of workplace spirituality (e.g. values and priorities that are communicated not only via official documents and public statements, but also through everyday ways of working and relating within the organisation) are highly relevant here.

Ethics: this often appeared as a contentious and problematic area of spirituality in music therapy, especially in relation to therapeutic boundaries and ethical codes of practice. Questions regarding music therapists' own spirituality and its place in therapy, therapists' self-disclosure as well as the place of prayer and love in music therapy are common in this area.

Music-making: this is an area where spirituality is connected to immediate music-making situations involving particular people, objects and environments. This includes diverse music therapy situations and formats from individual sessions to open groups. Spiritual experiences were often reported within this area.

In considering different aspects of spirituality in music therapy as implied in these five areas, and in line with the sociocultural diversity of the survey respondents, it became apparent that spirituality depends on *context* (Pavlicevic, 1997; Rolvsjord & Stige, 2015). My understanding of spirituality as a multifaceted phenomenon with varying and conflicting appearances grew to consider in greater depth the importance of the sociocultural contexts within which people live, act, relate and form their personal and collective identities. At the same time, I became increasingly aware of, and somehow sceptical about, the survey findings' reporting of spirituality as if it is a thing or an object 'out there'. Apart from the limits of language, this kind of 'objectification' seemed to relate to the affordances of the survey as a means of gaining distant access to people's understandings.

2 Towards action, context and 'the everyday'

In an attempt to complement and go beyond the survey's emphasis on self-report, I turned my attention to the lived, everyday experience of spirituality in music therapy. This turn – which included a shift from perceptions to actions, from self-report to experience, and from asking 'what' to 'how' – related to a set of epistemological and methodological (re)orientations in my research.

Through a more pragmatic and ecological stance I became interested in exploring spirituality in-action and in-situ by understanding its place within everyday music therapy practices and contexts. This broadened understanding included the people (e.g. clients, staff and families), the material world (e.g. musical instruments and cultural artifacts), the everyday events and rituals that take place in and around music therapy practice (e.g. multidisciplinary meetings) as well as the sociocultural characteristics of each music therapy context (e.g. the sociocultural background of people and organisations). This (re)orientation

of my research towards *action* and *context* drew mainly on pragmatic and eco-phenomenological approaches, and on their discussion within the context of community and culture-centred music therapy as I discuss below.

More particularly, my stance was informed by pragmatism and its empirical commitment which turns away from abstraction, fixed principles, closed systems and absolute truths. Pragmatism, rather, focuses on the actual lived realities and the *practical meaning* of values and beliefs; beliefs are understood as rules for action. In other words, pragmatism looks for the utility and practical function of truths: the ‘workability’ of truths (Menand, 1998; Morgan, 2007).

The pragmatic method is primarily a method of settling metaphysical disputes that otherwise might be interminable. Is the world one or many? – fated or free? – material or spiritual? – here are notions either of which may or may not hold good of the world; and disputes over such notions are unending. The pragmatic method in such cases is to try to interpret each notion by tracing its respective practical consequences. What difference would it practically make to anyone if this notion rather than that notion were true? (James, cited in Menand, 1998, p. 94)

This pragmatic approach informed my study by bringing a balance between the ‘what’ and the ‘how’ of the potential interrelationships between spirituality and music therapy. I resisted abstract philosophical thinking and tried to trace the working values and beliefs in everyday experience and practice by interpreting the un-observed by the observed, the intangible by the tangible.

[Pragmatism] widens the field of search for God. [...] Pragmatism is willing to take anything, to follow either logic or the senses, and to count mystical experiences if they have practical consequences. She will take a God who lives in the very dirt of private fact – if that should seem a likely place to find him. (James, cited in Menand, 1998, p. 111)

From this pragmatic point of view, instead of merely asking “*What does spirituality mean to you?*”, I also focused on asking “*How does spirituality work in this particular music therapy context?*”. This emphasis on *how* brought a more open-ended and idiographic approach to my research. I did not look for an essence (as it would happen in nomothetic paradigms), but tried to understand where a phenomenon happened, when, for whom, why, for what purpose and what it was achieving.

Considering values and beliefs as instrumental in humans’ ways of being- and acting-in-the-world, pragmatism forms the basis for an eco-phenomenological research approach (Ansdell, 1990, 2014a). Such an approach suggests a horizontal, on-the-ground exploration of spirituality in music therapy without forcing final definitions of phenomena. This resonates with Latour’s notion of the ‘flattening out’ of inquiry which refuses to compromise with a neatly constructed ideal and hierarchical thinking and with the imposition of any “preformatted unity”; a unity which is seen by Latour as “the classical, metaphysical prejudice” (Miller, 2013, p. 16).²³ These considerations are in alignment with and highlight an irreductive

²³ Bruno Latour is a French philosopher and one of the primary developers of actor-network theory (Bruno, 2005).

and hybrid understanding of spirituality. Spirituality is located in atopies; it exists in the in-betweenness of people's actions and relations within particular space-time contexts (Cobussen, 2008).

This eco-phenomenological thinking is partly rooted in Nordoff's and Robbins' music therapy research heritage of 'gentle empiricism' (Ansdell & Pavlicevic, 2010). Here, the emphasis is on exploring phenomena in their natural environment and on allowing theory to emerge from detailed and idiographic exploration of 'people-in-musical-relationship' situations. It is from this perspective that I sought to observe how different patterns of spirituality manifest in real-life music therapy contexts by being among, rather than above, these manifestations (see also Bateson & Bateson, 2005; Miller, 2013). Within this interpretative paradigm, I treated social human actions as inherently meaningful; actions hold intent which forms part of a system of meanings within the actors' context (Schwandt, 2000; Taylor & Tilley, 1998).

In contrast to binary oppositions and subjective-objective divisions, my stance welcomed pluralism and heterogeneity (Hitchcock, 1999; Miller, 2013); it embraced a framework where the plurality of human living and experiencing are performed. Warning against finalities that exclude 'otherness', Cobussen (2008) suggests that a certain disorder and uncertainty is necessary for opening a space within which the *in-betweenness* of spirituality can be experienced. From this point of view, my research stance focused on the process of questioning and resonated with the Goethean philosophy of 'unfinished meaning' (Bortoft, 2012) where meaning comes into being through the *happening* of understanding. The emphasis of this reflexive and process-oriented approach of enquiring is not on the final research outcome or product, but on the process of questioning itself.

Some of the aforementioned epistemological and methodological considerations have been debated within culture-centred and community music therapy approaches to music therapy (Pavlicevic & Ansdell, 2004a; Stige, 2002; Stige & Aarø, 2012; Stige et al., 2010). As such, I see the discourse of these approaches as highly relevant to the research of spirituality in music therapy given their shared sensitivity towards the generation of meaning. The challenges of conceptualising culture and community (let alone music) seem to resonate with those of spirituality.

Stige proposes that contemporary communities cannot be studied as "homogeneous and unified wholes, but rather as *patterns of complex connectivity*" (Stige, 2003, p. 197, emphasis in the original). The hybrid nature of communities is influenced by diverse cultural currents with both communicative and colonising possibilities, including the unification, differentiation and exclusion of people. This hybrid nature – which is similar to the elusive nature and study of spirituality – brings certain challenges when it comes to communicating and researching such phenomena without imposing a superficial normalisation and violent clarity of their elusiveness. In this vein, Ansdell pleads for a "fuzzy recognition", instead of a final definition of community music therapy (CoMT):

Instead of abstract synoptic definition of a phenomenon (achieved by hovering above it), we instead make a horizontal, 'on-the-ground' characterization: in terms [of] seeing the pattern of it in everyday use, within its local contexts (which themselves shift constantly).

This is a form of understanding by seeing what everyone actually already sees, but then emphasising its key elements so the pattern really stands out. So instead of saying ‘the central defining element of CoMT is either x, y or z’ we instead look at how the pattern of its elements is rearranged in *new relationships* within any given context. So CoMT is not defined by anything new, or anything ‘particular’ – but by a new arrangement of known elements: in short, a new *pattern* (or, perhaps to avoid this also sounding too fixed, new *patterning* within a specific context, or need, or use). (Ansdell, 2005a, no pagination, emphasis in the original)

As hinted here, this re-orientation towards action and context brings to the fore ‘the everyday’ as the natural ‘stage’ where multiple meanings are constantly in the making. The everyday calls for a broadening out of our focal points. It calls for an exploration of the extraordinary within the ordinary, with the hope to create a space for ‘otherness’ to emerge and perhaps surprise us.

In recent years, there has been an increased interest in the study of music in everyday life. Following DeNora’s (2000) influential book *Music in Everyday Life*, a similar emphasis on studying musical experiences in ‘messy’ everyday living contexts (compared to controlled laboratory settings) is noticed in various fields, including music psychology (e.g. Clarke & Clarke, 2011; Clarke, Dibben & Pitts, 2010; Frith, 2002; Hargreaves & North, 1999; Herbert, 2011; Van der Schyff, 2013), music sociology (e.g. Batt-Rawden, DeNora & Ruud, 2005; DeNora, 2013; North, Hargreaves & Hargreaves, 2004) and music therapy (e.g. Ansdell, 2014a; Ansdell & DeNora, 2016; Stige et al., 2010).²⁴ The exploration of music and music practices as part of people’s ecology and their situated daily living and acting, has become a common denominator in all these initiatives that often trace the continuums of music’s roles from everyday to specialist environments (e.g. Ansdell, 2014a; Bonde, Ruud, Skånland & Trondalen, 2013; Ekholm, Juel & Bonde, 2016). Fostering a critical sociocultural awareness, such initiatives call for ecological explorations of music practices within local environments to include their complex aesthetic and spatial worlds. The metaphor of the ‘ripple effect’ (Pavlicevic & Ansdell, 2004b; Pavlicevic et al., 2015) in music therapy emerged within this ecological realm. By conveying the “temporal, social and physical contagiousness of therapeutic *musicking*” (Pavlicevic et al., 2015, p. 660, emphasis in the original), the ripple effect broadens out our notions of music therapy in daily contexts. This broadening includes not only person-to-person musicking situations, but also musicking beyond (and to the side of) ‘session time’ and music therapy’s contributions within wider organisational and policy frameworks.

My re-orientation towards action, context and the everyday brought to the fore a performative understanding of spirituality in music therapy and the notion of ‘everyday spirituality’ as explained below.

²⁴ Medical ethnomusicology also offers unique insights into the everyday aspects of music, health and healing within particular cultural contexts to include spiritual aspects of local communal life, including land- and soundscapes, myths, rituals and symbols (Koen, 2008, 2011; Richards, 2007; Roseman, 1993). Some studies explore sacred singing as an integral part of everyday social and religious life (e.g. Widdess, 2013) as well as music and conflict and the potential role of music as spiritual warfare (O’Connell & Castelo-Branco, 2010; Osborne, 2009; Strother, 2013).

2.1 A note on performance

During the epistemological and methodological (re)orientations and developments that underpinned my research pathway from the pilot to the follow-up study, I became increasingly interested in the performance of spirituality. I use the term 'performance' here to communicate the practice and enactment of spirituality as well as its emergent character that enables spirituality to be *per-formed* and manifested through situations and configurations of actions, relationships, histories and environments.

As a multivalent concept, performance has multiple origins and applications and is informed by performativity theories, such as actor-network theory (Latour, 2005; Law, 2004). Goffman's (1959) book *The Presentation of Self in Everyday Life* has been influential in the development of such theories. He used the metaphor of performance as a framework and a heuristic principle to understand human behaviour in everyday social situations. In this context, performance becomes an analytic frame of human practices in relation to their social contexts and their co-constructed realities.

Performativity theories have sparsely been mentioned in music therapy literature to date. For example, Wood's (2015, 2016) research on the performance of community music therapy evaluation led to the identification of complexity, performativity and emergence as three important aspects of future music therapy discourse. This research helped to refine my thinking of spirituality as a complex phenomenon in music therapy which is performed and continuously emerging. In the case of my research, the term 'performance' also hinted my focus on exploring spirituality from a music therapy perspective where music-making is paralleled to a performance of the person's self and of their health/ill identity (for the concepts of 'healthing' and 'truthing' in music therapy, see Aldridge, 1996, 2002, 2004). In addition to the healing performances within immediate music therapy situations, my performative understanding of spirituality expanded on a discourse level to include its social and professional performances that take place in everyday organisational contexts. In any case, I became aware of the need to understand the performance of spirituality in music therapy 'from within' as experienced by the people forming its ecology (see Laderman & Roseman, 2016).

More broadly, performativity is anchored in the postmodern movement which underpins various aspects of my research. Reappraising the assumed certainty and objectivity of 'reality', postmodern thinkers argue that reality is constantly in the process of being constructed through experience, representation and performance. It is in this context, that everyday spirituality also became an important notion in my study of spirituality in music therapy.

2.2 Everyday spirituality

There has been an increased emphasis on exploring spirituality within everyday environments including their social, spatial and aesthetic worlds (MacKian, 2012). A similar emphasis is observed in religious studies; Nynäs' and Yip's (2012) work, for example, focuses on how individuals appropriate,

negotiate, transgress and challenge the norms and models of various religions in relation to gender and sexuality in everyday contexts. This attention to the everyday – and its ec-static nature – has been accompanied by the emergence of non-hierarchical and relational ways of understanding spirituality in modern Western societies. The emergence of ‘everyday spirituality’ comes with an appreciation of daily life and a recognition that the extraordinary lives in the ordinary (Carr, Hicks-Moore & Montgomery, 2011). Instead of confining spirituality to something inner and private that happens within the individual, everyday spirituality brings to the fore people’s relationships and their inter-actions with their daily social, spatial, technological and aesthetic environments. As such, everyday spirituality urges us to re-cognise mundane, everyday actions in a new way (Bone, Cullen & Loveridge, 2007; MacKian, 2012).

This turn to the everyday relates partly to the rise of the New Age movement and the rapid increase of a ‘self-help’ culture which has resulted in the commercialisation of spirituality. This cultural shift has seen a dramatic popularisation and commodification of spirituality as this is seen in meditation, mindfulness and Reiki classes, sound bath healing sessions as well as in the range of self-help books and magazines which are nowadays available on the shelves of bookshops and supermarkets. This also relates to the rise of spiritual tourism (Norman, 2011) and to other initiatives that form a broader spiritual marketplace and economy (Bartolini, Chris, MacKian & Pile, 2013; Roof, 2001) which have been criticised by some (Redden, 2016).

In this context, spirituality has been characterised as a “giant conceptual sponge” (Paley, 2008, p. 5) that absorbs, according to personal preference, an apparently inexhaustible array of items ranging from astrology, tarot and bodywork to the appreciation of art, complementary therapies, as well as one’s ecological concerns, values or political ideals. Seeing it as a commodification of religion in modern secular societies, some argue that spirituality has become a market brand that contributes to a highly profitable ‘esoteric economy’ (Bartolini et al., 2013; Paley, 2008).

The above critiques, in addition to the endless multiplicity that characterises spirituality, have often led to the opinion that spirituality is a ‘made up’ thing and therefore of no real value. To safeguard the legitimacy and robustness of their practices against the seemingly unstable, paradoxical and perhaps risky spiritual marketplace, many healthcare professionals, including music therapists, tend to anxiously distance themselves from a spiritual discourse altogether.

While arguing that spirituality (as a singular ‘thing’) is a made up concept, Swinton – who comes from a healthcare and practical theology background – offers an alternative perspective. Arguing its practical significance, he suggests that spirituality is

[...] a ‘made up’ concept that helps us to understand certain things about human beings and human living. It is in this sense that there is no such ‘thing’ (singular) as spirituality. However, once we ‘make up’ spirituality(s) and create ‘spiritual people’ who require ‘spiritual care’, and then enshrine that in our policies and values, the concept of spirituality becomes extremely important and practically significant. [...] the ongoing discussions

around whether or not spirituality is 'real' or otherwise miss the practical point that spirituality may be necessary even if it is not 'real'. (Swinton, 2014, p. 162)

It is in this context that I see the concept of 'spiritualities of the surface' (Hoyt, 2001; Hoyt & Combs, 1996) as relevant to the understanding of everyday spirituality. Introduced by White – the founder of narrative therapy – this concept focuses on material existence and the manifestation of spirituality through daily thoughts, actions and relationships.

Everyday spirituality and the notion of 'spiritualities of the surface' bring simple aspects of daily life under a new light. Without detracting us from "the mysterious and elusive nature of spirituality" (Bone, Cullen & Loveridge, 2007, p. 352), everyday spirituality highlights its place in daily activity and its potential to infuse and transform this very activity. It recognises and attends to 'little things' – something that has been identified as a central theme in the meaning of spiritual care. In a study with patients living with dementia, their families and their care providers (Carr, Hicks-Moore & Montgomery, 2011), 'little things' emerged as a helpful term used to describe professionals' caring ways of being and doing with others. For the researchers, this phrase is

[...] somewhat of a misnomer, as it involves the complex process of coming to know the other as person, his/her unique life history, likes and dislikes, idiosyncrasies, and so forth. This knowledge about the other was respectively integrated into caring encounters with the person with dementia [...] these meaningful caring attitudes and actions can hold spiritual value for both the cared-for and for the one caring. They can represent every day, yet sacred encounters. (Carr, Hicks-Moore & Montgomery, 2011, p. 405)

In an attempt to map how the spiritualities of the 'deep' manifest on the 'surface' of everyday social and organisational life, the concepts of spiritual geographies and extra-geographies seem to be particularly helpful. Bartolini et al. (2017) identify four kinds of spiritual geographies: i) personal geographies (relating to one's personal, inner journey), ii) niche spaces (relating to the expression of new spiritual practices in locations dominated by other functions, such as a shop window or the temporary use of rooms in council buildings or people's living rooms), iii) retreats and spiritual communities (such as mountain retreats and faith groups), and iv) transcendental spaces (imperceptible and intangible places). Although human geography has not featured, to my knowledge, in music therapy research until now, an initial interest for its relevance to the exploration of the arts in health and wellbeing is observed (see Stickley et al., 2017).²⁵

Informed by the aforementioned considerations of everyday spirituality, and while remaining alert to the critiques around it, I sought to explore the performance of spirituality as this emerged in everyday music therapy workplaces.

²⁵ Geography has sparsely appeared in music therapy literature but not in relationship to the field of human geography. Priestley (1994), for example, refers to 'inner geography' in relation to clients' work with unconscious material, while Nordoff and Robbins (1992) write about 'musical geography' in relation to clients' different ways of responding to improvisation as well as the client-therapist relationship in music (see also Ansdell, 1991).

Chapter IV

Performing spirituality in everyday music therapy contexts: An ethnographically-informed study

This follow-up study, which forms the second part of this two-fold research, built on the pilot survey and the epistemological and methodological reorientations that arose from it. Complementing the international character of the survey, this study offered a more local exploration of spirituality in music therapy. My attention in this study, as discussed in the previous chapter, turned to action, context and the everyday.

This chapter is organised in eight main sections. After outlining the study's research aim and questions (Section 1), and its epistemological and methodological underpinnings (Section 2), I focus on the data collection and analysis work (Section 3 and 4). Then I reflect on the strengths and weaknesses, as well as the research ethics aspects pertaining to the study (Section 5 and 6). Section 7 discusses in great detail the findings of the study and forms the bulk of this chapter and of the thesis as a whole. In concluding I offer a summary of the findings (Section 8) as a bridge to the next chapter.

1 Research aim and questions

The primary research question was: *"How is spirituality performed in everyday music therapy contexts?"* This question set an overall framework within which I explored spirituality in relation to a number of subareas or contexts as these emerged from the survey (see Chapter III, Section 1).

Unpacking the research question, its emphasis on 'how' introduced a pragmatic stance. It focused on spirituality's practical meanings and consequences; on *how* spirituality works in music therapy and what it does to people and places. As such, and in line with my methodological stance, I approached spirituality in terms of how it is understood and articulated within each context and situation. This included not only different people's views, beliefs or values but also their actions and relations as these manifested through their practices and participation in their social and material environments.

Two key concepts embedded in the research question are 'performance' and 'the everyday'. As discussed in Chapter III (Section 2), these concepts reflect the aim of the study to explore spirituality in-

action and in-situ. In sum, my research intention came with an understanding that spirituality is *per-formed* in the in-between as something that people experience and enact as part of being in and relating to their everyday worlds. The notion of ‘performance’ introduces an in-action and practical understanding of spirituality as something emergent that takes shape (is *per-formed*) and manifests through different situations and arrangements of actions, relationships, histories and environments. Likewise, ‘the everyday’ introduces an inclusive approach where positive aspects of spirituality, magic moments and experiences of transcendence coexist with (and interdepend on) challenges, dilemmas and the mundane. The everyday also brings an opening out towards broader aspects of spirituality including the social, economic and political spheres of life.

In exploring music therapy as a contemporary practice and professional field, the considerations above drew my attention not only to immediate therapeutic music-making situations, but also to music therapy’s wider role and impact within a workplace (e.g. Pavlicevic et al., 2015; Tsisis, Pavlicevic & Farrant, 2014; Tsisis, Spiro & Pavlicevic, 2018), its broader professional and disciplinary aspects (e.g. Aigen, 2014; Barrington, 2005; Procter, 2008) as well as its relationship to policy (e.g. Spiro, Farrant & Pavlicevic, 2017). Balancing this broadening out with an anchoring to the richness of particular cases, my emphasis on ‘context’ supported the integrity of the study. My research aimed to explore music therapy and spirituality in-situ, within particular professional and organisational contexts. Drawing from Rolvsjord’s and Stige’s (2015) concepts of music therapy ‘in context’, ‘as context’ and as ‘interacting contexts’, I also thought of spirituality ‘in context’, of spirituality ‘as context’ for music therapy (and vice versa) as well as of music therapy and spirituality as ‘interacting contexts’.

On this basis, the secondary question of the study asked “*How do different patterns of spirituality emerge in everyday music therapy contexts?*” This question focused on the emergence of such patterns in relationship to a number of factors including different music-making situations, events and communities; different workplaces; music therapists’ training and approach; as well as ethical considerations pertaining to practice and professional codes. These questions were explored while considering the wider professional, sociocultural and political contexts within which music therapy and spirituality phenomena were performed.

2 Epistemological and methodological considerations

At the heart of my stance, which included an (re)orientation towards action, context and the everyday (see Chapter III, Section 2), lied the reflexive turn of postmodernity. Integral theorist Wilber²⁶

²⁶ In addition to other spheres of life, Wilber’s work has been influential in GIM especially in relation to its transpersonal theories (Bonde, 2001). Some have criticised Wilber’s work and his Integral Institute as commercialising spirituality (Gelfer, 2010).

(2000) sees postmodernism as inclusive of diverse voices and viewpoints some of which would perhaps be marginalised by the flat rational hegemony of modernity. This inclusiveness positions interpretation at the core of the constructive postmodern agenda and is linked to a linguistic turn in philosophy: a realisation that language does not simply report, represent or mirror a pre-given world, but it actually creates and constructs worlds. To put it differently, we language and story our research, findings and the world around us (De Certeau, 1988).

According to Wilber (2000), postmodern approaches appear to share some core assumptions regarding the non-pre-given nature of reality and the context-dependency of meaning. Challenging grand narratives, postmodern thinkers turn their attention to micro-histories which are made of “local, always provisory and limited stories” (Alvesson & Sköldberg, 2000, p. 148; see also Ruud, 2010).

The claim that reality is ‘nothing but a construction’ and as such “objective truth itself disappears into arbitrary interpretations” (Wilber, 2000, p. 163) is seen, however, as one of the risks of postmodernity. From a holographic worldview, Wilber counter-suggests that the interpretive component of holons²⁷ does not deny their objective component but *situates* it.

Considerations regarding modernity and postmodernity have influenced the advancement of various fields, including music therapy (Ruud, 2010). Stige claims that “as music therapy is developing as a *modern* discipline and profession, processes of modernisation must be examined” (Stige, 2003, p. 36, emphasis in the original). He stresses the need for culture-sensitive approaches to music therapy (Stige, 2002) and situates community music therapy as an area of practice in late modernity which is characterised by complexity and contingency.

I assume that the term [community music therapy] denotes a complex phenomenon, shaped by a plurality of individual projects and continuously changing through interaction with other areas of practice. I also assume it to be characterized by contingency, that is, the characteristics of the phenomenon are not determined universally, but neither are they arbitrary. They could not be defined solely through explication of some general laws. Some interaction of universal, regional, and local processes is to be expected, which is an ontological statement with clear epistemological implications, if at first unclear in their directions. Non-trivial epistemological implications are inevitable, while they must be explored and explicated in context. (Stige, 2003, p. 35)

By embracing complexity and context, postmodernity stresses the need for reflexivity in any kind of enquiry. Fostering a transparent stance towards our assumptions and pre-understandings as well as towards the dialectical relationship between form and content (DeNora, 2014), reflexivity embraces the thesis and the anti-thesis which are inherent in the process of knowing. This includes the potential tensions, conflicts and misalignments without trying to offer simplistic (re)solutions. In research terms, reflexivity “is not a matter of methodological control but about articulating questions tacitly underlying and

²⁷ ‘Holon’ derives from the Greek *olos* = whole, with the suffix ‘on’ suggesting a particle or part. The term was coined by Koestler (1967, 1970) to describe something that is simultaneously a whole and a part.

motivating research, and of evaluating their legitimacy and relevance” (Stige, Malterud & Midtgarden, 2009, p. 1508). By articulating such questions, knowing the world emerges as a form of critical praxis which involves an awareness of social, cultural and political aspects of research (DeNora, 2014). All these considerations informed my research stance.

The move from modernity to postmodernity seems to be associated to similar changes in different spheres of human life, including a move from secular to postsecular societies. The ‘postsecular’ – a term which seems to have emerged partly in relation to the increase of terrorist events as well as the rise of religious and ultra-religious communities in Western societies – reflects a society that tries to conciliate the co-existence of sacred and secular worldviews, and to change its perception of the religious simply as a remnant of the past (see Habermas, 2008; Morgan & Boyce-Tillman, 2016). In line with postmodernism’s openness to multiplicity, postsecularism calls for peaceful dialogue and tolerant coexistence between different faiths and worldviews (for a critique of postsecularism, see McLennan, 2010).

Within this postmodern context, contemporary research approaches have been developed and advanced including approaches to ethnography. In addition to being a research method, ethnography is a particular “orientation to research where the cultural is used as an analytical and interpretive resource” (Stige, 2005a, p. 393; see also Brewer, 2000). Having its origins in the longitudinal study of a specific culture or community within a given locality which would conventionally be foreign to the researcher, modern ethnographic approaches seem to also explore broader cultural themes. This development comes together with methodological shifts that go beyond traditional ideas regarding the definition of culture and community, the duration of the researcher’s field exposure and their distance from the culture or community under study. As a result of these advancements, which have been particularly apparent since Goffman’s work (Goffman, 1991; see also DeNora, 2013; Stige, 2005a), a number of approaches to ethnography and ethnographically-informed methods have been developed. The notions of focused ethnography (Knoblauch, 2005), multi-sited ethnography (Clifford & Marcus, 1986; Coleman & Von Hellermann, 2012; Marcus, 1995), and netnography as a web-based ethnographic method (Kozinets, 2010), were particularly relevant to my study. This was due to the study’s relatively short data collection (field exposure) period and its intensity on the data work, the conduction of fieldwork within different organisational contexts, and the inclusion of an online forum as some kind of ‘field’ respectively.

Furthermore, given the multi-sited character of the study, my methodological stance was also informed by a case study logic of examining cases *in* research and *as* research (Aldridge, 2005; Becker, 2014; Gomm, Hammersley & Foster, 2000). Instead of prioritising generalisability and trying to prove anything universal about music therapy and spirituality, I appreciated the particular case as source for rich descriptions and understandings that were “explicitly located” (van Maanen, 1998, p. 28). Instead of measuring variables, I was *looking for* variables (Becker, 2014). My reasoning from cases was not based on a comparison of specific cases that leads to causation. I rather tried to understand how different elements, patterns and frames that formed each case were played out. Although not seen as causations (Becker,

2014), any potential emerging correlations of the conditions that created such differences and their consequences informed to some extent what I was looking for in exploring other similar situations during the data collection. My stance went beyond a law-seeking model which supposes that human life exhibits underlying regularities and tries to isolate variables, measure them and demonstrate their interrelationships. On the contrary, I adopted a 'looking-for-complications' model as proposed by Becker:

This model recognizes that there will never be enough variables to explain all the variation in any specific situation, but it doesn't want to miss any that operate in the situation we're interested in and affect what happens there. It uses cases to find *more* variables. It tries to do two things more or less simultaneously: understand the specific case well enough to know how it ended up happening the way it did, and at the same time find things to look for in other cases that resemble it in some ways, even though they differ in others. (Becker, 2014, p. 14)

What constitutes a 'case', however, depends on what is *framed* as a case each time. Apart from the workplaces that formed the different sites of this research – and which were perhaps the three more obvious cases – the study's multiple framings enabled a number of other cases to emerge. These included the cases of individual participants and their biographies, of music therapy and spirituality in each site, as well as of music therapy as a professional field and overarching framework linking the different local music therapy practices and services. I discuss the practical applications and implications of these considerations in relation to my data work below.

3 Data collection

Data were collected over a six-month period (from 10th May to 20th November 2015) within three different music therapy workplaces (research sites).²⁸ Informed by ethnographic approaches to research, I employed three primary data collection methods: fieldwork, online forum participation and focus groups. I explain each method below after introducing the research sites and the sample of the study. I also provide a detailed chronological overview of data collection alongside an overview of the data items I collected.

My data work, partly due to the multi-method design of my study, involved some kind of triangulation.²⁹ This illuminated diverse aspects of my area of investigation, without necessarily aiming to enforce a more complete or unified picture of spirituality in music therapy beyond the scope of the study.

²⁸ The overall research timeline is available in Appendix 1.

²⁹ In social science, 'triangulation' is commonly understood as the combination of methods, materials and perspectives in a single study with the aim to introduce multiple and diverse viewpoints upon a topic. The resulting 'dialectic of learning' deepens and widens one's understanding (Olsen, 2004; Reeves, Kuper & Hodges, 2008). Despite the debates regarding its function as a means of validation, triangulation contributes as "a strategy that adds rigor, breadth, complexity, richness, and depth to any inquiry" (Denzin, 2012, p. 82).

3.1 Research sites and sample

The choice of three workplaces as my research sites rested on a number of essential and desirable criteria regarding the sites and the music therapists who work there (Table 6).

Essential criteria	Desirable criteria
<p>The sites needed to:</p> <ul style="list-style-type: none"> • be based in the UK • have an established music therapy service • differ in terms of i) their areas of specialisation and target client group, and ii) their organisational perspectives on spirituality • agree to serve as a research host organisation <p>A workplace could be a research site only if the onsite music therapist:</p> <ul style="list-style-type: none"> • agreed to take part in the study • was a qualified and HCPC-registered practitioner with good English speaking, reading and writing skills 	<p>Preferably, the sites:</p> <ul style="list-style-type: none"> • were based in diverse geographical locations to include urban and rural areas <p>Preferably, the music therapists from the three sites would:</p> <ul style="list-style-type: none"> • form a diverse group in terms of i) music therapy training background, and ii) perspectives on spirituality and its (ir)relevance to their work • have taken part in my pilot survey and expressed their interest in participating in a follow-up study (see Appendix 10)

Table 6: Selection criteria for the research sites

These selection criteria ensured some shared, overarching professional standards, frameworks and understandings of the music therapy profession as this is regulated by the UK’s Health and Care Professions Council (HCPC); this set a baseline for some common assumptions and vocabularies, especially amongst the three music therapist participants. The criteria also sought to generate a diverse research network in terms of areas of work and sectors, organisational perspectives on spirituality, geographical localities as well as music therapists’ backgrounds and spiritual profiles. This diversity is in line with the study’s attempt to explore multiple voices, perspectives and contexts.

As a result, I identified the following three research sites: a hospice, a school and a care home. Some of their general characteristics are summarised in Table 7. Given that my evolving knowledge of each site was an inseparable part of my growing understanding of how spirituality was performed within their specific contexts, more details about the sites and the onsite music therapists are given as part of the findings (Section 7).

	Site 1: Hospice	Site 2: School	Site 3: Care home
<i>Area of specialisation</i>	Palliative and bereavement care	Special needs education	Nursing care
<i>Client group</i>	Adults (palliative care) All ages (bereavement care)	Children and adolescents	Elderly
<i>Organisational profile</i>	Modern healthcare	Residential special school (Camphill community)	Modern healthcare
<i>Locality</i>	Large urban area	Rural area	Small urban area
<i>Onsite music therapist's training background</i>	Psychodynamic	Psychodynamic and GIM	Nordoff-Robbins

Table 7: The three research sites

The music therapist working in each site was required to contribute to all three data collection methods (fieldwork, online forum and focus groups) for the duration of the study. Given their instrumental input to the study, each music therapist's consent for participation to this study was a pre-requisite for conducting the research in their workplaces. The music therapist participants were therefore treated as key informants. In line with the ecological and emerging nature of my study, no other participants were invited prior to my fieldwork.

3.2 Fieldwork

During the data collection period, I visited each site five times; a total of 15 visits across the sites. Informed by ethnographic data collection principles and methods (Atkinson et al., 2001; Davies, 2008; Hammersley & Atkinson, 2007), my fieldwork at each site included participation in everyday life, observations, ad-hoc conversations and, where appropriate, interviews with some individuals.

A typical day of my fieldwork entailed being part of the normal, daily life of the onsite music therapist and experience different aspects of what it feels to be part of the specific context. In each site, I spent varying amounts of time with different people and took part in different activities, situations and events ranging, for example, from observing music therapy sessions and attending multidisciplinary meetings, to commuting to/from work with the music therapist and having lunch with people. This also included ad-hoc conversations and some formal interviews with people who were part of the everyday ecology of each place: music therapy clients, families, carers, visitors, staff and volunteers. Where appropriate I collected audio and visual material, such as audio-recordings of interviews and photographs of landscapes and spaces. I also collected a number of artifacts, including a number of documents and

organisational publications (e.g. annual reports, leaflets and booklets) and pre-existing audio-visual material of each workplace, such as DVDs and archival photographs.

In line with the open-ended nature of my study, no pre-defined observation or interview guides were used. Depending on each situation that I found myself, my fieldwork required – to varying degrees – participatory approaches. In some cases, such as group music therapy sessions, participants asked me to take actively part and play music with them, while in other cases, such as individual music therapy sessions or multi-disciplinary meetings, I took a more silent role.

Keeping detailed fieldnotes helped me document and keep track of my fieldwork. These notes were taken during observation and/or after an event or encounter as this deemed appropriate and feasible each time. Occasionally, I had to take a quick ‘time off’ to develop more fully my initial notes. In addition, my fieldnotes took over time a semi-diary character to include my reflections before and after each onsite visit. This proved useful for my own ‘bracketing’ purposes (Fischer, 2009; Tufford & Newman, 2012), including acknowledging and reflecting on my assumptions and prejudices.

In the process of getting to know and learn more about each context, I was using all my senses and tried to document different kinds of experiential information, such as information about the landscape and the soundscape of each site. Moreover, and given the elusive, intangible and shifting nature of spirituality, my fieldwork required observing the unobservable and touching the untouchable, so to speak. It required entering a ‘field’ where multiple parallel worlds co-existed. The spatial, temporal and social worlds of enactment interweaved with imaginative and spiritual worlds whose existence was witnessed through their traces in people’s actions, relationships and ways of practising and in their consequences (MacKian, 2012; Pink, 2009, 2012, 2013).

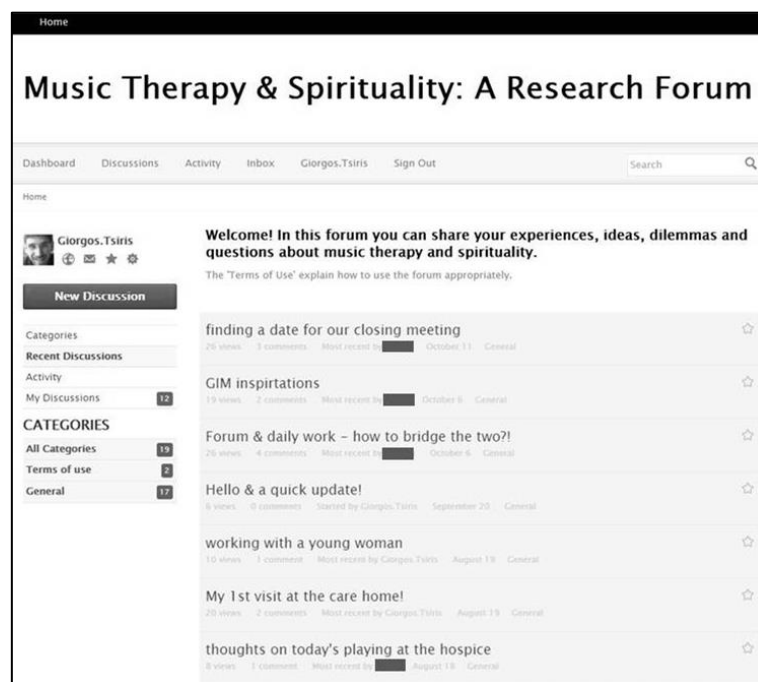
As the three sites were based in different parts of the UK, my fieldwork required substantial travelling. This travelling to ‘different’ and ‘other’ places was accompanied by another kind of ‘travelling’ to places that were more or less familiar to me and entailed some kind of “existential risk” (Ingold, 2014, p. 389). During my fieldwork I kept questioning to what extent the things that I was observing and experiencing were surprising to me. In my attempt to remain open and receptive to my fieldwork experiences I deliberately tried, at times, to ‘en-strange’ myself as a researcher. This ‘estrangement’ involved doing things that I would not typically do as a music therapist as well as staying with places and activities even when no apparent purpose or material seemed to emerge immediately in relation to the study’s focus. This included, for example, spending an hour at the reception area of the hospice. This ‘staying with’ proved invaluable over time, as I became aware of subtle aspects of organisational life in each site.

3.3 Online forum

As the key informants of the study, the three music therapists took part in a password-protected online forum (Photograph 1). The forum functioned as a shared, asynchronous diary and a platform for ongoing group dialogue between the key informants and myself.

Informed by netnography (Kozinets, 2010) as well as participatory and collaborative research approaches (Reason, 2003; Stige, 2005b; Westhues et al., 2008), I saw the forum as an online 'field' where members could share, co-construct, challenge, re-think and discuss how spirituality is performed in music therapy. In some ways, the forum generated informally iterative cycles of planning, acting and reflecting.

Through the sharing of ideas, questions, dilemmas and stories, forum participation shaped, to some extent, each key informant's thinking with potential impact on their practice as well as the potential direction of the research process. Forum members' reflections did not focus on a commonly predefined action, but on any action, change, epiphany or understanding that was naturally evoked during their research participation.



Photograph 1: Online forum interface

The forum also served as a platform where I shared some of my observations and initial impressions from my onsite visits. At times, this sharing took the form of prompts to help instigate further forum discussion. The forum enabled members not only to interact textually, but also to share material in pictorial and audio form – although this possibility was only rarely utilised.

Although the forum ran throughout the whole data collection period, forum participation did not become a regular routine. Music therapists seemed to use the forum only when they had time to do so and

when they really had something to share. As such, the forum played a complementary role to the other research components.

3.4 Focus groups

In addition to the onsite visits and the forum, I facilitated two focus groups: one at the start and one at the end of the study. Both focus groups were open only to the three key informants. Both focus groups took place at the Nordoff Robbins London Centre and on both occasions one of the key informants participated via a Skype video call.

In the opening focus group, I introduced the study’s focus and explained certain technicalities regarding the forum. This meeting was also an opportunity for the key informants to meet each other and share aspects of their personal and professional backgrounds in relation to the study’s subject area. This getting to know of each other brought a more personal character to the research process and minimised the potentially distant character of their forum participation.

The closing focus group took part at the end of the data collection period and offered an opportunity for final reflections. In addition to facilitating an open-ended discussion, I shared my impressions from the onsite visits as well as a summary of emerging topics from the forum discussions. Music therapists had the opportunity to reflect on these, elaborate further and provide feedback.

3.5 Chronology and overview of data items

Table 8 gives a chronological overview of the three primary data collection sources (fieldwork, online forum and focus groups,) as these occurred during the data collection period. The dates of the site visits were arranged with each music therapist to accommodate their own and their organisation’s schedule.

		May	June	July	August	September	October	November	
Field-work	<i>Hospice</i>		Visit 1	Visit 2	Visit 3		Visit 4 Visit 5		
	<i>School</i>		Visit 1			Visit 2 Visit 3	Visit 4	Visit 5	
	<i>Care home</i>			Visit 1 Visit 2	Visit 3	Visit 4 Visit 5			
Online forum		Forum	Forum	Forum	Forum	Forum	Forum	Forum	
Focus groups		Opening group						Closing group	

Table 8: Chronology of data collection (10th May – 20th November 2015)³⁰

³⁰ A more detailed timeline is provided in Appendix 12.

By the end of the data collection period, I had collected a large number of data items as shown in Table 9. In addition to these data items, the website of each organisation served as a useful source of information. Where relevant, I collected such information, including downloadable documents (e.g. the school’s prospectus) and audio-visual material (e.g. a recording of a patient’s song), for the study’s purposes.³¹ Finally, I collected some additional material that naturally emerged through my fieldwork. Such material was found at the sites’ libraries while some was given to me directly by the participants, including presentations and videos from in-service training sessions as well as copies of articles and references to literature. This additional material did not form part of my main dataset but informed my thinking.

Data collection method	Data items
Fieldwork	188 pages of fieldnotes
	25 audio-recordings of interviews
	2 audio-recordings of sessions
	172 photographs
	234 artifacts
Forum	44 forum entries
	7 forum uploaded items
Focus groups	2 audio-recordings of focus groups

Table 9: Collected data items

During the data collection period there were times that I felt there was no clear direction; no clear patterns seemed to emerge, and I was unsure about the relevance or importance of what I was collecting. In the midst of these uncertainties, I tried to stay in the middle of everything without trying to interpret or explain. I tried to avoid hierarchical thinking. I documented my observations and experiences and while recognising certain connections and potential patterns, I resisted imposing or pre-empting what was more or less important. Latour’s idea of the ‘flattening out’ of inquiry (Miller, 2013) was particularly helpful at this stage as it allowed exploring spirituality horizontally and ecologically (see Chapter III, Section 2).

Towards the end of the data collection period, any additional piece of information did not seem to bring a new perspective to the overall story and I felt there were no surprises. Although new information was gathered and added to the existing ones, such information had no subversive impact on the themes or the ideas that were emerging from the pre-existing data. As such, some kind of saturation had been reached (Mason, 2010).

³¹ Appendix 13 gives a more detailed overview of the audio-recorded interviews as well as of the photos, artifacts and website material that I collected.

4 Data analysis

My overall data work was informed by ethnographic principles (Hammersley & Atkinson, 2007) and by ‘gentle empiricism’ as a research stance emanating from Nordoff-Robbins music therapy (Ansdell & Pavlicevic, 2010). More particularly, my thinking was influenced by the Goethean phenomenological approach embedded in Nordoff-Robbins music therapy which, according to Ansdell (1990, p. 47), requires a way of knowing that “does not impose its own categories of analysis but takes the phenomena as its own language” (see also Chapter III, Section 2; and Steiner, 1988). As such, my analysis method was led primarily by the nature of the collected data itself and its relationship to the main research question, and it evolved naturally through my engagement with the data.

As with any ethnographically-informed research, data collection and data analysis were closely interwoven. Indeed, part of the data analysis had already happened in the field through the choices I had made (e.g. collecting certain material while leaving some other out) as well as through my fieldnotes where some kind of filtering of my experiences had already taken place. In the data analysis stage, however, the emphasis shifted from documentation to analysis and from ‘writing down’ to ‘writing up’ (O’Reilly, 2005).

My data analysis method included five main analytic steps: compiling, disassembling, re-assembling, interpreting and concluding (Yin, 2011). After explaining each of these steps, I outline how these were implemented for each type of collected data.

Compiling (step A): This first step included a systematic process of organising all the different types of collected material. Indexing the data, including the attribution of code names to some of the data for future cross-reference, was a core part of the compiling. This led to panoramic representations of the data, such as those in Table 8 and 9, and in Appendix 13. In addition to organising the data into more manageable database formats, this step served another function: to increase my familiarity with the data.

Disassembling (step B): Given the large amount of collected data (see Table 9 and Appendix 13), a manageable analysis method was employed where I transcribed verbatim targeted interview material only. The targeting of such material was based on its identification as highly relevant to my study (Auerbach & Silverstein, 2003; Yin, 2011). Listening and re-listening, as well as reading and re-reading of data was key at this stage. These multiple and repeated listenings and readings mobilised an iterative analytic process (O’Reilly, 2005) where understanding the whole involved understanding the parts and vice versa (Kinsella, 2006). This was an ongoing process of deepening understanding, and throughout this process I was trying to keep a reflective stance towards my analytic voice. I was also trying to be aware of my views and prejudices and how these influenced the way I was making sense of the data (Brewer, 2000; Koch, 1996).

Through this iterative interaction with the dataset, I identified some initial themes. These themes refer to draft labels that I assigned to fragments of data that I deemed as relevant and important, such as initial ideas, key practices, events or situations. The ‘breaking down’ of the data and the identification of initial themes was informed by some underlying questions, such as:

- *How many times?* This refers to the number of occurrences of data. Certain ideas, for example, kept reappearing in my dataset.
- *How intense?* This refers to the volume or ‘vividness’ of data. Certain events that I observed, for example, were imprinted in my memory and *felt* important. Their intensity was verified by cross-checking their relevance to the primary research question. The intensity was not always in alignment with the number of occurrences. Vivid data often seemed to lead to some kind of core narratives within and around which a number of other key themes or ideas could be organised and communicated.
- *Where?* This refers to the locality of data. Some themes, for example, emerged in multiple localities within and across different research sites.
- *By whom?* This refers to the source of the data (e.g. the interviewee). I remained alert not only to intra- but also to inter-occurrences of material. In other words, I was looking for the emergence of similar material from the same participant at different times as well as the emergence of similar material from different participants.
- *When?* This refers to the timing of occurrence during the data collection period.
- *About what?* This refers to the multifaceted occurrence of the same theme which could take different forms or guises, or relate and apply to different situations or contexts.

While keeping in mind the aforementioned questions, the disassembling had iterative steps. I went back and forth between my initial ideas about how to disassemble the data and the original data themselves – a process which helped to refine gradually the initial themes (Yin, 2011). My disassembling strategy did not involve a detailed coding process of all material. Instead of following a mechanic-like procedure of routine coding which could potentially be distracting by “having to attend to the mechanics of the coding process rather than struggling to think about the data” (Yin, 2011, p. 188), I followed a more discretionary, but still systematic, disassembling procedure leading to initial themes. These themes were developed gradually through writing and re-writing layers of commentaries and reflections.

Re-assembling (step C): This step was based on my developing insightfulness and capacity to see emerging patterns and to explore relationships between the different initial themes. This led to the identification of substantive themes (Davies, 2008; Yin, 2011). In an attempt to reveal such emerging patterns and relationships, I tried out various ways of creating data arrays which could enable an exploration of the dataset from different angles. In particular, I followed a two-way process. On the one hand, I looked closely to the emerging core narratives and explored how different initial themes were potentially embedded within and around such narratives. Core narratives included ideas, practices or

events that, following my data work until that point, stood out as exemplary or focal points. On the other hand, I started from the identified initial themes and explored how I could configure them in larger meaning units or substantive themes. Throughout this two-way process of synthesis, 'looking for patterns' (Yin, 2011) was a core activity during the re-assembling. This 'looking' was informed by the underlying questions which also informed the disassembling.

The re-assembling process involved a number of discretionary choices which led ultimately to the refinement and inclusion/exclusion of certain data or initial themes as well as to the re-configuration and re-combination of disassembled fragments or pieces into new groupings. This synthesis was achieved gradually through careful working between thesis and anti-thesis. Making comparisons, watching for negative cases and engaging in alternative or rival thinking (Yin, 2011) were some of my strategies for minimising biases and increasing reflexivity in the re-assembling.

Although the research design was not a comparative one, through my exposure to the field I naturally became aware of some differences and similarities within and between the different sites and participants. For example, the observation that only some professionals' clothing had explicit reference to their spiritual identity and work (e.g. the hospice chaplains wore a clerical collar) emerged as a comparative point that led to observations regarding spirituality and professionalisation. I kept track of such observations in my fieldnotes, and I used comparison and antithesis as a heuristic device for becoming more sensitive to and aware of differences without, however, aiming to lead to any kind of generalisation (Moses & Knutsen, 2012).

Interpreting (step D): This step is "the craft of giving your own meaning to your reassembled data" (Yin, 2011, p. 207). Describing and writing were used as important analytic and interpretative processes (Richardson, 2000; Yin, 2011); they involved decision making about not only what is told (and what is not) but also *how* it is told. Highlighting the explorative, aesthetic and creative elements of the writing process, Coffey and Atkinson (1996) talk about the 'ethnopoetics' of everyday life. Going beyond merely 'telling about' something, narrating is part of 'making it' (De Certeau, cited in Bone, 2007). In this vein, my interpreting involved a process of constructing and reconstructing narratives and worlds of experiences (Frank, 2010) based on the patterns and themes that had emerged in the previous analytic steps.

Before jumping into interpretations regarding the meaning of phenomena and their representations, I tried to stay close to the phenomena themselves and describe them (Bortoft, 2012). This emphasis on description led to thick and multi-layered narrations of the emerging themes through an ongoing interpretative interplay between actions and context, between the parts and the whole.

Concluding (step E): As a natural completion of the analytic process, concluding was a final step of interpreting which aimed to bring unity to the entire study. It situated and re-framed the emerging themes within the context of the research questions. Teasing out the broader significance of the study, the concluding process led to some overarching ideas that elevated the findings conceptually to a broader level

(Yin, 2011). The use of existing theory and knowledge in the field served here as a tool for conceptualising the emerging themes and situating them within a wider context.

4.1 Overview of data analysis per types of collected data

As shown in Table 10, I adapted the aforementioned analytic steps according to the nature and scope of the different types of collected data which I organised in three groups: audio-recorded discursive data (interviews and focus groups), text data (fieldnotes, forum material and text-based artifacts) and audio-visual data (photographs, recordings of music therapy sessions and audio-visual artifacts). To illustrate my work with the different types of data, I provide various examples in the Appendices as indicated in Table 10.

The overall data analysis process was recursive and iterative (Yin, 2011). Each analytic step fed into the other with more or less clear-cut boundaries between them. Likewise, the whole data analysis was closely interwoven with the data collection process. The reciprocal and symbiotic relationship of collection and analysis methods is a well-known topic in ethnographically-oriented studies (Hammersley & Atkinson, 2007; O'Reilly, 2005). As discussed, writing and describing as part of data collection was simultaneously an analytic process. The implicit choices of writing about certain things and not about others reflected my ongoing critical analytic thinking where moment-to-moment decisions were made regarding what mattered more or less. Throughout my whole data work, I tried to keep a reflexive stance by continually asking myself questions regarding, for example, the distinctive features of my research and the relationship between the data work and the research questions.

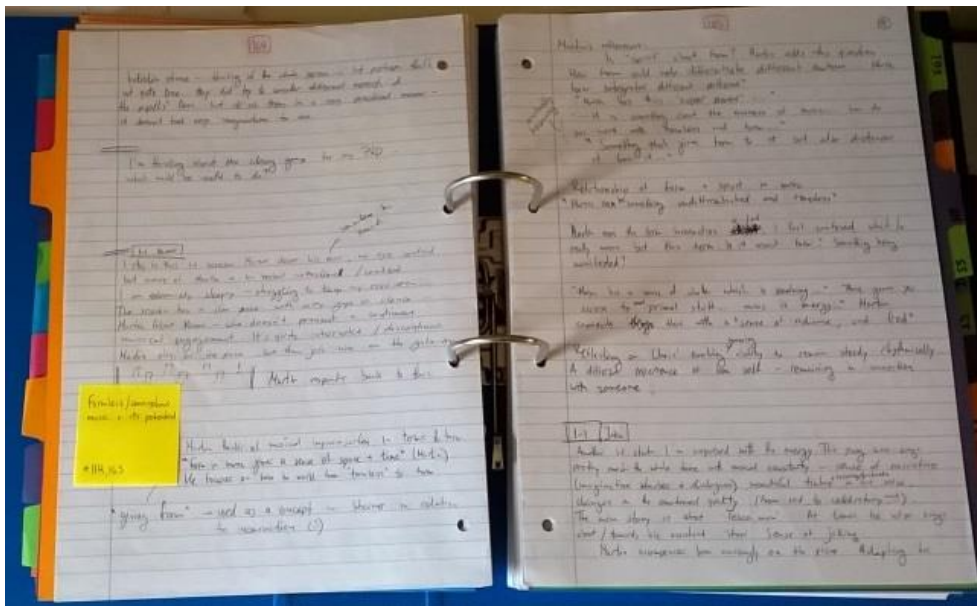
5 Strengths and weaknesses of method

The different data methods employed in the study were connected and organised under a unified ethnographically-informed research framework. As such, instead of considering each method in isolation, I consider here some of the strengths and weaknesses associated with ethnography more broadly. Compared to other methods, such as the survey method of the pilot study, ethnographically-informed methods have less clear-cut strengths and weaknesses. This relates to the complexity, multiplicity and diversity of methods and of their applications in ethnographically-informed research (Hammersley, 2006).

On the one hand, the strength of ethnography lies in its capacity to reveal and explain the complexity of human relations within particular contexts, and therefore in its power to produce situated, rather than universal, truths. Ethnographic methods are well-placed to study complex sociocultural phenomena and multifaceted elements of group interactions in their natural settings. On the other hand, the typically large scale of ethnographic methods (in terms of time and other resources required), the

Analytic steps	Types of collected data		
	Audio-recorded discursive data	Text data	Audio-visual data
Step A: Compiling	Organising all data items into manageable database formats (example: Appendix 13).		
Step B: Disassembling	<p>Interviews followed a three-substep disassembling (example: Appendix 14):</p> <p>Substep 1: I listened and re-listened to each recording carefully and created an initial contents map. This map outlined ideas, concepts, areas of focus or situations as these appeared in chronological order. Through this process I also targeted key interview material.</p> <p>Substep 2: I transcribed verbatim the targeted key interview material.</p> <p>Substep 3: Taking a step back and reflecting on each audio-recorded discussion as a whole, I drew a conceptual mapping. I mapped the main emerging ideas and themes. This mapping led to networks of initial ideas, topics, key practices, events or situations grouped according to their meanings.</p> <p>Focus groups were transcribed verbatim in their entirety and then I mapped them conceptually (example: Appendix 15).</p> <p>The disassembling process led to the emergence of initial themes.</p>	<p>Reading and re-reading of text-based data led to the identification of initial ideas, key practices, events, situations and stories.</p> <p>Memo-writing helped me to record and keep track of my ideas throughout this process. Memos often took the form of post-it sticky notes that I placed on printed copies of text-based data (example: Photograph 2). Some memos also took the form of draft notes some of which were eventually developed into fuller narratives.</p> <p>This process led to the emergence of initial themes.</p>	<p>Listening and re-listening, as well as reading and re-reading of the dataset was the main way of familiarising myself and engaging with audio-visual data at this stage.</p> <p>Where relevant, memo-writing was used, including writing brief descriptions for photographs to keep track of my ideas throughout this process (example: Appendix 16). Only in one case (DVD), targeted material was transcribed verbatim.</p>
Step C: Re-assembling	By re-visiting the initial themes and at times going back to their original or intermediate sources (e.g. conceptual mappings of audio-recorded discursive data), I looked for emerging patterns across the whole dataset. The initial themes from the conceptual maps of audio-recorded discursive data and from the memos of text data were typed into a database, while the memos of audio-visual data were developed into fuller narratives. A multi-angled process was followed, including the identification of exemplary cases (or core narratives), which led to the emergence of substantive themes (example: Appendix 17).		
Step D: Interpreting	Through describing and writing, I tried to give meaning to the reassembled data. Based on the previously emerging patterns and themes, I constructed and reconstructed narratives. Revisiting my research questions was core to this process.		
Step E: Concluding	Teasing out the significance of my study, I tried to raise the themes and the meaning I attributed to these to a broader conceptual level. I reflected on the emerging findings in relation to the initial research questions and existing knowledge in the field. This led to the emergence of layers of narratives and meta-narratives: narratives about the narratives.		

Table 10: Data analysis processes per types of collected data



Photograph 2: Example of memos in fieldnotes

seemingly unsystematic way of doing fieldwork and collecting data, the involvement of small, non-representative samples (i.e. studying the particular) as well as the complexity of the resulting dataset are all commonly considered as some of the weaknesses of the method. Reliability, generalisability and replicability are also seen as problematic areas of ethnography (Hammersley, 2006; Hammersley & Atkinson, 2007).

Although some of these strengths and weaknesses are practical (such as time investment), most of them are epistemologically charged (Hammersley, 1992). Depending on one's stance, some of the perceived weaknesses, such as the complexity of data and the difficulty of replication, can actually be seen as strengths.

Considering the methods of this study within their own ethnographic context of reference, I acknowledge the classic etic-emic dilemma where the 'etic' refers to the outsider perspective of the researcher and the 'emic' to the insider perspective of the native. Establishing an emic-etic dialectic (Stige, 2005a) is at the core of reflexive and ethnographic practices where meaning is constructed by allowing different – even conflicting – perspectives to be mutually informed. Literally meaning “*writing about the people*” (Ingold, 2014, p. 385, emphasis in the original), ethnography is well-versed in postmodern critiques regarding representation, including the role of language as a mediating force in our ways of knowing the world. The emphasis on reflexivity and critique – which is inherent in postmodernity – has led to the development of reflexive approaches and frameworks not only for doing, but also for evaluating research. I explore further these reflexive approaches to research evaluation in the final chapter of the thesis where I consider the two-fold study in its entirety.

6 Research ethics³²

Ethical approval for this study was provided by the Nordoff Robbins Research Ethics Committee (3rd March 2015) while relevant permissions were gained by each research site (Appendix 18). In the hospice's case, a separate research application was reviewed and approved by their internal review body.

Research data were treated according to the guidelines of the UK's Data Protection Act (1998) and sound ethical principles (Farrant, Pavlicevic & Tsiris, 2014). The anonymity, privacy and confidentiality of research participants and sites were respected at all times. In the reporting of the study I do not use real names of people and organisations and, where necessary, I do not provide information which may lead to their identification.

A unique set of participation information sheets and consent forms was designed for each research participant group: music therapists (Appendix 19 and 20), staff and volunteers (Appendix 21 and 22), and clients, families and visitors (Appendix 23 and 24).³³ Research participation was voluntary, and participants could reveal themselves selectively as well as withdraw from the study at any time with no consequences.

Using cloud forum software, the forum was developed as a closed online community. Each forum member was given a unique username and password (Appendix 25). In agreement with the forum's terms and conditions, the three music therapists (key informants) did not refer to real names of people (e.g. music therapy clients) in their discussion and comments, while they could upload only material which was already in the public domain. After the completion of the data collection period, I downloaded all the forum entries for analysis and the function of the forum was terminated permanently.

Throughout my fieldwork I acted with respect to the policies of each research site, and only people who were able to give informed consent were interviewed. During my onsite visits I tried to be sensitive and cause as little disruption as possible in the daily life of each organisation. The study required no change to the music therapists' ways of working and the sites' daily routines.

Throughout the process of developing my understanding I retained a reflexive stance towards the potential influence of my own experience of living and working as a music therapist in the UK, as well as of my pre-existing professional contact with some of the participants and research sites. These existing contacts were seen as potentially valuable in terms of assisting me to approach the complex web of relationships inherent to any situation with some prior awareness and knowledge. Moreover, these relationships perhaps offered the basis for the trusting relationship required when exploring spirituality which could be a rather personal and sensitive topic for participants.

³² The ethical considerations pertaining to the epistemological and methodological aspects of researching spirituality as a phenomenon as these were discussed in the pilot study (see Chapter II, Section 6) apply to this second study too.

³³ No person aged under 16 was invited to be interviewed. So, there was no need to use a form seeking permission from parents, guardians or legal representatives.

Although the research was conducted in English, my Greek origins and upbringing had implicit influences in my research (see also Prologue). These influences ranged from discussions which were triggered due to participants asking about my Greek accent to my own multiple understandings of certain terms by seeking their meaning in my native tongue. The word 'family', for example, was often mentioned by participants in all three settings; many said that there was a sense of belonging to a family within their organisation. For me, this term had multiple conceptual offsprings relating to the Greek notion of family (*oikogeneia*). Going beyond its etymological origin, *oikogeneia* in Greece is a dynamic concept with multi-dimensional meanings and implications in daily life. It refers to various combinations of persons, from the more private, immediate family to the extended network of relations. As also shown in an ethnographic study in a small Greek town (Kantartzis & Molineux, 2014), *oikogeneia* is embedded in memories and stories, the embodied experience of growing up of who one is, but also of what one does.

All the aforementioned practical, interpersonal, professional and conceptual aspects were sensitively treated as part of the wider ethical considerations of this research.

7 Findings

This section forms the bulk of the chapter and of the thesis as a whole. It contains five main subsections reflecting the five areas of findings. As shown in Figure 7, these areas include a number of subareas. Interlinked and overlapping to varying degrees, these areas hopefully convey a flexible representation where findings are understood as continuous rather than fixed or discrete outcomes (see also Ansdell & DeNora, 2016). The different areas of findings and their subareas aim to offer different lenses and frames for understanding the fluidity of spirituality's performance in everyday music therapy contexts. They provide a framework for synthesising the diverse themes and core narratives that emerged through the research process.

Given that any kind of knowledge relates to the knower, the findings reflect my understanding without assuming that this necessarily reflects participants' own views or meanings. Remaining "careful not to kill the stories with theoretical elaborations" (Stige, 2005a, p. 401), I focus on the insights that I gained from the 'stories' themselves and from the interplay among different narratives, interpretations and (meta)reflections. I therefore present the findings more or less 'naked', without the clothing of pre-existing theories or concepts unless these emerged naturally in the fieldwork or were deemed necessary for explaining the findings.

In presenting the findings, I refer to the music therapy service as a whole. This reflects my distributed attention to the bigger picture of what the daily work of music therapists entailed. Informed by the notion of the 'ripple effect' (Pavlicevic & Ansdell, 2004b; Pavlicevic et al., 2015) and by my previous work in music therapy service evaluation (Tsirir, Pavlicevic & Farrant, 2014; Tsirir, Spiro & Pavlicevic, 2018),

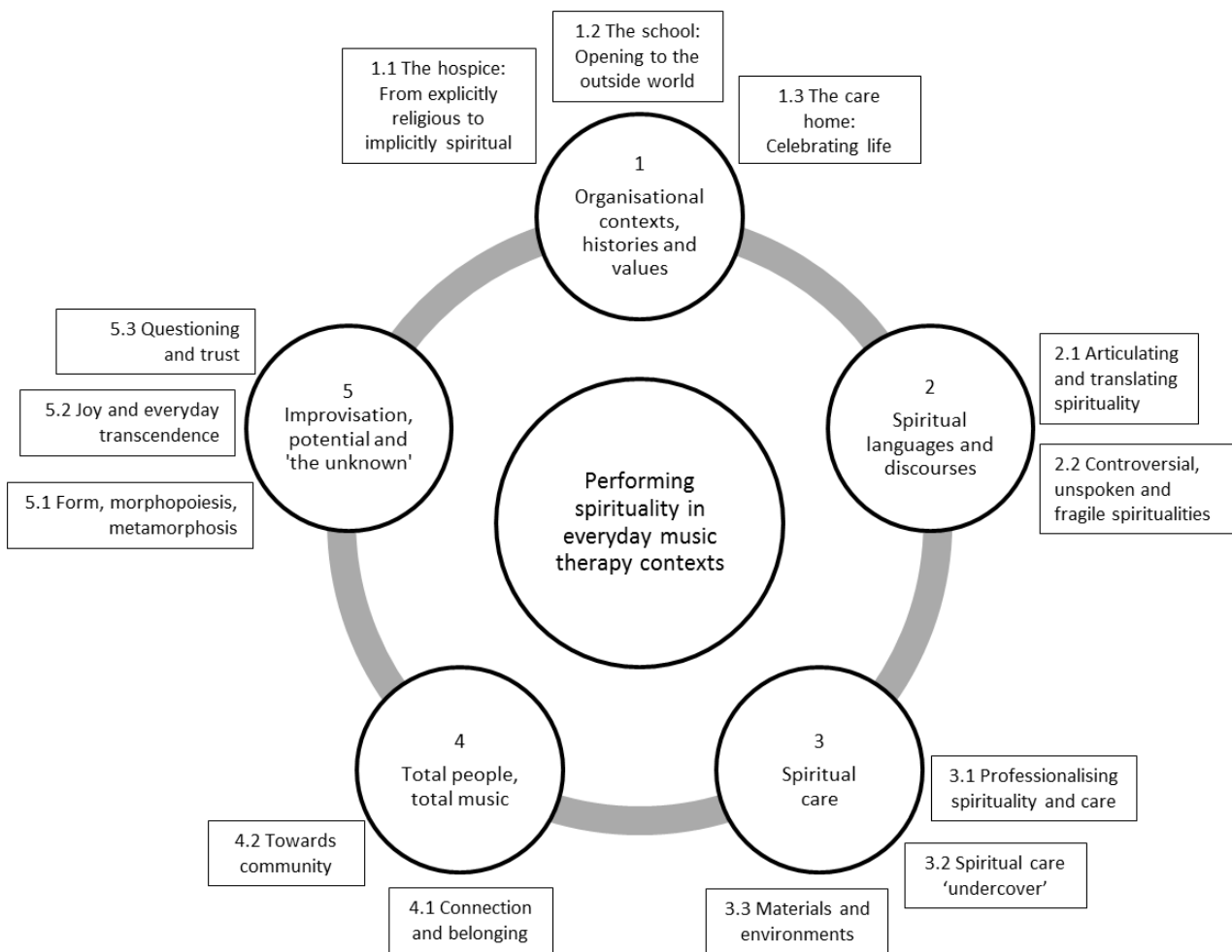


Figure 7: Areas and subareas of findings (ethnographically-informed study)

my focus on the service as a whole during the research went beyond the immediate therapeutic musicking situations to include, for example, multidisciplinary meetings, administrative work and ad-hoc conversations with people. In this context, clients were also seen as ‘service-users’ but here I tend to refer to clients, patients, residents or students according to the terminology used in each site or situation respectively.

Although the study was situated within three unique sites and, at times, these are discussed independently to facilitate contextual understanding, the purpose was not to analyse these sites as isolated cases. The narrative of the findings is intertwined with examples of direct quotes and extracts deriving from the primary data sources (i.e. fieldnotes, online forum and focus groups) as well as other sources through which a number of people and stories from the three sites are introduced.³⁴ This hopefully

³⁴ To help the reader remember the role of each participant mentioned in the findings, Appendix 26 lists their pseudonyms alongside their roles in the research sites. For ease, the initial letter of each music therapist’s pseudonym corresponds to the one of their workplaces (i.e. Heather, hospice; Scott, school; Cynthia, care home).

portrays the voices, perspectives and experiences of different participants in a balanced and immediate manner. I also illustrate particular aspects of the findings through composite vignettes. The analytic scope of these vignettes is to communicate some of the emerging core narratives using a more personal and direct writing tone. In addition to drawing heavily from my fieldnotes, these vignettes comprise information from diverse data sources.³⁵

7.1 Organisational contexts, histories and values

Each of the research sites presented a unique set of features in terms of their areas of work, services and localities as well as in terms of their organisational histories, values and evolving identities including their spiritual profiles. Since the establishment of each organisation, these features had shaped particular ways of working and prioritised certain values and agendas within each setting. At the same, and as I noticed during my fieldwork, these features were continuously shaped. They were shaped by the individuals who were part of each organisation's ecology (including employees and external professionals, volunteers, clients and their families) as well as by the given sociocultural, economic and professional environments within which each organisation was operating. These environments included the characteristics of the local communities that surrounded each organisation as well as the professional standards, vocabularies and criteria set by each organisation's regulatory and funding bodies. Learning about each organisation and their evolving spiritual identity was an essential part of my research and fostered a contextual understanding of music therapy and spirituality. Starting with the hospice, I introduce each organisation below alongside some initial information about their respective music therapy service.

7.1.1 The hospice: From explicitly religious to implicitly spiritual

Located in a large and multicultural urban area, the hospice (research site 1) provided specialist adult palliative care as well as bereavement care to families and friends. Services were offered in three main contexts of care: day care (outpatients), ward (inpatients) and home care. All services were free of charge and, as a charitable organisation, the hospice's financial sustainability depended heavily on donations. As one of the nurses, Jess (I12H3), told me: hospice care is at the junction of medical, social, existential and financial care. The hospice, therefore, had a wide multidisciplinary team (MDT) including a range of

³⁵ Each direct quote is followed by a reference to its original data source: Forum, Focus group (FG), Fieldnotes or Interview (I). For example, "Forum#8.3" refers to "Forum discussion number 8, comment 3", "FG1, p. 6" refers to "First focus group, page 6", and "I5H2, p. 3" refers to "Interview number 5 which took place during hospice visit 2, page 3". The symbol "[...]" indicates the omission of bits from the original material due to confidentiality, relevance or audibility issues of recorded material. In some cases, I have inserted words in the original quotes to clarify meaning or fix grammatical errors. All these added words are placed in square brackets. I have also edited the original quotes from my fieldnotes to enhance readability. Artifacts are cited by simply writing the type of the artifact and the research site where it was collected (e.g. "DVD, care home").

professionals such as doctors, nurses, physiotherapists, dieticians, a hairdresser, social workers as well as a large number of volunteers. As a core part of the MDT, the arts and spiritual care services fell under the broader complementary and psychosocial support services of the hospice and were offered in all three contexts of care.

The music therapy service was part of the arts team which consisted of arts therapists and community artists. Heather, one of my study's key informants, had worked at the hospice for several years. Her background in psychodynamically-informed music therapy, as well as her experience as a performing musician, complemented the approaches and backgrounds of other arts team members. During my fieldwork I became aware of the multiple aspects of her music therapy role which included providing individual and group sessions, running the hospice's community choir, playing music at the Day Centre, coordinating the hospice's live music events as well as contributing to the hospice's teaching activities. In addition to working with dying adults, Heather often worked with bereaved families and children.

Since its establishment some decades ago, the identity of the hospice had changed dramatically from being explicitly religious (Christian) to having a more implicit spiritual profile but still with some Christian overtones. In an early annual report which I found, the hospice and its mission were described as "a Christian Foundation, ecumenical and practical, searching for God's plan for its work and development".³⁶ Although the hospice was never run by the Church, this statement seemed to be directly linked to the beliefs and values upon which the hospice founders based their vision, commitment and work. Christianity also represented the prevailing religion of the hospice's local community – as well as of the UK population more generally (see Davie, 1994) – at that point in history. In my conversations with various staff, and while acknowledging the powerful role of religious institutions, I also became aware of the potential role of the hospice's early religious commitments in relation to opening up possibilities for political backing, networking and funding opportunities – all of which were vital for its initial development.

As I learnt through my interviews with some long-serving staff members and through historical documents, the hospice's early Christian identity had implications in daily routines, service provision as well as on its physical environment. Staff, for example, would start each day with prayers and a 'thought for the day' session where team leaders were expected to take turns and do readings. On reflection, people had mixed feelings about these rituals. For librarian Donna (I5H2), the 'thought for the day' session was "grounding time" and did not feel "too religious". On the other hand, for people like Penny (I13H3), a child and family bereavement counsellor, who did not consider themselves religious, these sessions were anxiety-provoking. These sessions as well as the regular Christian services were taking place in a chapel.

³⁶ In fact, the Christian roots of the hospice movement can be traced back in the appearance of the term 'hospice' (from the Latin *hospitium* = hospitality) in medieval times. Run by monks and members of different knighthood orders, such as the Knights Hospitaller, these first hospices were hospitals dedicated to welcome and care for pilgrims travelling to the Christian sites in Jerusalem.

This chapel had clear Christian references and symbols including large paintings of Christ's passion (Photograph 3 and 4).



Photograph 3: Christian service at the hospice (archival photograph)



Photograph 4: Holy Communion on the hospice ward (archival photograph)

Over the years, the hospice's spiritual profile changed dramatically – reflecting, and perhaps responding to, the changing profile of its local community which had become highly multi-cultural and multi-faith. Rita (I21H5) and Penny (I13H3), who had been working at the hospice for several years as nurse

and counsellor respectively, told me that the changing appearance of spirituality in the hospice was also influenced to some extent by the spiritual orientation of each chief executive officer.

With no explicit religious affiliations and terms attached to its identity at the time of my research, the hospice was acknowledging spirituality as an integral component of its care. The concept of 'total pain' seemed to provide a framework within which the hospice situated its spiritual care provision and perhaps anchored its understanding of spirituality. Coined by Cicely Saunders (1918-2005), the founder of the modern hospice movement, total pain highlights spiritual pain as part of the experience of the dying person in addition to the physical, emotional and social pain they may experience (see Chapter I, Section 2; and Clark, 2000).

During my hospice visits, I saw some of the early paintings of Christ's passion still hanging on the hospice's walls. While honouring perhaps the hospice's early Christian history, I was told that these paintings had been moved to less prominent areas of the building. I also noticed that each painting was accompanied by an explanatory tag. To me, this gave a museum or art gallery feel to the paintings, rather than highlighting their religious content and its potential relevance to the hospice's work.

Within its open-ended spiritual context, I noticed that the hospice retained various Christian influences. This was reflected, for example, by the Christian background of all spiritual care workers as well as the weekly Christian services and Holy Communion that were taking place at the hospice. Nonetheless, the creation of new types of sacred spaces was indicative of the hospice's changing spiritual identity. This included the hospice's non-denominational space for reflection which substituted the earlier chapel. Again, the removal of the chapel was experienced as a "sore point" for people like Rita (I21H5) who felt that this new sacred space had a "clinical" feel to it.

Throughout its evolving profile over the years, the hospice had welcomed, cared and served with sensitivity patients and families of any and no faith, and irrespective of their background. In their attempt to summarise the hospice's vision, research participants often referred to Saunders' phrase: *"You matter because you are you and you matter to the last moment of your life"*. Participants felt that this caring attitude of unconditional acceptance and appreciation was at the heart of the organisation's welcoming and hospitable environment. For example, one of the chaplains, Sally, told me that the hospice's values are based on love that results in a sense of compassion not only between staff and patients, but also between patients.

[...] love in its widest sense – not in touchable, sensitive sort of modern interpretation – love that results in compassion and sharing. It's amazing to see how concerned patients are about other patients and what deep friendships are formed. (Sally, I11H3, p. 4)

As implied in Sally's words, this kind of love is about reciprocity and for Donna (I5H2), this is the "art of good palliative care": to enable the person to be part of a reciprocal relationship of care. During my fieldwork I witnessed this reciprocity in the staff's recognition of patients as active contributors and not passive recipients of care. For many participants this sense of reciprocity was often encouraged, generated

and lived through people's participation in music and other arts activities. The latter often contributed to the creation of the hospice's environment by displaying people's artwork on the walls – where objects of religious content may have been displayed some years ago (see also Subsection 7.3.3).

The commitment to unconditional acceptance and love that had underlined the hospice's ethos throughout its history seemed to be shared by all staff irrespective of their individual spiritual orientation. Penny (I13H3) described this commitment as a “sense of rootedness” in the organisation; a sense of “focus and value [...] which infuses the organisation with a sense of spirit”.

7.1.2 The school: Opening to the outside world

The school (research site 2) was located in a rural and remote area surrounded by beautiful woodland. As a special needs school, it provided primary and secondary education to students up to 19 years old who face complex educational needs. The school, together with the college (for students aged 19 to 24), made up the whole organisation and were all part of a Camphill community; a residential community for people with learning disabilities based on anthroposophical principles and Steiner's curative education (see Steiner, 2004).³⁷ In this purpose-built community, students were living in family-sized houses together with co-workers creating a homely environment. The teaching of personal care, hygiene and social skills as well as the participation in daily household tasks was taking place naturally within the everyday life of each house. Leisure time was often spent in outdoor social and cultural activities, including gardening.

In addition to classroom-based teaching, and in line with its holistic ethos, the school was offering a range of educational, therapeutic and cultural services and activities. All services were provided free of charge and the running costs were mainly met by fees paid by Local Education Authorities (LEAs). The music therapy service, in particular, was part of the school's therapies team which included colour-light therapy, transformational arts counselling, eurythmy,³⁸ massage therapy, speech and language therapy (SALT), behavioural therapy, physiotherapy and occupational therapy.

Scott, one of the key informants, was the only music therapist at the school and had a background in psychodynamically-informed music therapy and GIM. He was working mainly with individual primary school students and sessions were typically taking place in the designated music therapy room. Although Scott was not offering GIM sessions in this context, during my research I noticed that his thinking about music therapy and its fit within the school was heavily informed by his GIM knowledge and experience. In

³⁷ My research did not focus on the college due to the positioning of the music therapy service within the organisation. For this reason, I refer mainly to the school throughout the study.

³⁸ As an expressive movement art developed by Steiner, eurythmy (etymologically meaning beautiful or harmonious rhythm) expresses through body movements the creative principles underlying speech and music. Known also as ‘visible music’ or ‘visible speech’, eurythmy has applications both in education and in anthroposophic medicine (Steiner, 1983).

addition to Scott, the school had two other music practitioners, Philip and Peter, both of whom came from an anthroposophical background. Their music work was part of the anthroposophically-based services of the school, such as eurythmy and colour-light therapy.

Anthroposophy formed the basis upon which the school and its whole Camphill community were developed. Established as an esoteric 'spiritual science' by Rudolf Steiner (1861-1925), anthroposophy (from the Greek *anthropos* = human being, and *sophia* = wisdom) offers a complex theory of the human being as having a basic threefold constitution: an eternal spirit, an evolving soul and a temporal body.³⁹ The wholeness of the human being expresses itself in terms of thinking (head / nervous system), feeling (heart / respiratory or rhythmic system) and willing (limbs / metabolic systems) respectively. In this context, the human spirit is understood as eternal and by reincarnating and experiencing different earthly lives is becoming more individualised and consciously experienced. Although anthroposophy is not a religion, it considers Christ as a cosmic being and some forms of ecclesiastical anthroposophy have manifested over the years.

In terms of anthroposophy's influence in education, Steiner's ideas gave birth to curative education – also known as 'education of the whole child' or 'education from a spiritual perspective'. According to an in-service training school document, curative education is a particular "philosophy and method of care and education" which presupposes that the teacher or carer "approaches their work out of a belief and understanding of the essential spiritual integrity and equality of all human beings". During my school visits, I became aware that anthroposophy did not only inform the curriculum (known as the 'Waldorf curriculum', see Steiner, 1985) and the school staff's practices, but also their understanding of pathology. This was particularly linked to the anthroposophical concept of reincarnation as providing a framework for understanding students, their conditions, behaviours, developmental stages and educational needs from a spiritual perspective. According to Scott's understanding, students' conditions were often attributed to some kind of disruption of their current incarnation process. As he put it, "the physicality of the organism cannot be fully grasped. The students' 'spiritual integrity' is there but is unable to manifest" (Scott, Forum#8.1).

Steiner's teachings regarding the spiritual nature of the human being and their applications in curative education formed the foundations of the Camphill movement more generally. After fleeing from the Nazis, Karl König (1902-1966) and a team of Jewish refugees began the first Camphill community in 1947 in Aberdeen, Scotland (see Hailey, Griffiths, Moscoff & Poole, 1988). König's *Memorandum* (1951) paved the way for Waldorf education to be offered in Camphill to every child in need of special care based

³⁹ Since its foundation, anthroposophy has spread globally and inspired developments in a range of fields including bio-dynamic agriculture, medicine, architecture, education and the arts. More details about anthroposophy can be found in Edmunds (2005). Some (e.g. Hammer, 2004) consider anthroposophy as one of the most important esoteric societies in European history, while others (e.g. Shermer, 2002) have criticised it as pseudoscience. Here, I offer only a basic introduction to some aspects of anthroposophy that seem necessary for understanding the study's findings.

on the conviction that all children have the right to education. Founded with the higher purpose “to function as a seed of social renewal” (see Bamford, 2009, p. 27), the Camphill movement was in contrast to the British educational system where until the 1970s there was a distinction between educable and uneducable children (see Bock, 1997).

The early values of the Camphill movement had been present throughout the school’s history, and until some years before my research – as participants explained – the school and its community were somehow closed and isolated from the rest of society. For people like Scott, the traditional community ran the risk of being perceived almost like a “sect” or something quite “esoteric”.

In its attempt to survive, the school had to open to the outside world. The school underwent a huge transition to meet legislative requirements as well as modern standards and criteria set by external regulatory and funding bodies, such the UK’s Office for Standards in Education, Children’s Services and Skills (Ofsted) and LEAs. These standards and criteria, as Scott explained, seemed distant from the school’s traditional values, and this transition – during which many members of the early community left – had been experienced by some participants as a “crisis” and “turmoil”. For Elaine, the transformative arts therapist, the school was losing its identity as a result of this “pressure from outside” (Fieldnotes, 30th June). Other people were more optimistic. The principal Sherry (I18S3), for example, argued that the Camphill “impulse” and its “task” was about serving the contemporary needs of society, and she acknowledged that “the Camphill community stood still but the world moved on”. For her, this situation had posed great problems and the community needed to “move on”, to comply with modern legislation and to understand their anthroposophical approach as complementary, instead of alternative or contradictory, to other approaches.

In her attempt to respond to contemporary demands, Sherry had introduced processes and systems for things that used to “just happen”. She was also trying to translate the community’s original values and to redefine its “task” into the “here and now”. As she put it, she was interested in the “new Camphill” and what this would look like.

Sherry: [...] I think Steiner would want us to translate it [the impulse of the Camphill community] to the here and now, rather than just read a book and say “try *this*”... No! What does this mean now?

Giorgos: Yeah

Sherry: So I think that’s the task... and so... For a while I was very concerned because a lot of people who used to work out of anthroposophy and who came here on the old Camphill style have left [...] either because it didn’t do for them or they wanted to move on... and so we had a huge influx of other people [with no anthroposophical background] but I trust that they come with an openness towards anthroposophy whatever that means in this particular phase, and that they will contribute what they are... and they may not call it ‘anthroposophy’ but this doesn’t matter...

Giorgos: Yeah

Sherry: ... in the relationships that they offer to the students something new evolves. And so for me... I am interested in the 'new Camphill' I suppose and what this would look like... (I18S3, pp. 8-9)

For Sherry, the movement towards the "new Camphill" necessitated the integration of professionals from other special needs settings. Described by many participants as a "marriage" of the anthroposophical ethos and curriculum with the modern specialist education stream, this integration had gone through different phases. In my interviews with different people I understood that many experienced this process of integration as a "strong conflict" between those who were anthroposophically trained and those who were not, and the school's therapeutic services used to be separated in two groups: the 'anthroposophical' and the 'scientific' or 'modern' ones. During my fieldwork, however, the gap between the two was gradually bridged with staff trying to see their services as part of a holistic unified approach.

Throughout the school's journey of redefining its identity and modernising its ways of working, some of its core values and practices were retained. The motto "the student's higher self is the teacher", for example, highlighted the school's spiritual perspective not only of students but also of the role of professionals. In this context, offering "soul care" to students, for example, was seen as the priority of professionals at the school (Scott, FG1). According to its ethos, the school adopted a "head, heart and hands approach" which mirrored a threefold understanding of the human being as spirit, soul and physical body (Scott, Forum#8.1). At the time of my fieldwork, public documents (including the school's website) described the school as a Steiner "inspired" school which had an inclusive therapy team and displayed best modern practice.

Equally, the traditional value of "community living and learning" was at the heart of the school's mission where the commitment to spiritual wholeness was openly acknowledged. The cultural life of the community was organised around the rhythm of the farming year and the "active, experiential and living celebration of the seasons and Christian festivals of the year", such as Michaelmas that I had the chance to observe (Photograph 5). These celebrations gave a framework to the cycle of the year, its processes and experiences where creativity, music, arts and crafts were a core and inextricable part of the school and its community life (Scott, FG1).

7.1.3 The care home: Celebrating life

The care home (research site 3) was a private residential nursing home for the elderly, located in a small and leafy urban area. As part of a healthcare company, the care home was the only research site where residents were paying for the services and as such it was attracting people from relatively wealthy backgrounds. With the aim to accommodate people's different needs and conditions, the care home building was structured in different units, including a unit dedicated to residents with advanced dementia.



Photograph 5: School's Michaelmas celebration

Cynthia, the third key informant of the study, was the only music therapist working at the care home. In contrast to the school and the hospice where MDT meetings were a regular and important feature of the music therapists' work, the liaison between care home staff was based more on ad-hoc conversations and written notes in residents' files. Cynthia was spending most of her time in the dementia unit and her daily work involved running open and closed groups as well as individual sessions. Sessions could take place in any space of the care home depending on what seemed appropriate on each occasion. Some sessions happened in the music room which was based in the dementia unit and was also used as a sitting room, while Cynthia would often work in people's rooms and along the corridors. Cynthia, who had a background in Nordoff-Robbins music therapy, was the only arts practitioner at the care home. Activities staff, however, would often organise and lead activities that involved music and the arts, while Cynthia was collaborating closely with the activities staff as well as other staff such as the physiotherapist.

In contrast to the other two research sites, the care home's ethos, values and ways of working had not gone through major changes during its relatively short organisational history. As a private and non-faith-based organisation, the care home had developed a more neutral or perhaps secular spiritual identity. Its emphasis on "celebrating people and life" highlighted the care home's person-centred ethos. As such the value of each person as well as the meaning of care in this environment was understood within a person-centred frame. This frame, which is widely applied (and debated) across different healthcare fields and particularly in gerontological nursing, was based on the idea of 'personhood'. Bringing to the fore the humane, relational and ethical status of each person, personhood has more broadly challenged individualised and reductionist models of care and has promoted a person-first and respectful approach to care (see Kitwood, 1997a, 1997b; Kitwood & Bredin, 1992).

During my fieldwork, I realised that the openness of the organisation's person-centred approach appeared to provide a flexible framework within which different people, including staff and residents,

could fit their own beliefs and values whether or not these were named as 'religious' or 'spiritual'. Spiritual care services were offered weekly in the form of Christian services, while services for residents from different faiths were offered too. With no space dedicated to prayer or reflection, these services usually took place in the dining area.

From Cynthia's (FG1) point of view, there was not much openness in the care home in terms of talking about spirituality: "The spiritual aspects of things can often be unspoken in this environment". Staff and the organisation as a whole seemed to be more comfortable in adopting a more "secular stance". As such, and in contrast to the school, spirituality did not feature explicitly in the care home's in-service staff training sessions. Jeff (I8C2), the care home manager, told me that he would talk about spirituality to staff in terms of "empathy" and "unconditional positive regard". He was encouraging staff to accept people's different values and to "see the person who's there" without judging them.

[...] my way of talking about [spirituality] is keeping it simple: "*Don't judge*". That's my one thing; you are not here to judge people. In psychiatry they call that 'unconditional positive regard', but all I'm saying is: someone can come across as being very angry, you know, and very bitter, but actually if you think about "*Well, why is that? Let's look. Let's look at this person's life. Let's look at their relatives...*" (Jeff, I8C2, p. 6)

In my understanding, this person-centred and person-led care implied some kind of trust in the other person. This sense of trust resembled, to an extent, the school's idea of the person's higher self being the real teacher. For Jeff, this empathetic attitude requires listening to the person and staying with them without trying to change them; he argued that people's needs are higher priority than staff's own working (spiritual) practices or preferences. Reflecting on the care home's mission to celebrate life, Jeff explained that the core value of the organisation is that "life is for living"; it's "not about 'calming' people down. It's about 'celebrating' people".

Life is for living, you know? Life isn't over because you're coming into a care home. We are going to celebrate life – that's our mission [...] and all of that is getting to know the person and giving person-centred care. [...] You wouldn't want a kind of sterile situation where this kind of boring muzak⁴⁰ in the background trying... you know... it's not about controlling people and calming people down. It's about celebrating people. (Jeff, I8C2, p. 5)

As part of its mission to celebrate people and life, the care home aimed to support active ageing by improving quality of life, maintaining independence and encouraging mobility. Most importantly, the care home was considered as belonging to the people. As such, residents were encouraged to treat it as their home. During my care home visits, I saw that residents could use any part of the building, including staff offices, and they could make choices about their daily life from menus to their preferred waking-up time in the morning. Residents' choices and preferences regarding the musical environment of the organisation

⁴⁰ 'Muzak' is the type of easy listening music that is typically played quietly and continuously in the background of elevators, retail stores or while on-hold at a call centre.

were equally important and Cynthia played a key role in taking care of the organisation's soundscape. Her role included raising staff's awareness of their more or less intentional musical actions (e.g. choice and volume of background music) and their potential impact on residents.

Within the homely environment of the organisation, the shiny awards and certificates that stood out each time I walked past the reception area, as well as the uniformed nurses and cleaners, reminded me of its corporate and healthcare profile. In addition to meeting the standards set by national policies and bodies such as the Care Quality Commission (CQC), the care home strived to achieve good inspection ratings. Highlighting perhaps the competitive nature of the corporate world that the care home inhabited, these ratings defined partly its sustainability as a business.

* * *

The picture of each site, as I understood it during my fieldwork, was part of each organisation's continuous evolution and change over time in tandem with the changes observed in their broader sociocultural, economic and professional contexts. Indeed, each site had been on a journey where organisational values, agendas and ways of working had been refined, negotiated, shifted and challenged to varying degrees. Out of the three sites, I realised that the hospice and the school had experienced more dramatic changes in terms of their spiritual identities. From having explicit religious associations the hospice gradually adopted a more implicit spiritual identity, whereas the school had been on an ongoing journey of opening to the outside world and moving on by trying to redefine its identity and its task. On the other hand, the care home seemed to have a more stable spiritual profile as a secular healthcare organisation throughout its history. In all cases, I understood each site's journey as more or less associated with changes in their ethos as well as in their ways of articulating and translating this ethos to different audiences and for different purposes. As discussed in the next area of findings, this led to an exploration of the spiritual languages and discourses within each organisation, and their impact on the performance of spirituality within and around music therapy.

7.2 Spiritual languages and discourses

During my fieldwork, I realised that each organisation's context and evolving spiritual identity were inextricably linked to their distinctive ways of naming and 'linguaging' spirituality with implications for people's (spiritual) perceptions, experiences and (inter)actions. From this point of view, the varied spiritual discourses emerged as a multifaceted 'stage' where spirituality was performed within each context. This performance included the multiple, and at times competing, languages and concepts that were used within each setting not only to articulate spirituality but also to translate it from one conceptual framework to another, and for different audiences and purposes.

In this second area of findings I elaborate how spirituality was articulated and translated in different situations and contexts (Subsection 7.2.1), and I focus on the school's work towards creating a 'common language'. Then, I reflect on how these discourse-based performances of spirituality in and around music therapy nurtured certain spiritualities and at the same time overshadowed others. This led to an exploration of controversial, unspoken and fragile spiritualities (Subsection 7.2.2).

7.2.1 Articulating and translating spirituality

The articulation of spirituality seemed to be a challenge for all organisations and participants irrespective of their background, spiritual orientation or values. Early in the research process, I became aware of the boundless limits of spirituality and the impact of its elusiveness on naming practices, situations, histories, organisations or objects as 'spiritual'. As Heather (Forum#15.1), the hospice's music therapist, commented, "it seems such a huge matter to articulate through and around my work, so I feel I could almost say anything and place it in a spiritual context". From this point of view, indeed, anything could potentially be seen and articulated within and through a spiritual context. During my encounters with people, many attempted and struggled to put spirituality into words. This often generated discussions regarding the "indefinable" nature of spirituality which led to questions with no clear-cut answers.

So is spirituality about an attitude? A quality, a quality of being do you think? Or a quality of being in something? Or a recognition of something? Or is it just that some things are different, have a different quality even if they are noticed or not...? (Heather, I23H5, p. 3)

This kind of uncertainty fuelled multiple processes of naming and languaging spirituality. Over time, I was able to trace the emergence of such processes in diverse contexts ranging from official organisational documents (e.g. reports and websites) and theoretical frameworks (e.g. anthroposophy and GIM), to verbal and written communication between staff (e.g. MDT meetings, clinical notes and assessment scales) as well as to people's stories, ad-hoc chats and first-person narratives.

In each case, the organisation's prevailing spiritual language offered a "framework" – as the music therapists and many other professionals called it. This framework equipped professionals with a language that was commonly accepted and legitimised within each setting. In line with the standard meaning of the word 'framework' as an essential or basic structure supporting a system, concept or text (English Oxford Living Dictionaries, 2017a), spirituality offered a conceptual (and moral) structure within which practitioners could situate their own sense of spirituality, with implications on their ways of working and speaking about their work. This resulted in multiple 'translations' and diverse spiritualities within each organisation's prevailing spiritual framework.

On a surface level, the prevailing spiritual framework of each organisation was performed through the language used and the messages communicated in their official public documentation, including each organisation's website. Early in my fieldwork, however, I noticed that this public spiritual discourse was not

always a pure reflection of the organisation's spirituality, of its mission and values. At the same time, this surface language was at varying degrees consistent (or inconsistent) with the everyday professional language used by the people who were part of each organisation's ecology.

In the school's case, for example, the explicit reference to spirituality was relatively limited on the website and other public documents compared to its ubiquitous presence in the school's everyday discussions and practices. This mismatch between the school's external and internal spiritual discourse included the avoidance of certain concepts, such as 'incarnation', in public documents. It also included the translation of anthroposophical jargon into more lay and widely accepted terms. Instead of talking about 'spirit-soul-body', for instance, the school talked publicly about 'head-heart-hands'. Despite the significance of these concepts and jargon within the school's everyday life, this potential mismatch between the school's external and internal spiritual discourse was the result of intentional, careful translations. In particular, these translations were deemed a necessity in order to facilitate communication with people with limited understanding of, or interest in, anthroposophy, to avoid misunderstanding as well as to fulfil the expectations and criteria of statutory and regulatory bodies, such as Ofsted.

Vignette 1:

Translating and demonstrating spirituality

Sherry, the school principal, tells me that the school uses different terminology when it communicates with LEAs so that they can be understood. Although they would not talk about 'incarnation' for example, Sherry explains that they try to "interweave" or "inject" what matters to the school by using different terms. Both in terms of its ways of practising and talking about its work, the school needs to balance its curriculum in relation to LEAs' and parents' expectations. To a great extent, this partly relates to ensuring continuation of funding (Fieldnotes, 29th September).

Sherry: You communicate it [the Camphill work and understanding] in the language that they want to hear it.

Giorgos: Ok. So you make a translation...?

Sherry: We do, you know, in terms of progress we create the data that Ofsted wants and the Local Authority wants so that they can tick their box [...] [that the child has made] progress in literature, numeracy, maths, the whole lot... and so... but in-between the reports we weave the other bits of where we feel [the child] has grown or has met that challenge and that was a big step or...

Giorgos: Yeah

Sherry: You know, between the bits in the reports you add in your views and you can share that as well... that matters, if you like, to us... [...] the Local Authority needs to see particular accreditations have been met, the parents have expectations of development of their child and then we have a curriculum that we would like to offer, and all of those ingredients we need to make up

because you need to please everybody. We need to do with children what we find important but no Local Authorities are going to pay for it [...] So you need to tick all the boxes. (I18S3, p. 8)

Apart from being an obligatory framework, the LEAs' and Ofsted's discourse – as I understood from my conversation with Sherry – is not necessarily seen as a source that could inform or advance the school's spiritual discourse and understanding. A couple of months later, I interviewed Mary, the head of the school. I felt that her view on this matter was fundamentally different to Sherry's.

With no background or particular interest in anthroposophy, Mary describes spirituality as “that fine fandangled thing”⁴¹ that she “struggles” to understand. For her, valuing the “totality” of each child and respecting them as unique individuals who have something to teach us, is “just good practice” in all school settings. In this school it is framed as ‘spirituality’ but other schools and professionals would “just wrap it up in a different package”.

Intrigued by her comments, I prompt Mary to tell me more about the implications of the school's spiritual ‘package’. For her, the packaging does not make any difference to the way the school treats people. Despite this, she is concerned with how to “demonstrate” spirituality to Ofsted and for this reason she had turned to the inspectors for help.

Mary: I struggle with, you know, what spirituality [is] [...] I asked our inspector – because we have to show spirituality, you know? And it is SMSC which is... so...

Giorgos: What does this mean?

Mary: Well, I'm trying to think... Social, Moral, Spiritual and Cultural... so one of the S's is spiritual [...] we have to prove SMSC and show evidence to inspectors that we are promoting our children to develop social, moral, spiritual, cultural... that's it: SMSC⁴² [...] So it's not just about reading and writing; it's the wider being that we should be doing. And I remember asking our inspector “How do I demonstrate [the] spiritual?” I don't even know what ‘spiritual’ means, you know... So, she said: “Think of that moment of awe, of wonder that sort of... where a sort of light bulb goes off in the child and you see pleasure or something that they're getting”. That's what she says is the way to do it. (I24S5, p. 4)

Ofsted's SMSC and the inspector's suggestion provided Mary with an accessible and somehow validated language. They gave her a framework for understanding and for demonstrating spirituality and its translation within a special needs educational setting. Mary seemed content with this framework and I left the interview feeling unsure about her interest in the school's anthroposophical framework.

Taking the example of the school, Vignette 1 illustrates how all three organisations' public spiritual discourses were shaped in different ways by external influences. During my fieldwork, I became aware of

⁴¹ ‘Fandangled’ means “a useless or purely ornamental thing” (English Oxford Living Dictionaries, 2017b).

⁴² For more information about spiritual, moral, social and cultural (SMSC) development in the UK schools, see Government (2017).

the implications of this public discourse on practitioners' ways of articulating and translating spirituality in their day-to-day practices.

Cynthia (I7C1), the care home music therapist, for example, reflected on how the pre-given areas within each resident's individual care plan had shaped her note-keeping. As Cynthia told me, she tended to put her music therapy notes under the area of "cultural, social and spiritual values". This was because within the context of these care plans, other areas such as "communication" or "maintaining comfort" had a more functional focus, which did not align with Cynthia's understanding of her music therapy work. Instead of a "tool for communication", Cynthia (I7C1) perceived music therapy as relating to people's identities and as bringing a "spiritual connection". For her, this connection was about "a connection between people; a connection towards someone's identity; their real, their true personality". Hence the area of cultural, spiritual and social values offered Cynthia a more appropriate framework for describing her work. Concurrently, Cynthia was aware that other staff translated the same area differently with some viewing it as keeping people happy or occupied.

I chose to put music therapy in care plan 11 which is the cultural, social and spiritual values of a person. And what was really interesting was to read what people [other professionals] saw as 'cultural, social and spiritual values' and there was very little about church attendance or anything. It was more about keeping that person happy or keeping them involved in activities. So there was a lot of talk about making sure they get to listen to music, or get to attend the sewing class... (Cynthia, I7C1, p. 3)

Perhaps the grouping of the spiritual together with the cultural and social values created a broad and flexible care plan area within which multiple – even conflicting – interpretations and translations could be contained. Nevertheless, in terms of evaluation and demonstration of impact, all care home services had to meet certain standards set by CQC. In this care home's context, Cynthia completed a form assessing residents' functional interaction in music therapy. Although I felt it contradicted the non-functional stance of Cynthia's work, this assessment form appeared to be in alignment with the care home's goal-oriented activities and CQC's interest in tracing more quantifiable outcomes and changes regarding residents' behaviour and wellbeing. As such, the music therapy assessment form included a three-point functional level scale alongside a goal-setting section focusing on a number of dimensions, such as fine and gross motor skills, attention and cognition.

On reflection, the three music therapists discussed on the forum how, compared to other practices that focus more on improving function, music therapy could be perceived as "useless". For them, music therapy is more about meaning-making and is rooted in a sense of spirituality.

Scott: I wonder whether one of the things about music and music therapy... I'm thinking about it in the schools... you know, so my colleagues are speech and language therapists... and their therapy is very functional. They are concerned with people's functioning in the world. And music therapy is slightly useless in comparison, in some ways...

- Heather: Hm
- Cynthia: *[Laughing]*
- Scott: but that's... because it is not really trying to help people to function, but actually it does another job [...]
- Heather: Yes
- Scott: But maybe, maybe there is... but, there is something about what music is and what's perhaps difficult for us because our work isn't so obviously improving function...
- Heather: Yes
- Cynthia: Hm
- Scott: ...to say something so awful as that...! Which is why it's so difficult for us to explain ourselves or justify what we do... you know... and so on... but yet, what we do and the value of it... that it does seem to be really rooted in something to do with this spiritual aspect that it sort of brings out or that's how it seems to me or that's a way of saying it...
- Giorgos: Hm
- Scott: but it's sort of... do you see what I mean? [...] because we are not distracted, if you like, by making people function better in the world – thank goodness! – or sort of...
- Heather: Yes
- Scott: we can actually say *“Well, maybe that isn't all there is [...] ‘just’ functioning or communicating better using PECS [Picture Exchange Communication System] or words or something... but there is something else that gives meaning and value and makes it worth getting up in the morning, and being alive... and this is something to do with spirituality ultimately... that music opens that space up and isn't to do with functioning, but it is to do with something very important”... maybe... (FG2, pp. 27-28)*

Over time, I realised that the prevailing spiritual language of each organisation equipped practitioners with a conceptual framework with more or less direct impact on how they could articulate and frame their own practices and aims. Consequently, each organisation's spiritual framework promoted certain beliefs, values and practices, while it discouraged and silenced others. In some cases, the organisation's spiritual framework was somewhat in alignment with the music therapist's practice and their sense of spirituality, while in other cases the two clashed. In either case, however, I found that a constant process of translation or modification seemed to happen. For example, the school's spiritual language had motivated Scott – who was genuinely interested in learning more about anthroposophy – to do a double translation. Firstly, he tried to explore how he could modify the articulation of his music

therapy service aims to respond to the school's prevailing anthroposophical framework which was relatively new to him.

How would I put in [music therapy] aims that are more like anthroposophical, or aims to do with 'soul care', for example ...or 'incarnation', the 'spiritual beinghood'...? How am I going to put this in my aims? In this school [...] I've noticed the website has more of that on the headlines which I'm pleased to see. So as that's on the headlines, so that's being owned more by the school and that's the school's agenda [...] So I want to know, how am I doing this in music therapy? So, how I may change some of the [music therapy] aims or modify them a bit... some of the language... so there might be certain other aims that I bring in or certain modifications of the language to include the new conceptual framework [...] [has] some more of the spiritual aims, if you like, or spiritually-oriented aims... [...] bring that element a little bit more to the forefront in the aims and in how I may describe the work... and how that evolves as we evolve in the therapy team [...] you know, as the website evolves... you know, to put those headlines there... so that's... if those are on the website, well that's going to make me to put things more like that in my own aims... how I am writing about music therapy in a report and I am looking forward to doing that... (I4S1, p. 6)

At the same time, I became aware that Scott was often translating the anthroposophical concepts into other conceptual frameworks and influences which were more familiar to him and perhaps more widely accepted within the broader music therapy field. Although he did not practise GIM at the school, he drew heavily on the discourse used within GIM.

[...] so it was unusual going to a school to a presentation like that [where they talked about clairvoyance and other anthroposophical concepts], but then afterwards I read up the Power-Point more and that document about curative education, and then when I started to read about that conceptual framework I was surprised. I thought "*Oh my God! Every single aspect of this I can directly translate into music therapy work!*" [...] because I'm into Jung, and some of the psychoanalytic thinking that I am drawn to as a music therapist it's very transpersonal, the [school's anthroposophical] language is not unfamiliar [...] I can find something to correspond what seems to me very closely with it – that in a way I've been surprised – for my own work as a music therapist whether it is Daniel Stern and developmental psychology, whether it is Jung or transpersonal psychology that we have in GIM... the whole psychodynamic aspect of... and the whole child-centred aspect of music therapy... it all fits together. (Scott, I4S1, pp. 5-6)

Scott's double translational process highlighted an intentional attempt to re-conceptualise or re-frame one's work and/or their ways of talking about their work in order to fit to the overarching spiritual framework of their workplace. In this case, and intrigued by the school's philosophy and worldview, Scott was trying to translate his music therapy practice and thinking within the school's anthroposophical frame and vice versa.

Scott: I think I make more use of my own explanation [...] because the 'incarnation' word, it is definitely featuring quite a lot in here and some of the other texts... so a word I would use anyway [...] it's a word that definitely has this connotation... because I like Bion, the psychoanalytic writer, who [has] sort of

broken through it... the kind of transpersonal... and he uses this word... and so it's about in some of the stuff I sort of read about a bit... and it's even in the sort of Jungian idea of 'individuation': something incarnating, because it brings the idea of embodiment. And it seems to me that the idea of 'embodiment' and 'embodiment of consciousness' is something we are very clearly dealing with in music therapy and it really... music therapy is very clearly to do with the way... it's something that we really feel the resonance in our bodies, as you know... don't we?

Giorgos: Hm

Scott: So these concepts I'm familiar with and I'm very, very interested in, and then the anthroposophical really... has a particular framework. I'm finding my own sort of fit with that and take... as I started to explain, you know, I like this idea of sort of incarnation and embodiment, it seems important whether the particular 'etheric body' and the 'astral body' and... hm... I am not sure, I don't quite get that and quite feel it in that way... perhaps I wouldn't quite use that specific...

Giorgos: Hm

Scott: I can't say I would be using the word 'etheric' and the 'life forces' and the 'astral body'... probably not... but the idea, the more general concept [...] [Some things in anthroposophy] go too far for me. It is also thought-provoking which is actually helpful [...] that goes further than I would, you know [...] it concretises something with an image [...] it's all a bit crazy and quite esoteric but it's not totally new to me (I2555, pp. 5-6)

Despite his reservations and disagreements with certain aspects of anthroposophy – including Steiner's musical interval concepts and his theories regarding the relationship between music and humanity's spiritual evolution that Scott found "weird" and "too esoteric" – Scott was keen to explore how his practice and thinking could be translated in anthroposophical terms. This included the translation of concepts emerging from his own music therapy background (e.g. GIM's focus on the experience of "surrendering" to the music) into the anthroposophical vocabulary. As part of this process, Scott was trying to map parallels, overlaps as well as differences between the two. Anthroposophy's explicit spiritual terminology seemed to enrich Scott's spiritual frame in terms of his practice and thinking. Despite the uncertainty experienced, Scott told me that this process brought some additional insights into his work – not necessarily because one frame was better than the other, but simply because it was "different". He did not necessarily feel that his practice changed due to this translational process, but he was able to expand his current understanding of his and his colleagues' work.

I felt that Scott's case resonated to an extent with his colleague's, Elizabeth. Similar to Mary's 'packaging' idea, Elizabeth – who was a relatively new speech and language therapist at the school – felt that she was still learning the anthroposophical terminology and how this translated to her own professional language and work. She argued that ideas are transferable to different frameworks but, as she

put it, “you need to work out how you would call it”. As such, she would use different labels or terms (with diverse accompanying explanations) to describe her work to different people and contexts.

Elizabeth: I’m still learning all the [anthroposophical] terminology and how it translates. I think a lot of the time about the ideas and the terminology I already use but I just have different words for it. So, you know, where they may talk about a student sort of being like... a student being up... sort of up here [*pointing towards her head*] and not being grounded, that’s where I would kind of think about sort of sensory... you know, they are over-stimulated, under-stimulated, sensory processing difficulty. That’s how I would translate it to a sort of... what I think... and again things like when they talk about the ‘ego’ and the ‘awareness of self’ – again that’s still something that I would work at in social skills groups. So, yeah, I just call it kind of ‘self-awareness’ and ‘self-esteem’...

Giorgos: Hm

Elizabeth: You know? Into very clinical ‘yes’ or ‘no’ questions, like: “*Can a student recognise everyone in a photograph?*” you know, “*Do they know... are they able to give three foods they like if they are asked?*”

Giorgos: Hm

Elizabeth: So I think a lot of the time [...] you just need to work out what you would call it and how it works. And some of it, it’s kind of... I am still getting my head around... say things like ‘incarnation’ [...] One of the Steiner sort of old theories was the gift of clairvoyance that some individuals... you know, we are all kind of intuitive, but some individuals have more than just intuition; just it goes a bit deeper than that and sort of... you know...? And again, I can sort of accept it... they talk about some students... Some students, for example, that have Fragile X syndrome are very, very sensitive to changes in the environment. And some may say that, you know, they’ve got clairvoyance in that way they can tell someone is approaching without even seeing them; they can just feel it. And again, I can accept that but I would probably just call it like they are hypervigilant or they’re... because of anxieties or because they are very sensitive to sensory stimuli. I can still relate to it but I would just again fit a different explanation to it, rather... Yeah, I think there are not many things contradicting each other [...] they usually do transfer I think the ideas... it is just sort of... you need time to work it out for yourself and what it means. It is interesting! (I16S2, pp. 5-6)

In many cases, like Scott’s and Elizabeth’s, the translation of concepts and aims between different frameworks and discourses involved explaining the meaning of terms to facilitate understanding. This was particularly evident at the school setting where complex anthroposophical concepts were foreign to staff with no previous knowledge of Steiner’s theories. Furthermore, in this setting some more commonly used terms, such as ‘ego’ and ‘soul’, held different meanings when used within the anthroposophical framework. To facilitate communication, mutual understanding and collaboration between anthroposophically and non-anthroposophically trained people, translation was a key and daily feature of

school staff interactions. I observed this kind of translation happening in different contexts including ad-hoc corridor conversations and MDT meetings.

The staff were aware of these multiple translations and the school was trying to create a “common language”. The creation of this common language was part of the school’s wider attempt to redefine its spiritual identity and open more to the outside world (see Subsection 7.1.2). As I discuss below, many participants saw this process as part of a broader ‘marriage’ between anthroposophical and modern ways of thinking and practising.

7.2.1.1 Towards a common language

The development of a common language within the school aimed to offer a new spiritual framework and enhance mutual understanding between the anthroposophically and non-anthroposophically trained staff, without necessarily aiming to be used with external audiences such as Ofsted. To this end, in-service training sessions were offered to introduce non-anthroposophical staff to some anthroposophical terminology. To my knowledge, the opposite did not happen as part of building this common language. Perhaps it was assumed that anthroposophical staff were already familiar with non-anthroposophical educational terminology.

Sherry: We’ve done some sessions to try to create, if you like, a common language, more than anything to hang some of the concepts on and then play with it:
“What does this mean for you? How does this look?”

Giorgos: Yeah

Sherry: But if we don’t [have] the language, then we can never talk about it [...] [we try to] put something there that people think it’s useful, it’s helpful, it’s meaningful in their own right and work with the children. So... but no, in Ofsted and all of that, none of that gets spoken about. [...] I mean our mission statement and in our [...] statement of purpose which is stripes, you know, of who we are... we mention it’s based on Steiner and Steiner’s ethos but we are also very quick to say *“and we take on board an amalgamation of special education...”* because people need to feel secure [that] it’s not a weird place.
(11853, p. 9)

Ultimately, for Sherry these training sessions and the school’s ethos more generally aimed to help staff develop further their knowledge of self and others. The “task” was for everyone to find the relevance of Steiner within their context and situation and, as she put it, “[it] doesn’t matter if you can’t say the word ‘anthroposophy’”.

All I'm interested in is, really, opening people's minds. I don't want them to take it [anthroposophy] as dogma because then it becomes a cult. I'm not interested in that. [...] If it informs people in their work with the children or in terms of their own lives, great! [...] I don't want them to have to think "*I have to become an anthroposophist*", not at all! (Sherry, I18S3, p. 8)

In my conversations with some non-anthroposophical staff, they suggested that the anthroposophical concepts offered a different packaging, but their translation into how they were practising did not necessarily make fundamental differences to conventional good practices in education. For example, Mary argued that thinking about students' potential reincarnation did not help with how one works with them now.

I don't think it would make any difference to the way we treat people is what I am saying. [...] we wouldn't be thinking "*we have to do that because of their next life*" [...] So, yes, you can pitch [your practice] up... a level up here which might help them [students] in the future, but that's not really the most... that's not the biggest priority... the best way to teach it is to pitch it at their motivation, their level etc. [...] I think that, you know, we generally have very similar views – it's just a different package... but that might be me being ignorant in terms of missing out some of the 'higher things', but I am not sure. (Mary, I24S5, pp. 6-8)

According to Mary, spirituality was fangled and somehow useless, and she felt that problems and difficulties emerged when one went "up on the theoretical level". For some people like Scott, however, the school and its attempt to introduce its spiritual framework to non-anthroposophical staff, helped people to reflect on their own worldview and how this fits in the school.

The anthroposophical worldview has been presented to us. So therefore that must make us all think: "*What is my worldview? Do I agree? Does it fit..?*" [...] *Can I come in this worldview?*" or "*How can I be in this anthroposophical space?*" Cause my image is like we've been invited to come into it and actually sort of live it and to use the... a shared language is what they have been talking about in the [in-service training sessions]. That's what the intention is: we are looking to develop a shared language which is to do with the worldview, isn't it? (Scott, I25S5, p. 4)

As it emerged from my discussions with various staff, the school's attempt to develop a shared language and the resultant multiple translations of spirituality had a subtle impact on people's ways of approaching their work. By expanding and adapting their vocabularies and narratives, some kind of change was also brought in their work; they refined (and, at times, redefined) their focus, their way of thinking and, more or less directly, their actions. In the in-service training sessions, for example, staff were encouraged to translate the school's principle that "the teacher is the student's higher self" into their daily activities, lessons and curricula. This intentional translation was illustrated in the excerpt below which comes from one of the training handouts that Scott shared on the research forum.

Realize who the *most important teacher* is: not me, but the hidden teacher, the higher self of each student.

Work with the higher self of the child through inner work and meditation in order to find guidance from the student's spirit toward right approaches, and through difficulties.

[...]

Order all your activities, lessons and curricula with one single goal in mind: nurturing each student's *balance of body, soul and spirit*. (Scott, Forum#14.1, emphasis in the original)

Compared to the hospice and the care home, the school paid greater attention in trying to translate and practically apply the organisation's spiritual framework, values and concepts through people's daily work. According to Sherry, unpacking Steiner's concepts and finding their relevance to people's work was part of the school's mission.

Sherry: [In the in-school training sessions] we went into some of the concepts of anthroposophy, of Steiner, where, you know... we try to see a human being as having a thinking part, a feeling part and a willing part where we act, where we relate and work out our ideas...

Giorgos: Hm

Sherry: *"What does this mean for you in your day-to-day life? Are you a feeling person, are you a thinking or a willing person?"* You know, we try to sort of unpack those concepts and to try and see if they start giving more meaning to the work that we do with the children. Because I think potentially in... like, for instance, the behavioural policy that we have... it can become robotic or automatic, like: *"The plan says, the recipe says... the child does this, I do that, and then the child will do that and then I do that..."* No, life isn't like that! And so if we try more, even more into that... and again that relationship that we can form with the children, then every time again something happens and out of that creativity or that moment [...] I take the next step, the child takes the next step, I take the next step... but there is no recipe for that. So a lot of that, I suppose, in terms of the work that we do – particularly that we used to do – a lot was based on intuition and a sort of... you know, a knowledge centred [on] *"this child has this syndrome and they are presented like that..."* but also very much feeling into *"well, what is presented to me now..."* [...] and *"how do I relate to that and how do I... what do I do?"* so that, you know, the child can connect with that...

Giorgos: Yeah

Sherry: so... is that spirituality? I don't know [*Laughing*] (I18S3, p. 6)

In line with its commitment to "freedom", as Sherry explained (I18S3), the school was trying to go beyond 'recipes' and was encouraging staff to listen to their intuition and learn from each student. This sense of freedom was also part of the school's opening to the outside world (see Subsection 7.1.2). This included a gradual widening of the more or less prescriptive character of the original anthroposophical

thinking and its wide-ranging implications for the school's life, including the school's curriculum, its understanding of pathology, as well as its food and medical provisions.

* * *

As I have discussed until this point, spirituality was performed on a language and discourse level in and around music therapy within all three organisations. This performance included diverse vocabularies and multiple translations which led to a palette of spiritualities. From my perspective, the school's attempt to establish a common language was an example of an intentional translation which did not necessarily aim to generate a 'common spirituality' but a shared interest in questioning the potential relevance and applicability of the school's spiritual framework to people's work. Looking sideways, I became aware that these language and discourse-based performances not only nurtured but also overshadowed different spiritualities within each organisation. To describe and explore further this situation, I refer to controversial, unspoken and fragile spiritualities.

7.2.2 Controversial, unspoken and fragile spiritualities

Each organisation's prevailing spiritual framework prioritised and nurtured certain beliefs, languages, conceptual frameworks and practices, while it overshadowed, disabled and alienated others. Within the care home's secular environment, for example, Cynthia felt reluctant and perhaps disempowered to talk about her music therapy work in relation to a more explicit spiritual discourse. While Scott (Forum#14.1), for example, was describing his music therapy work in the school as helping the student's self to reveal its "true nature" by "seeking spiritual growth and experience of the divine", Cynthia was hesitant to use faith-related terms. In one of her forum exchanges with Scott, she wrote:

There are some of the things that you [Scott] write that would resonate with my own beliefs for instance, "the Self strives to reveal its true nature ultimately by seeking spiritual (and not merely psychological/emotional) growth and experience of the divine." Yet the terminology I would use is perhaps different. In a music therapy context I am happy to talk of the concept of the "Self" yet in my own faith-based context I would use terms such as 'soul' or 'spirit'. [...] I have come to realise that I have very much separated my thinking in terms of spirituality between my professional and my devotional frameworks. I am confident in either framework but I feel the need to explore how they intertwine more. (Cynthia, Forum#14.2)

Cynthia (I14C3 and I7C1), for instance, believed in the "spiritual nature" of the human voice which could bring "healing". Due to her fear of being misunderstood, however, she was not using this terminology within the care home environment. Her reluctance also seemed to relate not only to her perception of what constituted appropriate and legitimate professional language in the music therapy field, but also to the differences between her church background and that of other staff. This became

particularly apparent in Cynthia's reflections about the hymn group that she started to run during the time of my research.

This hymn group was the only music therapist-led group with an explicit religious content across the three research sites. Offering an opportunity for "devotion time", the group was unusually well-attended compared to the care home's weekly religious services. According to Cynthia, in this group she was utilising music skills and stances that she had developed as a church musician. This situation revealed another kind of translation which pertained to the transferability of skills and stances between the music therapists' spiritual and professional contexts. Such skills and stances included one's ability to sing and play particular types of music, and to accompany musically large groups of people as well as one's appreciation of silence for reflection, meditation or prayer.

Cynthia (I14C3) was interested in the crossovers between her church and care home practices and, as she put it, in working out "the nuts and bolts of the basic skills" that she used in relation to her role as a church musician and as a music therapist in each context. Her interest had remained unexpressed for years, partly due to her own dilemmas regarding the professional appropriateness and legitimacy of these crossovers. Running the care home's hymn group as well as her research participation in this study seemed to encourage Cynthia to talk more openly about these crossovers, including her concerns and dilemmas. In the closing focus group, Cynthia together with the two other key informants, Heather and Scott, reflected on the musical and ethical challenges that the hymn group had brought up.

Heather: It's very easy to sort of be quite scared of hymns, isn't it?

Cynthia: Yes *[Laughing]*

Heather: I think... in institutions because you feel you're putting a particular sort of Christian message into the air and you don't want to offend people and you don't want to appear to be too religious yourself or whatever. I think there is a lot of pressure, isn't there, on people... I hadn't really thought of – especially in care homes – I hadn't thought about hymns in that way.

Scott: Hm

Cynthia: Yeah

Heather: ...and the value of them actually.

Scott: Hm

Cynthia: Yeah, I think... many times I've tried to make it [...] very clear what it is and people have the choice to attend or not... but also being very aware by looking at the population of the home... and I guess addressing their needs. Because of the population of people who have been church goers... and I think for years I avoided [running a hymn group] for reasons, as you say, appearing to be putting my own views or... on the table. But actually I felt quite, you know, actually – where the home is at the moment and with the people that we have in the home at the moment – this is appropriate for them. And, you

know, ten years down the line it may not be. But I think the current case of people... I guess that's where the practice comes in – always assessing whether this is the right thing for this moment, and is this the right group for these people? But it's something I have shied away from for many years in fact for that kind of reason...

Heather: Hm

Cynthia: [...] *"Hang on a moment! Are you forcing your views?"* And I am trying to do it [the hymn group] in such a way [...] so the residents can really take hold of it (FG2, pp. 9-10)

In this context, Cynthia referred to a gulf between staff's and residents' sense of spirituality. In its attempt to adopt a more secular and open-ended stance, the care home had perhaps distanced its organisational stance from clients' spirituality most of whom had a religious background.

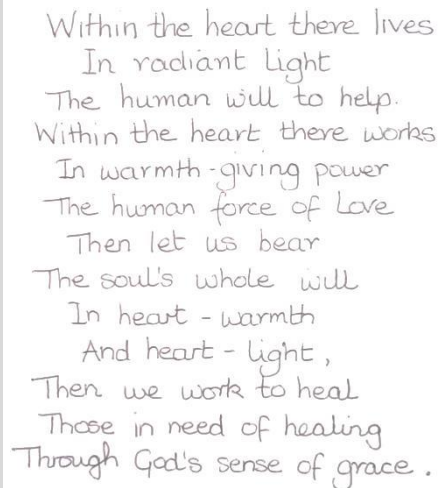
It's not so open in this [care home] environment to even talk on that framework [spirituality]. I think there is a bit of a... it's almost because the generation of people who are working here are probably the most secular generation and that's where the gulf is, I think, between us and the generation that we care for in this nursing home, because actually probably the majority of them have [some] sort of view or belief of some description... but I think probably the majority of people that are running the home or running... or doing the caring probably have a much more secularised view... somewhere in the middle there is a gulf I think that doesn't always get attended to (Cynthia, I7C1, p. 3)

Cynthia's work, dilemmas and questions helped me over time to become more sensitive to similar situations in the other two research sites as well as to their implications which often led to the generation of what I perceived as controversial, unspoken and fragile spiritualities. During my school visits, for example, I noticed the opposite situation: the organisation's explicit anthroposophical framework and practices were not typically part of students' experiences outside the school environment. The same applied to many non-anthroposophical staff, including Scott. This situation created certain clashes and conflicts some of which came to the surface in the meetings of the school therapies team.

Vignette 2:

A meeting of the school therapies team

On 30th June the therapists gather for their weekly team meeting. Led by Angela, the eurythmist and colour-light therapist, the meeting takes place in the transformative arts and counselling room. After asking everyone to stand up and “start formally”, Angela reads the text below.



Within the heart there lives
In radiant light
The human will to help.
Within the heart there works
In warmth-giving power
The human force of Love
Then let us bear
The soul's whole will
In heart - warmth
And heart - light,
Then we work to heal
Those in need of healing
Through God's sense of grace .

Photograph 6: Text from the school therapists' team meeting

During Angela's reading, the rest of the team members stand silently with their hands crossed. For some, this prayer-like reading seems to be experienced as an activity that helps them focus, for others as some kind of invocation for God's guidance in their work, while I get the feeling that others simply comply with a ritual which is perhaps meaningless to them.

Reflecting the school's evolving spiritual identity and its ongoing struggle to find a balance between the 'Steiner-inspired' therapies and the 'modern' ones, two topics of discussion prevail during the meeting. The therapists talk about the new website where there is a split between the two groups of therapies. Interestingly, music therapy has been grouped under the Steiner-inspired therapies. Scott was not consulted about this grouping. It seems that anthroposophy's high appreciation of the arts, as well as Scott's genuine interest in anthroposophy and his attempt to adapt his language to the school's spiritual framework, makes the school and some anthroposophical staff like Elaine, the transformative arts therapist, to feel an affinity with music therapy. Despite the fact that many staff, including Sherry, feel that they do not know much about music therapy and Scott's work, there is a sense of trust and this seems to be equally reflected in Scott's sense of being "held" by the school.

Scott acknowledges this "mistake" on the website and explains that he is an HCPC-registered practitioner and not trained as an anthroposophical music therapist. This leads to a discussion of how the different therapies can be brought together without having this split of "them and us". Although the discussion is about the presentation of the therapies on the website, I sense that the subtext is about the integration of the therapies in the everyday school life. This subtext leads eventually to the next topic of discussion: the language that they use to describe their work.

As a frequently occurring topic, the therapists discuss the language and the terms that they should use with different audiences not only to avoid misunderstandings, but also to ensure respect and credibility for their work. Angela says jokingly that talking to an inspector about colour-light therapy in terms of incarnation would "scare the life out of them!" Everyone – and despite that humour is discouraged in anthroposophical meetings – bursts out laughing.

In their attempt to identify the commonalities between their diverse practices and spiritualities, connectedness, relationship and wholeness emerge as some concepts with which everyone can relate to. The open-ended nature of these concepts seems to allow multiple interpretations and appropriations within and beyond the anthroposophical framework to include the language of regulatory bodies and policy documents. Speaking the language that is expected by external audiences (such as Ofsted), as well as generating commonly accepted evidence about one's work is seen by Scott and others as part of "playing the game".

As the meeting comes to an end, everyone stands up again. I stand up too. With a sense of devotion, Angela reads the same text.

After the meeting illustrated in Vignette 2, Elizabeth explained to me that these team meetings were challenging for her and some other non-anthroposophical staff. Due to her being used to more solution-oriented meetings that resulted in specific action points, Elizabeth had to adapt to the school's way of working.

...when I first started [working at the school] I wasn't... not I wasn't comfortable with it, but it took me time to adapt because I was being very kind of... sort of solution-focused. Do you know? Like, "ok, this is the problem. What do we need to do about it? Who's going to do it? When are we going to do this by?" [...] So, I think it's not a 'bad' thing. I think it just takes time to adjust and then to find a compromise as well I think, because, you know, it can go too far the other way where you sort of talk for an hour and there is no real action or feedback or summary or something... So I think this sort of... that's where people from different backgrounds can sort of help... (Elizabeth, I16S2, p. 5)

By attending both the school's team meeting as well as the MDT meetings at the hospice, I observed the power of each organisation's prevailing spiritual discourse in terms of not only legitimising but also marginalising certain concepts, terms and discussion topics. Penny, for example, said that it was not in the professional sphere of hospice staff to talk openly about patients' experiences of spiritual or otherworldly realities. Although some staff would talk privately about spiritual experiences related to their work, she felt there was a lack of openness and permission for them to do so in staff meetings. Penny reflected on the fragility and uneasiness experienced in a meeting when such spiritual experiences were mentioned.

[One of the staff meetings] got onto people's experiences, and I asked the question... I can't remember what the question was... it probably came from a place where, you know, clients do talk about having experiences of seeing things and hearing things of people who are dead... which are most of the time very affirming and occasionally frightening... and the room went silent [...] and then the nurses started talking [...] about their experiences particularly on the ward at night or when it was quieter [...] and the medics were shocked [Laughing] [...] that didn't seem to be a quite OK thing to be talking about... and yet it seemed to me that some nurses were, you know, given a little opening (Penny, I13H3, p. 4)

Penny's description of the lack of openness resonated with what I also experienced in an MDT meeting I attended together with Heather on 7th October. It was a fast-paced meeting. Professionals were

talking about people's conditions and care plans as they went through the patient list which felt rather impersonal. When they reached Pamela, an elderly patient with cancer, a nurse said that she saw her in the morning and was in good spirits as she believed that God would cure her. I sensed some kind of discomfort in the room. Most staff laughed indicating perhaps their disbelief in Pamela's faith. Others, including Heather who was sitting next to me, remained silent. I was left wondering to what extent this professional situation had space for 'otherness', for diverse faiths and realities.

Reflecting on this meeting, Heather felt that many professionals were anxious to validate the legitimacy of certain beliefs. She described this situation as a "don't go area" and argued that staff would not generally share their views and beliefs openly as they were scared of being judged in terms of their professionalism.

Heather: There is almost a shame about admitting or sharing what our views are [...] Like if I said, you know, "*Pamela says this and, yeah, she is absolutely right because I know that that's what the Lord has decided for us*". You know, nobody would dream of saying that, would they?

Giorgos: No. Even if they believed [it]?

Heather: Yeah! Whereas you would say well obviously, you know, "*going to physio and doing the stairs makes us move much better as was the case when I was doing physio, you know, when I was recovering from my operation*" or something... So, you would say that kind of thing perhaps...

Giorgos: Yeah

Heather: but you wouldn't... and it opens you up the potential to be charged as well, I think. People would... you know, if I said that "*... and the Lord told that Pamela will be fine*" everyone in that room would have a judgement on me and say I'm completely mad and... "*Oh my God, she is one of those*", you know? (I20H4, pp. 4-5)

In contrast to the scenarios discussed above, the three music therapists argued that in music therapy both clients and therapists enter a potential metaphoric and symbolic space where multiple interpretations of reality could co-exist. Scott argued that music therapists have to be open to clients' otherworldly experiences whether or not these resonate with their own experiences. He referred to GIM experiences of dying people who had visions of afterlife, including images of angels taking them to the next life. While questioning whether such experiences were 'just' imaginary, Scott retained a playful attitude highlighting his openness to multiple possibilities.

Is it just imaginary? Angels come and greet them? What is an angel...? You know... it maybe makes you question... you have to be open to... this is something very real for this person, right? And I think "*God, I hope when I die I get angels...*" [Laughing] even if they are delusions or just things that somebody can explain as some chemicals in the brain, whatever... I would like to get the angels because they are obviously pretty good to get!

[Laughing] Angels come and help you through to the next life; that's excellent! (Scott, I19S3, p. 3)

In contrast to the other research sites, the school prioritised a framework which did not seek (at least internally) to be validated by more conventional professional and scientific paradigms. Therefore, some non-anthroposophical staff, such as Scott and Mary, were finding some of the terms used within this framework as "too specialist" and "esoteric" (Scott, I25S5). Mary felt that the way spirituality was talked about in the school could put off some people and become exclusive.

Mary: I think sometimes the way it's [spirituality] spoken about puts off people who don't understand the words for one because they see it differently, and also sometimes maybe feel that we are setting classes because we are not seeing it in that way

Giorgos: It can be quite exclusive...?

Mary: Yeah. I don't think they mean to do [this] (I24S5, p. 6)

Among other things the school had done in its attempt to establish a common language, was to introduce some anthroposophical guidelines for case study discussions in MDT meetings. The guidelines referred, for example, to the treatment of students with "reverence" and the avoidance of humour during these case discussions. As Scott told me, the framework and the words used in these guidelines produced resistance and tension within the therapy team.

Scott: I think certainly that's what the school are interested in: developing shared language and concepts. And that's going to be interesting, you know? We've had this slightly rocky thing in the therapy team about the so-called 'case studies in the anthroposophical perspective'. And then, when Angela and Clara [behavioural therapist] weren't there [in one of the team meetings], there was an awful lot of uncomfortableness with the framework and the language and the concepts and the whole presentation of it that... you know... *"We treat the child with reverence". "But we all treat the child with respect!"*

Giorgos: Hm, yeah

Scott: *"... and that implies that I'm unprofessional... well, I'm an HCPC-registered person..."* You know, so there was a lot of difficulty, and actually the word 'reverence' is a difficult word.

Giorgos: Reverence...?

Scott: Yeah, but there was a sort of a feeling that we were being told what to do... or that we weren't professional really... so it's interesting. There was quite a reaction against almost every word in this framework that was presented. (I25S5, pp. 4-5)

I saw these controversies as some kind of spiritual counterpoint within each organisation. They brought to the fore spiritual hegemonies and fragilities, as well as questions and negotiations around “*Whose spirituality?*” and “*For whom?*”.

The school, for example, had initially resisted the use of the SALT visual communication symbols. Compared to the softness of edges and colours in anthroposophical art which claims to reflect the spiritual world, these communication symbols were more defined, harsh and perhaps less ‘spiritual’. Elizabeth eventually negotiated the use of these symbols by explaining their function in relation to students’ needs.

Talking about a student’s death to other students was another occasion where school staff had to examine similar questions around “*Whose spirituality?*” and “*For whom?*”, and to reconsider the potentially negative impact of expressing their own spiritual beliefs to students.

Elizabeth: The year before, a student died unexpectedly; he had a seizure. And, you know, it was talked about a lot in the MDT and it was kind of felt by the majority that it is just easier for most of the students to just say “*the student has died and you won’t see them*” and just keep it very black and white... many of our students have autism – just to try and keep it... and not mention, you know, ‘heaven’ or anything like that because it just sort of gets very complicated. So we used the same approach again when [another student] died and we just kind of said, you know “*He has died. We miss him – that’s ok, but we are not going to see him again*”. And just try to keep it very concrete [...] which sort of feels quite harsh in a lot of ways, but I think... but then interestingly I’ve had... I think some staff sort of naturally or... I don’t know whether they did it by accident or just... whatever... but inevitably people did sort of mention heaven because I think it just comes naturally sometimes to say, you know, “*Oh, he has gone to heaven*” or all that kind of thing... So, some of the students did start asking about heaven.

Giorgos: Where is heaven?

Elizabeth: Yeah, and then you know... I had a student asking me, not a very long time ago... who was very confused and he had autism and he was trying to work out... he was saying: “*This student has gone to heaven. But heaven is a nice place but all his toys are here. So how can he be having fun in heaven when his toys are here?*” You know, “*Heaven must be very busy because there are a lot of people there. But I don’t like it when it is busy. So how can heaven be a nice place if it is busy? And if there is a lot of people, there must be lots of traffic. And traffic is bad. So...*” And you could really see him trying to work out... you could see him getting quite confused... you know? (I16S2, pp. 8-9)

According to Scott (FG1), the discussion regarding the communication of these students’ deaths to others was dominated by the behavioural specialist and other non-anthroposophical staff. The voice of anthroposophical therapists seemed to be absent and, for Scott, this was striking given that anthroposophical education is all about the ‘spiritual beinghood’ of students. As I observed within the hospice setting too, death brought up various challenges to staff regarding their professional practices and discourses. Located in the junction of professional practices and personal belief systems, death-related

discussions revealed people's diverse spiritual languages and discourses and often uncovered their controversies and fragilities.

* * *

As shown in this area of findings, spiritual discourse emerged as a 'stage' where spirituality was performed in everyday music therapy contexts. As continuously evolving performances, spiritual languages and discourses were characterised by varying degrees of agreement, controversy and conflict. In this context, certain spiritualities were allowed, prioritised and taken seriously while others remained silent, disempowered and fragile. Alongside my understanding of the language and discourse-based performances of spirituality in and around music therapy, I also became aware of practitioners' and organisations' ways of expressing or enacting these spiritualities through their everyday care practices as I discuss next.

7.3 Spiritual care

This third area of findings focuses on professionalisation-related issues around spirituality and care. Here, spiritual care emerges as the practical expression of people's spirituality through their caring practices. In some ways, this area focuses on what was intended, done or experienced as spiritual in practice but was often remained unarticulated or unnamed as such. On many occasions, people talked about the "invisibles" to refer to such individual but also organisational practices, choices and motives. This invisibility was often the result of professionalising the provision of spiritual care within organisations and the secularisation of other professional services (Subsection 7.3.1). As such, central to this third area of findings is the idea of practitioners and organisations offering spiritual care 'undercover' (Subsection 7.3.2). This undercover spiritual care related to practitioners' vocational attitude and their invisible, yet intentional care practices. Finally, this area of findings includes an exploration of the different guises of spiritual care as these were expressed through the materialities and environments of each context (Subsection 7.3.3).

7.3.1 Professionalising spirituality and care

In the school's context the professional boundaries of who offers spiritual care were less definite. According to the school's overall spiritual framework, all practitioners and services were seen as contributing to students' spiritual wellbeing and development. Anthroposophical practitioners often described their work as "soul care" – a term that Scott also adopted to describe his music therapy work. In this context, the different art forms were seen as fostering a harmonious development of the whole human being – body, soul and spirit. The arts were perceived as impacting the development of different

'bodies' (i.e. physical, etheric, astral, Ego) and music in particular was perceived as the highest art form (Fieldnotes, 30th June).

Although Scott (FG2) could relate the way he was working as a music therapist to the overall school ethos and core values, he did not agree with all aspects of anthroposophical thinking and practice.⁴³ Despite this, he felt that the school's open acknowledgment of the spiritual dimension of life and of people's work generated a more general spiritual sense about the work, the space and the place of the organisation as a whole. For Scott (F#8.1) the school ethos and approach were refreshing, and he felt supported and held by it. He felt that his way of working was validated and was often seen as part of the school's commitment to offer soul care to students.

I am very lucky to work in this particular school, I think. It's a very, very interesting place for a music therapist to work, I think. It brings out aspects of what we do anyway, except of it helps us to see what they are, I think, a little bit more or see it in a different way or something... what we kind of do anyway and what our kind of work tends to sort of bring out because of the kind of approach that music therapy has – which isn't a prescribed sort of treatment, method kind of approach. Instead it is kind of being in the moment, open to what *might* happen with *this* person or people you are with just... that's really inviting the spiritual dimension to come in, isn't it really? [...] So the Steiner framework, it just helps to sort of make sense of that in a particular way that I like. (Scott, FG2, p. 8)

In contrast to the school's context, spiritual care within the hospice and the care home was offered as a distinct professional service. In both organisational contexts, spiritual care services aimed to have an open-ended character and were committed to cater for each individual's spiritual needs whether religious or not. At the same time, and to an extent paradoxically, these spiritual care services were coordinated by chaplains from Christian traditions only and weekly Christian non-denominational services were offered in each organisation.

Reflecting perhaps the difficulties of defining spirituality, various participants at the hospice and at the care home discussed the difficulties of pinning down and defining the role of spiritual care staff. This difficulty was equally acknowledged early in the history of the hospice. One of the first annual reports wrote:

The role of the Chaplain in [the hospice] is somewhat difficult to define [...] There are the obvious duties of the Chaplain, but beyond these? Perhaps general availability for help when needed would sum it up. (Hospice annual report, p. 12)

Reminiscing her early nursing work on the hospice ward, Rita told me that spiritual care used to be offered "more naturally in the here-and-now" by all professionals and volunteers. She felt that spiritual

⁴³ Whilst he felt a certain affinity with Steiner's work and curative education, Scott (F#8.1) found Steiner's ideas about music "rather strange" and his way of working as a music therapist was "utterly different" to the way an anthroposophical music therapist might work.

care used to be more integrated as part of everyone's work but over the years it had become over-professionalised as a service.⁴⁴ In her view, people still offered spiritual care but hesitated to call it such.

In the past [...] we weren't broken down so much into spiritual care, social work, you know... pain was total – it's still total – but we dealt with it on the ward. You know, if somebody came up on the ward with a patient we would deal with it there and then. We wouldn't say "*refer to spiritual care*", where now it's like a service that [is]... brought in, more than people dealing with it a bit more naturally... (Rita, I21H5, p. 6)

This perceived distancing of spiritual care from professionals' broader everyday care seemed to relate to an increased professionalisation and regulation of spirituality within modern organisations. On the one hand, this professionalisation created certain standards, expectations and structures of accountability that seemed to protect both the service-provider (individual practitioners and workplaces) and the service-user (e.g. patients, students or residents). On the other hand, professionalising spiritual care seemed to discourage professionals, such as nurses and music therapists, from describing their work in spiritual terms. Within the context of my research, however, practitioners had the opportunity to reflect on their work in such terms. As a result, professionals often reflected on the place of spirituality in their work and many, like Donna (I5H2), argued that "good nurses on the ward or good clinicians bring out spirituality" but "it is not always called that". Some explained that various practitioners are worried to call it spirituality, so they call it existential care. In Donna's view, spirituality is about good communication and relationship with someone, and about acknowledging them as a person. It is about the professional's love towards patients and their 'being with' caring attitude which can help someone to die with a sense of worth.

Through my conversations with various professionals, volunteers and service-users in the three research sites, I realised that this 'being with' stance was commonly mentioned to describe people's meanings and experiences of spiritual care and of care more generally. In practice, this stance manifested in the little, everyday things that people did, such as adjusting a dying patient's pillow to comfort them or matching the intensity of a child's drum improvisation.

Donna and other professionals, including the three music therapists, argued that spiritual care was not the chaplain's job only; any professional could support spiritually another person by helping them to find meaning. This view was shared by the chaplains at the hospice too. Reflecting on her experience as a chaplain at the hospice, Sally (I11H3) explained that some patients' faith is re-awakened by their illness,

⁴⁴ For Rita, this over-professionalisation also related to the provision of musical care to hospice patients. In the past, and before the introduction of the music therapy service, she felt that she could use more freely her piano skills to play for patients when appropriate. This made me think of the potential provision of some kind of music therapy 'undercover' by non-music therapy practitioners. In fact, I noticed that compared to spiritual care professionals, music therapists seemed to be more protective of their professional title and practice. Spiritual care practitioners, like Sally, John and Nicky, acknowledged openly that spiritual care could be offered by different professionals and in fact they tried to promote this perception to their colleagues.

while others feel that religion has let them down. In any case, Sally viewed the essence of spiritual care as helping people to form their own views on life. Likewise, in the care home, Jeff – the manager – understood spiritual care as supporting people in finding their own meaning in illness and pain as spiritual experiences.

[...] spiritual care is often about existential things... you know? *“Why me? Why I’ve got this illness?”* You know... *“I wish I was dead... but actually I would like to see my granddaughter graduate”*. These are all spiritual dilemmas that people are having. I mean... pain as a spiritual experience [...] being in pain is very frightening... you know? (Jeff, I8C2, p. 6)

The above findings helped me understand that the professionalisation of spirituality and care within organisations led, on the hand, to the establishment of spiritual care as a professional service, and on the other hand to the generation of a multitude of ‘undercover’ spiritual care practices and stances. Such undercover practices and stances pervaded the everyday work of the music therapists and other professionals that I observed.

7.3.2 Spiritual care ‘undercover’

Cynthia: [...] sometimes I think in my own work that I have this kind of... huh... it’s like an undercover kind of role [...] So, for instance, sometimes I... what I’ve used to describe is that it is always a pastoral role, where there is a care element where you’re caring for someone in the guise of it being music, but it’s... because I don’t ‘have’ to be like that, then it is almost easier to be like that, if that makes sense...

Scott: Hm

Heather: Hm

Cynthia: because I don’t have to be, you know, the minister of a religion who is coming in to provide the service... [...] and so I have this... and I don’t... I am not talking in concrete terms... but... I can, if the situation allows, provide some of what you may be talking about [in spiritual care], but because it’s not expected of me it goes probably mostly unnoticed, but also it flows much easier. And so, in the [care] home I have very little expected of me in terms of... in terms of the... I do what the visible stuff, but in the group work there is no-one over my shoulder, and so I have this feeling of... that I can take time with people when they need it and if they need it in a way that’s... yeah, we describe it as being a kind of pastoral care and I use music as a way of... a focus within that time, but it doesn’t necessarily need to be (FG1, pp. 13-14)

Cynthia’s reflections in the opening focus group highlighted the three music therapists’ potential ‘undercover’ role in terms of providing some kind of spiritual or pastoral care. Her reflections signalled some aspects of spirituality’s performance in music therapy work that I witnessed during my visits to each organisation and in my conversations with different staff and clients.

Music therapists described their work in terms of contributing to people's spiritual wellbeing – what Cynthia (I7C1) and Scott (I4S1) named as a sense of “wellbeing for their soul” and “soul care” respectively. Commonly, this concept of ‘soul care’ – which was also termed as a form of spiritual or pastoral care – was understood in relation to allowing and enabling people to be themselves, to be present and connected with others, with themselves and their environment.

Reflecting on her group work, Cynthia saw her role as facilitating a “deeper connection” between people. For her, this was a spiritual connection that often remained unspoken or unarticulated.

What I guess I am trying to do as a music therapist is using music to facilitate a deeper connection [...] an unspoken connection between people that doesn't necessarily rely on them talking or doesn't necessarily even rely on them being beside each other. You know, you can be in a group and have a *sense* of a group. And to me that's where kind of... is it still social? Yeah, I guess so, I guess so... but I guess social sometimes can just be taken to be, you know, exchanging words; two people exchanging words [...] But then the deeper connection would be the spiritual connection perhaps and it's often unspoken, I think. There is often a connection between people that doesn't rely on what they are saying to each other [...] and I think that's where the music really comes in and facilitates that (Cynthia, I7C1, pp. 4-5)

Many participants, including staff from all three organisations and hospice patients, described musical experience as a spiritual experience. The ineffable nature of music as well as its capacity to reach people irrespective of their condition, illness or background, were commonly reported as spiritual characteristics of music. According to the music therapists, the presence of people in music could reflect their uniqueness as individuals and express their inner life. As Scott put it (I4S1), “the inner life of the person is the most important thing. It is a sacred thing. It is what's unique about the person [...] So, it's giving space to allow that to come into some shape”. His view was illustrated in an example he gave of his improvisation with a child with Down's syndrome and autism:

[...] there was an extended passage of music where he mostly repeated a single note on the piano and I played accompanying chords that ebbed and flowed in with simple slowly shifting harmonies mostly in F# major, sometimes alternating with the minor and sometimes opening with some kind of chord shift so the music didn't remain too closed in on itself. The boy rarely sustains his playing in the way he did on this occasion (for 10 minutes) and the music was very gentle and tender. This with the resonance of the chords I found myself playing had a gently moving but very spacious, expansive feel (e.g. when the music opened out and became slightly fuller before settling down once again). For me it had a spiritual quality to do with the spacious restfulness of its resonance that I haven't experienced in quite the same way in work with him before. I also had a sense of imagery with this kind of quality (influenced by my GIM experiences). I have no idea what he experienced (he is non-verbal so could not tell me even if I tried to ask). It was noticeable that the music continued in this way even when I sang “good-bye” (he usually plays louder at this point). It came to a quiet conclusion after which he quietly shut the piano lid and left. Well that is except after I had put his shoes back on he wet himself which happens with him sometimes and which he found very amusing! That was good for bringing me down to earth anyway! [...] (Scott, F#15.3)

In music therapy, the ineffable character of spiritual experiences seemed to involve some kind of musical knowing of the other person and of one's self. This musical knowing was part of exploring and expressing one's narratives of health and illness, and of meaning in life. This knowing was described as bringing another layer of awareness (Elena, I1H1) and a sense of self (Sally, I11H3), and as opening a door and helping people to find things they did not know were there (Jess, I12H3; Penny, I13H3).

With a sense of playful provocation, Scott (FG2) suggested that the "religion" of music therapy had to do with a faith in music and argued that the spiritual aspects of his work related to this kind of faith. He related this to a sense of "trust in the unknown" that lay in his improvisatory music therapy practice. Likewise, reflecting on her hospice work, Heather (I23H5) explained that this sense of trust or faith in "the unknown" was often expressed through people's faith in a higher being or God, in something undefinable beyond the observable, but also through their participation in the creative process of making music.⁴⁵

This open-ended and improvisatory stance was in fact perceived as a key ingredient of music therapists' undercover spiritual care work. It was also perceived as a distinctive feature of music therapy work compared to other professional practices. Attempting to maintain and protect this open-ended or unknown sense of spirituality, the three music therapists seemed to resist the concreteness that comes with treatment plans and outcome measures which are commonly used both in education and healthcare settings.

[Music therapy] is so different to other therapies. It is a weakness for the other, you know... [...] you *must* have a lesson plan; you *must* have a treatment plan. And, thank God, we [music therapists] say "*No, maybe not!*" [*Laughing*] [...] and that's a strength and it is hard for us to really believe in that when everybody, all my colleagues have got their outcome measures and treatment plans and... God knows what's my treatment plan... (Scott, FG2, pp. 33-34)

The music therapists reflected on their use of the phrase "trusting the unknown" within the discourse of music therapy. For some, this 'unknown' implied some kind of spirituality and perhaps pointed to a higher being which is undefinable. For people, like Cynthia, who described themselves as having faith in God, however, the connotations of this phrase did not always sit comfortably. For these people, God was actually a 'known'. In order to avoid imposing her beliefs and keep her faith separate from her work, however, Cynthia (FG2) would talk about 'the unknown' in music therapy and about God in her personal life.

At the same time, the three music therapists considered the expectations surrounding their professional roles. They discussed the potential quasi-religious connotations and the risks associated with the use of certain aspects of terminology, such as their trust or faith in music and in 'the unknown'.

⁴⁵ Improvisation in relation to music therapists' faith in music and 'the unknown' is discussed in greater detail in the final area of findings (Subsection 7.5).

- Heather: [...] talking about having faith in the unknown. It's so alike... the language... it's so alike how people describe their relationship with God. Isn't it?
- Scott: Yeah
- Heather: It's so, you know...
- Scott: Because actually to say "*in the unknown*"... that sounds like nonsense and very unprofessional and dodgy, because it's misleading, isn't it? ... 'the unknown'... so, it's not like nothing...
- Heather: Hm
- Scott: But it *is* sort of faith in something that people do give the word 'God' to. That's a way of putting it. [...] In our language in music therapy we talk about that a lot. There is a sense of trust in the unknown and all of that... but that actually doesn't say enough. [...] Because I mean it sounds a strange thing to do to "*trust in the unknown*". I mean, what does this mean? But it *does* mean something. Doesn't it? [...] It *is* faith. It's believing in... it's not just nothing. It is *some-thing* that might even be a presence or something... (FG2, pp. 43-44)

While the music therapists translated verbally these ideas using more commonly accepted professional terminology depending on the context each time (see Subsection 7.2), they all felt that the spiritual potential of music therapy lay in music's potential to bypass the limitations of verbal language in terms of articulating human experience. In music therapy, as they put it, there is no need to name spirituality; experiencing spirituality in music is enough.

In this context, Heather highlighted the unspoken care that music therapy can provide. Music can afford experiencing the spiritual without the need to articulate or name it. This was the main principle that led music therapists and other participants to often characterise music therapy work as "spiritual care undercover".

There might be a music therapy session and these extraordinary things might happen but the patient might not say anything or the client might not say anything, I might not say anything, and it is just experienced, or *is* experienced... (Heather, FG2, p. 36)

These experiences could stay and be contained in the music. Heather felt that when things were talked about, they were somehow ruined and could be lost. In her work with people with dementia, Cynthia (FG2) found that although musical experiences were often unarticulated verbally, people's experiences were stored in some kind of emotional or spiritual memory. She explained that she had a sense of a growing therapeutic relationship even with people who could not remember her name or who she was. They seemed to hold the music that they had made in the moment together and built upon it. Cynthia felt, therefore, that these musical experiences, which remained unspoken, had an impact that carried on beyond the immediate music-making moment.

Compared to spiritual care staff, music therapists were not expected to articulate spirituality. They were able to be more fluid and flexible in terms of expressing spirituality by using different vocabularies or

ways of articulating human experience. All staff participants from the three sites, however, irrespective of their professional titles and despite their differences in languaging spirituality, stressed the “experiencing” of spirituality as the cornerstone of individuals’ and organisations’ spiritual care. For example, both Sherry (I18S3) and Elizabeth (I16S2), despite their fundamentally different views on spirituality (at least as I perceived them on a discourse level), proposed that essentially the school’s spirituality was the way of being and working with each other and the children; it was the *experiencing* that mattered. This perspective was particularly relevant to the music therapists’ work who felt that they were offering spiritual care ‘undercover’; the experiencing of music was described as the crux of their spiritual care. This related to music therapists’ work towards providing musical care and musical companionship, as well as to music’s own versatility as a medium. Music therapists were also equipped with therapeutic musicking skills. These skills were vital in enacting and living their spirituality in practice. This was often connected to a sense of freedom which was primarily performed through their improvisatory practices and stances. As Heather (I3H1) put it, “if I didn’t have my music skills I wouldn’t be able to be that free actually”. The link between the music therapists’ improvisatory work and the performance of spirituality in music therapy contexts became an important feature of the research as I discuss in the last area of findings (Subsection 7.5).

In addition to the above, two key strands in music therapists’ undercover spiritual care were their own vocational attitude towards their work and the caring intention underpinning their (often invisible) practices as I discuss below.

7.3.2.1 Vocational attitude

The music therapists’ experience of their undercover spiritual care work related to their unique biographies. These included their professional trajectories as music therapists, which were commonly described as a “journey” by Heather, Scott and Cynthia. For each of them, their journey was part of their broader evolving musical and spiritual growth which was influenced to varying degrees by their diverse music therapy trainings.

Each music therapist came to the research study with very different spiritual interests and backgrounds. Heather and Scott described early life events that led to their distancing from religion, while Cynthia was an active church musician. Scott’s pathway towards music therapy and his journey since then had involved a process of “re-discovering” music which also informed his interest in spirituality beyond the confines of religion. Similarly, Heather’s engagement with music in her teenage years helped her to “get in touch with something more spiritual again”. In Cynthia’s case, her journey in music therapy had helped her reflect further on the overlaps between the spiritual and the musical aspects of her work in different contexts (FG1).

As revealed through my conversations with the music therapists over time, a common denominator in their diverse journeys had been their vocational attitude towards music therapy. Becoming a music

therapist was an active choice connected to their personal histories as well as to a sense of yearning for something that was often described as “the beyond”. For Heather and Scott, in particular, their music therapy journeys seemed to be connected to their personal journeys of restoring or re-discovering their sense of spirituality and their relationship with music. Cynthia, on the other hand, experienced her music therapy work as an extension of her ministry.

Vignette 3:

Musical ministry

It's my third visit at the care home. After observing Cynthia's work in its different guises from individual music therapy sessions, to open groups and the hymn group, Cynthia and I take a coffee break. We start talking about the place of spirituality in her work.

Cynthia tells me that she trained as music therapist because she wanted to “make a difference” in people's lives through music. She reflects on her sense of meaning and purpose in life and its inextricable links with her work. This leads to a discussion about her spiritual view of music and her practice as a church musician.

Cynthia believes in the spiritual nature of the human voice. She perceives her voice and musical skills as gifts that can bring a healing connection to people. She feels that God is using her gifts for a higher purpose; to minister and in the service of bringing music to people. From this point of view, she tells me somehow confessionally that she sees her music therapy work as an extension of her ministry.

So, if I was really asked, and it is not something that I necessarily talk about particularly openly here, but I would probably see what I do as a music therapist as an extension of my ministry, because I feel that I've been made to minister musically and all the gifts that I have, in terms of singing and playing and all that kind of stuff... I feel that they are made for bringing music to people and whether that would be in terms of a kind of a healing music connection – which is what I see here – and sometimes I see music in church context having a healing connection with people. Now, in terms of separation of that, I am still figuring all that [out] now and I used to be quite separate in my thinking [...] *“I am doing my [music therapy] job, I do my stuff in church and the two are quite separate”* but I think in recent years I've come to see them far more as informing each other. And that has come up a lot in supervision (Cynthia, I14C3, pp. 5-6)

Reflecting on the crossovers between her music therapy and church practice, she argues that her improvisational and listening skills are transferable to both contexts and enable her to accommodate and support different forms of expression.

In contrast to her church context, Cynthia tells me that she does not talk about these matters within the care home environment due to professional language barriers and her fear of being misunderstood by her colleagues. Although the chaplain, for example, would talk openly about his ministry or pastoral role within the care home, Cynthia (I14C3) feels that this would be risky for her. This is why she rarely talks about her church practice in connection to her professional role as a music therapist. She feels though that her participation in this research has given her some kind of permission and encouragement to articulate her thinking.

Cynthia's view of her work as some kind of 'musical ministry' resonated with James' who practised as a community musician at the hospice. As James (I22H5) explained to me, his music practice resulted from his wish to dedicate his life to the service of God. Practically speaking, for him, this meant using music in the community and understanding music as "one of the ways that we are human beings". This emphasis on the humanness similarly underlay the three music therapists' experience of musical care as spiritual care. For Scott, engaging with the humanness of people was something beyond the personal to include deeper, spiritual dimensions.

So that's another aspect that I think has sort of been around in our conversations: that spirituality is to do with... sort of something beyond, but something that we are all sort of sharing that is beyond the personal. The personal it's so important, extremely important but then when that deepens you reach something that is sort of beyond the person. [...] So we do honour the personal very, very much. And we give space for the personal, but we also can go a bit deeper than that even into something that is... maybe that has to do with what [the] spiritual is... (Scott, FG2, p. 30)

Looking at the wider organisational context of each music therapist, I observed that a vocational attitude was shared among different professionals. For many participants, this attitude was seen as a prerequisite for working in caring environments more generally. Donna (I5H2), for example, argued that one could not work in palliative care unless they were interested in "something a little bit beyond just the practical". She saw this as some kind of interest in "the beyond"; a sense of mystery. Considering the challenges of hospice work, Penny also argued that professionals make an active choice to work in this environment whatever their role is.

[...] if you choose to work at the hospice you have made a choice whether you're emptying bins or, you know, if you're the chief exec... I think you've made a kind of active choice, you know, where the rest of the world says it must be so rewarding or how could you do... you know... you find your own place with that or if you don't feel it, you leave probably (Penny, I13H3, p. 5)

This sense of making an active professional choice was often understood as having the right values to work within an organisation. This was stressed by Jeff (I8C2) as part of the recruitment criteria at the care home and it was evident within the school context too.

Anthroposophy and the Camphill movement more generally are based on the belief that teachers and other professionals need to be interested in the range of life without restricting their practices in educational routines with strictly professional interests. Sherry (I18S3) told me that this vocational attitude was stronger in the early days of the school when all staff lived together. Working and living in the community was a conscious choice; people did not have contracts or salaries. Their motivation was their wish "to work with the higher self of the other person". People like Elizabeth (I16S2), who did not come from an anthroposophical background and had limited understanding of it, found this overlap of professional and personal life both "strange" and "nice".

Although the school's community had gone through various changes (see Subsection 7.1.2), elements of its original vocational attitude were still present at the time of my research. The lesser emphasis on professionalisation, formal procedures, regulation and professional boundaries was an expression of this vocational attitude and had a direct impact on practitioners' sense of freedom to embrace a broader remit in their work. As Elizabeth (I16S2) put it, the flexibility and freedom that the school had given her helped her to grow professionally. Instead of following strict protocols of practice, she had to make her own decisions based on her experience with each student. The school's less regulated environment seemed to allow space for more professional responsibility and growth, and this often came with an increased requirement for personal commitment and interest in the work. This generated a stronger vocational attitude among staff members.

Across all three organisations, practitioners' vocational attitude, and similarly their implicit spiritual care, seemed to be reflected in their commitment to listening to clients and to learning from them. During my fieldwork, many practitioners expressed their view of patients, residents or students as their "teachers". Sometimes I questioned to what extent this was a cliché phrase. I did not express my scepticism to them, but rather tried to explore further what this meant for them in practice, in action. Jess, for example, stressed the need for professionals to pay attention and listen to people.

The way I look at it is: whoever comes in – whether it would be nurses and therapists... whoever – hopefully they are coming for the reason [that] they want to do their best or offer what people need. But I think, you know, the art is not to forget to listen to people and just putting [forward] what you think people want. You know, talk to people and let them express what they [wish] (Jess, I12H3, p. 3)

This listening attitude was also reflected in the ethos of each organisation. Valuing, foremost, service-users as people, each organisation promoted a listening and trusting attitude towards the other person as knowing what they need for their own process of healing or development. This listening and trusting stance – which was central in people's and organisations' vocational attitude – introduced a subtle re-professionalisation process; it promoted non-hierarchical relationships where knowledge, expertise and care were distributed and shared between professionals and clients. This led to a sense of mutual learning and caring. It also generated a sense of compassion and privilege that professionals, like Rita, felt in relation to their work.

I think I bring lots of compassion and I do love my work. [...] I think my strength is to... actually, is to listen... So I tend to do a lot of night shifts because [...] the way things are set in night-time when it's quite, a lot of inner things come [...] You know the little time that you do spend with the patients [...] just maybe giving the drugs or even doing the bed bath or... just putting people on the commode or something... you know, that is time to give that sort of compassion, give that... attitude... (Rita, I21H5, p. 7)

During my fieldwork, such micro-moments of human care and the intention behind them – both within and around music therapy – seemed to be everyday expressions of people’s spiritual care. In music therapy, and as illustrated in Cynthia’s sense of musical ministry (see Vignette 3), practitioners’ vocational attitude was directly connected to their experience of music as a spiritual experience which bypasses the need for verbal articulation. This related to the sense that music therapists’ spiritual care is ‘invisible’. Yet, the three music therapists reflected on the intention behind their invisible work. This featured the second strand of music therapists’ undercover spiritual care as I discuss next.

7.3.2.2 Invisible, yet intentional

Over time, I understood that a thread that connected different aspects of people’s undercover spiritual care had to do with the intention of their care actions which often remained ‘invisible’ or unarticulated. This related to professionals’ sense of vocation, and in the three music therapists’ case, to their experience of music and music-making as spirituality.

More particularly, I became aware that the invisibility of music therapists’ care was far from a random act. On the contrary, music therapists talked about their intention to reach and support people through music-making not only during music therapy sessions but in any everyday situation. Their intention was informed by their awareness and in-depth knowledge of each organisational setting and of the people who were part of its ecology. This was aptly reflected in Heather’s forum message below.

Today at lunchtime I went across to the hospice to play the piano. We have live music in the Day Centre – large social space – each Sunday whilst visitors, families and patients have lunch together.

Checking emails before I started – not sensible – I realised someone – Maria – I’ve spent quite a lot of time with had come into the hospice. I bumped into someone who was looking for Maria and realised the chances were Maria would be coming down to the Day Centre across the lunch period. Whilst playing I looked up and saw the person I’d bumped into wheeling a lady in a chair across the room, I struggled because my brain was telling me it was Maria, the person I’d been working with but she herself was completely unrecognisable, so much worse, ravaged by her illness. I tried to look at Maria without her noticing me as I continued to play and when she smiled and waved at me I still could not really believe it was her although I knew it was.

As I played, thoughts and wonderings about her completely overtook me. In my workplace I’m often spending time with people who have just the last drops left of themselves, physically and emotionally. Looking across at Maria, someone very close to me in age and someone I know a lot about I noticed her bright eyes and voice but also how shrunken she was, slipping away.

I thought about how my playing might support her. I became very aware of the silence within the music, around the edges of the phrases. Those silences can sometimes feel like caverns. The phrases of what I was playing seemed most important in fact – a structure to hang the emotional gestures of the music onto – something for me to hang on to as well. I was struggling and even though I’m well aware death is in the air all the time I sometimes get caught out. This was one of those moments.

She'd told me a lot about family dynamics – which were tricky – she was socially very isolated. Was this the particular sister I'd heard so much about with her now?

I wondered about the music offering her some safety to meet with some of these people she'd been having such difficult times with. I offered her the energy of the music. Alongside this intense sense of wondering about her and trying to meet her in my music the room was full of other families chatting and eating, volunteers calling across the room with food orders, a family of kids close by playing in the reclining chairs making the chair go back and forwards and then behind me in the garden an old man scooping fish out of our pond, standing in the pond wearing ridiculous rubber trousers. All of life together. I feel that putting music into this space helps make all this possible together – the mundane and the mystical and the fact that it can all be there together in the moment makes it all the more powerful. The music elevates and heightens possibilities. (Heather, Forum#20)

Heather's reflections offered an exemplar of the kinds of invisible, yet intentional musical care that music therapists offered within their organisations. Her reflections also highlighted how such musical/spiritual care was often an inextricable part of the everydayness (and its messiness) beyond the discrete boundaries of therapeutic 'sessions'.

Reflecting on his own community music work at the hospice, James (I22H5) also stressed the importance of his intention behind different music-making situations, ranging from his playing music at the Day Centre to performing in front of an audience or having an intimate musical interaction with a dying person at their bedside. For him, his intention was underpinned by an appreciation of music as enabling people to have strong emotional experiences and ultimately reflect about "what it is to be human". He described how the aesthetic aspects of music were "potentially meaningful in lots of different ways to lots of different people without necessarily pinpointing what that might be". This openness of musical experience to multiple and synchronous interpretations (see also Subsection 7.5.3) together with the music therapists' intentional musical care actions seemed to open a space within which people could connect with others, with themselves and their environment. The openness and intentionality of musical experience – which were equally important aspects of music therapists' undercover spiritual care – related to what James perceived as music's "implicit therapeutic" potential.

And in saying the background music that we provide in the [Day Centre]... there is the potential to connect with people or people to connect with themselves in the course of that music being played... So it is implicitly therapeutic. (James, I22H5, p. 7)

Through my analytic lens, James' idea of music's implicitly therapeutic potential was directly linked to the notion of invisible or undercover (spiritual) care. The relevance of his idea expanded beyond the hospice context. The care home manager Jeff (I8C2), for example, acknowledged the invisible and distributed impact of music therapy on the whole organisation. For him, the sounds from the music therapy sessions travelled and offered some kind of invisible care for the whole care home environment, to include, for example, residents in their rooms as well as the kitchen staff. These invisible and implicit therapeutic practices contributed also to the generation of a sense of community within each organisational environment as I discuss later (see Subsection 7.4.2).

On this basis, the invisible care of music therapists and the implicit therapeutic (and spiritual) potential of musical experiences emerged as patterns through which spirituality was performed in everyday contexts. The intention behind practitioners' practices and stances – which often remained invisible or implicit – drew also my attention to the materialities of the organisations within which they worked. This included the intention behind the creation of different care environments as well as the materials used for the performance of different care practices.

7.3.3 Materials and environments

Triggered by discussions regarding the music therapists' spiritual care undercover, my attention was also drawn towards the materialities that 'dressed' different professional practices, identities and spaces within each organisation. These materialities included professionals' uniforms and objects as well as the arrangement of different spaces. Similar to professional practices and identities, these materialities ranged from having explicit spiritual references to being part of the 'invisibles'. Despite their visibility, these materialities articulated spirituality to varying degrees and were often experienced as part of the invisible spiritual care that people and organisations offered.

During my fieldwork, I became aware that the natural and material environment of each organisation was carefully chosen and designed according to each organisation's values, their understandings of people's needs, and their assumptions about what constitutes good care. This included their perceptions of spirituality and spiritual care in its broader sense. Both the care home and the school, for example, were housed in purpose-built buildings. On the one hand, the care home's architecture included a circular corridor with the hope to accommodate the need of some residents with dementia to wander around the building without facing any barriers. On the other hand, the school's buildings were designed according to Steiner's spiritual view of architecture as creating an artistic environment to support human qualities and activities according to the laws of nature. The attention here was more on the staff's spiritually-informed perceptions of what makes a good place, and less on practical and functional aspects in relation to students' needs.

This kind of observations often led me to question the potential relationship between the exterior and the interior environment of each organisation. In other words, I wondered how and to what extent the materiality of each organisation related to their spiritual orientation. I also wondered about the potential fit or misfit of these materialities with each music therapist's sense of spiritual care. Although there were no clear-cut answers to these questions, I felt there was a common recognition of nature and beauty as vital for people's wellbeing and care. All organisations were surrounded by beautiful grounds, including gardens, windy paths and water sources (see Photograph 7, 8 and 9). Maintaining some kind of intentional beauty was common in all three sites.



Photograph 7: The hospice's garden



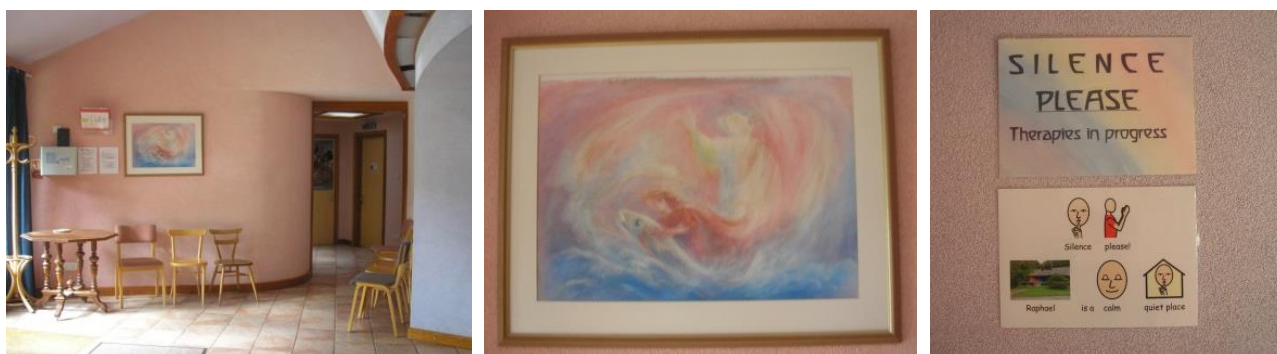
Photograph 8: The school's grounds and its sculpted vessel⁴⁶



Photograph 9: The care home's courtyard

⁴⁶ Known as 'virbela flowforms', these vessels are designed based on anthroposophical theories.

The school's anthroposophical identity penetrated all aspects of its life, including its materialities ranging from the architecture of the buildings, to the colours of the walls and the images hanging on the wall. As such, the materialities of the school were a direct reflection of its spiritual framework. Music therapy and other therapies were offered in designated rooms all of which were housed in a small building where I spent most of my observation time. The building was named after the archangel Raphael (the great cosmic physician according to anthroposophy) and its walls exhibited some anthroposophical artwork of angel-like figures as well as icons of saints. Apart from the art room, I saw no students' artwork exhibited. This building often gave me the sense of a sacred space. This sense was reinforced by people's behaviour in its spaces. As shown in the symbols on the wall of the waiting area, the space was intended to be a "calm" and "quiet" place (Photograph 10). These expected codes of behaviour had been at times problematic for music therapy in this context. In contrast to anthroposophical music practices, the intensity and dynamics of Scott's music-making – which freely included dissonant intervals and chords, and the whole range of tempi – was led by each child. There had been times that Scott was kindly asked by his anthroposophical colleagues to "keep it down".



Photograph 10: The waiting area in the school therapies' building

Similar codes of behaviour were noticeable in other spaces of the school revealing perhaps aspects of its organisational spirituality. For example, outside the eurythmy hall – a large room with a wooden floor and a grand piano – I saw the notice shown in Photograph 11.



Photograph 11: Notice outside the school's eurythmy hall

This notice surprised me and made me wonder about the rationale and the implied messages behind it. Were there any practical reasons that prohibited the use of electronic equipment in this space? Did the school feel that electronically played music could have some kind of undesirable effects? How did this message relate to the overall limited use of technology and electronic equipment in the school?

Looking across the different spaces of the school, I noticed only a few photographs of people and in all cases these were of important figures in the development of anthroposophy and the Camphill movement (e.g. Rudolf Steiner, Karl König and Ita Wegman⁴⁷). In some cases, their photographs were placed next to icons of saints such as St George's image slaying a dragon. These observations made me wonder about the school's emphasis on a reality beyond the everyday, which was somehow idealised or perhaps purified.

In contrast to the school, the care home environment and its materials had a more pragmatic focus based on residents' needs. Reflecting the organisation's person-centred ethos, the main aim of its materialities seemed to be the creation of a homely and familiar environment for residents. As such, the care home included lots of soft material (such as soft carpets and sofas) as well as various objects (such as paintings and LPs) referring back to the 1960s-1980s – i.e. the time when many of the residents were in their 30s or 40s and many still had memories of that time in their lives. From this point of view, the care home's environment had a more functional purpose and aimed to promote a sense of belonging and identity. In this context, I observed no objects with religious or otherworldly references. Each resident, however, was welcome to arrange their room as they wished, and many had crosses and other religious symbols next to their beds.

On the other hand, the hospice's environment was infused by artwork created by service-users to include patients as well as their families, carers and the communities around them. Almost every space of the hospice exhibited drawings and paintings, alongside photographs, narratives and poems created by service-users. The artwork did not necessarily aim to create a tranquil or idealised environment, but to communicate people's experiences of death and dying, their everyday pain and agonies, as well as their hopes, wishes and prayers.

As I was walking down the main corridor of the hospice on 11th August, the painting shown in Photograph 12 drew my attention.

⁴⁷ Wegman co-founded, together with Steiner, anthroposophical medicine.



Photograph 12: Patients' artwork at the hospice

Its vivid and seemingly violent scenes surprised me. I went closer to read its explanatory tag:

The Wheels Are Falling Off

This painting was created in the weeks leading up to the General Election 2015. Patients who meet at the hospice on a Tuesday gathered together news articles and images. The images they collected reflect for them what is going on in their world today.

There are references to religious wars, the difficult issues around immigration, the power of money, world pollution, how we care for the elderly and that whatever's going on we'll all die eventually one day. On a lighter note, the rocket at the top of the picture is heading off to the moon, a place of escape and a place where there are no politicians.

I felt that this painting represented the hospice's ethos and its open-ended spirituality. Instead of prioritising any form of 'high art', this painting seemed to represent the hospice's commitment to people's own meaning-making and truths as these related to their everyday worlds to include their questions and concerns regarding politics, religion and war. Instead of an idealised version of the world, the hospice was committed to portray the messiness and multiplicity of everyday life. This created a vibrant and somehow challenging environment which prompted people to question and reflect on their worldview. This ethos – which was equally reflected in Heather's music therapy work – also became apparent to me when I visited the hospice's reflective space.

Vignette 4:
The hospice's reflective space

The reflective space of the hospice is an open space, with a large table and a few chairs positioned in a semicircle on the wooden floor. This open space can be used for reflection, prayer or meditation by individuals of any or no faith. Apart from some small bookshelves with a collection of holy texts from all major religions, the room contains no symbols of particular religions.

Particular attention has been given to the aesthetics of the room to generate a tranquil and peaceful environment. To this end the spiritual care team has put together a music playlist that plays quietly in the background throughout the day. This playlist includes music by Western classical composers as well as by contemporary composers from the so-called 'New Spiritual Music' movement, such as Arvo Pärt and Jan Garbarek. The candles burning in front of the big stained-glass windows as well as the long slim rectangular mosaics on the walls contribute to the creation of this reflective space. The big blue circles of the stained-glass windows and the sparkle-effect of the little bits of mirrors on the mosaics generate a rather extraordinary light that filters into this room (see Photograph 13).



Photograph 13: The hospice's reflective space

In addition to its tranquil environment, this space appears to be carefully designed to communicate another, perhaps more important message: that spiritual or sacred content and spaces are co-created and co-negotiated by everyday people and their actions. Heather and the arts team lead, Melissa, have explained to me that the mosaics, for example, were created as part of an arts project where patients as well as staff, families and friends were all welcome to contribute. Their art work gives a sense of collective legacy but also of belonging; the people who were part of the making of these mosaics continue to live in some way through their artwork which is now part of the hospice's daily environment.

As I spend more time in this space, I realise that a similar message is communicated by the large book that lies on the big table in the room (Photograph 14). Its imposing size as well as its positioning on the altar-like table gives the sense of a 'holy' book. In contrast to other holy books, the pages of this book are all blank. Anyone who walks into the room is welcome to use its pages as they wish, and many people often write their messages. Many are addressed directly to those who have died. The personal and immediate character of their messages convey people's belief or hope that those who have died can still listen and be in touch with them in one way or another. Other messages have a prayer-like quality and some are addressed explicitly to God. Many families and friends come back to the hospice and write in this book on the anniversary of their beloved's death. Among families and friends I also find messages written by staff or volunteers. This makes it a collective diary co-created by everyone who is part of the hospice's wider community.



Photograph 14: A co-created 'holy' book

In the pages of this book I feel that a radical process of meaning-making takes place beyond the canon of pre-given (holy) scripts and beyond people's roles or professional identities within the hospice. In this context, people's messages and stories are treated with reverence. The process of reading and writing in this book seems to reflect an open-ended process of communicating multiple truths with no finality.

These observations across the three organisations helped me to understand the role of materials and environments not only in terms of creating the conditions within which spirituality was performed, but also in terms of performing spirituality themselves. Overall, the varying degrees of explicitness of spirituality in people's practices, their professional titles and environments had a different impact on each individual depending on their own spiritual orientation. Rita, for example, preferred the explicit Christian character of the hospice's old chapel. Likewise, some patients felt more able to reflect on their spirituality when the practitioner in front of them was wearing the clergy collar. On the contrary, these kinds of materialities and their religious connotations pushed other people away or closed down opportunities for the spiritual to be discussed.

* * *

As discussed in this area of findings, the professionalisation of spirituality and care within each organisation was connected to the generation of undercover spiritual care practices and stances. Music therapists' vocational attitude and the intention behind their 'invisible' care were two main strands of their spiritual care. The latter – which was key in understanding people's and organisations' invisible (spiritual) care and practitioners' implicit therapeutic practices – led to an exploration of the materialities in each music therapy context and their undercover spiritual care role. The next two areas of findings focus on the music therapists' holistic understandings of people and music, and on their improvisatory work in relation to their openness to potential and 'the unknown' respectively. I understand both these areas as key parts

of the music therapists' spiritual care undercover and of spirituality's performance in and around music therapy more generally.

7.4 Total people, total music

This area of findings focuses on spirituality's performance in relation to the music therapists' shared attention and care towards the whole person. Their holistic care was grounded on their experiential belief in music as being vital to life. This was aptly summarised in a leaflet I found at the care home describing music therapy as aiming "to create a life affirming experience" for the residents based on the belief that "being musical is fundamental to being human". The same idea was also expressed at the hospice by Heather (Forum#4.7) who argued that "when we come together in the music therapy moment we're affirming our humanity" as well as by James (I22H5) who described music-making as one of the ways of "communicating our humanness in its totality"; for him, music communicates the core of who we are, our soul, our spirit. James' view was in line with all three music therapists' experience of music as giving access to people's worlds as well as with Sally (I11H3) who felt that music offers an insight to people in terms of what they think of themselves. James suggested that all different forms and contexts of music-making (from concerts to individual sessions) can help people to think what it means to be human.

I mean making music is one of the ways that we are human beings. It's one of the ways that we express the whole of ourselves. We communicate our humanness and our beauty and our brokenness and our puzzlement and our mystery and our cleverness and our cruelty and our power and our vulnerability – all of that could be expressed. (James, I22H5, p. 5)

During my fieldwork I became increasingly aware that music therapists were often working with people who were deteriorating (physically) but at the same time they were flourishing (emotionally, socially and spiritually). Although this was particularly evident in the care home and the hospice, the idea of "flourishing" was relevant to the school context too in terms of surpassing health-illness dichotomies and pointing to a more ecological view of the human condition (Forum#9.2).

This ecological view related to the notion of 'total pain' – a key component of the hospice's ethos – and formed the basis for a distributed and expanded notion of what matters in people's care. By bringing spirituality and spiritual pain to the fore, this expanded notion also pointed to a reconsideration of people, health and music in their totality. Indeed, I noticed that the commitment of different organisations and practitioners to, what I named, 'total people' was translated and performed through 'total music' practices as these ranged from individual music therapy sessions, to open groups and public music events. 'Totality'

drew my attention to its multifaceted manifestations not only within the hospice context but also within the care home and the school.⁴⁸

The area of findings around total people and total music included the music therapists' care for the whole person and their humanness as this manifested through two components of their work: the promotion of a sense of connection and belonging, and the generation of a sense of community. I discuss each of these components below.

7.4.1 Connection and belonging

Experiences of connection and belonging, which were often described by staff and clients as key to one's sense of spirituality, were at the core of music therapists' work. In the care home, for example, people's capacity to connect with each other and their environment was often challenged by their complex degenerative conditions. As Cynthia (I17C5) reflected, residents with dementia were often together in the same room, but there was no sense of togetherness. She saw her role as facilitating a connection between people through and within music. She referred, in particular, to facilitating a "deeper connection" that she described as a spiritual connection which goes beyond words.

Cynthia (I17C5) saw music as an "organiser". For her, music could generate a sense of common purpose; it could bring people together and coordinate them. She experienced music as connecting people on another level where their diverse perceptions and ways of talking about their experiences were less relevant. Monica, a resident who described herself as an atheist, for example, would talk about her group music therapy experience more in "scientific terms", such as the properties and qualities of sound and their impact on people's, including her own, brain. On the other hand, Cynthia perceived music therapy as bringing a connection for a "higher purpose" relating to her sense of God. Monica's and Cynthia's different views, however, did not matter and were overcome – as I witnessed on one of my visits – in their musical connections.

What I've seen music do is connect people on a level that it almost doesn't matter where they are coming from or what perceptions they have or... it seems to draw them into a common purpose, or a common focus or a common reason for being together or... it kind of levels off all of that stuff... (Cynthia, I17C5, p. 3)

For Cynthia, this sense of togetherness in music therapy – where people can connect despite their differences – brings also a sense of belonging. Despite the more or less residential nature of each site's care provision, people's experiences of togetherness and belonging could not be taken for granted partly due to their health conditions. In all sites, music therapy, and music more generally, played a key role in offering people a sense of belonging to something bigger than themselves. For some participants, this

⁴⁸ In contrast to totalitarian and absolutist approaches, I understood 'totality' in my research as relating to an ecological perspective of people, health and music.

related to a sense of belonging to a place, a group of people or an organisation. For some others it related to an otherworldly or invisible existence.

In the school's case, this sense of belonging was explicitly connected to people's participation in community life. The focus on community living and learning, in fact, had remained at the core of the school's ethos throughout its evolving spiritual history. This was in line with the wider Camphill ethos which is based on shared living and reciprocity. For many years, all community members, including school staff, students and their families, lived together. Based on reciprocal relationships and with a blurred distinction between personal and professional life, everyone was perceived as unique within the community and there were no professional titles or hierarchies. A closed and isolated form of community emerged over the years which offered a fertile context within which people could live and enact their spiritual values. The school's need to "move on" and survive, however, led to a series of somehow forced changes including the professionalisation of services and the integration of non-anthroposophical professionals, such as Scott (see also Subsection 7.1.2). Inevitably these changes, as some long-serving school staff told me, had repercussions on the school's sense of community.

Throughout the school's history and evolving community, music had been a connecting thread. "Music in its totality", according to Sherry (1983), was key in the general thread of life in the school and the community. Music weaved throughout the day and was a vital part of eurythmy, colour-light therapy and of the school celebrations where special songs were used for each Christian festival throughout the year. The anthroposophical musicians, Philip and Peter, were playing a crucial role in building this sense of community through music. Music therapy, however, which was introduced as part of the school's opening to the outside world, was playing a distinctive role and was quite separate from the other music-related practices and events within the school.

Scott's holistic approach did not lead to 'total music' practices in terms of music's wider role in the school's community life. His music therapy approach was primarily oriented towards individual work with students and not in public or performance-oriented work. At the same time, I felt that Scott's non-anthroposophical background was a potential barrier to his contribution to the school festivals or other anthroposophically-oriented activities or services that involved music, such as colour-light therapy and eurythmy. Despite these differences, Scott's work was equally addressed to students as 'total people'. Reflecting on music as a whole in the school – to include both music therapy and anthroposophical music practices – Sherry (1983) argued that music matches the school's ethos in terms of how to be with the students. She saw music as key to what the school was offering to children and argued that "music opens up many doors"; it brings people together to celebrate, to contemplate and to learn about themselves, about others and the world.

The sense of connection and belonging – within and beyond music therapy – was apparent in different guises in all three organisations. As various staff members, clients and volunteers told me, there was a sense of belonging to a family within each organisation. Reflecting on his experience of working at

the care home, for example, Jeff said “it’s like we’re a family here”. He saw the home as being bigger than the building and stressed the importance of people having the experience of belonging to something bigger than themselves.

So, spirituality has links with emotions and psychology and sociology... and they are all interlinked... and a lot of that comes down to [...] how to describe it... [it is] about belonging... about having a place... you know? Having a history, having a future, but actually belonging somewhere, being accepted as a person, who you are... [Spirituality could be a sense of] “*I belong to this care home*”, but actually “*I belong to something that is bigger than me... whatever that is... whether it is religion or whether it is music...*” (Jeff, I8C2, p. 6)

Jeff’s perspective was echoed by Cynthia in the closing focus group discussion, reflecting perhaps the alignment between her music therapy approach and the home’s ethos. Cynthia talked about this sense of belonging while acknowledging potential misconceptions of the person-centred approach in dementia care.

Cynthia: I think it is something about... about the *need* to be part of something that is bigger than ourselves. And, to me, it’s something that it is in every person [...] maybe someone experiences dementia, but they still have this kind of need to be part of something that it is bigger than themselves.

Scott: Hm

Cynthia: And I think what I see in the care home quite a lot is that the person-centred approach can sometimes be misleading to make people to focus on the individual...

Heather: Hmmm

Cynthia: and leave out their need to be part of something bigger. [...] So that need for connection is in everyone and that never goes away. I don’t think. Regardless of illness or situation or context. (FG2, pp. 32-33)

In an environment like the care home, where residents’ conditions often led to fragmentation, disorientation and isolation, music therapy played a key role in restoring a renewed sense of connection and belonging. As Jeff (I8C2) put it, music therapy offered a sense of connection, cohesion and catharsis; it enabled residents to access and reconstruct their identity as well as to relate in a meaningful way with others, including their families.

During my fieldwork, I understood that the music therapists’ care for the whole person was not confined to the individual. Their ‘total music’ practices and their work in terms of promoting a sense of connection and belonging extended to reach different dimensions of each person’s life and wellbeing. Their musical care for the whole person, therefore, naturally included different types of community-oriented work as discussed in the next subarea of findings.

7.4.2 Towards community

As discussed in the first area of findings (Subsection 7.1), the unique biography of each organisation gave shape to its continuously evolving spiritual identity. Despite their distinct profiles, histories and values, however, all three organisations shared a commitment to humanity and care which was enacted through their varied investments and commitments to community. In my fieldwork, community emerged as an important and somehow more tangible manifestation of each organisation's spiritual orientation, and it therefore functioned as a natural field within and through which I witnessed spirituality's performance in everyday music therapy contexts.

Community entailed a number of different aspects including the recognition and value of the whole organisation as a community as well as the organisation's relationship and work with the local geographical community which included the generation of intentional communities within, around and through each organisation. These aspects were observed to varying degrees within each organisation while music therapy, and more generally music, played a vital and multifaceted role in each of these aspects.

7.4.2.1 The organisation as community

The recognition and value of the whole organisation as a community related to each site's holistic approach and its repercussions to their collective narratives of health/illness, of care and of spirituality. This sense of community was explicitly articulated within the school. As Sherry (118S3) told me, the whole Camphill movement was based on the idea of creating intentional communities *with* people with special needs, not *for* people. Actually, the term 'organisation' was rarely used by school staff during my fieldwork, most of whom referred to the school as a "community". The school's focus on community life included a reconsideration of students and staff as active and equal community members and a recognition of community as a natural learning environment.

Similarly, the hospice's holistic approach included a reconsideration of families as part of the caring team alongside the professionals. This reconsideration was present right from the start of the hospice's work as reflected in one of its early annual reports.

[The hospice] is a community of people gathered together to welcome and help the family during such illness and after the patient's death and to involve them as part of the caring team. (Annual report, hospice)

During my fieldwork and after various conversations with people who had worked at the hospice for many years, I became aware that this sense of community threaded throughout the life of the hospice and was still evident at the time of my research. The large mural that I faced each time I walked into the hospice's reception area was a reminder of its community focus. Covering the whole wall, this mural had the photographs of people who made the community of the hospice: managers, patients, staff, families and volunteers. No-one was wearing uniforms or badges making it difficult to guess who was who and

what their role was, professional or otherwise. I felt this mural reflected and promoted a sense of equality and solidarity; a sense that people were all part of a shared community.

Alongside each site's approach, the recognition and value of the whole organisation as a community was part of the music therapists' 'total people' attitude and their 'total music' practices which often expanded beyond clearly defined music therapy situations and contributed to a sense of organisational wellbeing. Heather and Cynthia, in particular, perceived their role as working with the whole organisation. They saw music therapy, and music more broadly, as contributing to the overall organisational wellbeing to include not only those who were referred to the music therapy service, but also those who were (directly or indirectly) part of any music-making situation. This included, for example, the nurses who could overhear Cynthia's open group sessions as well as the members of the public who attended the hospice music events. In every case, I felt the music therapists remained alert not only to their micro, moment-to-moment musical therapeutic interactions with people, but also to the potential match (and mismatch) and the potential repercussions or 'ripple effect' of these interactions within the wider context of the organisation. This awareness related to the music therapists' sensitive and distributed attention and care towards the broader context of their work. This ecological view of people and of their lives within communities related to the music therapists' holistic approaches to wellbeing, including their awareness of the impact of soundscapes and musical environments on people's experiences of care within each organisation.

Heather described that a huge part of her hospice work was working with the whole organisation as a community. Some main components of her community-oriented work included playing background music at the Day Centre, running a community choir as well as coordinating the hospice's music events. These 'total music' practices were described – perhaps partly due to their public face – as offering some kind of "invisible care" to the whole organisation. Reflecting on her experience of listening to Heather's playing at the Day Centre, Donna (I5H2) reflected on how music leaks throughout the organisation. Music reached not only those who were present and visible in the space of the Day Centre, but also others such as the people on the ward upstairs. For Donna, this experience shed light on Heather's rationale for providing music at the Day Centre even when only a few or sometimes no people are immediately present.

[...] sometimes when there is hardly anybody in the Day Centre and I see [Heather] playing or somebody... and I think "Oh, you know, is it really worth it?" But then... it is not just for the people who are in that room. It's heard upstairs... (Donna, I5H2, p. 4)

By observing the music therapists' practices, I understood that the invisibility of their care was far from a random event which was simply happening thanks to sound travelling and reaching people beyond the immediate environment. On the contrary, and most importantly, music therapists talked about their *intention* to reach and support people through music not only during music therapy sessions but also in everyday situations and environments. Their intention was informed by their in-depth knowledge of the

setting and of the people who were part of its ecology. This was reflected in Heather's reflections on her playing at the Day Centre of the hospice (see Subsection 7.3.2.2).

From this point of view, the music therapists were contributing to the promotion of different forms of musical care within each organisation. This included the creation of musical environments, musical situations or events as well as the promotion of musical thinking in other staff's practices.

Vignette 5:
Creating communal music spaces

Over the past months I have become increasingly aware of music's crucial role in creating a homely and familiar environment at the care home. The music lounge along the main corridor of the dementia unit is an example of this (Photograph 15). This lounge has a CD player and an old-fashioned LP player. There is a large selection of classical and jazz records – the latter mainly from the 1940s and 1950s.



Photograph 15: The care home's music lounge

Jenna, a healthcare assistant, tells me that the LP player and many of the jazz records belonged to Daniel; an elderly resident with advanced dementia. Music had been a big part of Daniel's family and social life. When he was admitted to the care home, his family made sure that he could take his music with him. In line with the care home's commitment to care for the whole person, staff made sure not only that Daniel could access his music, but also that he could have opportunities to share his music appreciation with others. By positioning his LP player in the music lounge, the care home seems to offer both of these things.

As I spend more time at the care home, I notice that the music playing at the lounge travels across the dementia unit of the care home. This seems to have an indirect effect on staff's mood and their interaction with residents. Often the sound also attracts many residents to the lounge area. They sit on the comfortable armchairs and often have a snooze while listening to music. This musical space seems to generate an implicit sense of community. It gravitates people and offers a focus of attention. It triggers people's responses and often animates them.

Cynthia seems to play an active, yet invisible role in the creation of these communal music spaces. In addition to her ad-hoc music-making with people in corridors and other spaces within the care home, Cynthia contributes to the care home's commitment to creating spaces where people can access and enjoy music, and where they can remain active and interact with each other. The construction of a musical garden is another example of this kind of work (Photograph 16).



Photograph 16: The care home's musical garden (under construction)

Both the music lounge and the musical garden, make me consider the role of such intentional music spaces in generating a sense of belonging and community within the care home.

As illustrated in Vignette 5, the music therapists' work with the whole organisation as a community included their input to the creation of musical spaces and environments within each organisation. These observations related to my broader understanding of the materialities of spiritual care as discussed in the third area of findings (see Subsection 7.3.3).

Other forms of musical care that the three music therapists tried to cultivate within the wider ecology of each organisation included the promotion of staff's musical awareness and sensitivity. This included not only increasing people's awareness of soundscapes and their potential impact on people (e.g. the impact of background radio music on care home residents) but also encouraging staff to use music or some kind of musically-informed thinking as part of their care provision. Examples of the latter included raising awareness of the quality of people's voices, or of the musicality of their movements in terms of pace, dynamics and so on.

In addition to using music improvisation to enable people's expressiveness and their sense of connection and belonging, music therapists used music as a vehicle to link people and the organisation with a wider audience and constituency in the community (DVD, care home). This finding – which was

particularly relevant to Heather's work – pointed to the second aspect of music therapists' community-oriented work: their work towards fostering the organisation's relationship with the local geographical community and the generation of intentional communities within, around and through each organisation.

7.4.2.2 Reaching out and creating intentional communities

This subarea of findings relates to the recognition of community as a context for expressing, living and negotiating people's and organisations' spiritual values and commitments. During my fieldwork, I realised that the music therapists played a key role in the creation of intentional communities within, around and through their workplace. Such community work was not only about working with an existing community or group of people (such as the organisation as a whole and its local geographical community), but also about establishing new communities by bringing together different groups of people in a meaningful and creative manner.

Based on their expanded understandings of people, music and organisations in their totality, the music therapists' community work extended beyond each organisation's boundaries to include the local communities around them. This highlighted a recognition of the local community as a natural context of people's lives beyond their organisational identities as clients, professionals, volunteers or visitors. This natural context, however, was more or less distant depending not only on clients' conditions (many of whom had limited opportunities for accessing and being part of their local community) but also on each organisation's openness to the outside world (see Subsection 7.1.2). In all cases, each organisation's relationship with their local community was continuously shaped by its evolving spiritual identity and it influenced (but was also influenced by) each music therapist's work.

The care home, for example, tried to bring people from the local community into the organisation but also to encourage residents to be part of the local community. This happened by organising concerts for residents and families, visits from local schools as well as day trips for the residents. Being a residential care setting where most people had lost their independence as members of their communities, such community work was seen both by Jeff and Cynthia as essential for "celebrating life" and caring for the 'total person'. Experiencing music in this setting was seen as one of the few remaining ways through which some people could have a sense of direction, connection, joy and relaxation. As part of the care home's work towards community, therefore, Cynthia was running a number of open, drop-in groups where residents, families and friends were welcome. One such group, which attracted unusually large numbers of people, was the newly-established hymn group. While acknowledging her initial reluctance about the religious content of this group and the potential risk of revealing her own religious views within a secular professional environment, Cynthia (FG2) explained the importance of acknowledging and meeting the needs of people within the care setting most of whom were "church goers" (see also Subsection 7.2.2 and Vignette 3). Although this was perhaps at odds with many staff members who were not religious, for many

residents going to church and singing hymns used to be a significant part of their sense of belonging to a community.

In other cases, the organisation's opening to and work with its local community was part of its implicit educational work. This included informing the public regarding the organisation's area of work and its underlying philosophy – often with the hope to raise public awareness and perhaps bring some kind of social change.

The school's Camphill community, for example, was running a small café and a gift shop. Being the only part of the school's community which was open to the public, the café/shop was one of the ways that the school was trying to establish links with the local community. The shop – which included a large bookshop section dedicated mainly to anthroposophy, the Camphill movement and Waldorf education – aimed to inform the public about the anthroposophical underpinning of the school's work (Sherry, 1983). Despite its importance in generating a sense of community within the school, music did not play an active role in reaching out to the local community around the school.

In the hospice's case, community-oriented work aimed partly to change public attitudes and stereotypes towards illness, death and dying. Such work had been at the core of the organisation's vision right from its establishment and it continued to be an organisational priority. The hospice's open-door policy stood out in my fieldwork as a unique feature of the hospice's commitment to reach out and invite the local community. As a result, anyone could walk into the building and use the space of its Day Centre; and indeed, I often saw locals having their lunch or afternoon tea at the hospice while enjoying the live background music that Heather, James or another arts team member was offering.

The hospice's community work had given birth to a series of community engagement initiatives with the aim to dispel myths and break taboos regarding hospices, death and dying. Recognising the power of the arts to reach and bring people together in a non-invasive and creative manner, Heather and the arts team more generally were playing a leading role in these initiatives. These often took the form of social and health promotion projects ranging from intergenerational projects to a number of community arts-based groups.

Drawing from her experience of leading the hospice's arts team, Melissa (I6H2) felt that the arts could be both subtle and "out there" and that they brought energy, life and community to the hospice. She suggested that the arts, and particularly music, were able to embody the hospice's vision and make it noticeable. According to Melissa, music and the arts were the "soul" of the hospice – a view that seemed to be shared among other people at the hospice too.

Chloe – the mother of a patient – talked to me about the importance of music at the hospice not only for her terminally ill son, but also for her as a family carer. While having coffee with her, Chloe reflected on her experience of the community choir and of the live music events. She said characteristically that the hospice would be "nothing" without music (Fieldnotes, 16th June). I was intrigued to find out more about what she meant with this rather strong statement. Chloe explained that music brings a sense of

community to the hospice and without this community the hospice would not exist. Similarly, Rita (I21H5) suggested that the community choir brings a sense of “being with” each other and a sense of togetherness – both of which were understood as part of music therapy’s spiritual care undercover (see Subsection 4.7.3).

Heather’s contribution was key to the organisation’s community work. Over the years, the community choir and the live music events brought large numbers of people to the hospice (such as patients, families, staff, volunteers and residents from the local area) and became highly influential community-oriented initiatives. During my research, I understood that the perceived success of these initiatives depended on a number of factors. In addition to the organisational support and the locality of the hospice within a culturally-active urban area, the success of these initiatives relied heavily on Heather’s ‘total people, total music’ stance.

Drawing on her music therapy skills as well as her background as a performing musician, Heather (FG1) described her work as bringing the community into the hospice in straightforward music-making ways. The community choir, as an example of an intentional community, generated a space within which a huge mix of people was coming together to sing and, on many occasions, to share, more or less openly, their narratives of living and dying. Heather’s holistic stance and skilful practice were expressed through her way of working. Rita (I21H5), who in addition to being a nurse was a long-term choir member, said that Heather could bring out talent and confidence to people. Through the choir’s musical work, a sense of respect for each other and their musical contributions, irrespective of their diverse musical skills, was cultivated. Rita experienced the community choir as a microcosm within which people have opportunities to learn and re-learn new skills as well as change their attitudes towards living and dying.

At the same time, the community choir seemed to introduce another kind of (re)learning and change. By bringing together patients, their families and friends, as well as staff, volunteers and people from the local community across the lifespan, the choir generated a somehow unusual space where people could shift their roles and re-imagine their identities (Heather, I10H3). In this shared space of music making, people could become fellow musicians beyond their health/illness and professional identities. The choir seemed to generate a space of musical knowing (see also Subsection 7.3.2) and musical caring where learning and care were mutual. From this point of view, the community choir helped to relocate death and dying as a natural part of community life. It therefore contributed to the hospice’s changing image as a more everyday and less medicalised and isolated environment.

* * *

This area of findings focused on spirituality’s performance in relation to ‘total people, total music’ practices and stances as these took different forms in each organisational context and in each music therapist’s ways of practising. Connection and belonging, and community were discussed here as two key

components of music therapists' work. The next area of findings focuses on improvisation as the bedrock of music therapists' work in relation to spirituality's performance. In line with their holistic stance, music therapists' improvisatory practices and stances included their alertness to the potential within each person and situation, as well as their openness to "the unknown". The latter included their receptiveness to unplanned and unexpected dimensions of music therapy work including otherworldly experiences.

7.5 Improvisation, potential and 'the unknown'

In this last area of findings, I focus on the performance of spirituality in relation to the music therapists' improvisatory practices and stances. During my fieldwork, I understood that their improvisatory work was underpinned by their belief in the potential in people and situations beyond their immediate appearance or their perceived limitations. This potential was not pre-defined by the music therapists. Adopting a client-led and open-ended approach, the potential of each person and situation was seen as constantly unfolding in the therapeutic process where an everyday sense of joy and transcendence was possible. The music therapists' improvisatory stance, therefore, was substantiated by a balanced sense of questioning and trust. This included trust in the person that they know what they need in their therapeutic process and trust in "the unknown". Importantly, this included the music therapists' trust in music as being able to bring a positive change or a sense of metamorphosis (transformation) in the person by bringing out their potential. I discuss these findings below in three subareas: form, morphopoiesis, metamorphosis (Subsection 7.5.1); joy and everyday transcendence (Subsection 7.5.2); questioning and trust (Subsection 7.5.3).

7.5.1 Form, morphopoiesis, metamorphosis

Vignette 6:

Form and formlessness

On my first visit to the school, 30th June, Scott invites me to observe his individual session with Ryan. Some minutes before the session, Scott tells me a bit about Ryan and his experience of domestic violence. After a visit to his parents last weekend, Ryan returned to the school upset showing explosive behaviours and aggression towards others. Class staff are uncertain about Ryan's readiness to transition from the classroom to the music therapy room. Scott's gentle and playful manner – together with Ryan's teddy-bear that helps him to cope with changes – supports him to gradually make this transition.

As soon as we walk into the music therapy room, Ryan starts moving around. I sit quietly on a chair and observe. Ryan seems to quickly be at ease with my presence in the space. He starts playing different instruments. His playing is erratic and loud with no sense of pulse or continuity. Initially, Scott remains silent and listens carefully. He then starts improvising on the piano, matching Ryan's playing. Although Scott introduces some clear harmonic patterns, his

improvisation reflects, supports and follows Ryan's playing which keeps changing and shifting. This leads to some kind of "amorphous music", as Scott put it in our discussion after the session.

Instead of imposing a musical structure or maintaining some kind of pulse and regularity in the music, Scott reflects Ryan's playing. He reflects the constant emergence and fading out of musical forms. For Scott, this amorphous music is about creating an open and flexible musical environment which fosters some kind of musical companionship and questioning. He believes that in this environment Ryan can work freely with different forms of expression in music, in words, in movement and in role-playing. Indeed, I observe that Scott's amorphous musical accompaniment welcomes and supports Ryan not only in making music but also in introducing imaginative stories and characters.

Four months later and after observing several of Ryan's sessions, I revisit my notes and indeed notice that these imaginative stories have been a constant feature in his music therapy. Commonly, Ryan's stories and role-playing include themes of emergency, explosions, risk and destruction, of fixing things that are damaged, and of people and spiders that are "stuck" or "locked" in the instruments. Scott re-affirms my observations and comments further:

There has been with Ryan a theme of music that is broken where although he has a feel for musical structure [...] and can produce simple metrical rhythmic patterns on drums, for example, he struggles to sustain and develop ideas. His music on the piano, especially, is fragmented and incohesive as he shifts from one thing to another. Related to this he finds it difficult to sustain and pitch his voice when he sings. He's used the sessions to explore this through imagining the room and piano are broken etc. etc. In his life this material reflects his having learning difficulties but also having experienced neglect, witnessed domestic violence etc.

This sense of something (him) being damaged and in need of healing and repair, resonant musically has gone on and on. My role was to sit with it and participate in it with him, giving space for him to elaborate and develop his experience. I believed in this approach, not trying to fix things for him [...] (Scott, Forum#15.3)

Reflecting perhaps his amorphous improvisational stance, Scott retains an open-ended attitude. He becomes part of these imaginative stories; he prompts and supports Ryan both musically and verbally in developing further his stories and their meaning. Most importantly, Scott does not try to offer premature resolutions to emerging problems in Ryan's stories. He rather stays together with Ryan in exploring unresolved situations.

After pressing the 'red button' on the piano, according to Ryan's story, people – including Scott, Ryan, other school staff and me – have been ejected and are stuck up on a high tree. Scott is aware that the session time is nearly over and asks Ryan whether people can come down from the tree now. Ryan says that this is not possible. Scott acknowledges and stays with this unresolved situation as the session comes to an end. (Fieldnotes, 30th June)

Soon after Ryan's session on my first school visit and while I am writing up my notes in the quiet waiting area, Philip introduces himself to me; he is one of the anthroposophical musicians. He almost whispers with his slow and deep voice, and explains that he and Angela are about to start a series of colour-light therapy sessions. He invites me into the room and I seize the opportunity.

As I walk into the room I see a large white fabric screen with low light coming through some coloured windows from behind (Figure 8). The room is almost pitch black and I take care not to stumble as I try to orient myself and find a seat at the back.

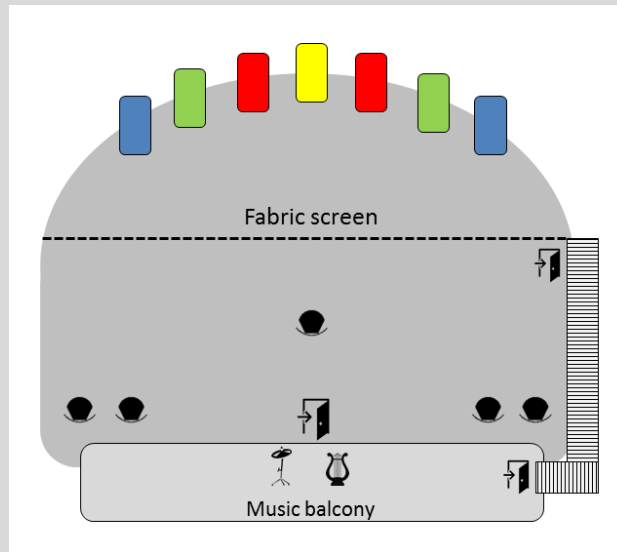


Figure 8: The colour-light therapy room

Maureen, a child with autism and learning difficulties, walks into the room. As she takes her seat facing the screen, Philip walks slowly upstairs to a small balcony and the session begins. Philip plays the anthroposophic harp and Angela, who is behind the screen, moves to the music. The shadow of her white, loose long-sleeved outfit projects some angel-like figures on the screen – which remind me of those in the paintings hanging in the waiting area. Philip and Angela, together with a volunteer who changes the colour of the light by adapting the window blinds, work ‘behind the scenes’ (literally) to create this performance which gives me an otherworldly sense. As the music pauses, Philip’s slow and emphatic narration contributes to this sense:

*The path through the woods
 Has two ways to go
 One climbs up high
 The other down low
 Through fields to a lake where I like to swim
 Or laze on its banks... or be quiet within
 But sometimes I must
 Climb the path going up
 Though the going is hard
 I must reach the top
 To build a house
 Wherein I can live
 Both paths I must travel
 Both paths lead me on
 My travels, my journey
 To where I belong*

As the session goes on, I feel somehow mesmerised and absorbed in the experience. It feels like an experience of a reality beyond of this world, almost transporting me somewhere else. At the same time, I am left wondering what all this may feel to Maureen.

What does she make of it? To what extent can she influence what happens in the session?
Is she heard and how? (Fieldnotes, 30th June)

By the fourth consecutive session I observe, I become increasingly aware of the ritualistic character of these sessions as well as of their prearranged and perhaps rigid form which is tailored to some extent in advance by Philip and Angela for each student. Informed by anthroposophical theories regarding sound, music, speech and movement, the musical forms in Philip's playing and their connection to Angela's movements are more or less predefined. I feel that each session is a bespoke and well-crafted performance that children 'receive', while they are encouraged to remain silent and still. This became explicit in the next session.

Georgina, a young girl with autism and challenging behaviour, walks into the room. She stamps her feet as she walks in and says "*I'm tired*". No one responds to her comment as they stay still and silent in the dark room. Georgina then asks her assistant who is next to her "*Are you here tomorrow?*" The assistant points her finger and says "*shhh...*" Then the session starts as normal. (Fieldnotes, 30th June)

At the end of my first school visit, I discussed my experiences and observations (illustrated in Vignette 6) with Scott while driving back from the school. Comparing colour-light therapy with music therapy, Scott felt that the former is directive with an emphasis on predefined forms and concepts of beauty in movement whereas music therapy focuses on the co-construction and co-emergence of musical worlds. In fact, Scott (I4S1) described his skillset as lying in working with formlessness and emergent forms: "form comes from formlessness". This difference between the two practices implied also a potential difference in how different practitioners understood, approached and worked with the concept of 'incarnation' which was underlying much of the school's work.

According to Scott, the emphasis of colour-light therapy is on experiencing an almost otherworldly, dream-like reality of colours, forms and sounds that could help the individual to come in touch with archetypal images of a spiritual reality. In music therapy the focus is on enabling the person to have an "embodied" experience in the "here and now" with no pre-given ideas of whether and how this may relate to a spiritual world beyond the immediate situation. For Scott, his music therapy work pointed to a different view of incarnation which resonated with the Jungian concept of individuation.

Scott: [...] you know, like Angela in colour-light, she is showing a narrative. A child is seeing a narrative of having to do with incarnation [...] The one [colour-light session] that I saw was like the spirit being [...] becomes incarnated and says "*I am here*" at the end. And it is clearly like something coming into being and it is a kind of dream-like or mythical story of incarnation... whereas in music therapy at every level with the music – in the way that I work – and in the stories... the stories are going to come from the students and me together... so that seems to me as something is different there [...] there is a lot about form, I feel in the anthroposophical [context]... and beauty and form... but beauty is important... and the form... forms of harmony and beauty that surround the children. [...] whereas in music therapy – particularly in the way I work very often – it would be more formless and undifferentiated and allowing

something more chaotic probably that form might come out of... that's what I imagine would be a difference

Giorgos: So is this a difference of predefined form and emerging form?

Scott: Yes, that's right! So in that sense you might also say that I was trying to work on a reconstructive level with Ryan – the deepest level, as opposed to a re-educative level or supportive level. So, you know, I am [not] trying to help him cope better today... or I am not trying to distract him to think of some nice image to make him feel better. I am not trying to help him cope with something. We are actually going to the core of what is troubling him and allow that to manifest and take form which it did. (I4S1, p. 7)

My observation of Scott's work as well as his reflections on providing some kind of amorphous musical environment were unexpectedly put into a context in an MDT meeting that I attended on my last school visit.

As part of the integration or 'marriage' of the different therapies in the school, each therapist shows to the others their working space and talks about their practice. Elizabeth, the speech and language therapist, speaks about 'functionality', while Angela explains that in colour-light therapy they work with 'the higher self' and explains the impact of different colours. As Scott opens the door of the music therapy room, he starts explaining the aim of his work: to enable the child to 'dream himself into being'. He describes the music therapy space as a room for "*dreaming and playing... anything could happen... we allow what could happen*". (Fieldnotes, 17th November).

Scott's description, which surprised me, made me think how he was perhaps trying to create a bridge between the different therapies by translating his work into more anthroposophical-like terms (see also Subsection 7.2.1). Additionally, his description highlighted his child-led focus on the potential, on what *could* happen. This focus on the potential resonated with his amorphous music and his readiness to give space for Ryan's imaginary stories to be expressed.

Four months after my first school visit, Scott wrote an extensive forum message. He reflected on his sense of spirituality in music therapy in relation to his amorphous music which can allow space for "something other to happen". The following excerpt from his message shows how Ryan's developing capacity to work with musical forms in sessions related to a sense of personal transformation.

[...] recently the material about damage has changed and been less evident. Most noticeably there have been significant and surprising musical developments. Firstly he [Ryan] is beginning to be able to sustain his voice and pitch it, in the session last week, for example singing melodic phrases of his own creation around the piano harmonies I provided and in dialogue with my voice holding his own rather than as if collapsing into what I was singing or the piano harmonies (as happened previously). In the session this week [...] he discovered harmony on the piano, playing with an emergent musical cohesiveness he never found before (which I was amazed and surprised by – where did this suddenly come from!). This included his being able to sing in tune with his own piano accompaniment at one point (my singing along too). This development, I believe, reflects a sense of healing within and of a kind of birth taking place.

I don't experience his material or the music as having a direct spiritual resonance [...]. Rather it is the emergence of this more grounded, cohesive and harmonious music-making from 'god' knows where, in which I had no idea it would emerge in this way, this gives me a sense of something of the spiritual dimension at work. That in Steiner's terms seems to be the boy's 'spiritual beinghood' becoming incarnate in new ways that cannot be controlled or predicted. Thus I have a sense of his music-making developing not through his trying to identify with something external to him that he can't quite manage because the 'damage' has not been dealt with (like [he is] trying to sing a familiar song, for example, and not really being able to bring it off). Rather he seems to be discovering his own voice and music out of the 'debris' from within (perhaps as if from under the debris and damage). I think it is to do with his developing a sense of being embodied (grounded) which he has struggled with before. The imaginative work in the spring and summer around the broken room/piano seems to have paved the way for this?

I seem to have had a role in the process involving my not saying or playing too much of my own but rather resonating who he is and participating in his experience with him as fully as I could manage. Giving space for that both led to the imaginative and musical material resonant of 'damage' going on and on without knowing whether it would ever shift but then more recently to the witnessing of a profound shift happening that I really can't fully explain. It wasn't my doing although I may have helped facilitate it. This kind of giving space to something other to happen and become present I think of as a spiritual aspect in the way I try and work. (Scott, Forum#15.3)

As it emerged from Scott's description, the sense of "giving space to something other" was part of his open and questioning stance towards the potential of each person and situation. This sense characterised the work and stance of all three music therapists. This openness not only enabled them to listen carefully and remain alert to emerging possibilities, but also to accept unknown dimensions of their work with people. Music therapists often described this openness to "the unknown" as part of their experience of spirituality in their work or as part of their spiritual stance.

Within the care home environment, Cynthia (FG2) explained that her stance enabled her to seek and recognise the positive and the potential in the situations she was encountering. She suggested that this stance was cultivated in music therapy training: "I've realised that my training means that I view people differently. [...] it seems like we [music therapists] almost have these different lenses in which we view people". These different lenses enabled or gave space for different kinds of connections with people which had a spiritual quality. For Cynthia, this was connected to her Nordoff-Robbins training and its explicit reference to the person's growing potential in music as therapy. On the other hand, Scott felt that these topics were not touched in his initial music therapy training which was more psychodynamically-oriented.

Apart from their formal music therapy training, all three music therapists discussed their stance in relation to their working experience and informal training within different settings. Scott, for example, reflected on the in-service training sessions at the school. Introducing some kind of new or additional perspectives to his work, these sessions had a two-fold impact: they helped him to see different kinds of potential or different aspects of that potential, as well as to name or frame that potential differently (see Subsection 7.2).

Cynthia explained that within the care home context, where a person could be seen as old and frail, decisions and choices were sometimes made about residents without their active participation. In her discussion with the other two music therapists, Cynthia suggested that her music therapy lenses brought a new dimension in this context and could change the culture of the care home.

Heather: and it's like we've [music therapists] got that magic gold coin, haven't we? Because you can always... you can always discover, pretty much always discover something extraordinary once you put music therapy into the mix...

Scott: Hm

Heather: Can't you? It's so illuminating, it's so...

Cynthia: It's almost like... we take the lens a bit further [...] and I guess I see my work as [...] trying to facilitate those moments when people can see something different that they wouldn't normally see [...] by allowing them to see things in a different light it affects their own experience working in the home and it affects the culture of the home and it affects... it affects everything... just by... like you say, just adding music into the mix... you know, people would come and stand and watch music therapy in action in the home... it's something that I had to get used of... working in an open way (FG2, pp. 26-27)

As illustrated in Vignette 7, Cynthia's allowing stance came to light in an open music therapy group that I observed. This group took place during my third care home visit.

Vignette 7:

Supporting different forms of expression

Gradually people start arriving in the music therapy room as they finish their breakfast next door. Cynthia welcomes them with a warm smile as she and other staff help them to move around and settle in a semicircle. As people come, I become aware of the group's diversity. Maggie broke her hip some weeks ago, while Betty is very energetic and moves around. Tricia looks disoriented, Miriam is fast asleep on her wheelchair while Esther appears to be irritated and I struggle to understand what she mumbles. Group members seem to get irritated by Esther's mood and mumbling. Before the situation becomes unmanaged, Cynthia sits on the piano and starts playing Straus's *Blue Danube*. As soon as she plays the well-known opening phrase the energy in the room shifts. Many responds vocally to the rising triad motif while Betty starts dancing and conducting the music by moving her hands in the air. Immediately there is a sense of direction and connection within the group. The familiar structure of this piece provides people with a framework within which each one can improvise and express themselves in their own unique way while retaining a sense of togetherness (Fieldnotes, 18th August).

As the session progresses the group goes on a 'musical tour' from folk, to classical and rock 'n' roll. Music leaks in the corridors and staff members gather outside the room and look with excitement. The energy of the music also attracts an elderly man with dementia. While keeping the boogie-woogie improvisation going, Cynthia welcomes him as he

walks into the room together with his son. He sits next to Maggie and starts tapping his knees. Soon Maggie offers him her tambourine. There seems to be a sense of surprise and proudness in his son's face as he witnesses this music-making situation.

At the end of the session, everyone applauds. Miriam is awake and Maggie, who used to be a keen dancer in her youth, talks about the "good old days".

Betty: We can make a good noise!
Cynthia: We've attracted an audience...
Maggie: It takes you back to the days of your youth
Esther: That was good, thank you!

Reflecting on the session, Cynthia tells me that music is like "glue". It connects people, things and situations; it allows "any form of expression" while offering a cohesive framework. In her attempt to explain her improvisatory stance as well as her sensitivity and openness to different forms of expression, Cynthia draws some parallels between her church and music therapy practice.

Cynthia: [in my church] we would like to think that any form of expression is valid. So some people might bow, some people may cry, some people may shout, some people... and it ranges, but you do see people... as people are growing in their knowledge of who God is and who they are, you see them expressing that more openly. Obviously personality plays a part in it. [...] So some people are just more expressive than others. Sometimes it comes from their... not just their religious culture but their country that they came from [...] We'd like to think of it as a free approach, and I guess the underpinning of that I would apply it in a group setting. For instance, you know, in today's group Betty, you know, was running up and down...

Giorgos: Yes... in and out of the room...

Cynthia: and there is no way I would stop that, you know, unless it was unsafe or... but from a kind of expression point of view, I like to think that I allow a freedom of expression in the group or I encourage it – well, actually that's one of my aims: it is actually that people are expressing freely in whatever form that this might be and that they feel safe to do so. And it would be the same in worship as one of my roles is to create a safe culture where people feel the freedom to express in a very safe way. And part of that is musically; sometimes that involves, for instance, choosing songs that they know really well, that they don't have to focus on the words and they can just sing from their heart and I may try to do at least a few of these songs in a set so that they feel really grounded and safe and sometimes it has to do with how much I sing versus how much I leave space.

Giorgos: Yeah

Cynthia: All of those things are in my thinking which would be similar in a [music therapy] group. [...] Sometimes I would be like *"I'm going to sing lots here because I get a sense that people need to be led"* [...] and then when I think they are able enough and when I think they have the confidence, I will pull back and let them sing solo. And the same thinking happens in the church as well. (I14C3, pp. 7-8)

Working with forms was at the core of the music therapists' improvisatory practices and stances. This included their musical craft in terms of working with emergent forms or amorphous music (as Scott put it) as well as their openness to different forms of musical expression. The careful and intentional work of music therapists with forms, their temporality as well as their possibilities for inviting, shaping and sustaining interaction were vital for creating optimal and welcoming health musicking environments. In this context, people's musical participation was seen as a way of expressing and experiencing themselves as performing human beings. This included the performance of their identity and health, but also of their spirituality. In many cases, such as Scott's work with Ryan (Vignette 6) and Cynthia's group session (Vignette 7), these kinds of performances led to people's personal change or transformation.

In my analytic frame, and while influenced by the Greek word for 'form' (*morphe*), spirituality in music therapy emerged in the constant interplay between morphopoiesis and metamorphosis.⁴⁹ The intentional musical morphopoiesis in music therapy and its link to personal metamorphosis were articulated in a promotional DVD I collected at the care home. This DVD described Felicia, a woman with dementia, and the transformative role of music therapy in her life:

Felicia's conversation is patchy and her attention is discontinuous. Improvisation, musically, can draw these parts of herself together so that her expressiveness and her connection with people is continuous and meaningful [...] her experience of her disease and her disability was that it made her feel she was just junk; just gave her that feeling that she wasn't useful any more. But in music the experience is that people are transformed into something that is use-full and beauty-full and purpose-full [...] (DVD, care home)

During my fieldwork, my understanding of the relationship between morphopoiesis and metamorphosis uncovered some kind of outer and inner change accordingly. This related to the music therapists' understanding of the link between musical change and personal change. Given its outward manifestation, musical change was observed in people's ability to participate, express and relate through and in music. On the other hand, inner personal change was observed in people's sense of beauty, purpose and meaning. This inner change was not limited to the individual but included the person's social and cultural aspects of living (see also Subsection 7.4).

Music is something that everybody can do no matter what. And it's particularly because what music does inside you is draw together all the parts of you which are active and vibrant and still functioning and still flowing; and it makes the best out of these things. And what it does inside you as a person, it does inside groups and in communities too. (DVD, care home)

⁴⁹ 'Morphopoiesis' (from the Greek *morphe* = form, shape, and *poiesis* = to make) means the making of form, whilst 'metamorphosis' means transformation.

According to Cynthia (I17C5), music drew out the “inner character” of a person. To explain this “magical thing”, as she put it, Cynthia gave the example of a man with dementia. Stepping into the open group space he seemed to struggle to connect with others. He said to Cynthia “you won’t get any skill out of me”. The minute there was music, however, he started to sing. Suddenly, according to Cynthia, he found something that drew out his inner character and his ability to connect to the people around him.

Despite its limitations, the artificial outer-inner dichotomy pointed to music therapy practice as re-establishing or perhaps restoring a balance between people’s outer and inner worlds. In my fieldwork, this ‘re-storing’ appeared to be connected to a sense of ‘re-storying’ too; a sense of constructing, re-constructing and reimagining people’s identities and their health/illness narratives through therapeutic musicking. Ryan’s imaginary stories in music were an example of this (see Vignette 6).

The poetic and transformative possibilities of music therapy became a springboard for observing a number of inner-outer dynamics and realities in my fieldwork across the three different organisations. They offered a framework for observing spirituality’s manifestation in everyday music therapy practices where the personal and the musical, the spiritual and the material, the otherworldly and the everyday, as well as the individual and the communal intersected. Indeed, the intersection and overlap of these dynamics and realities gave access to the ‘ineffable’ through its manifestation in particular situations.

7.5.2 Joy and everyday transcendence

The transformative potential of music therapy work was often discussed in relation to people’s experiences of joy and transcendence. Such experiences were described by the music therapists as exhilarating but also as still and deep. Joy, in particular, was discussed right at the start of the music therapists’ forum exchange and reoccurred throughout the study as a vital theme of spirituality’s performance in everyday music therapy contexts.

Cynthia (Forum#4) experienced joy as an “internal spiritual state”. Both she and Scott (Forum#4.1) argued that the notion of joy, compared to happiness, referred to something more complex within their context of work. It was something deeper and higher which did not depend on circumstances. Cynthia’s understanding of joy and of its connection to her practice drew from her Christian background and the use of the word “rejoice” within this religious framework. Scott’s understanding, on the other hand, drew from psychoanalytic theorists such as Lacan and Eigen.

I like Lacan’s word ‘jouissance’ (he’s a French psychoanalyst). This could be thought of as ‘the boundless joy of god’ in which we all long to partake, mediated at a superficial level by everyday pleasure. Lacan brings out the way it can be too much for us. We can’t, so to speak, become the jouissance of god even though we may long to deep down. Eigen (another psychoanalyst) says we need to taste its ‘juiciness’ in manageable ways and this enriches us. He thinks life wouldn’t really be worth living otherwise and I agree. I think that music and shared music experiences provide us with manageable doses of the jouissance underlying pleasure, enjoyment and fun in which we touch the divine within. (Scott, Forum#4.1)

Partly due to its multiple potential translations, *jouissance* – a term I was not familiar with – could hold various latent meanings. Scott (Forum#4.1) felt that this multiplicity made it highly relevant to his work and his improvisatory stance. For him, *jouissance* was about the “spirituality of joy” or the “deep levels” where agonies and ecstasies can be contained and co-experienced.

During my fieldwork I documented people’s multiple ways of talking about such experiences of joy in music depending not only on their professional and spiritual background, but also on the respective organisational language and discourse (see Subsection 7.2). Mary, for example, talked about music’s capacity to uplift and give a sense of enjoyment.

[...] you certainly see children who get a whole sense of uplifting, you know, from music. So, one particular young man here, the moment that music starts you can see his whole face change and he starts to come alive and that is to do with who he is and how he responds to music – there are certain musics he likes. He is very, very limited in his ability to communicate but [...] [music] is the one that makes him come alive. So that’s the way he can communicate his enjoyment and fun and who he is. (Mary, I24S5, p. 3)

This sense of people becoming alive in music and changing their “whole being” was also evident in Cynthia’s work at the care home. According to Cynthia, music draws out people’s abilities and potential, and allows the “real person” to be expressed unhindered by their illness.

There is one lady in particular who [...] every time I play [her favourite song] is back like she is a teenager again. It’s a Ray Charles song called *Kiss Me Baby*... whenever I put it on, she would go “*Oh, now! That takes me back*” ... or “*Oh, now! That’s proper jazz!*” And you can see, her whole being changes. It’s like she is a kid again. Do you know? So it’s finding those little songs or sometimes it’s the recordings [...] that’s going beyond ‘just’ music functionally causing her to tap her foot. Do you know? There is a deeper connection between her and that song. I don’t really need to know about it... other than that I know that it has some sort of connection for her and it draws something out in her. Then that also facilitates... because she is connected to that music that then facilitates her connection to other people because she can then chat... she goes “*Oh, that takes me back...*” and then we’ve got something to talk or sing about [...] it has this ability to bring that part of her [...] it just seems to draw an ability... the potential, I guess... we are working with the potential... (Cynthia, I7C1, p. 5)

Whether the music therapists referred to students with special educational needs, to elderly people with dementia or to terminally ill people, all of them seemed to point to some kind of deep experiences in music which could transform consciousness. These experiences of transformation or transcendence were not necessarily ‘big’ experiences, but ordinary and mundane ones.

Despite describing joy as an “internal state”, all music therapists commented on shared experiences of joy. Such experiences were typically described as a sense of being carried into the music, and a sense of something that it is beyond the physical but also beyond ourselves (FG2). This was evident in people’s collective experiences of joy and transcendence in shared musical situations. A few days after a string

quartet concert at the hospice that I observed, for example, Heather reflected on the everyday transcendental potential of these musical gatherings.

These evenings are an extraordinary coming together of so many people – a musical congregation. In the act of listening together, tuning into something this group of individuals transcend themselves heading somewhere beyond words. The mundane and mystical held side by side – the receptionist answering the phone across the corridor, the steward clanking around with his bunch of keys and the patient wheeled down in his bed to hear the music together with locals from the community who had never heard a string quartet live until that moment. Is it divine or spiritual wellbeing, or just a sense of happiness in the moment? [...] Certainly something very positive is happening emotionally through the music and it stays with people well after the evening is over. Listening is an active state involving body and spirit perhaps at the heart of one's spirituality. I think that because of the hospice setting these musical evenings connect people with their emotional lives in a profound way – touched in a way like nothing else can. In the room there might be pain, anger, sorrow, grief, joy, hope – it's sometimes completely overwhelming. (Heather, Forum#10)

The making of this transcendental, yet mundane experience appeared to lie in the act of listening together as well as with the emotional responses that the hospice setting provoked in each person. Together with a reminder of people's mortality, the hospice environment seemed to (re)awake some people's quest for meaning, connection and change. Heather explained that music in this environment was a container for these responses and reactions that could be frightening for some. Music could take people to another place where the experiencing of music overcame the limits of language and of rational explanation. From this viewpoint, music was perceived by Scott as "meaningless"; it was the experiencing of music that mattered. Music re-focused people in the constantly evolving nature of the "here and now". In the "flow of music", as Scott put it, people could experience the active co-presence, dance of everything together. He felt that in music some kind of wholeness unfolded in time and people could experience a sense of universal order.

The movement and the flow of music is the active co-present dance of all the music in a moment together. [...] It feels like that to me when you get deep into the experience; that's what it is, but yet we only experience it the way it unfolds one note at a time. [...] We hear a wholeness unfolding in time and that's what music is. But the wholeness is really something in some other level, but it is not in space and time. It can only be incarnated in space and time and it appears to be the past going into the present and into the future... [...] and that's what music seems to do... or music gives an experience of time. [...] And it's the feeling of flow and movement. It's the feeling of undivided flowing wholeness. And it seems to be that's what music is: undivided flowing wholeness – that's what it is... (Scott, I25S5, pp. 6-7)

Similarly, all three music therapists often talked about music as a "place" or "space". They described music almost like a physical space; a space where people could go and experience themselves and their environment differently or with some kind of renewed energy. While being experienced as a place, music was also experienced as something that could transport people. As Jeff (I8C2) put it while reflecting on

people's transformative experiences in music, "music can take you to places". For Tricia, who had memory loss and was often agitated and disoriented (see Vignette 7), music offered a world within which she could orient herself and experience herself in relationship (Cynthia, I14C3).

Music seemed to be experienced similarly within the hospice context. Heather described music as "a room we can walk into" and as opening up an "extraordinary space".

Heather: [Music] gives the patients – I think when you bring the kids in [for intergenerational hospice projects], it gives the patients an opportunity to [...] revisit their teenager life. You know, the girls [female patients] all in the front row giggling and singing the songs and like, you know, they are going to their first dance or something... you know, they revisit a bit of themselves. You know, [a patient] in the corner [...] was very happy and smiley and... you know, for someone like Chloe, you know, it offers her... you know, just lifts her into a different place for a little bit.

Giorgos: It's like they are accessing a part of themselves that it's perhaps hidden or lost or...

Heather: Yeah, forgotten about

Giorgos: forgotten

Heather: Yeah... and what music can do, and what actually bringing kids in can do, is just get people there in seconds... (I3H1, p. 3)

People's descriptions as well as my own observations of music-making situations in all three sites helped me to reflect on music as a portable space. In my understanding, this space – like spirituality – could not be located. It could only be performed within particular settings and localities.

Vignette 8:

We're going up, we're going up together

*We are going up, we're going up together
We're going up to conquer
In the name of the Lord.*

*Don't talk
Don't talk defeat to me
I am a child of God and I've got the victory*

After a long, spacious and reflective improvisation the group breaks spontaneously into this reggae gospel song⁵⁰. As they repeat the refrain above, I can feel the energy in the room increasing. Heather plays a lively groove on the piano, Evelyn dances in her chair as

⁵⁰ Song title 'I Am a Warrior' by gospel singer and minister Marvia Providence.

she taps on a drum, while others sing passionately with their eyes closed. There is a sense of togetherness and celebration; a sense of transcendence. I feel immersed in the experience and almost transported to a different place (Fieldnotes, 7th October).

After the end of the session, Heather and I chat about the group while setting up the room for the next session. She describes the group experience as “transcending” where people experience intense feelings of joy and “real love”. She sees this as particularly important given the many losses of past members that this group has witnessed over the last weeks in addition to people’s own experiences of dying.

I do get a sense of transcending during these sessions... intense sadness, intense joy... you know, real joy and love, real love actually, real sense of love [...] [The group members] are so accepting and they are just able to let go, try things... they aren’t “*Oh I can’t do it*” or “*No, no, that’s wrong*”... you know? (Heather, I20H4, p. 3)

Heather and I reflect on the lyrics of the song. Perhaps the sense of shared loss, as well as of togetherness, is captured in the musical experience and in their singing “*We are going up together*”. Most group members share similar religious beliefs. Their shared faith gives them confidence and hope. While expressing her view that their beliefs might be seen as unrealistic or as a defence, Heather thinks that their beliefs equip them with some coping resources; they provide them with a framework to organise and make sense of their illness. Music though bypasses the specificities of their beliefs and allows them to “enter a different place” where people, like Evelyn, who are not religious can still join in.

[In music] I feel you enter a place where... it’s almost a play... it’s kind of... and that’s perhaps why Evelyn could join in; because even if she doesn’t necessarily share the belief, it’s almost... but she can be part of the act [...] it’s the energy... [...] and you can be together in music, isn’t it? You actually live this togetherness [...] and adrenaline and, you know, this very positive emotion of sort of... looking across at Evelyn doing her stuff and loving her for it, you know... and her pride in what she is doing... it’s like a gathering of lots of positive affirmation of what it is to be, yeah, a real person... you know, a real living person. (Heather, I20H4, p. 4)

Revisiting this experience at the closing focus group discussion, Heather explained that these songs come out of improvisation. For her, “there is something about the connection and the energy and the sort of support and love of the group that suddenly they sort of flip into singing these songs”. So the song serves as a framework holding these kinds of experiences. On reflection, Heather feels that these kinds of experiences are “coming out of something otherworldly [...] *beyond any of us*”. She thinks that the value of these song moments lies in their capacity to define and mark these experiences by pulling them “more into the world that we understand as opposed to this sort of ecstatic sort of euphoric improvisation [...] that happens in this group which is very powerful” (Heather, FG2).

As hinted above, people’s spiritual experiences in music resided in the mundane and in the materiality of everyday life. This observation highlighted the symbiosis of the ordinary and the extraordinary which emerged as a broader pattern in people’s narratives and in my own field observations. Cross-referring to a Zen saying that spiritual enlightenment is carrying wood and fetching water, Scott pondered on the ordinariness of music therapy practice.

In this sense isn’t anything any music therapist does a kind of spiritual practice – is it just the ordinary things we are trained to do in the everyday rather than some kind of heightened, special practice or experience. On the other hand is having a spiritual

perspective related to specific kinds of ways of understanding or framing these everyday practices and the experiences that occur. Or is it about working in a different way or at a different level or having a sense of this happening sometimes. Perhaps it's all these things?" (Scott, Forum#15.3)

Within this context of everyday transcendence, and triggered by the study's research question, the three music therapists suggested that while spirituality was performed by the actors and the materialities that made each musicking situation, there was also the sense of spirituality performing them. As I explain below, this paradox led to several discussions around the question "*Do we perform spirituality or does it perform us?*"

7.5.2.1 Do we perform spirituality or does it perform us?

My question is do we perform spirituality or does it perform us [?] I think the second form of expression balances the first and brings out something important. It goes back to this thing about letting the music move us physically and emotionally and take us places. [...] For me it is a sense of something like this that is what spirituality is all about in my work. Being client-centred is about letting this something other out to 'play' which ultimately is transpersonal and beyond both the client and myself. In that sense we do need to be passive in our work to make room for something that we participate and share in with the client. (Scott, Forum#4.5)

This forum message, posted by Scott midway through my fieldwork, generated lots of discussion among the three music therapists and signalled a recurring theme that is people's experiences of surrendering to the music. It also implied some kind of equation between people's experiences of being performed by spirituality and being performed by music, so to speak. Both experiences were characterised by the idea of "something unknown being channelled through and sort of emerging" (Heather, FG2, p. 19).

Reflecting on her community choir experience at the hospice, Heather (Forum#4.6) argued that "music can perform us, its form gives us flow which we can 'ride' and that surrendering to it can offer us such a very different sense of ourselves". For her, people's experience of synchronicity and togetherness in music as well as their ability to share deep emotions without the need to articulate them verbally were some important elements of music's transcendental affordances.

Our community choir sang last night at the hospice. We had an exhibition of patients' work – paintings, quilt and a film and we sang too. The performance was extraordinary – we'd had a disheartening rehearsal earlier in the week but last night was astonishing. Somehow as a 'body' we rode the music – this is a wide ranging group of people with difficulties on many different levels – people on the edge of society, with mental health issues, grieving, illness, amongst us. What comes to mind in thinking about last night is a sense of wholeness, belonging together, being connected but also a sense of transcendence as well, actually – and perhaps this has something to do with our breath – which is life (our singing).

There was joy in bucketfuls. I think in the process of making music together there was sharing but also I felt people went deeply within themselves and felt elated. (Heather, Forum#4.2)

Responding to Heather's forum message and while drawing on his psychoanalytic, GIM and anthroposophical influences, Scott (Forum#4.3) offered complementary perspectives and a conceptual re-framing. For him, the experience described by Heather was "an individual and collective 'becoming jouissance' in a way that music makes almost uniquely possible" where people could have a sense of going deeply within themselves and where individual suffering and concerns can be transcended. This could help people not only to open to their pain and find healing, but also to experience beauty and transcendence. For all three music therapists, such experiences related to music's aesthetic beauty and a sense of surrendering to the music.

Although there were multifaceted aspects to the question "*Do we perform spirituality or does it perform us?*", music therapists commonly indicated the everyday nature of transcendence. During my fieldwork, the music therapists' appreciation and ability to stay with the particular and the everyday emerged as a necessary requirement for the transcendent to emerge. This included the music therapists' attention and commitment to the physicality, materiality as well as aesthetics of music. This was illustrated in the closing focus group discussion.

Scott: I had a session with the boy who comes to the school first thing in the morning [...] when he was playing... something was coming out from the bass of the piano... something it was... I did feel we were both slightly possessed with something of a tremendous power [...] that I describe as being like a god or something. And I don't know what sort it was, but it was like it was something... we were able to get hold of something or it was getting hold of us... It was so big and full of tremendous energy... the music could just about hold this power... and that had a sense, for me that experience with that boy, of... I don't know whether we were playing the music or it was sort of playing us [...] It was the energy and something of so... like a god seemed the right way of putting it... so I don't mean any particular religion or anything, but like something that it's powerful and sort of luminous and... tremendous...!

Heather: Yes, yes

Scott: something like that! [...]

Giorgos: But it is quite interesting when you say that these experiences in music... but you say you kind of... you used the word 'possessed'... or almost like something *beyond* you... like *it* performs *you*

Heather: Yeah

Scott: Hm... yeah. But it's sort of both, isn't it? Because that particular example, that experience... yeah, it was both... it was definitely both performing *it* and I was... I was and so was the young person... he was definitely trying... you know, we were using all we could to try to 'perform it', so to speak... but it is also then, at the same time, there was some kind of sense... like we were possessed with something between us [...] but it was very important that this boy who is autistic with Downs syndrome, completely non-verbal... but he looked at me and we were holding this together in a very intense... and he

doesn't normally look at me... you know? So there was something that was very intensely held together [...] but then... and also there is something, for me, there is the sense of being aware of something totally beyond us... but also having a sense of myself as well... which is very thrilling... and a very important aspect of that... and the sort of the physicality of playing, of sort of structure...

Heather: Hm, exactly!

Scott: of the musical structure or the... you know, your hands on your piano... and you're thinking "*fuck, am I gonna...*" and you know... and just being very... heightened within your body as well (FG2, pp. 20-21)

As discussed above, joy and transcendence were connected to experiences of surrender and of being performed by music. This uncovered another dimension of spirituality's performance in music therapy which leads to the third and final subarea of findings regarding spirituality's performance in relation to improvisation, potential and 'the unknown'. This subarea refers to the role of questioning and trust, as manifested through the music therapists' "wondering attention" and people's experiences of music's comfort and of its edginess. The balanced coupling of questioning and trust gave a concurrent sense of 'kinesis' and 'stasis'; a sense of movement (wonder, curiosity and search for 'the beyond') and stillness (confidence, certainty, safety and equilibrium) at the same time.

7.5.3 Questioning and trust

Vignette 9:

Wondering attention

What I experience in the music is windows into people's worlds, a meeting place for inner and outer worlds. Perhaps religion and therapy meet many of the same needs.

Working with Sandra – a young mother with cancer I can see that music therapy offers a context for processing and coping with loss and her courageous creativity leads to hope. I'm there with her, offering a 'wondering attention' and also love. She's wanting to learn tribal chants. She sings strongly, freely and in an abandoned way and wants to stamp/drive her music into the earth and feel rooted to the earth. She's looking for connection and understanding. She allows herself to be strange and sad, particular, peculiar and unique.

Her musical experience opens up a place for reflection, I sense she feels truly in the moment and I think she knows she is loved and accepted within the musical experience.

We improvise together, I at the piano and she is singing. These are the lyrics:

Come rain or shine I'll be there for you.

*Come rain or shine we'll just be fine and you do what you may like,
and when there's some wrong decay like rain or shine you'll always be mine.*

Wherever the tune goes, nobody really knows,

*We just know it's a song,
Come rain or shine, you and I will be fine
Come shine or rain, we... All the terrain
Just doing ok against the real thing,
You just wait and see come rain and storm,
Come rain or sky let me go where I want to go
Come rain or shine we'll just be fine
Where we can we can choose to use our special weird shoes
And we'll climb the stairs and it feels like we've had enough
and you can go to the places and you can't see woeful faces
Up and down, just make sure you've got your armour on
You can, you can climb up to the places in the dark
You can run straight out of the park
You're properly dressed
Make your own black dress, the cold and lots of luck growing old
And we got stopped and you've had enough because it's too darn hot*

The words tumble out very easily and the melody is sad with lots of repeated leaps down of a 6th. She keeps repeating "I'll be fine" but the feeling of the music is very claustrophobic. I wonder about the imagery, battling against something, climbing stairs in weird shoes, needing armour, a black dress, growing old, or not... and we talk about this.

We also talk about loneliness and being alone and her needing to belong somewhere and that in these musical encounters she feels accepted. (Heather, Forum#12)

Heather posted the above forum message reflecting on her work with a young woman with cancer. The themes of battle, decay and the need for armour in Sandra's lyrics somehow remind me of Ryan at the school and his imaginary stories of destruction, damage and of restoring (see Vignette 6). Perhaps both Sandra's and Ryan's stories reflect broader themes that are more or less common in people's narratives of health/illness and in their therapeutic processes.

After reading Heather's forum message, I trace back my fieldnotes. Nearly two months ago, I observed one of Sandra's sessions. My notes bring back to memory Heather's gentle containment and questioning stance as she accompanied Sandra on her musical journey from red Indian chanting to improvised singing.

Sandra is wearing a bright pink T-shirt and green glasses. Her head is shaved after having lost most of her hair due to chemo. She comes in the music therapy room together with her little white dog. As they close the door, Sandra leaves the dog free in the room.

Sandra is keen to listen to some chanting. While searching online with Heather for chants, YouTube results come up with some synth-based music with a 'New Age' feel to it. Sandra reacts humorously: "I don't want to be smooth. I want to be assertive!" As she stands up, she says "I want some music that can stamp" while pointing towards her stomach and stamping her feet firmly on the ground. At this point Sandra turns to me. I observe from the back of the room with Sandra's permission. She tells me almost apologetically "today's session is quite different, explorative... usually we do folk songs". As I reassure her that this is ok, Heather asks me to help connect the big speakers to the computer. Sandra wants to put the music louder.

Eventually they find some American Indian chants and then some Maori war songs. As far I can tell from her facial expression, Sandra seems to dislike the messages of some polemic songs but she enjoys the 'raw' energy of the drums and of the male singing voices. Her body is animated. She taps her feet and sways to the rhythm of the music.

Sitting closely to Sandra, Heather nods her head in the same rhythm. Sandra's dog also becomes more active and starts jumping on Sandra.

As the YouTube music clip comes to an end, Heather starts tapping on the computer desk and introduces a vocal call and response improvisation:

Heather: he... he... ingua...

Sandra: he... he... ingua...

As the improvisation carries on, Heather moves to the drums. Sandra follows and plays the large gong. I can feel the increasing energy of the music and find myself tapping my foot on the floor. As the improvisation comes to a natural close, Sandra says "*I like the presence, the 'oomph', the rooting of yourself...*"

In the last ten minutes of the session, the mood changes dramatically. Heather and Sandra move to the piano and take out a song book that they have often used in the past. Sandra hesitantly asks to sing *Nobody Knows the Trouble I See* but is uncomfortable with the religious connotations of the lyrics.

Sandra: It's a bit religious...

Heather: Well... it can be about anything...

I feel that Heather's response opens up more possibilities about what the lyrical content *can* be about. This seems to motivate and give permission to Sandra who starts singing quite passionately. Heather starts playing the piano and Sandra, who stands behind her, sings with a strong operatic-like voice. Heather's piano playing draws my attention. By playing some of the leading melodic notes she gently supports and gives shape to Sandra's singing. Although the lyrics include words such as 'Jesus Christ', 'glory' and 'alleluia', Sandra seems to transcend their more or less conventional religious connotations and finds her own meaning in this musical experience. Soon after the second verse, Sandra starts deviating from the original lyrics making up her own lyrics narrating her own life story. (Fieldnotes, 16th June)

As shown in this vignette, Heather's gentle attention and support were a catalyst in her work with Sandra. It generated a sense of love, acceptance and belonging in their musical therapeutic relationship. In fact, the term "wondering attention" – that Heather used – pertinently encapsulated the peaceful and mutually feeding co-existence of two seemingly antithetic elements: questioning and trust. The creative tension between these two elements generated some kind of 'kinesis' and 'stasis', of searching and containing, of movement and stillness. In this case, Heather trusted, accommodated and accompanied Sandra in her musical explorations as they navigated from searching and listening to chants online to improvising and singing. At the same time, Heather's openness mobilised and encouraged Sandra to transcend the immediate lyrical meaning of the song and express her own narrative.

Informed by Sandra's case example and reflecting on my fieldwork experiences across the different sites, I identified questioning and trust as two key elements that commonly underpinned improvisational music therapy work. More broadly, this commonality seemed to relate partly to the three music therapists' trainings which, despite their differences, shared a commitment to an improvisational stance. Additionally,

the music therapists' sense of questioning and trust related to their shared perception and experience of music as something experiential, fluid and ineffable. Heather (I20H4), for example, said that music demands that you experience it, and Scott (F2), while cross-referring to Stravinsky, argued that music is meaningless. Interestingly, Stravinsky's idea that "music communicates itself" also emerged in James' interview (I22H5). In his attempt to articulate how spirituality is performed in his music practice, James argued that in music people can express without necessarily interpreting. This experiential and fluid nature of music seemed to also form a basis for the music therapists' questioning stance. Their work provided flexible and welcoming musical environments within which people could find their personal meanings and relate to others without necessitating consensus on the translation of their experiences into unified conceptual and verbal meanings. The latter often led to challenges on the discourse-related performance of spirituality (see also Subsection 7.2). On the other hand, the music therapists' improvisational work allowed space for multiple concurrent interpretations and continuously evolving truths.

This openness created environments where questioning and the act of seeking were prioritised instead of premature resolutions, clear-cut answers or forced stabilisations. As Heather explained, this openness in her work required some kind of trust in the everyday and in the mundane; it required the capacity to actively wait for the "right time" while listening carefully and offering wondering attention.

I think it is just having the patience to be in that place – the 'before place', you know, and to sit there and to just wait for things to settle and then off it goes. (Heather, I23H5, p. 3)

It is in this context that for many participants experiencing music was synonymous to spirituality; the ever-shifting and experiential nature of both seemed to afford ec-static aspects of human living. I noticed that this inconclusive questioning was vital in the music therapists' capacity to retain an open-ended approach or to stay with "the unknown", as the music therapists put it. This staying with the unknown included their skill to listen, to work with amorphous music and to remain alert to emerging possibilities. Here, the importance of working with the potential was underlined by all three music therapists. Each one in their own terms and at different times or situations, explained that working with the potential included not only recognising the potential within each person, but also remaining alert to what might be possible in each given situation beyond its immediate appearance. In Heather's work with Sandra, for example, this was expressed in practice through Heather's wondering attention (see Vignette 9). This was more broadly translated into all the music therapists' improvisational stances and practices, including their openness to the unknown and their capacity to work with form and formlessness in music (see Vignette 6).

This notion of the 'potential' was described by the music therapists as an important spiritual element of their everyday work. This notion and its applicability in their work seemed to be held and managed in different ways within each organisation. Within the hospice environment, for example, Heather's work resonated with the aim of the organisation to offer a "supported reality, which is reconciling and creative

[...] where the spiritual dimension of a hospice is to be met” (Annual report, hospice). In this context, and as stated in an early annual report of the hospice:

“A Hospice is never finished – it is always evolving out of the experience and ideas of those who make up its family, most of all it grows from all we learn from the patients”. (Annual report, hospice)

This ever-evolving perspective was in line with Heather’s (I3H1) as well as with the other two music therapists’ improvisatory and questioning stance, and with their capacity to work with the unexpected and the unplanned. Similarly, within the school environment, there was an emphasis on seeing beyond the immediate appearance to allow each person’s potential to manifest and develop naturally.

Scott: So there is a strong emphasis on that in the Steiner approach: that if you are working with someone with special needs, don’t just see the person as they appear to you, as someone who is disabled or have got this problem. This is a person with a potential that could be tremendous, that it may not be at all obvious on the surface, which I think it is where the ‘music child’ comes out of the Steiner approach...⁵¹

Giorgos: Hm

Scott: I don’t know, anyway... but there is some potential for this person to evolve as a human being, as a person in the world that is... and you, the Steiner teacher, if you like, has to learn to see that potential and not just ‘treat’, if you like, this disabled, very limited person sitting in front of them... and I like that idea very much; that this... so you need to give space for that to... we need to be able to tune into that, and I think we do that through the music...

Heather: Hm

Scott: and the general approach we have, the sort of... that we allow this potential for... that there might be places that we can’t even imagine... I mean, you can be too idealised as well, as if somebody with severe autism could really talk or something, you know... when they never can... but I like this idea of seeing *beyond* the obvious way that somebody sort of presents, if you like... and that seems to do with spirituality, certainly as it’s understood in the Steiner way. (FG2, p. 35)

As implied in Scott’s comments, and as it became apparent in my fieldwork at the school, this questioning stance (and the resilience required for this ongoing questioning) was firmly supported by a sense of trust; trust in each student and their higher self, trust that the student’s higher self knows what they need, as well as trust in the change that music can bring about. This sense of trust was translated

⁵¹ The concept of the ‘music child’ was developed by Nordoff and Robbins (2007) to describe the universality of musical sensitivity within every person irrespective of illness or pathology (see also Robbins, 1993). The anthroposophical influences of this concept are discussed in Bruscia (1987). For Nordoff and Robbins (2007, p. 17) within the music child manifests the “core self of the individual” that they named ‘being child’. The latter was understood as the spiritual self of a person (Robbins, 2009).

differently within each organisational context, and within each music therapist's theoretical frame, but in all cases it seemed to be essential in enabling practitioners to meet each person.

Despite their diverse spiritual backgrounds, each music therapist's sense of questioning and trust was expressed through the musical attention and companionship they offered to people. Their improvisatory practice and stance helped them to remain open and work with the potential and the resulting sense of 'the unknown'.⁵² The music therapists talked about the importance of trusting "the music" and the importance of offering wondering attention.

In relation to the idea of trusting the music, the music therapists talked about the experience of "letting go" and of "surrender". Drawing on his GIM experiences, for example, Scott explained that:

The music is like a kind of fuel that takes people places (internally) they would probably not reach otherwise including of deep spiritual experience. In that sense they 'ride the music' but it also carries them and this requires a kind of 'letting go' and trusting the music (Scott, Forum#4.3)

Seeing music as a co-therapist, so to speak, and based on the belief that music could provide what was needed – as if music had its own will, power and direction – Scott (I4S1), like other GIM therapists too, would invite clients to surrender to the music and become one with it.

So in GIM [...] we say "*let the music take you where it is you need to go today*". And that's all what GIM is. That's why it is very close to Nordoff-Robbins, as Nordoff and Robbins seem to say the same thing, don't they? "*Let the music take you where it is you need to go today*" and you open to the music, you become one with the music [...] so through that the person is taken into places and then the music supports them in that. It gives some kind of structure for them to do some work in that place [...] in improvisational music therapy there is no form given in the beginning. It evolves in the moment, doesn't it? (Scott, I4S1, p. 8)

For Scott, the idea of trusting the music – and its perceived autonomy – resonated with the school's idea of the higher self. According to the school ethos, the higher self of the student is the true teacher who knows what they need for their development. The role of teachers and other school professionals is to listen, trust and follow this higher self without "interfering". For Scott, the school's questioning of "*What is the highest self of this person asking of you?*" resonated with his own practice and stance. Translating the school ethos in his practice, Scott contended that the true therapist is the student's higher self. His trust in each child's higher self informed and sustained his way of working including his improvisatory and amorphous music-making.

Scott: I think one of the things that interest me is [...] that idea of the higher self. [...] the higher self for the child is the teacher; not the curative educator. So you have to tune in to the higher self which I relate to a Jungian thing. So when I

⁵² This reminded me of 'improviso', the Latin root of the word improvisation, meaning unknown, unforeseen or not studied or prepared beforehand.

work with Ryan, I'm assuming that there is something in Ryan that knows what he needs for healing and my task is to support his potential for sort of healing and incarnation, if you like, to come to fruition.

Giorgos: So his higher self is the therapist in a way...

Scott: Yeah, yeah... so, that's what the deepest meaning in music therapy [is] [...] actually the person *knows* what they need for their own healing and it's not up to you to interfere. So in curative education [they say] "*Don't interfere with the process of the child*". That's one of your main things: "*Don't interfere*". So my job is to facilitate this process. (I4S1, p. 6)

Borrowing anthroposophical terminology, Scott (FG2) described that in music therapy he was trying to allow the person's higher self to "play its song" by constantly asking "*What is this person's music asking for? What are they trying to become in music?*".

During my fieldwork, I recognised this sense of trust in music and in people as a recurring theme not only in my observations of music therapy work, but also in my conversations with the music therapists, other professionals and clients within each context. Some argued, for example, that music could help a person to find things they did not know were there (Penny, I13H3), that music could open up a door (Jess, I12H3) and that the intimacy of people's connections in music could help develop a sense of trust between staff and residents (Jeff, I8C2).

In the closing focus group, and while reflecting on their overall research experience, the three music therapists talked about trust in terms of having some kind of "faith" in music and in the space that music could create. They reflected on their faith in the amorphous or morphopoetic space of music which took various forms and became something different with each person, as well as on their trust in what one could be and become in this musical space.

Scott: You can say: "*Faith; this is to do with faith in this space that the music is sort of inhabiting and resonating*"... It's having faith in that, isn't it?

Heather: Yeah

Scott: It's a kind of religion; the religion of music therapy is the faith in this space of what music can do in a way... is that right?

Heather: Yeah!

Scott: sort of... trust is faith, possibly... and is trust in the unknown, isn't it?

Giorgos: Yeah

Scott: It's believing... it's believing that something good and helpful will come out of that you can't control and you can't plan. (FG2, pp. 33-34)

In my analysis, I identified that the music therapists' sense of trust and questioning was somehow paralleled by people's experiences of comfort and risk in music. Participants, for example, talked about music's comfort as well as its capacity to challenge.

7.5.3.1 Music's comfort, music's edginess

Vignette 10:

Music makes me feel comfortable

At the end of a large group session in the dining area of the care home, I turn to Phoebe who sits next to me.

Giorgos: How did you find the music?

Phoebe: Comfortable...

Phoebe looked in her 80s and had advanced dementia. Despite her energetic participation during the session, I became more conscious of her frailty and disorientation as soon as the music stopped. I wanted to find out about her experience of music therapy in relation to spirituality – whatever this might be or mean to her. At the same time, I was aware of her condition and of the complexities of the word 'spirituality' which had proven unproductive in similar situations at the care home. In my attempt to ask a more simple question, I felt I was given a profound answer (Fieldnotes, 9th July).

The idea (or better, the experience) of people being 'comfortable' in music influenced my analytic lenses within and beyond the care home, and generated further discussions with the three music therapists.

Heather: It ['comfortable'] is quite an extraordinary word. If you think of it in the context of where you work Cynthia... you know, very elderly people who are *un-comfortable*

Scott: Yeah

Heather: and fragile, you know... sore and aching... it is quite transporting

Giorgos: Yeah

Heather: the possibility of... you know, being comfortable (FG2, pp. 23-24)

Indeed, within this care environment comfort is seen as one of the five main psychological needs of people with dementia, alongside attachment, inclusion, occupation and identity. This is clearly articulated in a flyer that Cynthia often uses to explain what music therapy can offer in this environment. Drawing on Kitwood⁵³, the flyer describes comfort as:

⁵³ Tom Kitwood (1997a) was a pioneer in the field of dementia care. His work focused on understanding and improving care from the standpoint of the person with dementia.

The need for closeness, security, being close to another. People with dementia often carry a great sense of loss i.e. loss of abilities, bereavement, a need for comfort is most necessary in the times of their awareness of loss. (Flyer, care home)

A few hours after my chat with Phoebe, I seize the opportunity to interview Jeff (I8C2), the care home manager. In his attempt to describe how spirituality is experienced in music therapy he tells me that music can be “comforting” to people. Jeff’s perspective brings an additional layer to this recurring theme of comfort as he carries on talking not only about residents but also about staff. He talks about staff’s “emotional energy” and the impact that the death and loss of residents has on them. For Jeff, music therapy can support and comfort everyone in this care environment – although it often remains invisible.

Looking at my dataset from all three organisations, I saw that people’s experiences of music’s comfort were often attributed to music’s own qualities. Many participants reflected on their personal uses of and relationship with music. For example, Elena – a physiotherapist at the hospice – told me that:

What I get from music myself is comfort and relaxation, joy and happiness. I can sing along to it, hum, and I can take the music in my head wherever I am. (Elena, I1H1, p. 3)

In her experience, music’s comfort was connected to relaxation, joy and happiness and had to do with the different ways that Elena could use music. This sense of comfort seemed to extend beyond actual music-making or listening situations due to Elena’s ability to take or carry music in her head. This notion of music’s portability related to people’s experiences of music as a space and as transporter at the same time (see also Subsection 7.5.2).

In addition to reflecting on music, its affordances and appropriations, people’s experiences of music’s comfort were discussed in connection to the music therapists’ skills. Their improvisatory practices and stances, as I discussed above, allowed people to “free-flow” in music (Heather, I2H1). This was connected to the music therapists’ wondering attention as well as the skilful and gentle musical support that they were offering to people. For Melissa, the lead of the hospice’s arts team, music therapy was offering a gentle accompanying to people and thanks to music’s affordances this accompanying could remain active right up to the end of their lives.

[...] with music you can work with people right up until they are dying. So, I have been really impressed by the fact that you would work with someone by the bedside during their process of dying and still stay with them. [...] with music there is a sort of gentle accompanying of someone on their journey which I think has been very valuable... (Melissa, I6H2, p. 3)

Melissa’s statement resonated with James’ experience of working with ward patients at the very final stages of life. For him, drawing on his long working experience as a community musician, the gentle musical accompanying, and the evolving sense of comfort could help people to experience profound relaxation and some kind of deepening.

[...] it's when you go up on the ward and you are with a patient who is really very ill and they are dying and you play music for them. It is that phenomenon of profound relaxation that has happened so many times when I've gone up to play. And it's not to do with me. It's to do with the act of making music at that particular time in a person's life; somehow it has a profound... I've always experienced it as a profound deepening in the person I'm with and in me – it's mutual and you immediately kind of... what a privilege of doing this right now with this person, this particular person. It is the particularity of it. It is really powerful. (James, I22H5, p. 7)

James had noticed that this relaxation and deepening had to do with many people's receptivity to music at this stage in their life. Reflecting on the place of spirituality in his work, James explained that his music practice followed on from his wish to dedicate his life to the service of God. But for him, God lives in the particularity and ordinariness of everyday people and situations. This was illustrated in his story below.

James: [...] I got a referral on a Friday afternoon from a doctor on [the ward] who said there was a guy who was desperate to hear the blues. And I thought: *"Well, I am not a blues player, but I can play some blues songs"*. So I took a guitar up and the guy was in a lot of pain but it was not just physical; it was a spiritual, it was an emotional, psychological pain: disconnection from family... I didn't know much about the story but what I heard was that he wanted to hear some blues. And I said, you know, I play a bit of the guitar and I played *Summertime*, I played a couple of other blues songs that I know, but his... he just immediately kind of went into a very, very deep place. And it was like he was parched and hungry and thirsty for something.

Giorgos: Hm

James: And I was humbled in the face of that and privileged to be there, then, with him. [...] And he held my hand for a long time afterwards about 10-15 minutes and he died the next day. And he didn't talk about [it] [...] he just said *"Thank you – I'm so grateful, I'm so grateful for this"*. It was very powerful.

Giorgos: And here is me now thinking: *"Now, is that putting your music-making into the service of God?"*

James: Well of course it is! *[Laughing]* Well? Yeah... of course it is.

Giorgos: Yeah?

James: I don't... yes, maybe it is, it is... but it's... yeah... but it was very much for this man and it is incorporated, it was incarnated, it was... in this brief intimate moment with this guy and it was important that I was seeing that – not going beyond it or seeing beyond it [...] It was very much the stuff of the afternoon: the bed, the man, you know? His pleasure rather than his pain being somehow grasped by him, his gratitude... so it was very much... very real and human and ordinary.

Giorgos: Yeah, yeah

James: And there were just songs – a couple of songs [...] You can't have the extraordinary without the ordinary; it's a necessary context. It doesn't

happen. If you're looking for the extraordinary you don't find it. (I22H5, pp. 7-9)

Although not trained as a music therapist, his musical experience echoed those of Heather, Scott and Cynthia. His 'staying with' attitude and his resistance to go beyond the ordinary were related to the three music therapists' views of music as creating or giving access to the spiritual. This was experienced, for example, by Scott (FG2) as a shared, in-between space where people could rest in and feel comforted in, beyond their personal difficulties. In other words, this musical-spiritual space that people could create and inhabit in music offered some kind of transcendence.

Scott: That seems very, very important. This sort of sense that we are all connected into some... together in a very intimate way that is very personal but we are connected into something beyond ourselves and... what a relief that is, and what kind of comfort that is, and what meaning that gives...

Heather: Hm

Scott: that's so important.

Heather: I also think that that space is also... that space *between* us which we find it can also be a space where despair and, you know... all the difficult stuff can sit for a while.

Scott: Yeah

Heather: And I think that's really, really important as well. [...] the dimension of possibility is just huge. Isn't it?

Scott: Yeah, yeah

Heather: Absolutely huge. And there is something about finding that 'land' – that land between us that can be experienced. And then you can leave which is... which we all know, anyway, we all know that... but... very important. (FG2, p. 31)

In this context, I found that some kind of paradox emerged between the 'staying with' and the 'beyond', as well as between the particular and the transcendental in music therapy. Tracing the appearance of this paradox across my dataset, I became aware of its reoccurrence as a theme. I noticed that the music therapists' attention to the particularity and ordinariness of each musical situation, coupled with their wondering attention, was necessary for creating the conditions within which people could potentially access and experience something extraordinary. This highlighted the symbiotic relationship between seemingly opposite elements.

Furthermore, and in addition to people's experiences of comfort in music, I observed that spirituality's performance in music therapy was heavily dependent on music's potential to challenge, to provoke reaction, and to push boundaries on personal, organisational and community levels. This

observation signified another paradox where music's comfort was complemented by some kind of discomfort or edginess.

This paradox was reflected in Scott's description of music as creating a space where a person could be concurrently contained and fragmented.

[...] music allows you to find a narrative of becoming turbulent and troubled and find your way through it. It holds you through it [...] it's almost like breaking apart but holding together at the same time, as music can do [...] so it's like making a narrative of energy, of flow, of movement, of feeling that holds the person and enables them to have that experience and shapes it for them in a way that they can experience it, totally personal and totally meaningful in terms of their own life situation. (Scott, I4S1, p. 7)

Although Scott drew mainly on his individual music therapy work, his description resonated with what I observed in all three sites and with other participants' experiences of music. Music's capacity to both hold and challenge was in fact present in all aspects of the music therapists' work, including their contribution to organisational wellbeing and community engagement (see Subsection 7.4.2).

The potentially challenging or disruptive role of music, and of the arts more generally, seemed to be particularly explicit, intentional and perhaps more welcome within the hospice context. This was seen in relation to what music could offer not only to the hospice service-users and its community, but also to the hospice as an organisation itself.

I think the organisation [hospice] needs music to break into and challenge spaces; to mess things up, to be in a sort of... I think it [music] has use as being quite chaotic and wild but in a very contained way. So there is the possibility of singing, you know, or me playing *The Girl from Ipanema* [...] in the Day Centre when actually there are people probably sitting in the corner crying... you know, it's possible. [...] I think it [music] makes the place edgy. I think it brings people to their attention. It brings themselves to their attention. You know, you walk past and you hear some music... it's a way of reminding you that you are alive! (Heather, I3H1, p. 3)

Music's edginess and the balance between challenge and containment were also stressed by Melissa (I6H2). Reflecting more generally on the role of the arts within the hospice environment, she felt that without the arts "things would be a bit stuck". By offering a creatively challenging environment, she felt that the arts kept the flow in the organisation.

This sense of challenge, chaos, messiness and wildness seemed to be in varying degrees in line with the music therapists' and their organisations' constant questioning. This questioning, that in many ways I experienced as some kind of 'quiet revolution', related to a sense of challenging the status quo in each context. Within the hospice environment, this challenge related not only to the organisation's ethos but also to the origins of the broader hospice movement. Born out of the wish to change and improve the care that dying people and their families received from the UK's National Health Service of the time, the hospice movement made a radical change in healthcare and brought to the forefront existential questions with no

absolute answers. During my fieldwork, this kind of questioning seemed to filter through the hospice's contemporary work allowing also space for music's edginess.

Many participants, such as Penny (I13H3), suggested that the hospice had a space to get people thinking beyond what was immediate or obvious. This space, which was attributed by her as a distinguishing characteristic of the hospice, could remain active only as long as staff were working together to "push boundaries". In line with Melissa's and Heather's comments, Penny suggested that the arts team had an "energising" role and the presence of music and arts in the organisation kept the hospice's potential space alive.

We've got to be pushing boundaries otherwise we might as well be a hospital or something like that... you know? I think that always... I don't know if that's spirituality [*Laughing*]... but there is always something else... (Penny, I13H3, p. 5)

This pushing of boundaries was apparent in the hospice's community engagement initiatives (see Subsection 7.4.2). These predominantly arts-led initiatives provided some kind of atypical death education by breaking taboos and dispelling myths around death and dying. These initiatives, such as the community choir and the live music events, were described by Rita (I21H5) as going "against the 'norm' or 'stereotype' of what a hospice is and what happens there". In addition to reflecting on the organisation's readiness to take risks, these initiatives showed music's capacity to enable people and organisations to take such risks in a creative and non-threatening way. Although these initiatives had an outward focus towards the public, they seemed to also keep the hospice active in its own questioning regarding what the organisation was and could be about. This gentle reminding of what is possible seemed to be implied in Heather's experience of music as heightening awareness of living and in Melissa's sense of "keeping the flow".

Interestingly, music's capacity to challenge was often accompanied by some kind of exterior re-arrangement within the organisation – reflecting perhaps another manifestation of the inner-outer dynamic that I discussed earlier (see Subsection 7.5.1). On many occasions, this re-arrangement took the form of reorganising and altering the layout of a room. This included converting the care home's dining area into a group music therapy space with coffee tables becoming instrument stands. It also included transforming the hospice's Day Centre into a concert venue. As hinted in Heather's comment, the spatial changes that musical situations brought were an important aspect of music's edginess and its capacity to challenge.

I think it is important to change the room around, at times, and swing it around and make it look different. I think that's really important [...] it's a valuable thing, it's... it's good for them, it's good for people, it's good for everyone: it's good for the nurses, for everyone – sort of shaking it up a bit. (Heather, I3H1, p. 3).

By re-arranging the physical space for a musical performance, as Heather (I3H1) suggested, she was also re-arranging people's attention in the space; new possibilities were emerging both for patients and staff.

Over time, I became aware of the varied appearances of music's comfort and edginess and their patterns within each organisational setting. The school's anthroposophical perspective on the arts seemed to prioritise a sense of balance and harmony reflecting some kind of higher or pure spheres of being. Cross-referring to Krishnamurti,⁵⁴ Elaine, the transformative arts therapist of the school, saw art as a way to "put things in order" and as "a door to enter your higher self" (Fieldnotes, 30th June). In this context, I felt that the potentially discomforting and challenging contribution of the arts was not welcome. Elaine, in particular, talked with a sense of disapproval about modern concepts of art where images can be disturbing. The prevalence of curved lines and faded boundaries in anthroposophical art, as well as the avoidance of dissonant intervals and loud sounds in music that I witnessed during my fieldwork, were perhaps some reflections of this perspective. Scott's way of working, however, offered a different perspective and enabled different possibilities of music in this context. In his way of working, which was to an extent in contrast to traditional anthroposophical values, music created a space where a person could be not only contained but also fragmented, turbulent and troubled (see, for example, Vignette 6).

On the other hand, and similarly to the hospice, music's potential edginess was appreciated within the care home environment. For Jeff (I8C2), music's value lay in its capacity to provoke a reaction, to challenge and to expand people's perceptions of their roles. Reflecting on a musical event where he and the hairdresser performed for the residents and their families, Jeff suggested that music helped people to take different roles and take risks. The music therapist's role in helping other staff to integrate music in their care, and the implicit challenge of this endeavour was acknowledged and appreciated in this context too.

8 Situated summary of findings

In sum, this ethnographically-informed study explored the performance of spirituality within three everyday music therapy contexts: a hospice, a school and a care home. In line with my methodological orientation and the fluid nature of the everyday and spirituality, the findings were organised in five main areas. These interlinked areas expanded beyond immediate music therapy situations to explore broader and multiple dimensions that shaped the performance of spirituality within each music therapy context. Below I summarise each area and acknowledge briefly its links to existing literature in the field.

Organisational contexts, histories and values (area 1): This area concerned the unique set of features of each of the three organisational contexts in terms of their areas of work, services and localities as well as their organisational histories, values and evolving identities over time. These features – which influenced ways of working and prioritised certain worldviews and agendas – were continuously being shaped by the individuals who were part of each organisation's ecology (including professionals, volunteers, clients,

⁵⁴ An India-born philosopher who maintained that "truth is a pathless land" (see Krishnamurti, 2017, no pagination).

visitors, families and friends). Equally, these features were shaped by the changing sociocultural, economic and professional environments within which each organisation was operating. Examples of such environments included the characteristics of the local communities that surrounded each organisation as well as the professional vocabularies and standards set by regulatory and funding bodies. The considerations emerging from these findings regarding broader ecological factors that shape spirituality within particular music therapy contexts point to some relatively unexplored aspects in the field. Such factors have been explored more commonly in relation to community music therapy practices given their increased sociocultural and political sensitivity (e.g. Pavlicevic & Fouché, 2014; Stige et al. 2010). To date, spirituality-related studies (e.g. Elwafi, 2011) tend to consider these kinds of factors mainly in relation to music therapists' own individual backgrounds. Likewise, spirituality-related questions in music therapy theory and policy tend to be filtered through a more individualist lens (see also Chapter I, Section 4).

Spiritual languages and discourses (area 2): The findings also showed that each organisation's context, history and spiritual identity were inextricably linked to certain ways of talking about spirituality. Indeed, the multiple – and at times competing – ways that different individuals and organisations named and 'language'd spirituality appeared to interweave with their 'doing' and experiencing of spirituality; this formed the focus of the second area of findings. The articulation of spirituality in particular seemed to be a challenge for all organisations and participants irrespective of background, spiritual orientation and values. For some participants, the boundless limits of spirituality meant that anything could be potentially seen and articulated from a spiritual perspective. The uncertainties emerging from these boundless limits fuelled multiple processes of naming and translating spirituality. Such processes emerged in diverse guises ranging from official organisational documents and theoretical frameworks, to verbal and written communication between staff as well as to people's stories and spontaneous conversations. In each case, each organisation's prevailing spiritual language offered a discursive framework which equipped music therapists with a language and a conceptual structure that was more or less accepted and legitimised within each setting and had implications not only for their ways of working but also for their ways of thinking and speaking about their work. The prevailing spiritual framework of each organisation prioritised and fostered certain beliefs, languages, conceptual frameworks and practices. At the same time, it overshadowed, disabled and alienated other beliefs. This led to the recognition of controversial, unspoken and fragile spiritualities within and around music therapy practices, as well as to multiple translations of spirituality within each organisation's prevailing spiritual framework. The findings contribute to existing knowledge regarding different conceptual frameworks of spirituality in music therapy (e.g. Aldridge, 1996; Potvin & Argue, 2014). Most importantly they shed light on the processes of languaging spirituality in everyday contexts, including the challenges and power issues involved in these processes. Although not spirituality-specific, feminist music therapy literature (e.g. Hadley, 2006; Hadley & Edwards, 2004) and debates regarding music therapy's discourse and its assumptions (e.g. Ansdell, 1996; Edwards, Melchor-

Barz & Binson, 2015; Hadley, 2014; Tsiris, 2013b) could offer useful perspectives in terms of the oppressive potential of politics and professionalisation of practices and concepts.

Spiritual care (area 3): These organisational considerations alongside the challenges of naming and talking about spirituality were connected to the professionalisation of spirituality and care within each context. This formed the focus of the third area of findings. Here, the music therapists suggested that they offer some kind of spiritual care ‘undercover’. During my fieldwork their spiritual care manifested through their vocational attitude and their invisible, yet intentional musical care. The intention underpinning the practitioners’ work helped to understand the invisible (spiritual) care and the implicit therapeutic practices of individuals and organisations. This included a consideration of the materialities of each music therapy context (e.g. objects, people’s clothing and the environment) and the intention behind them. Again, these findings point to a relatively underdeveloped area in the field. Although there is rich literature on broader professionalisation issues in music therapy (e.g. Ansdell & Pavlicevic, 2008; Barrington, 2005; Ridder & Tsiris, 2015), only a few seem to focus on spirituality (e.g. Abrams, 2013; Elwafi, 2011; Masko, 2016). Many of the latter tend to explore ethical questions pertaining to music therapy and spirituality.

Total people, total music (area 4): As shown in the fourth area of findings, music therapists’ (spiritual) care was grounded in their experiential belief in music as being fundamental to being human. Their stance pointed to a (re)consideration of people, health and music in their totality. Indeed, the commitment of music therapists and organisations to ‘total people’ was translated and performed through ‘total music’ practices which ranged from individual music therapy sessions, to open groups and public music events. By caring for the whole person and their humanness, music therapists’ work promoted a sense of connection and belonging – two aspects that have been widely explored in music therapy literature (e.g. Bruscia, 2014; McClean, Bunt & Daykin, 2012). Their musical care for the whole person was not limited to the individual but naturally expanded to community. In this context, music therapists’ community-oriented work included their engagement with the whole organisation and their work towards creating intentional communities. The recognition and value of the whole organisation as a community related to each site’s holistic approach and its repercussions to their collective narratives of health/illness, of care and of spirituality. This also led to community-oriented work in terms of reaching out to the local community and creating musical communities within, around and through the organisation, such as the hospice’s community choir and the care home’s hymn group. These findings resonate with existing literature regarding music therapists’ holistic approaches not only in terms of their understanding of health (e.g. Hanser, 2016; Ruud, 1988, 2008) but also in terms of their care towards their workplace and the local community as a whole (e.g. Pavlicevic & Ansdell, 2004a; Pavlicevic et al., 2015; Wood, 2007). Most of this literature, however, does not focus on spirituality.

Improvisation, potential and ‘the unknown’ (area 5): Finally, the fifth area of findings focused on music therapists’ improvisatory practices and stances. My analysis showed that music therapists’ improvisational craft related to their ability to work with amorphous music and emerging musical forms.

Spirituality seemed to be performed in the constant interplay between morphopoiesis (the co-making of musical forms) and people's experiences of metamorphosis (transformation). These transformational experiences were described as everyday experiences of joy and transcendence (see also Boyce-Tillman, 2000; Robbins, 1993). I understood the relationship between morphopoiesis and metamorphosis as implying some kind of outer and inner change accordingly. This related to people's experiences of musical change as personal change. Musical change was observed through people's ability to participate, express and relate through and in music, whilst personal change was observed in people's sense of beauty, purpose and meaning. This inner change was not limited to the individual but included the person's social and cultural aspects of living. In line with their 'total people, total music' stance, music therapists expressed their belief, recognition and work to bring out the potential in people and situations beyond their immediate appearance or perceived limitations. Adopting a client-led and relational approach, this potential was seen as constantly unfolding in the therapeutic process. As such, their improvisatory stance was supported by a balanced sense of questioning and trust. The music therapists' questioning attitude provided a sense of wonder, curiosity and search for 'the beyond'. At the same time, they had a sense of trust that the person knows what they need in their therapeutic process, a sense of trust in 'the unknown' as well as in music's capacity to bring change or some kind of metamorphosis in the person. This balance of questioning and trust was also reflected in people's musical experiences of comfort and edginess. These findings add to existing understandings of the relationship between the musical and the personal in music therapy (e.g. Aigen, 2005; Brown, 1994; Nordoff & Robbins, 2007). They also contribute to current knowledge regarding liminality and transpersonal experiences in music therapy (e.g. Aldridge & Fachner, 2006; Ruud, 1995, 1998) and in music more generally (e.g. Boyce-Tillman, 2000, 2006, 2009; Gabrielsson, 2011) by bringing a balance between the everyday and the beyond.



This ethnographically-informed study, which forms the second and final part of this research, offered an in-depth exploration of spirituality's performance in-action and within everyday music therapy contexts. Looking ahead, I discuss the implications of this study, alongside the pilot survey (Chapter II), for the future development of music therapy as praxis, profession and discipline.

Chapter V

Discussion

Organised in five sections, this concluding chapter takes a step back to review my research as a whole and consider its implications for future developments in the music therapy field. Firstly, I provide a synopsis and synthesis of the two complementary studies (Section 1). After revisiting some key methodological characteristics of the pilot survey and of the follow-up study in relation to those of other music therapy studies, I synthesise my overall research learnings and arguments. This leads to a discussion of four domains of spirituality in music therapy: context, discourse, professionalisation and practice. I then revisit the phenomenon of spirituality as ‘performance’ and as an ‘object’, and discuss my emerging understanding of spirituality as a ‘boundary object’ (Section 2). On this basis I put forward the need for a ‘hybrid pneumatology’ in music therapy (Section 3). After outlining some research evaluation principles according to which I review the quality of my research (Section 4), I reflect on its potential implications for future practice, theory and research developments in the field (Section 5).

1 Synopsis and synthesis

Motivated by my personal background and working experiences as a music therapist (see Prologue), I started this doctoral research with the hope to contribute to the evolving understanding of spirituality as a complex research area in music therapy. As a relatively underdeveloped area in the field (see Chapter I), I aimed to bring spirituality to the fore and expand some of the current ways of researching and theorising about it. Through an evaluative overview of existing studies (Chapter I, Section 4), I identified some trends and gaps in terms of focus, method and sample which I tried to address in the two complementary studies that I conducted as part of this research (see Table 11).

Personally, I was uncomfortable with existing definitions and conceptualisations of spirituality as something which is typically good or positive (and often documented in relation to peak or magic moments in music therapy), and as something that belongs to the individual or that it is ‘out there’. I felt more comfortable with an a-topological notion of spirituality (Cobussen, 2008), but at the same time I was mindful not to impose my own perspective. Keeping an open-ended attitude, I wanted to see what other

music therapists would say if they were given the chance to genuinely communicate their thoughts around spirituality and music therapy.

	Common characteristics of existing studies	Tsirir's survey (pilot study)	Tsirir's ethnographically-informed study (follow-up study)
<i>Focus</i>	<ul style="list-style-type: none"> • Provision of working definition of spirituality • Positive aspects of spirituality (including a focus on magic and peak moments) • Setting-specific (with an emphasis on palliative and bereavement care) 	<ul style="list-style-type: none"> • No provision of working definition of spirituality • Diverse aspects of spirituality (including problems, dilemmas and suggestions for action) • Non-setting-specific 	<ul style="list-style-type: none"> • No provision of working definition of spirituality • Diverse aspects of spirituality within the wider context of music therapy as a service within an organisation • Setting-specific (hospice, school, care home)
<i>Method</i>	<ul style="list-style-type: none"> • Interviews and/or questionnaires • Narrative data • In-depth analyses of individual views and experiences 	<ul style="list-style-type: none"> • Online survey • Narrative and numeric data • Overview of reported perceptions 	<ul style="list-style-type: none"> • Ethnographically-informed design: fieldwork, online forum and focus groups • Narrative and audio-visual data • In-depth accounts of spirituality in-action within everyday music therapy contexts
<i>Sample</i>	<ul style="list-style-type: none"> • Small • Homogeneous • Purposive • 'Local' (most studies in the USA) • Music therapists, clients and/or families • Adult participants 	<ul style="list-style-type: none"> • Large • Heterogeneous • Non-purposive • International • Music therapists • Adult participants 	<ul style="list-style-type: none"> • Open-ended • Heterogeneous • Purposive (music therapists) and non-purposive (other participants) • 'Local' (UK research sites) • Music therapists and anyone else who is part of the everyday context (e.g. clients, families, staff, volunteers) • Adult and children participants

Table 11: Common characteristics of existing studies in relation to Tsirir's survey and ethnographically-informed study⁵⁵

As a first step, I did an international survey to explore music therapists' perceptions of spirituality in relation to music therapy (see Chapter II). My intention was to provide an overview of their perceptions without attempting to make generalised statements regarding spirituality's relevance to the music therapy profession as a whole. My basic premise was to welcome heterogeneous voices and to allow respondents to communicate any dilemmas, problems and suggested future actions in relation to spirituality in music therapy. Indeed, the survey findings reflected music therapists' diverse understandings of spirituality in

⁵⁵ This table builds on Table 5 (see Chapter III) where I explored the relationship between the pilot survey and other studies in the field. Here, I include the ethnographically-informed study to consider the research as a whole.

relation to different aspects of their work including training, practice, supervision and professionalisation issues. This included the dilemmas and problems that respondents experienced – most of which related to ethical and professionalisation considerations in music therapy.

The survey provided a broad but somehow ‘thin’ overview, and often led to a reporting about spirituality as an ‘it’ with limited insight in how spirituality played out in music therapists’ daily practice. I saw this kind of ‘objectification’ of spirituality as a limitation which I tried to balance in the follow-up study. Hence I turned my attention to action, context and the everyday (see Chapter III). From this point of view, and while adopting a performative and ecological notion of spirituality, the follow-up study took the shape of an ethnographically-informed exploration. I focused on spirituality in-action and in-situ by exploring its performance within three music therapy settings in the UK: a hospice, a school and a care home (see Chapter IV). In this context, I found pragmatism (Menand, 1998; Morgan, 2007, 2014) as a useful methodological approach which oriented my attention to the lived realities and the *practical meaning* of spirituality in music therapy.

In line with my methodological orientation and the fluid nature of everyday spirituality, the findings of the follow-up study expanded beyond immediate music-making situations to explore broader and multiple dimensions that shaped the performance of spirituality in and around music therapy within each research site. This included a consideration of organisational histories, discourses, professional identities and the music therapists’ holistic and improvisatory stances and practices. The collection of different kinds of data, including narrative and audio-visual data, led to in-depth accounts of spirituality in-action within everyday music therapy contexts.

Despite their different research angles and methods, the two studies complemented each other and formed a unified whole. The international and broad scope of the survey was balanced by the more local and in-depth scope of the ethnographically-informed study. Thus, this two-fold study hopefully struck a balance between report and action, as well as between general and setting-specific explorations of spirituality in music therapy. Furthermore, the survey’s focus on the voice of the music therapists was complemented by the follow-up study’s distributed attention; the latter considered all the people who were part of the everyday ecology of each research site, including clients, families, staff and volunteers. To my knowledge, both the pilot and the follow-up study are the first ones of their kind in relation to music therapy and spirituality. The international scope of the pilot study as well as the ethnographically-informed design of the follow-up study, which included both adult and children participants, are some of their unique characteristics. Perhaps more importantly, both studies as a whole introduce a performative understanding of spirituality in music therapy as something that is enacted in the *in-between*.

In an attempt to synthesise my overall research learnings and arguments, I revisited each study’s findings and searched for any connecting threads. Through this process, as I discuss below, I identified four domains: context, discourse, professionalisation and practice.

1.1 Context, discourse, professionalisation and practice

These four domains are the result of my synthesising process. As illustrated in Figure 9, I use the term 'domains' here to signal their meta-analytic scope and their overarching nature across the finding areas of the pilot and the follow-up study.

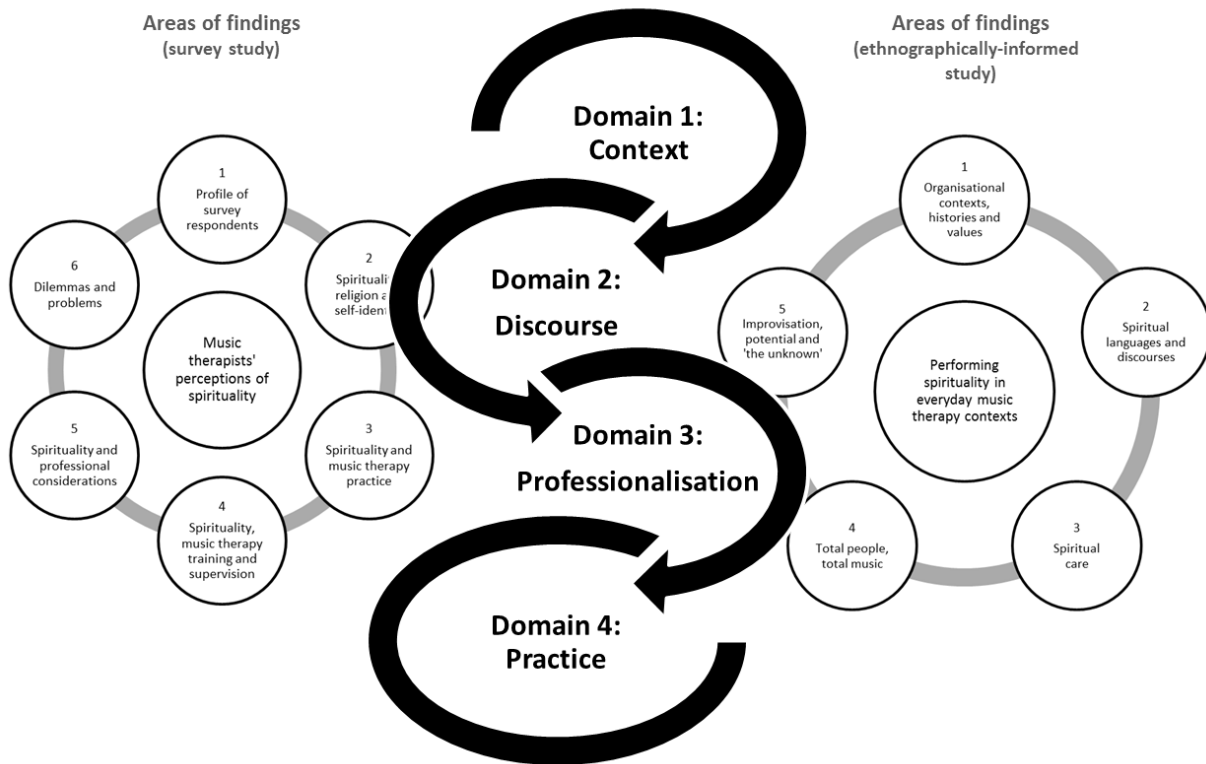


Figure 9: Four domains of spirituality in music therapy

The first domain, *context*, refers to the local and idiographic understanding of spirituality in music therapy. In my research this included the need to understand people's personal and professional backgrounds including their biographies, their own understandings of spirituality, their training backgrounds, their relationships to music as well as their health/illness narratives. Equally, this domain refers to the organisational context within which music therapy takes place. The importance of context emerged early in my research and partly as a limitation of the survey (see Chapter II, Section 5; and Chapter III, Section 1). The findings of the follow-up study showed that the changing identity of organisations, alongside the changing sociocultural, spiritual and professional landscapes around them, influence and give shape to different spiritualities and music therapy practices, stances and discourses (Chapter IV, Subsection 7.1). This was particularly apparent in the second research site – the school – where demands from external contexts (e.g. Ofsted and LEAs) had a major impact on its discourse and practices. This led to changes including the gradual opening of the school to the outside world, the introduction of non-anthroposophical professionals (including the music therapist, Scott) as well as the

attempt to develop a common (spiritual) language between the anthroposophically and the non-anthroposophically-trained staff.

During my fieldwork I also became increasingly aware of the complexity and multiplicity of contexts in relation to spirituality's performance in music therapy. Depending on my analytic perspective each time, spirituality emerged as context for music therapy and vice versa. On the one hand, for example, the school's spiritual discourse emerged as a context within which music therapy was articulated and translated. On the other hand, Cynthia's music therapy work at the care home emerged as a context within which she expressed her spirituality. At the same time, spirituality and music therapy emerged as 'interacting contexts' (a term I borrow from Rolvsjord and Stige, 2015). From this perspective, spirituality and music therapy interrelated and co-shaped each other over time.

Discourse, as the second domain of spirituality in music therapy, includes not only the different concepts and notions that people and organisations used to communicate their diverse meanings of spirituality, but also the 'linguaging' of these concepts and notions within particular situations. The survey findings led to five themes in terms of the music therapists' perceptions of spirituality's meaning: spirituality as part of human life and existence, and as a way of living; spirituality as something beyond the individual; spirituality as a greater reality beyond the material world; spirituality as belief and meaning-making; spirituality as a sense of connection and relationship (Chapter II, Subsection 7.2). The discourse-based performance of such meanings in everyday music therapy contexts, as emerged in the follow-up study (see Chapter IV, Subsection 7.2), includes multiple processes of articulating and translating spirituality by different individuals and for different audiences and purposes each time. Scott's ways of talking about his music therapy practice, for example, was coloured by the school's spiritual framework as well as by his own music therapy background and GIM practice. Through my fieldwork, I observed the power dynamics involved in the discourse of spirituality within each organisation and professional community, leading to what I named as controversial, unspoken and fragile spiritualities. These spiritualities were often marginalised by the prevailing spiritual discourse in a given context. I became aware of this marginalisation not only during my fieldwork and my face-to-face conversations with people, but also through the pilot study findings. Various survey respondents reported dilemmas and problems in terms of linguaging spirituality within particular professional environments. This included the perceived threat that discussions around spirituality and music therapy could pose to their identity as professionals.

The third domain refers to the *professionalisation* of spirituality and of music therapy. Issues of professionalisation often seemed distant. For example, participants both in the pilot and the follow-up study referred to the impact of professional and regulatory bodies, as well as of music therapy training programmes on the formation of their practices and discourses. During my fieldwork I was able to observe how such professionalisation processes took place in-action and within particular situations (Chapter IV, Subsection 7.3). Indeed, professionalisation processes, such as the establishment of codes of ethics and professional standards, had an impact on the formation of people's professional identities and practices, as

well as of their perceptions of spirituality and its performance in everyday music therapy contexts. For various people – such as Angela, the school’s eurythmist and colour-light therapist, and Rita, a nurse at the hospice – professionalisation was seen as a potential threat to the place of spirituality in their work. Other people – commonly with limited interest in or understanding of spirituality (at least on a discourse level) – seemed to experience professionalisation as a welcome and useful process. The head of the school, Mary, for example, felt that the Government’s spiritual, moral, social and cultural (SMSC) framework – and despite its potential misalignment with the school’s anthroposophical framework – helped her to understand spirituality in relation to her work and the expectations of school inspectors. Music therapists, both in the pilot and the follow-up study, reported concerns mainly with regards to professionalisation (Chapter IV, Subsection 7.4 to 7.6). Whereas music therapy training seemed to foster most music therapists’ sense of spirituality, the perceived professional standards and expectations around their work seemed to discourage the (explicit) integration or articulation of spirituality in most cases. In this context, the notion of spiritual care ‘undercover’ emerged. Overall, I identified practitioners’ vocational attitude, as well as their dilemmas and concerns regarding the recognition of music therapy as a legitimate profession and discipline as counterpoints in the domain of professionalisation.

Practice, the fourth domain of spirituality in music therapy, focuses on the music therapists’ stances and practices as these manifested primarily in music-making situations. As stressed by the survey respondents, music therapists’ sense of spirituality interrelated with their practice (Chapter II, Subsection 7.3). This also became apparent during my fieldwork where music therapists’ practice was underpinned by their holistic and improvisatory stance. I understood music therapists’ holistic stance as working with people and music in their totality, beyond rigid health/illness and professional identities (Chapter IV, Subsection 7.4). This included music therapists’ community-oriented work both within and around their workplaces. As for their improvisatory stance, this related to the music therapists’ work with the potential in music, people and situations, and included their capacity to stay with ‘the unknown’. Scott’s amorphous music, for instance, highlighted music therapists’ improvisatory skill in working with form and formlessness in music, and its relationship to people’s sense of joy, metamorphosis and everyday transcendence (Chapter IV, Subsection 7.5).

Overall, I understand these four domains as closely interlinked and as overlapping to varying degrees. Elements of these domains manifested and were configured differently in each situation and over time. In the hospice context, for example, the changing identity of the organisation from explicitly religious to implicitly spiritual (*domain 1: context*) included a number of interlinked changes in the organisation’s spiritual discourse (*domain 2: discourse*), people’s professional identities (*domain 3: professionalisation*) and their ways of working (*domain 4: practice*). Although some of these changes had happened before my fieldwork, they were vividly present in participants’ narratives. Similar elements regarding context, discourse, professionalisation and practice were observed in the school but were configured differently. For example, the school’s attempt to maintain its anthroposophical identity (*domain 1: context*), while

responding to external professional demands (*domain 3: professionalisation*), led to a reconsideration of its spiritual discourse and its multiple translations for different audiences and purposes (*domain 2: discourse*). For Scott, the school offered a framework that encouraged and held his own explorations of spirituality's relevance to his music therapy practice (*domain 4: practice*).

2 Spirituality in music therapy: Performance or object?

Overall, this thesis introduces a performative understanding of spirituality in music therapy. Informed by postmodern sociocultural perspectives that question the assumed objectivity of reality (see Chapter III, Section 2; and Chapter IV, Section 2), I have argued that the notion of 'performance' can help re-orient and refine our attention to the *experiencing* and the *doing* of spirituality, and to its *emergent* character in everyday music therapy contexts. I have also acknowledged the parallels between this perspective and other concepts in the field, such as the performance of health and of the self in music therapy. These concepts have given birth to performative concepts such 'healthing' and 'truthing' (Aldridge, 1996, 2002, 2004) as well as 'health musicking' (Stige, 2002, 2003, 2012) and 'reparative musicking' (Procter, 2011).

A reflexive engagement with this performative notion of spirituality requires an open exploration of its potential problems and challenges as these occurred in this research. Both in the survey and the ethnographically-informed study I wrestled with the challenges of exploring and articulating phenomena which were undefinable, multiple and in constant flux. Despite my endeavour to avoid any fixation, some kind of 'objectification' of spirituality (and of music therapy) as *some-thing* was more or less, and in different guises, present throughout this research. At the very least, the fixating nature of writing up the research findings introduced some kind of objectification and stabilisation.

Initially, the reporting, and somehow distant, nature of the pilot's survey method pointed to this kind of objectification. Survey respondents were able only to report on their perceptions at a given point in time by responding to the questionnaire. I had no means to meet the respondents and visit their workplaces, to experience their ways of working and understand how their perceptions played out in their everyday professional life. As I discussed in Chapter III, this situation troubled me and I felt it was at odds with the a-topological notion of spirituality (Cobussen, 2008) that formed a starting point for this research.

My attempt to avoid this kind of objectification in the follow-up study led partly to its ethnographically-informed methodology. Indeed, through this second study I was able to get to know people and organisations, and I spent time in their everyday environments. By observing and being part of their daily practices, in and around music therapy, I was able to trace spirituality in-action, in-situ and over a period of time. The findings showed the multiple nature of spirituality's performance in everyday music therapy contexts. This multiplicity included people's and organisations' diverse meanings of spirituality. It also included the expression and enactment of these meanings through music, language and the

materialities of people's practices and working environments. These performances of spirituality entailed diverse translations not only on a discourse level, but also between different media of human expression and between belief and action. Over time, however, I became increasingly aware of people (including myself) often talking about spirituality as if it was a thing, as something tangible and more or less concrete. Honouring my open-ended epistemological and methodological approach, I remained open to the possibility of putting aside my performative view of spirituality should it be proved unhelpful.

As I followed participants' diverse ways of talking about and doing spirituality, I became aware of the inevitability and potential usefulness of spirituality's objectification. I argue that this objectification had partly to do with the processes of 'linguaging' spirituality and with the analytical distance between experiencing and reporting or documenting – something that many participants acknowledged as a challenge in relation to their ways of articulating spirituality. People like Mary, the head of the school – who had no particular interest in spirituality – described spirituality as a fangled, useless or ornamental thing. Others – like Heather, the hospice's music therapist – who were keen to comprehend and capture in words the meaning of spirituality, tried to describe 'it' as an attitude, a quality or some kind of recognition or (musical) knowing. Over time, and triggered by the research questions of this study, the music therapists debated whether we perform spirituality and whether 'it' performs us (see Chapter IV, Subsection 7.5.2.1).

By acknowledging and working with these challenges during my research, I eventually came to a slightly different position with regards to my initial performative notion of spirituality. I realised that the processes of objectifying spirituality generated in fact a useful reflective space. This space helped people to articulate and make sense of their experiences. It also helped them to experience spirituality as some-*thing* that they could almost see, touch and feel. Most importantly, these reflective processes of objectification often gave participants a renewed sense of experiencing spirituality in their everyday practices. The music therapists, for example, said that talking about spirituality increased their awareness of 'it' and its performance, so to speak, in their everyday practice. This highlighted the importance of their discourse-based performances of spirituality in terms of constructing their practice-based performances. Indeed, the research findings showed this interplay between logos and praxis: when we talk about spirituality we do not simply communicate or translate meanings, but we shape such meanings and generate possibilities and build resources for experiencing spirituality in music therapy in new ways.⁵⁶

My observations of spirituality's objectification resonate to some extent with what is known as 'reification' in social philosophy: the transformation of human properties, relations, actions or concepts into things (Vandenberghe, 2013). This process of 'thingification' can refer not only to empirically observable things but also to abstract, indeterminate ones, such as spirituality and music therapy. Originally, reification referred to a critique and polemic of various forms of dehumanisation in capitalist

⁵⁶ Existing literature on our ways of talking about music in music therapy (e.g. Ansdell, 1996, 1999, 2003; Bunt & Stige, 2014; Ruud, 2000; Stige, 1998, 2002) can offer helpful perspectives on our ways of talking about spirituality too.

societies,⁵⁷ and over the years reification has been used more or less explicitly in relation to critiques of medical care (e.g. Taussig, 1980) and of conceptualisations of music as an object within and beyond music therapy (e.g. Garred, 2001, 2006; Lewis, 2015).

In this study's research context, I became aware not only of the inevitability, but also of the usefulness of spirituality's objectification in terms of enabling people to articulate and translate their experiences of spirituality in music therapy. At the same time, and in keeping with my performative understanding of spirituality, I recognised that this objectification was useful as long as it was recognised as a 'heuristic device' and it was not assumed for the 'thing' in itself. This equally applied to the notion of 'performance' which has traditionally been used as a metaphor and heuristic principle to understand human behaviour in everyday social situations (Goffman, 1959; Latour, 2005; Law, 2004; see also Chapter III, Subsection 2.1).

On this basis, I have come to an understanding of the performative nature of objectification. I therefore step beyond the 'performance or object' tension that characterised my early thinking, and I put forward an understanding of spirituality as a performative object in music therapy. This resembles the notion of 'boundary object' that I discuss below in relation to my research.

2.1 Spirituality as a 'boundary object'

Boundary objects are objects which are both plastic enough to adapt to local needs and constraints of the several parties employing them, yet robust enough to maintain a common identity across sites. They are weakly structured in common use, and become strongly structured in individual-site use. They may be abstract or concrete. They have different meanings in different social worlds but their structure is common enough to more than one world to make them recognizable, a means of translation. The creation and management of boundary objects is key in developing and maintaining coherence across intersecting social worlds. (Star & Griesemer 1989, p. 393)

The term 'boundary object' was first introduced by Star and Griesemer (1989) to describe non-human actors and processes through which people can coordinate with each other despite their heterogeneous viewpoints. Within the context of their ethnographical study of coordination mechanisms of scientific work at a natural history museum, examples of actors included administrators, managers, researchers and politicians, whilst examples of objects included specimens, fieldnotes and maps. The latter included both concrete (material) and abstract (codified or symbolic) objects.

Contemporary multifaceted and multidisciplinary uses of the term are to varying degrees detached from its original conceptualisation. In most instances, the interpretive flexibility of the boundary object has attracted scholars' interest for its analytical scope and for supporting heterogeneous translations. In fact,

⁵⁷ Originating within a Marxist tradition (Lukács, 1971), the notion of reification has often been used to explain and criticise various forms of dehumanisation (e.g. exchange relations, currency, commodities), including processes of exploitation and domination in modern capitalist societies (Vandenberghe, 2013).

these successive re-qualifications of the term characterise one of the central properties of the boundary object that is its multiplicity (Trompette & Vinck, 2009).

On this basis, and given the multiplicity of spirituality and of its discourse and practice-based translations as these emerged in this research study, I consider the boundary object as a useful notion in music therapy. I argue that this notion can equip our discourse with a flexible interpretative framework within which diverse and multiple spiritualities can be embraced and explored without requiring ontological consensus. It can also raise awareness of spirituality's multiple translations and motivate practitioners, educators and researchers to trace its diverse manifestations in and around music therapy practice. This includes an exploration of the multiple contexts that surround spirituality to include the sociocultural, political and material realities of music therapy as profession and discipline.

To date, the notion of boundary object has not been widely used in music therapy literature. An exception is Ansdell and DeNora (2016, p. 87) who use the term to describe "the flexibility of a song to tolerate a wide range of different interpretations that inflect the personal idiom of the singers without losing the identity of the song". According to them, a boundary object "can always be the same and yet from rendition to rendition, appropriation to appropriation, be widely divergent or 'not' the same". In addition, Wood's (2015) performative notion of evaluation in community music therapy and his actor-network theory influences have strong resonances with the notion of the boundary object.⁵⁸

I argue that conceptualising spirituality as a boundary object can enhance understanding of how music therapists, clients and the people around the broader ecology of music therapy praxis create some shared understandings without losing the diversity of their spiritualities. In the school context of this research study, for example, spirituality meant vastly different things to different people and constituencies, to include anthroposophically-trained staff, other practitioners, students as well as regulatory and professional bodies. Within this context, spirituality seemed to carry differentiated meanings in each situation, ranging from MDT meetings to official school reports. Likewise, different people 'performed' different spiritual discourses to adapt to each situation while maintaining their differences. The notion of the boundary object proves to be particularly helpful in understanding such situations where some kind of coherence is achieved without necessitating uniformity (see also Trompette & Vinck, 2009). From this perspective, spirituality can emerge both as something abstract and concrete, philosophical and material, inner and outer, otherworldly and everyday. It can serve as a vehicle for the negotiation of meanings and professional identities in music therapy. As emerged in the different music therapy workplaces that I studied, spirituality as a boundary object can indeed function as a translational vehicle or interface between heterogeneous spiritualities, actors and contexts.

⁵⁸ Beyond music therapy, Burman (2004) – from a group analysis perspective – points to the links between 'transitional objects' and 'boundary objects'. These links hold potential for similar explorations within the music therapy field where music has often been understood as a 'transitional object' that people use to draw strength in times of crisis and to explore new personal territories (e.g. Davies, Richards & Barwick, 2014; Nolan, 1989).

This perspective implies an understanding of spirituality as a-topological, multiple, unfinished and performative, and as firmly positioned in the everyday realities of people. The interpretative elasticity of spirituality as a boundary object allows the natural co-existence of competing and unfinished meanings as well as of their multiple and heterogeneous translations in music therapy. Going beyond intellectual dualisms, this notion of spirituality can help re-establish a balance between the local and the universal, the mundane and the extraordinary, the profane and the sacred. It is in this vein that spirituality as a boundary object can introduce a reflective space required for responding to Bruscia's (2002) plea for dialogue between culture-centred and transpersonal thinkers in music therapy (see Chapter I, Subsection 3.4).

From a methodological point of view, and as shown in this research, the conceptualisation of spirituality as a boundary object calls for idiographic research agendas. It calls for agendas that prioritise the in-depth, reflexive and contextual exploration of particular cases and contexts within naturally occurring settings. In this context, spiritual geographies and extra-geographies (Bartolini et al., 2017; see also Chapter III, Subsection 2.2) might be a useful tool for locating and mapping spirituality in-action and in-situ. This approach can enable us to follow the musical 'things' and people who make the ecology of each music therapy situation (Ansdell, 2014a; DeNora & Ansdell, 2017).⁵⁹ Indeed, in this research the exploration of the materialities of each music therapy context (see Chapter IV, Subsection 7.3.3) offered useful, and at times unexpected, insights regarding the local performances of spirituality.

Within this context, I believe that the multiplicity of the boundary object needs to be balanced by a gamut of methods. Certainly, the multi-method design of this study (which included interviews, online forum, and participant observation) helped to trace different aspects of spirituality. I think the success and sustainability of a multi-method approach to spirituality – especially given the multiplicity and potential contradictions of spirituality as a phenomenon – would largely depend on a shared commitment to reflexivity and dialogue within the music therapy community (Abrams, 2010; Spiro, Tsiris & Cripps, 2017). Such reflexivity can enhance awareness and transparency regarding the different languages, symbols and assumptions within particular professional and disciplinary circles, and their implications for the construction of knowledge in the field (see also Ruud, 2010).

Building on this notion of spirituality as a boundary object in music therapy, I focus below on hybridity and its importance for the growth of our spiritual discourse in the field.

⁵⁹ The relatively new research stream regarding the material aspects of music therapy practice, such as the room design (Goditsch, Storz & Stegemann, 2017) and the choice of musical instruments (Gilboa & Almog, 2017), can also be useful in future explorations of spirituality and its materialities in music therapy.

3 Towards a hybrid pneumatology in music therapy

This thesis points towards the development of a hybrid spiritual discourse in music therapy, what I name 'hybrid pneumatology'.⁶⁰ This hybrid pneumatology is underpinned by an understanding of spirituality as a performative object as discussed above. This comes together with a commitment to an a-topological notion of spirituality and with the resilience required in order to stay with multiple and unfinished meanings as these are (co)created, negotiated and enacted in everyday music therapy contexts. This hybrid pneumatology calls for a performative understanding of spirituality as a complex and constantly emerging phenomenon. It therefore supports the view of performativity, complexity and emergence as important pillars for the future development of music therapy discourse (see also Wood, 2015, 2016).

Instead of constructing a definition, I propose a fluid, context-sensitive and emergent conceptualisation of spirituality in music therapy. In line with my earlier reflections regarding the usefulness of spirituality's objectification, I recognise the potential function of definitions of spirituality in music therapy. At the same time, I stress the need to critically reflect on the perceived stability of these definitions, their origins, assumptions, context-specificity as well as on their implications for our research endeavours.

With a commitment to emerging and unfinished meanings, the hybrid pneumatology proposed here resists professional and disciplinary hierarchies, stabilisations or closures. Hopefully it introduces a renewed confidence and trust towards what might be unknown, undefinable or unpredictable. In fact, this trust in 'the unknown' emerged as a key element of spirituality in relation to music therapists' improvisatory work. Perhaps the proposed hybrid pneumatology can introduce a similar improvisatory stance on a discourse level too. It can introduce some kind of 'wondering attention' to our spiritual discourses and research initiatives where we remain alert to the spiritual and musical potential of each situation and we are prepared to adapt our lenses and methods according to it.

Hopefully the proposed hybrid pneumatology can cultivate and retain an authentic stance towards the possibilities and the limits of our knowledge at any given time and its implications for the professionalisation of music therapy. This view resonates with Pavlicevic and Fouché (2014) who critique music therapy as having developed a professional closure and who consider the implications of hybrid practices on music therapists' professional identities. Drawing from their work in the Cape Flats, in the Western Cape of South Africa where there is suspicion towards state-sanctioned professional structures, they argue that music therapists need to subvert professional conventions and discourses in order to authentically engage with people and their local contexts.

⁶⁰ I understand pneumatology as the study of spirit/spirituality (from the Greek *pneuma* = spirit, wind, air, and *logos* = word, reason, discourse, study of).

At the risk of generalizing and ‘globalizing’ what is a far from homogenous profession and practice, it would seem that in many parts of the world, music therapy has developed what sociology calls professional ‘closure’: an exclusive demarcation of discourses and actions that signals status and prestige, and a monopoly of knowledge and practices. Practising in culturally suspicious spaces kindles in music therapists a collision of loyalties: adhering to professional conventions and discourses, while knowing that these very conventions need to be subverted in order to truly engage with people in suspicious spaces. (Pavlicevic & Fouché, 2014, p. 60)

As it emerged from my study (see for example Chapter IV, Subsection 7.2.2) and in line with Pavlicevic’s and Fouché’s observations, I see hybridity as entertaining difference without imposing or assuming some kind of hierarchy or finality (see also Bhabha, 2004). Similarly, and while considering the critiques of the term⁶¹, Bunt and Stige (2014) view hybridity as a constant process of something new emerging. It involves “a creative rethinking of established principles, which provides a space of resistance, negotiation, and articulation of new meanings” (Bunt & Stige, 2014, p. 208).

Focusing on spirituality as a niche area of music therapy praxis, I hope this research thesis contributes to the emerging hybridity in the field (Bunt & Stige, 2014) by bringing to the fore a performative understanding of spirituality as a complex phenomenon. The proposed hybrid pneumatology hopefully raises our awareness of multiple perspectives, practices, vocabularies and other broader professional and sociocultural forces that give shape to spiritual practices, approaches and theories in the field.

This hybrid perspective challenges the assumption of one, unified (spiritual) reality that can be accessed more or less partially by each person. On the contrary, it aims to allow the possibility for multiple spiritualities to co-exist as well as the possibility for these spiritualities to be constantly (co)created by people and their situated experiences within particular spatial, sociocultural, material and aesthetic environments. The findings of the ethnographically-informed study as a whole can offer a microcosm within which this hybridity is understood within and around particular workplaces. These findings can serve as a springboard to consider how similar patterns of spirituality, music and people are played out in other settings too in relation to the four domains that emerged from my synthesis: context, discourse, professionalisation and practice.

Using the metaphor of ‘Muti Music’⁶², Pavlicevic and Cripps (2015) propose the need for a “messy hybridity” which reflects the sociocultural and cosmological fusions required for contemporary music therapy practices.

⁶¹ Some critiques, which have been acknowledged in music therapy literature (Bunt & Stige, 2014), include the view that the notion of hybridity is reminiscent of ‘biologised’ views of identity, and that it emphasises fluidity with little interest in continuity (see also Dominelli, 2002).

⁶² Muti is “a generic Southern African colloquialism used by all linguistic groups in South Africa to signify medicine, magic or healing lotion or potion, whose function is to heal, cure, ward off evil spirits – and at the very least, protect us from any of these” (Pavlicevic & Cripps, 2015, no pagination).

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, no pagination)

This perspective supports the need for a hybrid pneumatology in music therapy – as it emerges from this study – which embraces different cosmologies, geographies, music therapy practices, languages and discourses alongside their histories, politics and their implicit and explicit values.

In my view, the proposed hybrid pneumatology calls for a more engaged interdisciplinary dialogue, learning and re-learning (Tsisis et al., 2016). Contemporary advancements in related fields, such as music and theology (e.g. Begbie, 2000; Begbie & Guthrie, 2011; Lim, 2014), can offer unique insights to music therapists and vice versa.⁶³ I would like to think that such interdisciplinarity will naturally evoke some kind of re-imagining of music therapists’ professional identities. This includes a critical reconsideration of spirituality and its place in music therapy training, supervision and professional codes of practice. Again, the rise of community music therapy and the debates around it (e.g. Barrington, 2008; Procter, 2008; Stige & Aarø, 2012, Tsisis, 2014c) offer useful learnings that can be applied to music therapists’ evolving spiritual discourses.

More specifically, the rise of community music therapy gave voice to music therapists’ existing community-oriented practices and offered a conceptual framework for articulating the overlaps between their work and the work of community musicians. Many were worried about the perceived threat that community music therapy would pose to the profession – with Erkkilä (2003) naming it a ‘professional suicide’ and Edwards (2002) perceiving it as ‘redundant’. Similarly, perhaps, this research study uncovers the potential spiritually-oriented practices and identities of music therapists and the potential overlaps between music therapy and spiritual care (see also Masko, 2016). Whereas the shared element of music between music therapists’ and community musicians’ practices was a crux of the debates around community music therapy (e.g. Ansdell, 2014b; Higgins, 2012), in the case of spirituality the debates seem to gravitate around ethics (e.g. Abrams, 2013). In either case, professional boundaries and the politics of professionalisation (see also Stige & Aarø, 2012) infiltrate and influence our perceptions of whether or not certain concepts and practices are relevant and legitimate. From a hybrid viewpoint, however, boundaries are not seen as the harsh line where something stops but as the place “from which something begins in presencing” (Heidegger, cited in Bhabha, 2004, p. 1). I find this perspective helpful not only in terms of

⁶³ For explorations of theology in relation to music therapy, see Ansdell (2005b) and Nickles (1992).

revisiting the concept of professional boundaries, but also in terms of understanding spirituality as a performative, boundary object in music therapy. This is in line with the idea of spirituality living in the *in-betweenness* (see Chapter II, Section 2).

Some may be sceptical towards this proposed hybrid pneumatology. At the very least, I hope this thesis, and its assumed hybrid understanding of spirituality, can go beyond the perceived need to identify a commonly accepted, operational definition of spirituality (Potvin & Argue, 2014) and encourage us to focus on questioning. Given the elusive nature of spirituality as a phenomenon, any attempt to contain spirituality within fixed frameworks or to reach any final meanings and truths cancels its very nature that is to wonder, to reflect, and to question. Perhaps the ultimate contribution of spirituality in music therapy is the urge for questioning and hopefully the suggested hybrid pneumatology contributes to this direction.

3.1 Questioning

This thesis opens up new possibilities in the ways that spirituality is explored, understood and communicated in music therapy practice, research and theory. I see this ‘opening up’ as linked to an ongoing questioning and to what the neo-pragmatist Rorty (1980) described as ‘edification’. Dismissing the ‘givenness’ of the world, he proposes an edifying philosophy that does not privilege any single approach to knowing and resists final or objective truths. To edify is to open a space for the sense of wonder (see also Ingold, 2014).

This kind of thinking holds relevance for the democratisation of our spiritual discourses in music therapy. This includes an opening up of spirituality as a non-privileged topic in practice, research and theory. It refutes static spiritual definitions, let alone the development of spiritual ‘models’ of music therapy. Both definitions and models entail a degree of finality which is at odds with the proposed hybridity. Instead, I suggest retaining a questioning attitude towards our meanings of spirituality and, most importantly, towards their practical implications in everyday situated music therapy practices. This attitude opens up new possibilities for thinking about spirituality from a pragmatic point of view where the attention is less on ‘scientific facts’ and more on questioning and on learning how we and our professional communities re-describe spirituality and develop new vocabularies, practices and frameworks (Baert, 2011).

But if spirituality cannot be defined and there is no end point to this questioning, is there value in researching and theorising about it in music therapy? Some may argue that hybridity muddles our ways of understanding spirituality and makes research in the field almost impossible. Perhaps this is true to the extent that research and knowledge are seen as aiming to reach some kind of finality. My view, however, is different. I think that a hybrid pneumatology can bring to the fore and embrace *questioning* and the act of seeking meaning – on theoretical, practical and professional levels – as a cornerstone of spirituality in and around music therapy. I argue that this questioning attitude, which underpinned my thinking since the

early stages of this research (see Chapter II, Section 2), leaves the door of our discourses and practices open for new meanings and epiphanies to emerge; it allows the *possibility* for meanings beyond our current comprehension and means of knowing, and it mobilises us to constantly seek for something beyond. Apart from looking ‘upwards’, this questioning requires a distributed attention that also seeks the spiritual ‘downwards’ and sideways within particular music therapy contexts. This is what I partly aimed to achieve by employing a pragmatic and ethnographically-informed approach. I suggest that this kind of questioning requires an authentic engagement with the problems, challenges and dilemmas associated with spirituality and its day-to-day performance. This integration of the ‘highs’ and the ‘lows’ of spirituality, and of their manifestation in everyday music therapy situations, is central to the proposed hybrid pneumatology.

4 Assessing research quality

While keeping in mind the strengths and weaknesses of the methods I employed in the pilot and the follow-up study (see Chapter II, Section 5; and Chapter IV, Section 5 respectively), I offer here some broader evaluative reflections regarding the research quality of the study as a whole.

As with any research, the quality of this study needs to be considered within its own methodological and disciplinary framework. This comes with the recognition that diverse ontological and epistemological assumptions based on different paradigms inhere within different methodological stances. Far from being value-free, paradigms – somewhat like religions – represent different basic belief systems.

A paradigm may be viewed as a set of basic beliefs (or metaphysics) that deals with ultimates or first principles. It represents a worldview that defines, for its holder, the nature of the “world,” the individual’s place in it, and the range of possible relationships to that world and its parts, as, for example, cosmologies and theologies do. The beliefs are basic in the sense that they must be accepted simply on faith (however well argued); there is no way to establish their ultimate truthfulness. (Guba & Lincoln, 1994, p. 107)

From this point of view, the study as a whole falls under the broader umbrella of qualitative and idiographic approaches to music therapy research given its emphasis on exploring a particular phenomenon as this unfolded during the study (Wheeler & Bruscia, 2016). These approaches are commonly named ‘constructivist’ (Moses & Knutsen, 2012) or ‘interpretivist’ (Wheeler & Bruscia, 2016).

According to Abrams (2016) there are five interpretivist music therapy research evaluation categories:

- Contextualisation: this includes contextualising the researcher, the participants, the phenomenon under investigation and the study itself;

- Substantiation: this relates to trustworthiness and includes two main aspects: intersubjectivity (the degree of fidelity to which the researcher includes the perspectives of others) and groundedness (how well the researcher aligns certain aspects of research processes, data and findings with the experiences of participants and the manifestations of research phenomena under their original conditions);
- Integration: the procedural and structural coherence as well as the ‘artistic virtue’ of the research (including meaningful constructions of knowledge beyond functionality alone);
- Utilisation: this relates to the strength of research as put into action and use (including the relevance, meaningfulness and novelty of the knowledge produced);
- Responsibility: ethical integrity of the study.

In line with culture-sensitive perspectives (Stige, 2002), Abrams argues that these five evaluation categories of interpretivist research “must unfold within the collective set of values in a culture” (Abrams, 2016, p. 706). In this study’s case, this unfolding spanned from the ‘macro’ culture of qualitative research to the prevailing culture of the music therapy field (at least in Western societies) and the ‘micro’ culture of each research site. This culturally-sensitive research evaluation points to the need for a measured evaluative stance that balances the fragmentation and vagueness that can result from local evaluative criteria and from general standards respectively. To this end, I found EPICURE (Stige, Malterud & Midtgarden, 2009) useful as an evaluative agenda for assessing the quality of this research.

4.1 Between local criteria and general standards: An evaluative agenda

Without necessitating ontological, epistemological or methodological consensus, EPICURE embraces pluralism. It introduces a set of themes and principles – as reflected in its two acronyms (EPIC and CURE) – that form an agenda for reflexive dialogue and critique.

The first [acronym], EPIC, refers to the challenge of producing rich and substantive accounts based on engagement, processing, interpretation, and (self-)critique. The second—CURE—refers to the challenge of dealing with preconditions and consequences of research, with a focus on (social) critique, usefulness, relevance, and ethics. (Stige, Malterud & Midtgarden, 2009, p. 1504)

This evaluative agenda points to issues regarding the production of stories based on the researcher’s continuous *engagement* with a phenomenon or situation, *processing* of empirical material (including processes of ordering, analysis and writing of this material), *interpreting* and making meaning of emerging descriptions through the identification of patterns, as well as *critique* in relation to research processes and products. At the same time, this agenda points to socially-relevant research issues in terms of *critique*,

usefulness, relevance, and ethics. These issues – which resonate with Kvale’s (1996) concepts of ‘communicative validity’ and ‘pragmatic validity’ – imply the need to evaluate research not only in terms of trustworthiness, but also in terms of the capacity to understand and implement the produced knowledge in relation to practical social situations and contexts. This also calls for an awareness of the moral and ethical values of research (Stige, Malterud & Midtgarden, 2009). These considerations offered a reflexive framework for monitoring the quality and integrity of my study throughout the research process.

Within this framework, and despite the breadth and depth of the study as a whole, the generalisability and replicability of the findings is of no relevance. In line with my methodological orientation, which goes beyond distilling ‘the truth’, I did not treat the sample, the cases and the localities involved in the study as ‘representative’ and I recognise the idiographic nature of the findings. Attempting to ‘locate atopies’, the pilot survey welcomed respondents’ diverse perceptions with no wish to fix these perceptions into rigid categories. Likewise, the ethnographically-informed study drew from the cases of three organisations and the multitude of other cases within them. These cases are not treated as representative but as “cases to think with” (Becker, 2014, p. 179). Rather than focusing on generalisation, my reasoning from cases hopefully offered opportunities for analogy and for context-sensitive transferability of the findings.

In line with the American sociologist Becker (2014), specific cases can be utilised to explain other puzzling cases. Through reasoning from analogy, one case that is known well can help understand another case or help discover similar patterns and elements that might be shared among different cases.

The reasoning by analogy doesn’t prove that anything happens the way the analysis says it does. But it gives a road map that tells investigators where to look and what to look for in understanding how [a phenomenon works]. (Becker, 2014, p. 55)

The quality of this study, therefore, could be considered in relation to its power to enable this kind of reasoning by analogy which brings to the surface symmetries and asymmetries between different cases; such as between different music therapists, different research sites, and different music therapy situations. In my ethnographically-informed study, for example, my engagement with symmetries and asymmetries included my learnings from less conventional cases, such as the anthroposophical framework of the school (research site 2). Such cases brought to the fore concepts, practices and possibilities that an ordinary view of more conventional activities would possibly ignore. From this viewpoint, the frameworks, elements and patterns emerging from this study entail a degree of pragmatic validity and ‘empirical generalisation’ (Hammersley, 1992) in terms of their relevance and transferability to other music therapy contexts.

The diversity of the study’s sample and research sites, as well as the in-depth engagement with the phenomena under investigation can perhaps afford a widened horizon from which to develop understanding of spirituality in music therapy. At the same time, I acknowledge the limits of my

understanding and knowledge of each music therapy context.⁶⁴ My understanding emerged from my interactions with a particular number of people with whom particular kinds of communication and relationships developed over a period of time. My understanding is one of many and given the constant flux of spirituality (and of living reality more generally), it is naturally provisional. Moreover, the iterative nature of my data work meant that my picture of the ‘whole’ was continually evolving as the wholes (and their parts) kept evolving themselves. In this sense, my findings are an imprint of my understanding of the phenomena and the practices under investigation at a given point in time. During the processing of the empirical material, I tried to consider the general nature of the phenomenon as this was forming during the study when exploring its particular parts. This allowed for the possibility of having multiple and competing interpretations of the same phenomenon. All these considerations equally informed my ethical considerations (see Chapter IV, Section 6) and my overall approach to the research study.

For this reason, my pilot and follow-up methodological design (see Chapter II, Section 2; and Chapter IV, Section 2 respectively) aimed to provide enough flexibility not only in terms of generating and communicating meanings through representational processes, but also in terms of reflecting on unknown, paradoxical and ‘ungraspable’ dimensions of spirituality in music therapy. I tried to retain a reflexive and abductive stance toward the emerging areas of findings and their categorical frameworks. This hopefully contributed to the genesis of a creative space between category and reality, object and performance, text and context, language and being (Alvesson & Sköldbberg, 2000; Lincoln & Guba, 1985). This creative space was vital for recognising some of the potential ‘cracks’ of my study, such as the perceived performance-object tension, and for my critical engagement with them. This led to new insights including the aforementioned hybrid understanding of spirituality as a boundary object in music therapy.

5 Future directions

A recent publication of the pilot survey (Tsirir, 2017) instigated further discussion regarding spirituality in music therapy with a focus on the perceived threat of spirituality for the legitimacy of the profession. Edwards (2017, p. A1), for example, suggests that the sparsity of spirituality in music therapy and other creative arts therapy literature relates partly to the “worldwide push for professional recognition of the field”. In response to the survey findings, Bradt (2017, p. 291) wonders about the “things music therapists possibly avoid doing or discussing to ‘safeguard’ the credibility of our profession”. She questions:

Do some avoid engaging clients in group drumming experiences because these may be viewed as just “beating on drums” and do not seem to address “real” client issues? [...] Are

⁶⁴ As part of my self-critique, I have already acknowledged my own starting points as well as my active role in the text construction of the research narrative (see Prologue and Chapter IV, Section 4 and 5).

certain instruments avoided in sessions because they make the intervention appear too new age like (e.g. Tibetan singing bowls)? (Bradt, 2017, p. 291)

Bradt (2017) argues that it is unacceptable to avoid discussion, reflection, training and research in areas like spirituality, that are of importance to music therapy work due to fear of misrepresentation and potential delegitimisation. Indeed, instead of delegitimisation, I hope this thesis as a whole contributes to a renewed sense and confidence in the legitimisation (or perhaps *re*-legitimisation) of spirituality as an integral topic in music therapy practice, research and theory. While keeping in mind the study's angle (see Chapter II, Section 2; and Chapter IV, Section 2), I reflect below on its potential implications for future developments in the field.

First of all, I suggest that future research needs to carefully reconsider the use of working definitions of spirituality alongside their implications for the participants. At the very least, any proposed conceptualisation of spirituality – irrespective of its methodological orientation – needs to retain a degree of 'pragmatic reflexivity', that is a reflexivity-within-a-situation (Lietz, Langer & Furman, 2006). This includes reflective engagement with the researchers' own biases and assumptions, as well as a critique towards the spiritualities that any conceptualisation may embrace or marginalise.

I also argue that more setting-specific studies, beyond oncology and hospice care settings, are necessary for enriching our understanding of spirituality's multifaceted aspects in music therapy practice. To date, our knowledge of spirituality in certain settings, such as schools and mental health institutions, is limited.⁶⁵ Based on the premise that unusual cases can offer unique insights that are relevant more broadly (Becker, 2014), I also propose that future research can benefit from targeting such unusual, special or peculiar settings in terms of their spiritual and music therapy profile. Examples include settings where there might be a particular explicit spiritual framework, such as faith-based organisations.

To date, and despite the increasing number of ethnographies in the field more generally (e.g. Procter, 2013; Stige et al., 2010), there is a lack of ethnographically-informed studies of spirituality in music therapy. Although ethnographic accounts of spirituality in relation to traditional music healing practices are more common in medical ethnomusicology (e.g. Koen, 2011; Richards, 2007), there is a lack of such studies in music therapy as a contemporary field of practice. Complementing the in-depth analyses of individuals' views and experiences which are common in most studies to date (see Chapter I, Section 4), the methodological angle of this ethnographically-informed study highlights the need for further contextual understandings and explorations of spirituality. I suggest that such future explorations need to engage with the wider ecology of particular music therapy contexts and expand beyond traditional conceptions or pre-constructed ideals of spirituality as something inner, higher or magic. This study puts forward a contextual approach that calls for a 'flattening out' of inquiry (Miller, 2013). This approach includes the social, musical, spatial, temporal, material and aesthetic worlds (DeNora & Ansdell, 2017; MacKian, 2012) where music,

⁶⁵ Two exceptions of mental health related literature are Grocke et al. (2014) and Heiderscheid (2013).

wellbeing and spirituality are enacted and lived, and where potential dilemmas, problems or challenges associated with spirituality in music therapy can be heard. I also suggest that such contextual explorations of spirituality in music therapy can widen our analytic lens to consider the ‘ripple effect’ of music therapy (Pavlicevic & Ansdell, 2004b; Pavlicevic et al., 2015) as well as broader aspects of music therapy service provision within specific organisational contexts (Tsirir, Spiro & Pavlicevic, 2018).

From this viewpoint, organisational ethnographies as well as participatory action research studies of spirituality and music therapy can be important contributions to the field in the future. Such idiographic and participatory studies can offer a useful framework not only for exploring spirituality but also for addressing some of the problems, dilemmas and challenges associated with it. In the pilot study, for example, the request of many survey respondents to generate opportunities where music therapists could discuss spirituality informed the use of the online forum in the follow-up study. Research designs with a more participatory and action-oriented character can create a framework within which people do not only talk about their experiences of spirituality in relation to music therapy, but also seek, discover and negotiate new meanings. This became apparent in the ethnographically-informed study where the key informants were able to reflect on their changing spirituality during, and partly due to, the research process. Creative research methods, such as arts-based research (Ledger & Edwards, 2011), could also offer useful ways of exploring spirituality which could bypass to an extent the limits of language.

Furthermore, I believe the music therapy field would benefit from longitudinal studies of spirituality. As shown in the follow-up study – which was relatively brief compared to traditional ethnographies – a prolonged exposure and engagement with the field can enable a more in-depth and contextual understanding of the phenomena under investigation including their formation processes and diverse manifestations over time. By default, longitudinal studies can afford a larger window of understanding the evolving and continuously shifting nature of spirituality as part of everyday living.

In all cases, I argue that research designs (as well as training curricula and other professionalisation contexts and processes, such as codes of practice and professional conferences) need to enable a meaningful and authentic engagement of people. This seems particularly important in the area of spirituality given its ethical, conceptual and professional sensitivity as a topic. As discussed in other related fields of practice too, such as spiritual care for people with dementia (Carr, Hicks-Moore & Montgomery, 2011), developing appropriate research designs can be a challenge especially when involving vulnerable populations.

Research in the area of spiritual care and dementia has been criticized for its reliance on quantitative measures, thereby limiting understanding about how it is experienced [...] and minimizing participants’ ability to enter into the research in a meaningful and authentic manner. (Carr, Hicks-Moore & Montgomery, 2011, p. 401).

This point highlights also the need for future studies on spirituality to engage with diverse populations – in terms of condition, age and spiritual background – which are currently underrepresented.

As discussed in Chapter I (Section 3 and 4), for example, children as well as people with learning and mental health difficulties are underrepresented in music therapy research in relation to spirituality. Given, for example, the uniqueness of children's spirituality (Hay & Nye, 2006; Mercer, 2006) and despite the growth of research activity in this area (Houskamp, Fisher & Stuber, 2004; Mata-McMahon, 2016), an apparent gap in music therapy is research that involves this population and particularly children with disabilities. Such studies, like the follow-up study of this research, can increase music therapists' understanding of spirituality in childhood and its potential relationship with people's experience of spirituality across the lifespan.

Additionally, the increased interest in music therapy's impact on 'indirect beneficiaries', such as carers or staff bystanders (e.g. O'Callaghan & Magill, 2009; Tsiris, Spiro & Pavlicevic, 2018), points also to the need for further research on spirituality which includes the voices of such individuals. Likewise, I propose that future research endeavours consider spirituality in music therapy work with clients from diverse spiritual and cultural backgrounds. Given the current migration of large populations due to conflict and war, this area seems particularly relevant to contemporary Western societies where music therapists increasingly find themselves working with people from cultures with different belief systems (e.g. Comte, 2016; Orth, 2005). In addition to the multi-faith and hybrid nature of Western modern societies, there seems to be an increasing number of Western music therapists working in faraway places which are culturally and spiritually foreign to them (e.g. Shrubsole, 2010).

I contend that the aforementioned research-oriented suggestions can inspire similar developments in music therapy training, practice and theory building in the field. In addition to cultivating a hybrid and performative stance towards our ways of exploring and conceptualising spirituality, I suggest the repositioning of spirituality as a vital element in training curricula, in supervision as well as in professional codes of ethics. The proposed hybrid pneumatology can hopefully offer a useful conceptual vehicle which can enable practitioners, educators, supervisors, and students to discuss openly and critically on their notions of spirituality and its place in their work.

These potential future directions seem to be supported by certain changes that have taken place in the field in recent years. In addition to the growth of the research literature (see Chapter I, Section 4), there seems to be an increased openness towards the inclusion of spirituality and of spiritually-charged terms in the professional discourse. The 10th World Congress of Music Therapy (Oxford, UK) was a milestone in opening up the debate around spirituality and community as two key emerging areas in the field. More recently, the rapid advancement of mindfulness in healthcare (and in the pop self-help culture) has generated a debated interest in meditation practices (see Chapter III, Subsection 2.2). In line with this wave in healthcare, and perhaps driven by its implications for raising public awareness and attracting funding, the theme of the 2017 AMTA conference was *A Mindful Approach to Music Therapy*. At the same time, the 2017 conference of Nordoff Robbins in England and Wales, in collaboration with Spirituality and

Music Education (SAME), focused on *Exploring the Spiritual in Music: Interdisciplinary Dialogues in Music, Wellbeing and Education* bringing to the fore the need for interdisciplinarity.

These developments reflect certain changes in the spiritual discourse of the music therapy community and in its confidence to discuss more openly about spirituality. Historically, I think that music therapy has tended to retain a more or less conservative, secular spiritual discourse. On the one hand, this discourse distances contemporary music therapy from its historic roots in quasi-religious traditional music healing practices (Gouk, 2000; Horden, 2000). On the other hand, this discourse has – at least until recently – distanced music therapy from postsecular developments in other fields and in modern societies. As I explained above, this situation relates partly to music therapists' and professional bodies' vigilance in terms of safeguarding the legitimacy, robustness and professional integrity of the field. While acknowledging the importance of this vigilance, I think music therapy is currently at a turning point where its spiritual discourse can (and perhaps should) be part of broader postmodern and postsecular debates. The increased understanding of the role of hybridity and of the everyday in music therapy seems to set some useful foundations towards these possible future vistas in the field.

Epilogue

I hope this thesis offers some new directions in our ways of exploring, understanding and theorising about spirituality in music therapy. Most importantly, I hope it helps us challenge our assumptions and prompts us to ask new questions and find new ways of exploring our questions. Instead of proposing a model of how things are or should be, I put forward a hybrid understanding of spirituality. More particularly, I argue for a hybrid pneumatology in music therapy the relevance of which I think will depend partly on the resilience of the music therapy community to keep the dialogue alive, to question the familiar and to seek what is yet to be known.

In addition to psychological, sociocultural, neuroscientific and other developments, I suggest that future music therapy advancements should be balanced by spiritual insights. This balance can bring to the fore phenomena which might be perceived as intangible, unobservable or otherworldly but they have – as shown in this study – very real consequences for music therapists' practices, discourses and professional identities. This balancing act requires a gentle and edifying questioning attitude which can equip the music therapy community with the confidence to exhibit openness towards multiple and heterogeneous spiritualities in the field. This openness can enable practitioners as well as their professional communities to re-imagine, re-conceptualise and re-invent themselves with implications for training, policy making and professionalisation.

In this context, I believe it is important to acknowledge openly and explore contentious and problematic areas where dilemmas regarding spirituality in music therapy may emerge. This openness, combined with a reflexive stance towards our assumptions, invested interests, methodological choices and limitations, can help further our understanding of spirituality while remaining aware of the possibilities, risks and blind spots of our enquiries. Further constructive dialogue and research endeavours in this area can play a crucial role towards the integration of spirituality into the prevailing professional and disciplinary canon of music therapy.

Looking ahead, I propose the development of a hybrid pneumatology in music therapy where any attempts to describe spirituality as a phenomenon are balanced with pragmatic and ecological explorations of its performance in music therapy in-action and in-situ. This includes a critical investigation of professional vocabularies, identities and organisational values and agendas. It also includes a reconsideration of spiritual care as an integral part of music therapists' musical care, with potential implications for music therapy training and professionalisation. In this perspective, I hope my study is a

modest contribution towards the repositioning of spirituality as a vital area for the future development of music therapy practice, profession and discipline.

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Appendix 1: Research timeline

Table 12 gives an overview of the timeline of the two complementary studies. Please note that during my research the validating body of the Nordoff Robbins PhD programme changed from City, University of London to Goldsmiths, University of London.

Timeline	Research steps
February 2011	Registration and induction to the MPhil/PhD programme
January 2012	Submission of pilot study proposal to the Nordoff Robbins Research Ethics Committee (NRREC)
May 2012	NRREC favourable opinion
June – August 2012	Data collection
November 2013	Submission of MPhil conversion document
December 2013	MPhil viva
October 2014	Submission of follow-up study proposal to NRREC
January 2015	Submission of revised follow-up study proposal to NRREC
March 2015	NRREC favourable opinion
May – November 2015	Data collection
October 2017	Submission of PhD thesis

Table 12: Overall research timeline

Appendix 2: Survey questionnaire



**NORDOFF
ROBBINS**
music transforming lives

Spirituality and Music Therapy An International Survey of Music Therapists

Welcome to the 1stInternational Survey on Music Therapists' Perceptions of Spirituality and Music Therapy.

...do you currently practice or study music therapy?

...do you have a view on spirituality (whatever this might be!) and its relevance (or irrelevance) to music therapy?

If YES, then this survey is for YOU!

YOUR participation matters as it will help capture the variety of music therapists' perceptions across different countries. Take this opportunity to contribute to the development of knowledge and practices in music therapy.

The results of this survey will be disseminated through academic publications and contribute to the development of further research studies. Your anonymity, privacy and confidentiality will be respected at all times. No email or Internet Protocol (IP) addresses of respondents are automatically collected. Information on how to withdraw your responses is given at the end of the survey questionnaire.

The survey will be available online until 20thAugust 2012.

Completing the survey takes approximately 15 minutes.

English is used as the official language for this international survey. Questions and ways to answer have been kept as simple as possible. Hopefully, this will help you participate even if English is not your mother tongue.

This survey is part of a Doctorate research study conducted by Giorgos Tsisis at Nordoff Robbins / City, University of London (United Kingdom). Dr Gary Ansdell and Prof Mercédès Pavlicevic are the supervisors of this study.

If you have any questions or comments about the survey, please contact:

Giorgos Tsisis, giorgos.tsisis@nordoffrobbins.org.uk

Thank you for your time!

*1. In order to progress through this survey, please tick 'Yes' or 'No' to confirm whether or not you meet ALL the criteria below:

- You are a qualified or trainee music therapist.
- You work or study as a music therapist.
- You agree to take part in this survey.

Yes No

PART 1: ABOUT YOU

1. In which country do you currently work (or study) as a music therapist?

2. In which country did you (or currently do) study music therapy?

3. What is your gender?

Male

Female

4. What is your nationality?

PART 2: YOU AND SPIRITUALITY

1. Do you consider yourself a spiritual person?

- Yes
- No
- Not sure

Comments (optional):

2. Please use the boxes below to convey...

...what spirituality means to YOU:

...how YOU experience spirituality in daily life:

3. Does your spirituality relate to any religion?

- Yes
- No
- Not sure

Comments (optional):

PART 3: SPIRITUALITY AND YOUR MUSIC THERAPY PRACTICE

Having in mind YOUR understanding of the words 'spirituality' and 'spiritual', please select your answer for each of the following questions. Where possible, please comment briefly on your answers. Examples from real life are welcome!

1. Is your spirituality connected to you as a music therapist?

- Yes
- No
- Not sure

Comments (optional):

2. Is your spirituality connected to your work as a music therapist?

- Yes
- No
- Not sure

Comments (optional):

3. Does your spirituality inform your music therapy practice?

- Yes
- No
- Not sure

Comments (optional):

4. Does your music therapy practice inform your spirituality?

- Yes
- No
- Not sure

Comments (optional):

5. Has your music therapy training informed your spirituality?

- Yes
- No
- Not sure

Comments (optional):

6. Have you ever had a 'spiritual experience' in music therapy?

- Yes
- No
- Not sure

Comments (optional):

7. Does your spirituality inform your way of thinking about health and illness?

- Yes
- No
- Not sure

Comments (optional):

8. Can music therapy contribute to the spiritual wellbeing of clients?

- Yes
- No
- Not sure

Comments (optional):

9. Do you consider your clients' spirituality in music therapy?

- Yes
- No
- Not sure

Comments (optional):

PART 4: ANY PROBLEMS OR DILEMMAS...?

You may have different views regarding the following statements. That's fine!

Please choose your answers and, where possible, comment on your answers. Examples from real life are welcome!

1. I have received sufficient education and training regarding spirituality in my music therapy training.

Strongly disagree Disagree Agree Strongly agree Uncertain

Comments (optional):

2. Talking about spirituality with other professionals at my work place(s) is unprofessional.

Strongly disagree Disagree Agree Strongly agree Uncertain

Comments (optional):

3. I find talking about spirituality with music therapists easier than talking about it with other professionals.

Strongly disagree Disagree Agree Strongly agree Uncertain

Comments (optional):

4. Finding the words to talk about spirituality and its relevance to my music therapy work is difficult.

Strongly disagree Disagree Agree Strongly agree Uncertain

Comments (optional):

5. Expressing my spirituality to my music therapy clients is unethical.

Strongly disagree Disagree Agree Strongly agree Uncertain

Comments (optional):

6. Opportunities for discussing my spirituality with my clinical supervisor are essential.

Strongly disagree Disagree Agree Strongly agree Uncertain

Comments (optional):

7. Do you have any (other) problems or dilemmas regarding spirituality and music therapy?

Yes

No

Not sure

Comments (optional):

--

PART 5: YOUR SUGGESTIONS FOR CHANGE...?

You may have different views regarding the following statements. That's fine!

Please choose your answers and, where possible, comment briefly on your answers taking into consideration your personal experiences. This is a chance to write YOUR suggestions for change.

1. Spirituality should be addressed differently in music therapy training.

Strongly disagree Disagree Agree Strongly agree Uncertain

Comments (optional):

2. Spirituality should be addressed differently in music therapy literature.

Strongly disagree Disagree Agree Strongly agree Uncertain

Comments (optional):

3. Spirituality should be addressed differently in music therapy research.

Strongly disagree Disagree Agree Strongly agree Uncertain

Comments (optional):

4. Spirituality should be addressed differently by professional music therapy bodies.

Strongly disagree Disagree Agree Strongly agree Uncertain

Comments (optional):

5. Do you have any (other) suggestions for change regarding spirituality and music therapy?

Yes
 No
 Not sure

Comments (optional):

PART 6: YOU AND YOUR PROFESSIONAL EXPERIENCE

The information given below will be used for demographic purposes only. Your anonymity will be respected at all times.

Your email or Internet Protocol (IP) address is NOT collected through this survey.

1. How many years have you worked as a music therapist?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> 1-5 years | <input type="checkbox"/> over 20 years |
| <input type="checkbox"/> 6-10 years | <input type="checkbox"/> I am a trainee music therapist |
| <input type="checkbox"/> 11-20 years | |

2. In what clinical areas have you worked as a music therapist? (Please tick as many as relevant)

- | | |
|--|---|
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Neurology / neuro-rehabilitation |
| <input type="checkbox"/> Autistic spectrum disorders | <input type="checkbox"/> Palliative and bereavement care |
| <input type="checkbox"/> Communication disorders | <input type="checkbox"/> Prison |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Research |
| <input type="checkbox"/> Elderly and dementia care | <input type="checkbox"/> Self-referred clients / 'normal neurotics' |
| <input type="checkbox"/> Emotional and behavioural disorders | <input type="checkbox"/> Sexual abuse |
| <input type="checkbox"/> Forensic (outside the prison service) | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Learning disabilities | <input type="checkbox"/> Student training (teaching / supervision) |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Trauma |

Other (please specify):

3. With what age groups have you worked as a music therapist? (Please tick as many as relevant)

- | | |
|--|--|
| <input type="checkbox"/> 0-3 years old | <input type="checkbox"/> 20-65 years old |
| <input type="checkbox"/> 4-12 years old | <input type="checkbox"/> over 65 years old |
| <input type="checkbox"/> 13-19 years old | |

4. What is your music therapy training? (Please tick one, unless you have completed more than one training)

- | | |
|---|--|
| <input type="checkbox"/> Anthroposophical | <input type="checkbox"/> Music-centred (Nordoff-Robbins) |
| <input type="checkbox"/> Behavioural | <input type="checkbox"/> Neurologic Music Therapy (NMT) |
| <input type="checkbox"/> Guided Imagery and Music (GIM) | <input type="checkbox"/> Psychodynamic |

Other (please specify):

5. What was your previous profession before music therapy?

PART 7: YOUR PARTICIPATION

1. How did you find out about this survey?

- From the professional music therapy association of my country
- From a colleague

Other (please specify):

The results of this survey may lead to the development of a follow-up research study regarding spirituality and music therapy.

2. Would you be interested in taking part in a follow-up study?

(You can always change your mind at a later stage)

- Yes
- No

YOUR CONTACT DETAILS

1. If YES, please write your contact details below.

NB: Writing your name, country and email below is the ONLY way for me to contact you for a future study. Your contact details are NOT collected automatically in this survey. Even if you write your name below, your answers to this survey will remain confidential at all times. Also, your contact details will NOT be shared with anyone else.

Name:

Country of residence:

Email:

THANK YOU!

You have now reached the end of the survey.
Click the 'DONE' button below to complete your survey.

(If you would like to withdraw your responses, simply close the survey without clicking the 'DONE' button below. There is no other option to withdraw after this step.)

Thank you!

Giorgos Tsiris, MPhil Candidate
Nordoff Robbins
City, University of London (UK)

Appendix 3: Mailing list compilation

The list below shows all the country reports accessed (before 2nd May 2012) on *Voices: A World Forum for Music Therapy* (www.voices.no) for the compilation of the survey mailing list. These reports are not cited in the references list.

Antigua & Deps

- Music Therapy in Antigua and Barbuda: Two Music Therapists, One Small Island (by Julia Beth Kowaleski)

Argentina

- Music Therapy in Argentina (by Karina Ferrari & Viviana Sánchez)

Australia

- Australian Music Therapy (by Clare O'Callaghan)
- Australia: Brisbane Floods January 2011 (by Vicky Abad, Kate Williams & Monica Zidar)

Austria

- Music Therapy in Austria (by Christian Gold)
- Update on Music Therapy in Austria (by Karin Mössler)

Bahrain

- Music Therapy in Bahrain (by Aksana Kavaliova-Moussi)

Belgium

- Music Therapy in Belgium (by Jos De Backer & Anke Coomans)

Bolivia

- Music Therapy in Bolivia (by Cynthia Müller)

Bosnia Herzegovina

- Music Therapy in Bosnia-Herzegovina: An Introduction (by Ellie Watts)

Brazil

- Music Therapy in Brazil (by Maristela Pires da Cruz Smith)

Canada

- Music Therapy in Canada (2002) (by Kevin Kirkland)
- Music Therapy in Northern Canada (by David Sutton)
- Music Therapy in Canada (2007) (by Kevin Kirkland)

Chile

- Music Therapy in Chile (by Susanne Bauer)
- Update of Music Therapy in Chile (by Susanne Bauer)

Colombia

- Music Therapy in Colombia (by Juanita Eslava)
- The Music Therapy: An Urgent Need for the Colombian Society (by Edgar Blanco Tirado)

Cuba

- Update of Music Therapy in Cuba (by Teresa Fernandez de Juan, Rigoberto Oliva Sánchez & Idida María Rigual González)
- Music Therapy in Cuba: A Brief Journey to the Immediate Future (by Teresa Fernandez de Juan)

Cyprus

- Music Therapy in Cyprus (by Anthi Agrotou)

Denmark

- Music Therapy in Denmark (by Lars Ole Bonde)

Egypt

- Music Therapy in Egypt (by El-Saeed Abdel-Salhen)

Finland

- The State of Music Therapy in Finland (by Jaakko Erkkilä)
- Music Therapy in Finland (by Jaakko Erkkilä)

France

- Martinique (by Guylaine Vaillancourt, Marie-Charles Piram & Christiane Lesmond)

Germany

- Music Therapy in Germany (by Thomas Wosch)
- There's Something New in Music Therapy in Germany (by Thomas Wosch)

Ghana

- Music Therapy in Ghana (by Nicholas N. Kofie)

Greece

- Music Therapy in Greece (by Giorgos Tsiris)

Honduras

- Music Therapy in Honduras (by Teresa Devlin)

Hungary

- Music Therapy in Hungary (by Eszter Forgács)

Iceland

- Music Therapy in Iceland (by Valgerdur Jonsdottir)

India

- The Ancient Healing Roots of Indian Music (by Sumathy Sundar)
- Nada Yoga: Indian Healing Technique (by T. V. Sairam)

Iran

- Music Therapy in Iran (by M. Reza Abdollahnejad)

Ireland

- Music Therapy in Ireland (by Jane Edwards & Scott Leslie)

Israel

- Music Therapy in Israel (by Chava Sekeles)

Italy

- Music Therapy in Italy (by Anna Maria Ferrone)

Japan

- Music Therapy in Japan (by Kana Okazaki-Sakaue)

Kazakhstan

- Arts Therapies in the Republic of Kazakhstan (by Irina Rusakova & Melik-Nubarova)

Kenya

- Music Therapy in Kenya (by Bernard M. Kigunda)

Latvia

- Music Therapy - One of the Newest Professions in Latvia (by Vineta Lagzdina)

Lithuania

- Music Therapy in Lithuania: A Brief Review (by Vilmante Aleksiene)

Mexico

- Music Therapy in Mexico (by Ezequiel González Campos)

Mongolia

- Music Therapy in Mongolia (by Leslie Ann Shaffer Chamberlain)

Netherlands

- Music Therapy in the Netherlands (by Henk Smeijsters & Annemiek Vink)
- Developments in Music Therapy in the Netherlands (by Henk Smeijsters & Annemiek Vink)

New Zealand

- Music Therapy in New Zealand (2003) (by Morva Croxson)
- Music Therapy in New Zealand (2007) (by Morva Croxson)

Norway

- Music Therapy in Norway (by Gro Trondalen & Trygve Aasgaard)
- Music Therapy in Norway – Approaching a New Decade (by Gro Trondalen, Randi Rolvsjord & Brynjulf Stige)

Peru

- Music Therapy in Perú: A Historical Point of View (by María Consuelo Rovira Zagal)

Poland

- Towards Creating an International Network of Hospitals Using Music Therapy (by Sebastian Mucha & Zbigniew Eysymontt)
- Music Therapy in the Silesian Centre of Rehabilitation in Ustron (by Sebastian Mucha & Zbigniew Eysymontt)
- Polish Music Therapy has Many Faces (by Wita Szulc)

Portugal

- Music Therapy in Portugal (by Teresa Leite)

Qatar

- Cross-Cultural Music Therapy in Doha, Qatar (by Paige Robbins Elwafi)

Romania

- Music Therapy in Romania (by Alexia Quin)

Slovenia

- Music Therapy in Slovenia (by Spela Loti Knoll)

South Korea

- Music Therapy in the Republic of Korea (by Jinah Kim)

Spain

- Music Therapy in Spain (by Patricia L. Sabbatella)

Sweden

- Music Therapy in Sweden (by Ann-Sofie Paulander, Ingrid Hammarlund, Dag Körlin, Hans-Olof Johansson & Rut Wallius)

Switzerland

- Music Therapy in Switzerland (by Susan Munro-Porchet)

Taiwan

- Music Therapy in Taiwan, 2003-2006 (by Chi Chen Sophia Lee)
- Music Therapy in Taiwan (by Chi Chen Sophia Lee)

Thailand

- Music Therapy in Thailand (by Bussakorn Sumrongthong)

Turkey

- Music Therapy in Turkey (by Rahmi Oruc Guvenc)

Ukraine

- Music Therapy in the Ukraine (by Mariya Ivannikova)
- Further Facts About the Historical Background to the Development of Music Therapy in the Ukraine (by Mariya Ivannikova)

United Kingdom

- Music Therapy in the United Kingdom (by Gary Ansdell, Leslie Bunt & Nigel Hartley)
- Update on Music Therapy in the United Kingdom (by Helen Odell-Miller & Stephen Sandford)

United States of America

- The State of Music Therapy in the Western Region of the United States (by David Luce)
- The State of Music Therapy in the Mid-Atlantic Region of the United States (by Brian Abrams)
- Music Therapy in the United States (by Michelle Hairston)
- The State of Music Therapy in the Southwestern Region of the United States (by Janice Harris)

Uruguay

- Music Therapy in Uruguay: A Long and Winding Road (by Mayra Hugo)

Venezuela

- Music Therapy in Venezuela (by Yermis L. Henriquez T.)

Appendix 4: Overview of survey invitation emails

A total of 597 survey invitation emails were sent to music therapy associations and their representatives, to other relevant associations, music therapy training institutions and other relevant institutions, as well as to colleagues from my own personal professional network (Table 13). The difference in the number of invitation emails that were sent in different regions of the world and countries relates partly to the amount of information available on the internet for each country and partly to my professional network and language limits (mainly websites available in English were searched).

	Music therapy associations	Representatives of music therapy associations	Other associations	Training institutions	Other institutions	Personal contacts	Total emails per region
Europe	47	28	8	87	35	225	430
Asia	4	3	1	5	2	21	36
Australasia and Oceania	2	1	0	2	1	8	14
North America	8	10	1	7	3	24	53
South America	6	2	0	1	7	16	32
Africa	0	0	0	1	1	5	7
International	0	25	0	0	0	0	25
Total emails per contact category	67	69	10	103	49	299	

Table 13: Overview of survey invitation emails per region and contact category

Descriptions of each mailing list contact category are provided below (for details, see Tsisis, 2014a):

- *Music therapy associations*: national or regional professional associations, societies or bodies of music therapists.
- *Representatives of music therapy associations*: individuals who serve as official representatives of music therapy associations.
- *Other associations*: professional and/or disciplinary associations that may have a wider scope but are related to music therapy (e.g. arts therapies associations or music and health associations).
- *Training institutions*: organisations that provide music therapy training programmes.

- *Other institutions*: training institutions that fall within the broader music and health field or may have a wider scope but are related to music therapy (such as integrative arts psychotherapy training programmes). In addition to training institutions, this category includes other types of music therapy-related organisations such as music therapy research centres.
- *Personal contacts*: individuals from my professional music therapy network.

Appendix 5: Example of survey invitation email

Welcome to the **1st International Survey on Music Therapists' Perceptions of Spirituality and Music Therapy!**

Please follow the link and complete this survey:

https://www.surveymonkey.net/s/spirituality_and_music_therapy

It should take approximately **15 minutes**.

This survey is part of my Doctoral research at Nordoff Robbins / City, University of London.

Read the attached file 'Personal Note' to find out more about myself, this survey and your participation.

...**no matter** what your view on spirituality is...

...**no matter** where in the world you work (or study) as a music therapist ...

you CAN take part and **have YOUR say!**

There are no 'right' or 'wrong' answers. Simply, be honest and write what **YOU** think.

The survey will be available online **until 20th August 2012**.

Please make sure you participate before this date.

Also, please forward this survey to other music therapists you know.

Thank you for your help!

Yours sincerely,

Giorgos

Giorgos Tsiris
MPhil Candidate

Nordoff Robbins

2 Lissenden Gardens, London NW5 1PQ


tel.: [+44 \(0\)20 7267 4496](tel:+442072674496)

email: giorgos.tsiris@nordoff-robbins.org.uk

web: www.nordoff-robbins.org.uk

NORDOFF ROBBINS – music transforming lives

Registered Charity No. 280960. The information contained in this email may be subject to public disclosure under the Freedom of Information Act 2000. Unless the information is legally exempt from disclosure, the confidentiality of this email and your reply cannot be guaranteed. If you are not the intended recipient please accept our apologies; please do not disclose, copy or distribute information in this email or take any action in reliance of its content: to do so is strictly prohibited and may be unlawful. Please inform us if this message has gone astray before deleting it. Thank you for your co-operation.

 Save a tree...please don't print this e-mail unless you really need to

Appendix 6: Personal survey invitation note

The following 'personal note' (Photograph 17) was attached to all survey invitation emails, providing a more personal tone to the research invitation. This note provided email recipients with background information about me as a researcher and my pilot study.

Spirituality and Music therapy

Hi! I am Giorgos Tsiris.
Thank you for visiting my survey.
Let me tell you a few things about myself, my research and YOUR participation.
Follow the footprints...

THIS ONLINE SURVEY...
This online survey is my pilot project. It **aims** to explore...
...what music therapists think about spirituality and its potential relationship to music therapy,
...problems or dilemmas that music therapists face, as well as suggestions for future actions regarding spirituality and music therapy.
Professionals and students around the world are welcome to complete this survey!

MY RESEARCH STUDY...
I started my PhD studies in 2011 at Nordoff Robbins, City University London.
My pilot project explores music therapists' perceptions of spirituality and its relevance (and irrelevance!) to music therapy.
My supervisors are Gary Ansdell and Mercèdès Pavlicevic.

ABOUT ME...
I was born and grew up in Greece.
I worked there as a musician and a special needs teacher.
I've always been interested in music and people.
In 2007 I travelled to London (UK) to study music therapy.

MY WORK...
I work as a music therapist with dying adults and their families at St Christopher's hospice. I also work as a research assistant at Nordoff Robbins in London.
For me, it is important to understand how spirituality relates (or not) to different music therapy practices.

YOU CAN HELP!
If you are a professional (or student) music therapist, please **CLICK THE LINK below** (https://www.surveymonkey.net/s/spirituality_and_music_therapy) and take part in my survey. It should take 15 minutes.
Remember...
...**no matter** what your view on spirituality is...
...**no matter** where you work in the world...
you CAN take part and **have YOUR say!**
There are no 'right' or 'wrong' answers. Simply, be honest. Write what YOU think.

CAN YOU HELP IN ANY OTHER WAY...?
Please **E-mail!** this survey to other music therapists you know. Encourage them to take part too.

CONTACT ME
If you wish, you can email me: giorgos.tsiris@nordoff-robbins.org.uk

Thanks!

Photograph 17: Personal survey invitation note

Appendix 7: Example of survey data analysis

Photograph 18 shows the spreadsheet where I exported the survey data. The survey responses for each question were also organised into separate work sheets to enable more detailed analysis. This included thematic analysis and identification of representative quotes (Photograph 19). Both of which informed the development of my findings' narrative, most of which I presented in prose format.

1.1) In which country do you currently work (or study) as a music therapist?	1.2) In which country did you (or currently do) study music therapy?	1.3) What is your gender?	1.4) What is your nationality?	2.1) Do you consider yourself a spiritual person?	2.2) Please use the boxes below to convey... ..how YOU experience spirituality in daily life.	2.3) Does your spirituality relate to any religion?	3.1) Is your spirituality connected to you as a therapist?
Open-Ended Response	Open-Ended Response	Male	Female	Open-Ended Response	Yes	No	Not sure
46	Switzerland and Aust	Switzerland	Male	Austrian	Yes		very
47	UK	UK	Female	Croatian	Yes		Spirituality is a way of going more co
48	UK	UK	Male	British	Yes		that the life and human existence is
49	Greece	UK	Male	Greek	Yes		that what we are is spiritual beings
50	UK	UK	Female	Taiwanese			finding a personal inner space beyor
51	USA	USA	Female	American			sometimes make me feel better
52	USA	USA	Female	American	Yes		listen music
53	USA	USA	Female	American	Yes		Believing in a higher power that wat
54	Austria	Germany	Female	German	Yes		Source of Inspiration and Support
55	USA	USA	Female	American	Yes		Being close to Heavenly Father and h
56							Pray daily and scripture reading, at
57	India	Austria	Male	Indian	Yes		meaning of life, religion, values, phil
58	UK	UK	Female	British			in my routine and imitating my guru
59	USA	USA	Female	Spanish			Yes
60	Austria	Austria	Female	Austrian	Yes		see live and all that happens in live
61	USA	USA	Female	American	Yes		a relationship with God
62	USA	USA	Female	Filipino	Yes		through devotions, prayers, rituals
63	USA	USA	Female	American	Yes		Being in tune and at one with nature
64	USA	USA	Female	American			Taking walks through nature, sper
65	Poland	UK	Female	Polish	Yes		To me spirituality is the acknowledge
66	UK	UK	Female	British	No		strive to maintain a positive energy
67	UK	UK	Female	British	Yes		in my thoughts, No
68	UK	UK	Female	British	Yes		prayer

Photograph 18: Spreadsheet with survey data

4.7) Do you have any (other) problems or dilemmas regarding spirituality and music therapy?	Yes	No	Not sure	Comments (optional):	Analysis
12	Yes			I feel that spirituality is a personal and individual philosophy. My dilemma is that I wonder how I might feel if I were a client and my therapist had very strong religious beliefs.	dilemmas re how clients may feel if their therapist has strong religious beliefs
13	Yes			I find incorporating spirituality into my MT sessions has lead to other dilemmas: For example a client and I will use music to support his or her spirituality, the client makes incorrect assumptions about me and then ask "Will you pray for me?"	problems that occur when integrating spirituality in music therapy practice / how to react when a client asks you to pray with them
14	Yes			I find the primary issue to be remaining in compliance with hospital and state regulations while still supporting the client when it comes to spiritual issues. We are frequently discouraged by co-workers from doing anything that could be perceived as "spiritual", but I find that this primarily means (to them) that we not share Christian beliefs with them. Other religions and forms of spirituality do not appear to have this same taboo.	dilemmas re how to comply with hospital and state regulations while suport ing the client who may bring spiritual issues / clash between clients' needs and policies and regulations
15	Yes			I have seen my stance towards spirituality changing through life. Spirituality could easily be connected with "a magical thought" where the responsibility of ourselves and our action can be transferred to an omnipotent element. So there is a danger of missing the reality.	danger of missing the reality of life (thinking of 'magical thoughts')
16	Yes			I just believe that this needs more open discussion in our profession.	more open discussion in profession
17	Yes			i think some MTs want to treat only persons from their own religious traditions. As therapists, i believe we must step out of our comfort zones and help people of all backgrounds, to teh best of our ability. We can address spiritual needs (e.g. the need to connect with other)without getting into reigious beliefs. However, i do think we need more training in this area.	need more training / problems with music therapists who want to have clients only from their own religious traditions
18	Yes			I think the inclusion of spirituality within the practice, study and methodology of music therapy is not scientific, and could be damaging to the profession. Spirituality is an individual issue, not an issue of the profession and should not be considered as such.	spirituality is not 'scientific' and its inclusion to MT practice /methodology can be damaging to the profession. Spirituality is an individual issue, and should not be considered to be a professional issue
				In my experience people who claim to be spiritual often are narcissistic about their spirituality, tending to evangelise and/or patronise pele, ignoring the less 'spiritual' sides of their characters that drive the actions. I think that self-	people who claim to be spiritual can be narcissistic about their spirituality and therefore

Photograph 19: Example of analysis of a survey question

Appendix 8: Overview of additional comments per survey question

On average 101 additional comments were given per closed question (see Figure 10 for the number of additional comments per question). The highest number of comments ($n = 158$) was given in response to question 3.2 “Is your spirituality connected to work as a music therapist?”, followed by the comments ($n = 155$) in response to the Likert statement 4.5 “Expressing my spirituality to my music therapy clients is unethical”. The lowest number of additional comments ($n = 46$) was given in response to question 4.4 “Finding the words to talk about spirituality and its relevance to my music therapy work is difficult”.

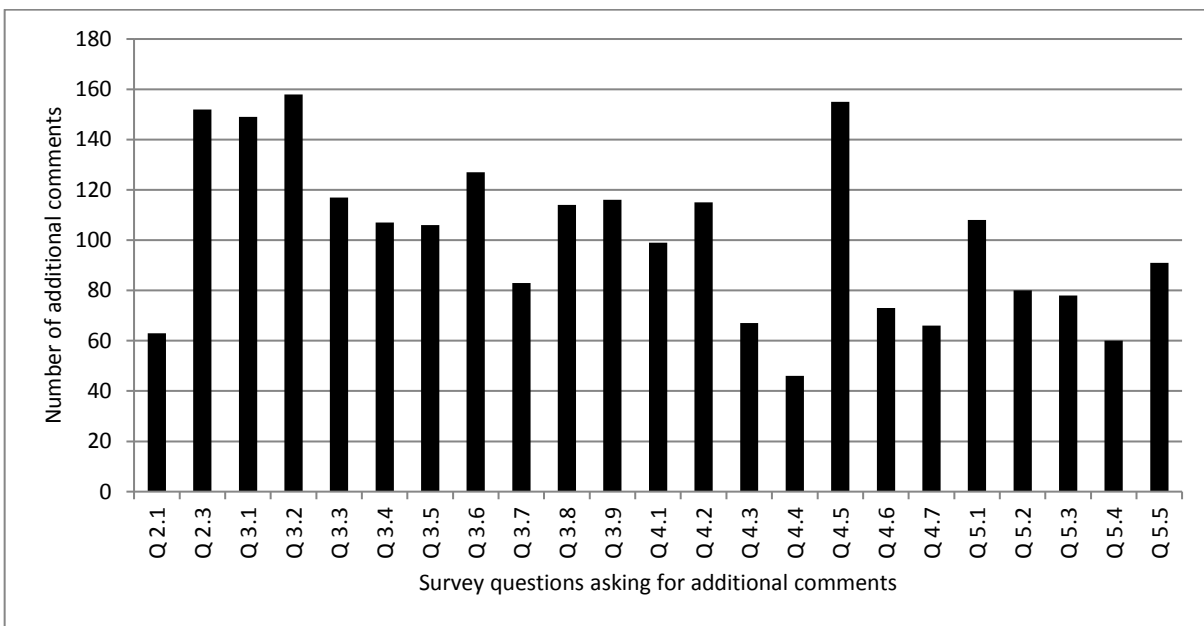


Figure 10: Number of additional comments per survey question

Appendix 9: Demographics and music therapy background of survey respondents

This appendix provides data regarding the profile of survey respondents. Table 14 to Table 16 provide demographic information regarding their nationalities as well as countries of residence and study. Table 17 to Table 20 provide information regarding their music therapy background. Respondents represented a range of music therapy trainings with 28% of them indicating that they had completed more than one training. The majority had experience in more than two areas of work (86%) and with more than one age group (89%).

No.	Nationality	n	%
1	British	82	22.4%
2	American	61	16.7%
3	Australian	22	6.0%
4	Austrian	19	5.2%
5	Swiss	16	4.4%
6	Canadian	15	4.1%
7	Danish	15	4.1%
8	Swedish	15	4.1%
9	German	14	3.8%
10	South African	12	3.3%
11	Belgian	9	2.5%
12	Irish	8	2.2%
13	Spanish	8	2.2%
14	Brazilian	6	1.6%
15	Greek	6	1.6%
16	Dutch	5	1.4%
17	French	5	1.4%
18	Italian	5	1.4%
19	Norwegian	5	1.4%
20	Israeli	4	1.1%
21	Japanese	4	1.1%
22	New Zealander	4	1.1%
23	Icelandic	3	0.8%
24	Indian	3	0.8%
25	Cypriot	2	0.5%
26	Belarusian	1	0.3%
27	Bulgarian	1	0.3%
28	Chilean	1	0.3%
29	Croatian	1	0.3%
30	Czech	1	0.3%
31	Filipino	1	0.3%
32	Hungarian	1	0.3%
33	Korean	1	0.3%
34	Latvian	1	0.3%
35	Lebanese	1	0.3%
36	Malaysian	1	0.3%
37	Mexican	1	0.3%
38	Namibian	1	0.3%
39	Polish	1	0.3%
40	Singaporean	1	0.3%

41	Thai	1	0.3%
42	Turkish	1	0.3%
43	Ukrainian	1	0.3%
	Total	366	100%

Table 14: Respondents' nationalities

No.	Country of residence	n	%
1	UK	96	27.2%
2	USA	72	20.4%
3	Australia	25	7.1%
4	Austria	20	5.7%
5	Denmark	17	4.8%
6	Sweden	16	4.5%
7	Switzerland	16	4.5%
8	Canada	13	3.7%
9	Germany	10	2.8%
10	Spain	10	2.8%
11	Belgium	9	2.5%
12	South Africa	8	2.3%
13	France	5	1.4%
14	New Zealand	5	1.4%
15	Brazil	4	1.1%
16	Norway	4	1.1%
17	The Netherlands	4	1.1%
18	Greece	3	0.8%
19	Israel	3	0.8%
20	Iceland	2	0.6%
21	India	2	0.6%
22	Ireland	2	0.6%
23	Argentina	1	0.3%
24	Bahrain	1	0.3%
25	Czech Republic	1	0.3%
26	Italy	1	0.3%
27	Namibia	1	0.3%
28	Turkey	1	0.3%
29	Uganda	1	0.3%
	Total	353	100%

Table 15: Respondents' countries of residence

No.	Country of music therapy study	n	%
1	UK	105	29.7%
2	USA	75	21.2%
3	Australia	24	6.8%
4	Austria	18	5.1%
5	Denmark	18	5.1%
6	Sweden	15	4.2%
7	Canada	14	4.0%
8	Switzerland	14	4.0%
9	Germany	13	3.7%
10	South Africa	11	3.1%
11	Spain	9	2.5%
12	Belgium	7	2.0%
13	France	6	1.7%
14	Brazil	3	0.8%
15	Ireland	3	0.8%
16	Israel	3	0.8%
17	New Zealand	3	0.8%
18	Norway	3	0.8%
19	Italy	2	0.6%
20	The Netherlands	2	0.6%
21	Argentina	1	0.3%
22	Czech Republic	1	0.3%
23	Finland	1	0.3%
24	India	1	0.3%
25	Turkey	1	0.3%
	Total	353	100%

Table 16: Respondents' countries of music therapy study

Training	n	%
Psychodynamic music therapy	163	49%
Music-centred (Nordoff-Robbins) music therapy	82	25%
Behavioural music therapy	53	16%
Guided Imagery and Music (GIM)	38	11%
Neurologic music therapy	21	6%
Anthroposophical music therapy	12	4%
Other (including: eclectic / integrative, humanistic, functionally-oriented and psychoanalytic music therapy)	88	27%
Total	331	100%

Table 17: Respondents' music therapy training

Years of working experience	n	%
1-5 years	103	30%
6-10 years	60	18%
11-20 years	62	18%
over 20 years	47	14%
I am a trainee music therapist	68	20%
Total	340	100%

Table 18: Respondents' years of working experience

Age groups	n	%
0-3 years old	140	42%
4-12 years old	252	75%
13-19 years old	228	68%
20-65 years old	292	87%
over 65 years old	232	69%
Total	335	100%

Table 19: Respondents' working experience with different client age groups

Areas of work	n	%
Autistic spectrum disorders	223	66%
Mental health	208	61%
Emotional and behavioural disorders	205	60%
Learning disabilities	189	56%
Elderly and dementia care	177	52%
Communication disorders	160	47%
Student training (teaching / supervision)	123	36%
Palliative and bereavement care	113	33%
Neurology / neuro-rehabilitation	97	29%
Trauma	97	29%
Self-referred clients / 'normal neurotics'	71	21%
Sexual abuse	61	18%
Stress management	60	18%
Addiction	58	17%
Research	58	17%
Eating disorders	55	16%
Forensic (outside the prison service)	30	9%
Prison	7	2%
Total	339	100%

Table 20: Respondents' areas of work⁶⁶

⁶⁶ In addition to the areas outlined in Table 20, 68 respondents (20%) reported some additional areas of work including: cancer/oncology, medical settings, community music, and neonatology.

Appendix 10: Potential follow-up study participants


Table 21 outlines the number of survey respondents per country who expressed their interest in taking part in a follow-up research study. Each of them provided their contact details at the time of survey completion.

No.	Country	n
1	UK	75
2	USA	54
3	Australia	15
4	Austria	14
5	Denmark	12
6	Canada	10
7	Switzerland	10
8	Sweden	9
9	Germany	8
10	South Africa	8
11	Belgium	6
12	France	6
13	Spain	6
14	New Zealand	4
15	Greece	3
16	Israel	3
17	The Netherlands	3
18	Brazil	2
19	Iceland	2
20	India	2
21	Bahrain	1
22	Czech Republic	1
23	Namibia	1
24	Norway	1
25	Uganda	1
	No country provided	2
	Total	259

Table 21: Survey respondents interested in a follow-up study

Appendix 11: Update for survey respondents

On 25th March 2013, the following one-page update was sent to all the 259 survey respondents who had expressed their interest in taking part in a follow-up study (Appendix 10). In addition to informing them about the ongoing development of my research and its preliminary findings, this update offered respondents the opportunity to share their opinions about the future potential direction of the study.



Spirituality and Music Therapy

Exploring music therapists' perceptions of spirituality: An international survey
(Update: March 2013)

Hi! I am Giorgos Tsiris.

In summer 2012 you took part in my online survey about spirituality and music therapy.

259 people from 25 countries wrote that they would be interested in taking part in a follow-up study. You are one of them! So, I am writing to keep you up-to-date with my study's progress and ask for your opinion about its potential future direction!

Follow the numbers...

2 A REMINDER ABOUT THE SURVEY...

This online survey is the pilot project for my PhD studies at Nordoff Robbins (City University, London).

NORDOFF ROBBINS
music transforming lives
CITY UNIVERSITY LONDON

This survey aims to explore...

- ...what music therapists think about spirituality and its potential relationship to music therapy;
- ... problems or dilemmas that music therapists face, as well as suggestions for future actions regarding spirituality and music therapy.

3 PROFILE OF RESPONDENTS

Thanks to all of you, **358 people** responded to this survey (81% female; 19% male) representing **43 different nationalities** and **29 countries** across the world. The three most represented countries are: **UK (27.2%), USA (20.4%)** and **Australia (7.1%)**.

Respondents represent a range of music therapy trainings with the most represented to be **psychodynamic (49%)** and **music-centred / Nordoff-Robbins (25%)**.

4 PRELIMINARY FINDINGS

I use descriptive statistics and thematic analysis to analyse the survey responses. Here, I sum up some numerical findings for your information.

The majority of participants (average 271, 76%) report that **spirituality is connected to them and their work as music therapists**.

Participants suggest that their **spirituality and music therapy practice are mutually informed**, i.e. their spirituality does not only inform their practice (n=225, 64%), but is also informed by it (n=213, 62%).

Most participants (n=273, 78%) report that their **way of thinking about health and illness is informed by their spirituality**, while on average 286 (81%) participants suggest that **music therapy contributes to spiritual well-being** and they take into consideration their **clients' spirituality**.

The diagram shows participants' perceptions of spirituality in relation to different **professional aspects of music therapy**.

5 WHAT'S NEXT...? HAVE YOUR SAY!

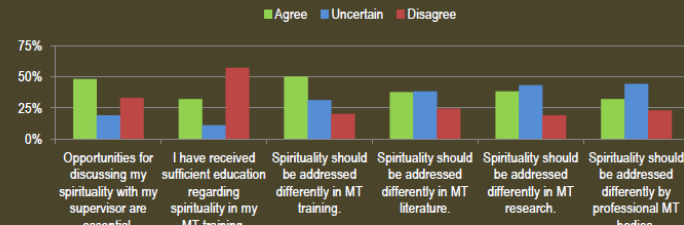
Currently, I am in the early stages of planning a **follow-up study on spirituality and music therapy**. I hope this will be a **collaborative study**, where music therapists not only take part as participants, but also **help to shape the study's focus**.

Do you have ideas or suggestions about the kind of research you would like to take part in, or see happening? If 'YES', please email me:

giorgos.tsiris@nordoff-robbins.org.uk Once again, THANK YOU!

6 HOW TO FIND OUT MORE ABOUT THE FINDINGS?

Many of you have asked whether the study findings will be published. In addition to my dissertation, I am planning to disseminate the findings through articles in peer-reviewed journals and conference presentations. Two presentations will take place at the **SEMPRE conference** (April 2013, Folkestone/UK) and the **SAME conference** (June 2013, Vilnius/Lithuania).



Statement	Agree (%)	Uncertain (%)	Disagree (%)
Opportunities for discussing my spirituality with my supervisor are essential.	50	25	25
I have received sufficient education regarding spirituality in my MT training.	25	10	65
Spirituality should be addressed differently in MT training.	50	25	25
Spirituality should be addressed differently in MT literature.	35	35	30
Spirituality should be addressed differently in MT research.	35	40	25
Spirituality should be addressed differently by professional MT bodies.	30	45	25

Photograph 20: Update for survey respondents

Appendix 12: Detailed timeline of data collection (ethnographically-informed study)

Table 22 gives a chronological overview of the different data collection components as these occurred during the ethnographically-informed study (see exact dates in brackets). The focus here is on the three primary data collection methods: fieldwork, online forum, and focus groups.

The bold forum entries indicate the number of forum messages that introduced a new discussion topic together with the name of the forum user who wrote that message (e.g. #4 Cynthia). Some of these messages were followed by a number of comments (e.g. #4.1 Scott). The total of 44 forum entries comprised 17 discussions and 27 comments.

		May	June	July	August	September	October	November
Field-work	<i>Hospice</i>		Visit 1 (16 th)	Visit 2 (2 nd)	Visit 3 (11 th)		Visit 4 (7 th) Visit 5 (21 st)	
	<i>School</i>		Visit 1 (30 th)			Visit 2 (8 th) Visit 3 (29 th)	Visit 4 (13 th)	Visit 5 (17 th)
	<i>Care home</i>			Visit 1 (9 th) Visit 2 (30 th)	Visit 3 (18 th)	Visit 4 (1 st) Visit 5 (22 nd)		
Online forum	#1 Giorgos (10th)		#4 Cynthia (3rd) #4.1 Scott (6 th)	#7 Giorgos (1st)	#10 Heather (16th)	#13 Giorgos (20th)	#15.3 Scott (1 st) #15.4 Heather (6 th)	#16.4 Giorgos (16 th)
	#2 Giorgos (10th)		#4.2 Cynthia (6 th) #4.3 Scott (6 th)	#8 Giorgos (7th) #8.1 Scott (9 th)	#11 Heather (16th) #11.1 Cynthia (18 th)	#14 Giorgos (20th) #14.1 Scott (20 th)	#16.1 Cynthia (5 th)	#17 Giorgos (16th)
	#3 Giorgos (16th)		#4.4 Giorgos (7 th) #4.5 Scott (10 th) #4.6 Heather (14 th) #4.7 Heather (14 th)	#8.2 Giorgos (19 th) #8.3 Scott (23 rd) #8.4 Scott (24 th) #8.5 Giorgos (25 th)	#12 Heather (16th) #12.1 Giorgos (19 th) #9.2 Giorgos (19 th)	#15 Giorgos (23rd) #15.1 Heather (29 th) #15.2 Giorgos (29 th)	#14.2 Cynthia (6 th) #16.2 Giorgos (11 th) #16.3 Scott (11 th)	
			#3.1 Giorgos (10 th)	#9 Giorgos (19th) #9.1 Cynthia (29 th)		#16 Giorgos (30th)		
			#5 Giorgos (7th)					
			#6 Giorgos (18th)					
	Focus groups	Opening group (13 th)						

Table 22: Detailed data collection timeline (10th May – 20th November 2015)

Appendix 13: Overview of data items (ethnographically-informed study)

During the follow up study, I collected a large number of diverse data items. For a detailed overview of the audio-recorded interviews, as well as of the photographs, artifacts and website material, see Table 23 and 24 respectively.

Site	Audio-recorded interviews	Code	Duration HH:MM:SS	Number of transcribed pages
Hospice	Elena, Physiotherapist (visit 1)	I1H1	00:11:14	3
	Heather, Music therapist (visit 1)	I2H1	00:21:54	3
	Heather, Music therapist (visit 1)	I3H1	00:33:40	4
	Donna, Librarian (visit 2)	I5H2	00:44:36	6
	Melissa, Arts team lead (visit 2)	I6H2	00:07:21	3
	Heather, Music therapist (visit 3)	I9H3	00:04:46	7
	Heather, Music therapist (visit 3)	I10H3	00:34:13	3
	Sally, Chaplain (visit 3)	I11H3	00:17:28	4
	Jess, Nurse (visit 3)	I12H3	00:17:51	3
	Penny, Child and family bereavement counsellor (visit 3)	I13H3	00:44:09	6
	Heather, Music therapist (visit 4)	I20H4	00:17:28	3
	Rita, Nurse (visit 5)	I21H5	00:57:18	8
	James, Community musician (visit 5)	I22H5	00:26:01	9
	Heather, Music therapist (visit 5)	I23H5	00:35:43	3
School	Scott, Music therapist (visit 1)	I4S1	01:00:16	8
	Scott, Music therapist (visit 2)	I15S2	01:07:51	3
	Elizabeth, Speech and language therapist (visit 2)	I16S2	00:47:02	9
	Sherry, Principal of the school (visit 3)	I18S3	01:03:30	10
	Scott, Music therapist (visit 3)	I19S3	00:51:43	3
	Mary, Head of the school (visit 5)	I24S5	00:18:58	8
	Scott, Music therapist (visit 5)	I25S5	01:03:03	7
Care home	Cynthia, Music therapist (visit 1)	I7C1	00:24:46	5
	Jeff, Care home manager (visit 2)	I8C2	00:50:45	6
	Cynthia, Music therapist (visit 3)	I14C3	00:44:16	8
	Cynthia, Music therapist (visit 5)	I17C5	00:17:54	4
TOTAL	25 interviews		14:43:16	136

Table 23: Overview of audio-recorded interviews

Site	Photographs	Artifacts	Website material
Hospice	79	78 photographs of literature-based material 25 documents 1 DVD	36 pages 1 audio file
School	71	95 photographs of literature-based material 3 documents	13 pages 6 downloaded items
Care home	22	20 photographs of literature-based material 11 documents 1 DVD	30 pages 1 video file
Total	172 photographs	234 artifacts	79 pages 8 downloaded items

Table 24: Overview of photographs, artifacts and website material

Appendix 14: Example of disassembling (audio-recorded discursive data: interviews)

Taking the example of interview I6H2, this appendix shows how I disassembled (analytic step B) the collected audio-recorded discursive data.

Below is the initial contents map that I developed after multiple listenings of the interview (substep 1 of interview disassembling):

Interview 6

Hospice, visit 2

Interviewee: Melissa, Arts team lead

Place: Hospice (Day Centre)

Mapping of the whole interview and transcription of targeted material.

Symbols:

= bits that have been skipped deliberately because they are not relevant

[?] = bits that are unclear in the recording and cannot be transcribed

[...] = deleted information as it reveals the identity of research participants or sites

Mapping of the whole interview

Music is accessible to a wide range of people. It can be accessible to people right at the end of their life; something that visual arts can't do.

[1:40] Music can offer a gentle accompanying of the people's journey right up to the end of their lives.

Music is very 'visible' at the hospice (afternoon/tea music; Sunday lunch music; concerts; community choir; services).

Music draws people in.

Community engagement has been at the core of the hospice's vision right from the start and it continues to be an organisational priority. The arts fit well with this vision. [see also scans of early Annual Reports].

The arts can be both subtle and 'out there'.

Music has a huge role in promoting the arts within the hospice.

The arts bring energy, life and community. They are noticeable (e.g. through schools' projects, etc.).

The community choir brings a huge mix of people.

The arts are the soul of the hospice.

[6:40] Without the arts things would be stuck in the hospice. The arts team bring flow and challenge things.

Excerpt of transcription of targeted interview material (substep 2 of interview disassembling):

Transcription of targeted material

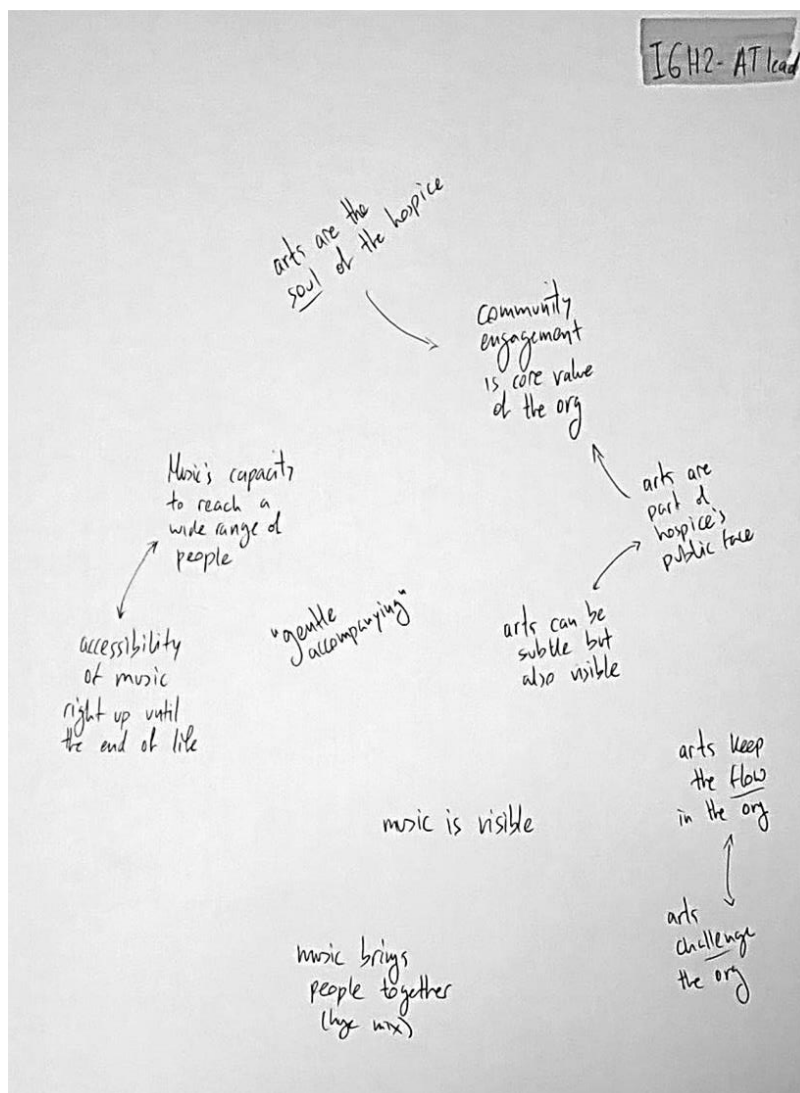
[1:15] Music can offer a gentle accompanying of the people's journey right up to the end of their lives.

M: ## with music you can work with people right up until they are dying. So, I have been really impressed by the fact that you would work with someone by the bedside during their process of dying and still stay with them. And I don't think that you could do the same using any of the other arts... I think it is impossible, but certainly with music there is a sort of gentle accompanying of someone on their journey which I think has been very valuable ##

[6:40] Without the arts things would be stuck in the hospice. The arts team bring flow and challenge things.

M: [without the arts] I think things would be a bit stuck. I think we keep the flow... and we challenge as well...

The conceptual map I developed (substep 3 of interview disassembling):



Photograph 21: Example of a conceptual mapping (interview)

Appendix 15: Example of disassembling (audio-recorded discursive data: focus groups)

This appendix includes a sample from the transcription of the closing focus group (FG2, pp. 4-10) and its conceptual map. Both the opening and the closing focus groups were transcribed verbatim in their entirety.

Example of transcription:

Transcript of closing focus group (FG2)

20 November 2015 (6.30-9pm), Nordoff Robbins London Centre

Participants (all names mentioned in the meeting are disguised):

Giorgos

Heather (music therapist from the hospice)

Scott (music therapist from the school)

Cynthia (music therapist from the care home, participating via Skype video call)

This is a verbatim transcription. Symbols:

= bits that have been skipped deliberately because they are not relevant (e.g. explaining practicalities about the forum etc.)

[?] = bits that are unclear in the recording and cannot be transcribed

[...] = deleted information as it reveals the identity of research participants or sites

[START OF SAMPLE]

Scott: Well I think, I am not sure how much I can add to our previous discussions at the school, but I definitely would say that I've been on a *journey*. And it's an ongoing journey to do with being a music therapist in this topic...

Heather: Hm

Scott: ...which is spirituality... and that's my own journey in this particular school where the school is on a journey and the therapy team is on a journey which is... So I am part of this bigger

journey that the whole school is on... which is very, very interesting and it has been through quite a lot of development, I think, in these six months.

Giorgos: Hm

Scott: So that's very interesting and, of course, it is ongoing. And the journey has to do with how the very specific framework of spirituality which has to do with Steiner's work...

Heather: Hm

Scott: how the rest of us are going to sort of assimilate that and accommodate it and how we're going to develop a shared language which is a theme in the school... we had whole school training sessions... cause most of the people in the school – care staff, education staff, therapists – are *not* anthroposophically trained. They are not 'Steiner people'. However, it *is* a Steiner school, so... you know, that's the task for the school. So, it's very, very interesting to me to be part of this process. As a part of this journey – personal, professional journey – within the context of a therapy team that is also going on a journey of how we are learning to work and understand each other when we come from very different perspectives, and within the context of the school which is the same.

Giorgos: Hm... So there is a bigger journey for everyone in your context and within it you as well.

Scott: Yes, very, very much... and in each stage of the journey it has been a different focus. So the focus now, in the last few weeks, which is to do with the whole school training sessions we had in the Steiner approach, it has been very much about... actually trying to develop a shared language. That's the way it has been presented to us. So that we can try to describe the work we're doing with the children using... informed by the Steiner sort of approach including all its spiritual aspects, you know, which has been quite strongly emphasised in all the training that we've had. You know, about the soul and the spirit and how you can work with that in a very everyday way – whether it has to do with doing projects you do in a particular time of the year, like Michaelmas which we've just had, or understanding, in the Steiner way, how the child's way of walking or way of being in their body, how you can get a sense of their soul life and their spiritual life through that.

Heather: Hm

Scott: And it is all very, very interesting... I found... links with all music therapy sort of tradition in many ways... but it is also new and unique and challenging and really interesting!

Giorgos: Hm

Scott: So, it has been a good journey to be on. Yeah. I'm just reading a PhD at the moment at school called "Autism and anthrop...anthr" ... I can't say it, can you say it?

Giorgos: Anthroposophy

Scott: Anthroposophy... don't ask me to spell it! But... and it's sort of referring to the children sort of having, being with spiritual beings, living sort of with spiritual beings and now being born in

the world and having to sort of... a difficulty leaving that world of being with these spiritual beings... So it is quite a challenging thought, but that's how it's put...it's very... it really makes me think and reflect a lot.

Heather: It makes me think of Wordsworth...

Scott: Exactly! Exactly!

Heather: and the 'Intimations of Immortality'

Scott: Exactly... and 'Trailing Clouds of Glory' and Wordsworth...

Heather: Yeah

Scott: I think it is the same sort of insight somehow

Heather: Yeah, and that makes me think that's such an interesting... I mean I have very limited experience of autism, but that's such an interesting way of thinking about autism.

Scott: That the children are still almost in that world...

Heather: Yeah, yeah

Scott: and having a difficult coming, as it's explained... coming *down* into our world and living in it

Heather: Hm

Giorgos: And I have to say that as part of *my* journey *with* you, it has been about understanding how in your context the anthroposophical understanding – as an explicit kind of spiritual understanding – extends to a spiritual understanding of the pathology.

Scott: Hm!

Giorgos: So when you talk about autism, they try to understand it from a spiritual point of view.

Scott: Yes

Heather: Hm

Giorgos: They don't try to say what happens in the brain...

Heather: Hm

Giorgos: ...or what happens with your hormones or...

Scott: No

Giorgos: But they say actually "what happens with..." ... many have used the word 'incarnation'

Scott: Yeah

Giorgos: "What happens with that spiritual being's incarnation?"

Scott: Yeah

Giorgos: And it has been such a journey for me to learn...

Scott: Yes!

Giorgos: I was reading... I took a book. There is a little library in Scott's school... I took a book... it is quite a similar topic to autism, but it was "Thoughts on mental retardation..."

Scott: Right!

Giorgos: “from an anthroposophical view” ... I mean it is from the 60s this one. It is from a lecture. But it’s interesting because, again, they talk about mental retardation as a problem or something happening with the person’s incarnation. So yeah, for me that has been a journey...

Scott: Hm

Giorgos: learning how spiritual understanding... certain spiritual understanding can inform pathology and then has links to practice

Scott: Yes. And I think it is almost unique. Isn’t it? The Steiner... in the way it’s spelled out in such detail and such thought about... it’s formulated in such a rich way – whatever you make of it – it really is... And I think that’s fantastic. I am not sure I can go along with all of it, but I am very, very pleased to be working in the school. And I do believe that there is something spiritual about the work, the place, the space of the school that has to do with this... hm... this sort of the values and this acknowledging of the spiritual dimension of life.

Heather: Hm

Scott: And I think that’s in the air in the place. And I notice how it’s... somehow within the children in many ways. The way they pick up the things in the school, in the culture of the school... in some of the therapies that seem to have a spiritual aspect to them.

Heather: It’s quite alien to our culture, isn’t it?

Scott: Yeah

Heather: to think in these sorts of ways

Scott: Definitely!

Heather: And, as you were speaking, I was thinking back at, you know, aboriginal myths and the spirit world...

Scott: Hm

Heather: But I was also just thinking about dementia as well...

Scott: Hm

Heather: and that sort of soul and spirit... in terms of looking at dementia... that sort of sense of people maybe *leaving* their bodies...

Scott: *leaving*, yeah

Heather: leaving their bodies... So you were talking about these kids trying to sort of come from...

Scott: *come in* to the body, literally...

Heather: and then, at the other end, people sort of...

Scott: Hm, yeah

Giorgos: Hm

Heather: ...very interesting! Do you... that way of thinking about things... has that... have you found yourself thinking like that in other areas of your work?

Scott: I’ve noticed that I’m beginning to a bit more.

Heather: Hm

Scott: I was working with the preschool children today. It's a completely regular preschool special needs playgroup, of the type that many music therapists work in. And I was sort of thinking in a Steiner kind of way slightly... yeah... So I am looking forward to seeing how that develops and then even thinking about that... and even think well how I may try to talk about the work to other people... maybe... we'll see... but I do, yes, yeah. It's interesting.

Heather: There is something to be written there, isn't there?

Scott: Could be!

All: *[Laughing]*

Scott: Who knows! No that's up to G... he's doing the writing! *[Laughing]* Yeah. But I think it's very, very interesting. I am very lucky to work in this particular school, I think. It's a very, very interesting place for a music therapist to work, I think. It brings out aspects of what we do anyway except of it helps us to see what they are, I think, a little bit more or see it in a different way or something... what we kind of do anyway and what our kind of work tends to sort of bring out because of the kind of approach that music therapy has – which isn't a prescribed sort of treatment, method kind of approach. Instead it is kind of being in the moment, open to what *might* happen with *this* person or people you are with just... that's really *inviting* the spiritual dimension to come in, isn't it really?

Heather: Hm

Scott: And I think... So the Steiner *framework*, it just helps to sort of make sense of that in a particular way that I like.

Heather: Hm

Giorgos: Do you, Heather or Cynthia, do you find any parallels of... you know, what Scott described in his own journey... Do you identify any parallels in your own kind of journeys?

Cynthia: Yeah. I would definitely describe this as a 'journey' [?] ## I think it has been a very, very perhaps... I have had to think about things that I wasn't aware of, but I have put lots of thought into.

Scott: Hm

Cynthia: I have, you know, my own personal views and thoughts on things and... which isn't a wider part of my role at the home and I guess it is something... [?] it's just... We may view things differently, or think about them differently or even try different things [?] different parts of my practice where I thought about trying different things. Certainly because I don't think there was anything that I wasn't *aware* of, but just the process of *talking* about it a lot has made me think more about spirituality at the home. A really good example was how [?] recently... the day that [?] the home was dressed in lots of ... and that day particularly was [?] and I felt that the spiritual atmosphere at the home was changed by the [?] a week in which we lost very

major [?] had a major impact on the home. And I felt it was a very difficult week. And it made me very, very aware of the impact on me [?] in the environment and in the way that other people processed that. And I became very... at the time I felt very separate from the rest of the home because I felt I had no one else seeing it this way or feel that way. Does this make sense?

Heather: Yeah

Scott: So, I think ... the journey of being part of this project has made me more aware of that, if that makes sense.

Giorgos: Yes, yes. I also remember – Cynthia, I don't know if you want to share this with the group as well, because there has been a development in your work, has it not? So you started running a hymn group...

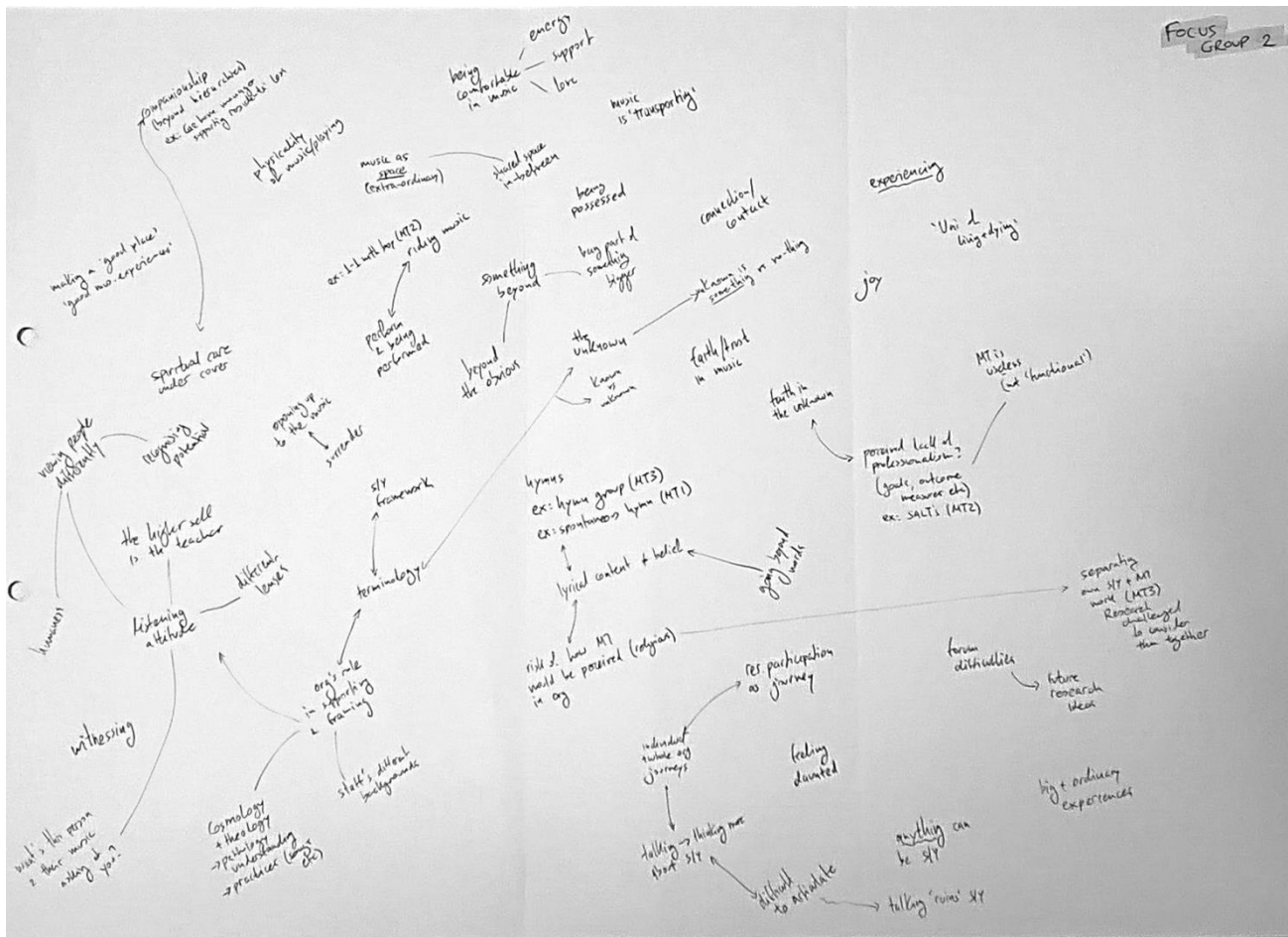
Cynthia: Yes

Giorgos: which you weren't when I started visiting you. So that was a development. It was not *because* of the project. It just happened that I was visiting you when this change happened in the care home. And it was interesting to discuss, the two of us, how you found that experience of running a hymn group and how that relates perhaps, or doesn't relate, to your own kind of spirituality.

Cynthia: Yeah. It has been something that I've been pondering for a while. The home has six services [?] and they are very... they are quite far, they are not there very often and it's... they haven't been particularly well attended. [?] I had felt... and it is something that I have talked to with [the manager of the music therapy service] about in the very beginning. I think when I started the course where he suggested I may come back later... there might be some opportunity for devotion time, or some kind of... and at the moment how [?] for various reasons, it is [?] in the main group for various reasons – because I don't feel that it is appropriate [?] avoid the hymn group [?] tradition in the larger group [?] for multiple reasons. [?] increased opportunity where [?] hymns and I think we had three until now and they have been extraordinarily well attended but also I find a real challenge... musically because I don't feel comfortable in the hymn tradition. My keyboard skills are not very strong. I find playing and studying hymns quite tricky and that would also [?] the most recent one... what has been nice about it is that people [?] relatives [?] because residents and their families [?]

[END OF SAMPLE]

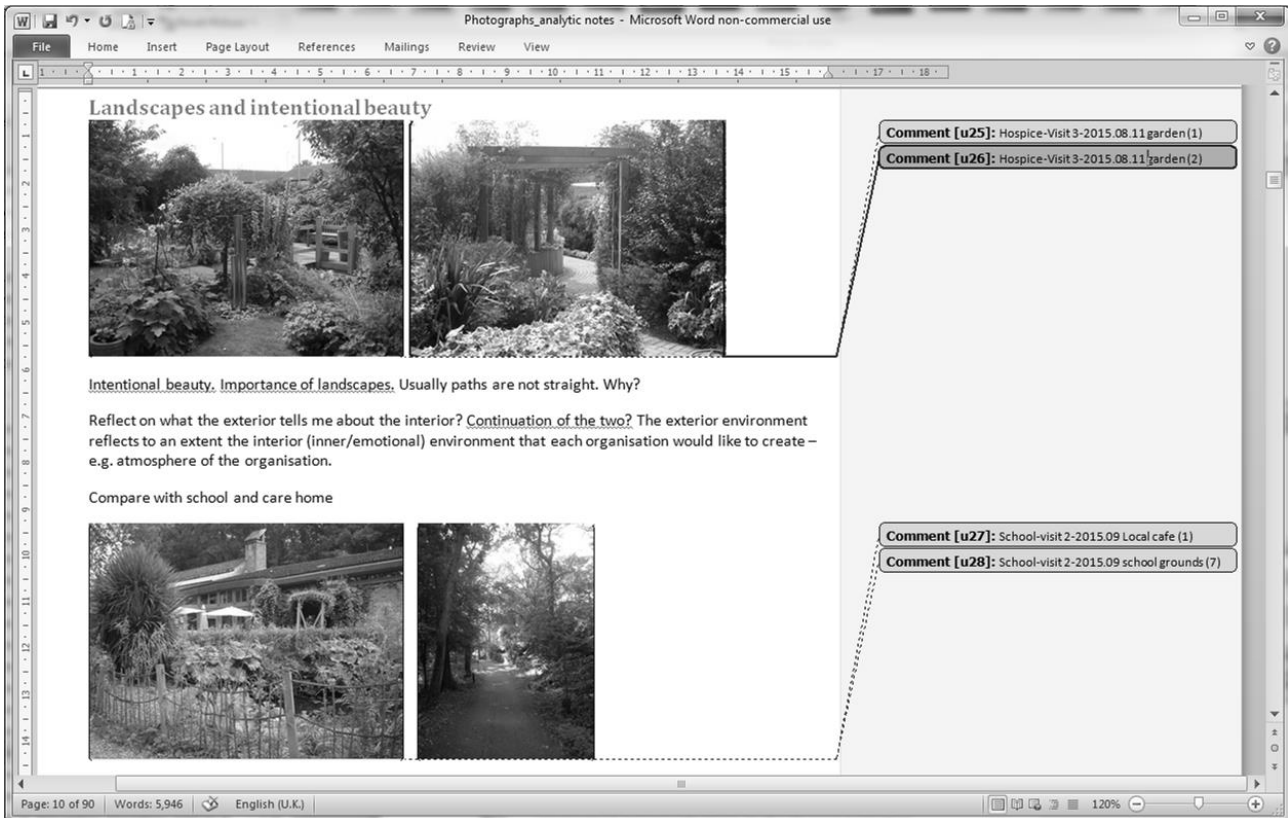
Example of conceptual mapping:



Photograph 22: Example of a conceptual mapping (focus group)

Appendix 16: Example of disassembling (audio-visual data)

As an illustration of the disassembling of audio-visual data (analytic step B), Photograph 23 shows part of my analytic notes in relation to the photographic material that I collected during my fieldwork.



Photograph 23: Example of analytic notes for photographs

Appendix 17: Example of emerging themes (ethnographically-informed study)

As part of disassembling (analytic step B) I identified a number of initial themes. These themes were populated in a database (Photograph 24) and as part of re-assembling (analytic step C) I tried to raise the meaning I attributed to them to a broader conceptual level in relation to my research questions (Photograph 25).

	F	G	H
1	Interview 5 (v2): Arts team lead	Interview 6 (v3): MT1	Interview 7 (v3): MT1
2	I6H2_AT lead	I9H3_MT1	I10H3_MT1
3	1 'gentle accompanying' (I6H2_AT lead)	1 music can transport you into a (spiritual) place (I9H3_MT1)	1 community choir and band attract a huge range of people pre-conceived ideas of who is in a 'caring' position (I10H3_MT1)
4	2 community engagement is a core value of the organisation (I6H2_AT lead)	1.2 music 'tricks' people (I9H3_MT1)	1.1 referring to J's case (homeless) (I10H3_MT1)
5	2.1 arts are part hospice's public face (I6H2_AT lead)	2 prayer-related arts group with no 'spiritual care' input (I9H3_MT1)	1.2 choir and band can transform people's (including staff) (I10H3_MT1)
6	2.1.1 arts can be subtle but also visible (I6H2_AT lead)	3 prayer can be about thinking of someone (beyond religion) (I9H3_MT1)	1.2.1 difficult staff dynamics (hierarchies and expectations) (I10H3_MT1)
7	2.1.2 music is visible (I6H2_AT lead)		1.3 experiencing losses beyond the hospice (e.g. 'well people' choir who have died) (I10H3_MT1)
8	3 arts are the 'soul' of the hospice (I6H2_AT lead)		2 arts team (and catering team?) work with the whole organisation (I10H3_MT1)
9	3.1 arts keep the 'flow' in the organisation (I6H2_AT lead)		3 local hospice sites develop own cultures and ethos shape daily actions (and histories). This can override hospice's

Photograph 24: Database with initial themes

	A	B	C	D
1		Substantive themes	Initial themes	How is spirituality performed in everyday music therapy contexts? How do different spirituality-music-health patterns emerge in relation to: <ul style="list-style-type: none"> • music-making situations, events and communities in music therapy practice • different organisations (workplaces) within which music therapy is practised • practitioners' music therapy training and approach • ethical considerations pertaining to practice and wider professional codes and policies
10	I1H1_Physio			
11		People have a 'personal' relationship with music	1 personal relationship with music (I1H1_Physio)	Spirituality is performed through music as a way of 'knowing'
12		Music gives 'comfort'	1.2 music gives me "comfort" (I1H1_Physio)	Spirituality is performed through people's personal relationships to music.
13		Music as a place and taking music in places (a portable place?)	1.3 "I can take music wherever I am" (I1H1_Physio)	Spirituality is performed through music capacity to take people to places. Music can be a place. Music can be taken to places.
14			3.2.1 music can help people make the gym "their place" (I1H1_Physio)	Music gives 'comfort'
15		Music as 'knowing'	3.2.2 music could bring another layer of "knowing" the person (I1H1_Physio)	PATTERN - music, place and transportation
16				PATTERN - music and comfort
17	I2H1_MT1			
18		Musical change can bring personal change	1.2 music can help you change musically and personally (I2H1_MT1)	Music therapists offer spiritual care 'under cover'
19			1.2.1 music can change your capacity for tolerance of others (I2H1_MT1)	Spirituality is performed 'under cover'

Photograph 25: Database with substantive themes

Given the nature of my methodology, my analysis did not aim to produce detailed lists of codes, themes and categories with more or less linear relationships between them (which is common in other types of qualitative research that emphasise inductive and/or deductive analysis; see Cho and Lee, 2014). The main function of the emerging themes in my case, where I fostered a more abductive stance, was to help with the construction and reconstruction of my ethnographic narrative during interpreting (analytic step D) and concluding (analytic step E).

Appendix 18: Letter seeking research governance approval from host organisations

Letter seeking research governance approval from [name of organisation]



From: Giorgos Tsisis, PhD Research Student, Nordoff Robbins / City, University of London

To: [name of organisation]

Date: [date]

Hereby, I kindly request your approval to visit [name of organisation] for the purposes of my doctoral research on music therapy and spirituality⁶⁷. Below I provide information about my research and [name of organisation]'s potential contribution as a 'host organisation' for my study.

Background

My name is Giorgos Tsisis and I am currently conducting my doctoral research at the Nordoff Robbins MPhil/PhD research programme, which is validated by City, University of London. I have been working at St Christopher's Hospice as a music therapist since 2009, while at the same time I have been working as a researcher at Nordoff Robbins (a national music therapy charity).

My doctoral research focuses on spirituality and music therapy. I am interested in understanding the place of spirituality in particular music therapy contexts and gain an insight into how spirituality, music and health interweave in people's lives. I am not looking for particular answers since spirituality can mean very different things to different people and settings.

As a first research step, I did an international pilot study surveying music therapists' perceptions of spirituality and its relevance to their practice. The pilot set the ground for this current qualitative study which includes three cases studies of organisations that provide music therapy services.

The music therapist, [name of music therapist], who works at your organisation has provisionally agreed to take part in this study, provided research governance approval is given by the organisation.

[Name of organisation]'s role as a 'host organisation'

As part of my research I would like to visit [name of organisation]. These visits (maximum of five) will be scheduled in advance in collaboration with the music therapist and will take place over a six-month period.

During my visits I would like to do observations ('hang about'), have ad-hoc conversations with people ('chat' with staff, volunteers, as well as pupils and their families/carers/visitors), keep notes from real-life music therapy situations, as well as collect leaflets or other material which might be publicly available at the organisation. If appropriate, I would also like to do interviews with certain individuals who have the capacity to give informed consent and may be deemed appropriate for my study's focus.

In order to gain a more holistic view of the organisation's life, I would like to observe and have ad-hoc conversations with people within the different localities where music therapy is offered, if appropriate and possible. These observations will be done only as part of 'shadowing' the music therapist. Of course, I appreciate that I may not be able to 'shadow' them in certain situations due to confidentiality or other reasons.

No change to people's practice and daily schedule will be required during my visits. From time to time, however, I may ask to observe aspects of their activities (attend, for example, a multi-professional meeting or a group music session) and chat with them during the day.

⁶⁷ The working title of my research study is: "Music therapy and spirituality: Exploring spirituality-music-health patterns in everyday music therapy contexts".

As part of this study, the music therapist will be the only person from your organisation who will also be asked to take part in an online forum. The forum will include a number of music therapist participants from different organisations discussing music therapy and spirituality, drawing from their working experiences at their respective organisations. Music therapists will participate to the forum at their own time and not as part of their working hours at their organisations.

Ethical clearance

All ethical standards and procedures have been scrutinised and approved by the Nordoff Robbins Research Ethics Committee.

Privacy, anonymity, confidentiality and data protection

All people's participation is voluntary and they can withdraw at any time during the research project. All collected data will be stored securely in a locked cabinet and password-protected disks according to the Data Protection Act 1998. Data will be destroyed five years after the completion of the study.

Participants' privacy, anonymity and confidentiality will be respected throughout all the research stages. In the unlikely situation of revealing unsafe practice, however, I will need to breach confidentiality and activate the relevant safeguarding procedures.

Interviews may be conducted only with people who have the mental capacity to give informed consent. For people under 16 years of age, their parent or guardian will need to sign an assent form, while they will need to be present if I do an interview with their child.

Research findings will be disseminated through academic publications and presentations. Some quotations from participants might be used anonymously to illustrate the findings. The name of your organisation will not be revealed.

Your participation matters

This research is expected to make an important contribution to our knowledge of music therapy and spirituality, and [name of organisation]'s involvement as a host organisation is considered as key. I hope also that this research will contribute to [name of organisation]'s own research activity and to the further development of its music therapy service.

* * * * *

I hope the information above helps you to consider my research proposal and [name of organisation]'s potential involvement. If you would like any further information or if you have any questions or concerns about this study, please contact me or my academic supervisors.

I would be grateful if you could let me know in writing whether you give your permission for [name of organisation] to be a 'host organisation' for this study.

Thank you in advance.

Yours sincerely,

Giorgos Tsisris

Doctoral Research Student

email: giorgos.tsisris@nordoff-robbins.org.uk

tel.: +44 (0) 7942 679 681

Supervisors: Dr Gary Ansdell, email: gary.ansdell@nordoff-robbins.org.uk
Prof Mercédès Pavlicevic, email: mercedes.pavlicevic@nordoff-robbins.org.uk
tel.: +44 (0) 20 7267 4496

Appendix 19: Participation information sheet for music therapists

Participant Information Sheet

Music Therapists

Research study: Music therapy and spirituality: Exploring spirituality-music-health patterns in everyday music therapy contexts

Researcher's name: Giorgos Tsiris



Who am I?

My name is Giorgos Tsiris and I am PhD student at Nordoff Robbins / City, University of London. At the same time, I am working as a music therapist at St Christopher's Hospice and as a researcher at Nordoff Robbins (a national music therapy charity).

Why do I contact you?

I would like to invite you to take part in my research. Below I provide information about my research and your potential participation. I hope this will help you decide whether you wish to take part.

What is my research study about?

My doctoral research focuses on spirituality and music therapy. I am interested in understanding the place of spirituality in particular music therapy contexts and gain an insight into how spirituality, music and health interweave in people's lives. I am not looking for particular answers since spirituality can mean very different things to different people and settings.

As a first research step, I did an international pilot study surveying music therapists' perceptions of spirituality and its relevance to their practice. The pilot set the ground for this current qualitative study which includes three cases studies exploring music therapy and spirituality within the context of three different organisations that provide music therapy services. One of these organisations is [name of organisation] where you work.

What would your research participation entail?

I would like to invite you to take part in my research as a music therapist participant drawing particularly from your working experience at [name of organisation]. I will be collecting data for six months (hopefully starting in March 2015) and during this time I would like to visit you (maximum of five times) at [name of organisation]. Your participation will require no change in your practice and your daily schedule. However, I will ask to observe aspects of your activities ('hanging about', for example, in multi-professional meetings and group music sessions), have ad-hoc conversations ('chats') with you during the day, and I may ask to interview you when appropriate and possible. Interviews might be audio-recorded if you agree. I will also be keeping notes about narratives and real-life music therapy situations, as well as collecting artefacts (e.g. leaflets). Of course, I appreciate that I may not be able to 'shadow' you in certain situations due to clients' confidentiality or other reasons. That's fine.

In addition to my visits, I would like you to take part in a closed secure online forum together with two other music therapist participants and myself. Although the extent and frequency of your forum input will be up to you, as a forum member you will be expected to have a minimal input once per two weeks. Members' input can range including the use of the forum as an online shared diary (reflecting on spirituality's place in their daily practice) and as a platform for dialogue and constructive debate (where forum members share experiences, dilemmas and questions) regarding spirituality and music therapy. In addition to interacting textually with other forum members, you will be able to upload material in pictorial and audio form as long as people's names or other identifiable information are not revealed (e.g. a photograph of a poster). Audio-visual material where people can be identified (e.g. a photograph or a

video clip from a music therapy situation) can be shared in the online forum only if consent for public use of such material has been gained according to your organisation's standards.

Finally, a two-hour meeting together with two other music therapist participants and myself will take place at the beginning and at the end of the study. These meetings will offer opportunities to meet each other and reflect on different aspects of the project. The meetings will take place at a mutually agreed time and place. Your travel expenses will be covered.

Are there any ethical considerations about this study?

This study has been approved by the Nordoff Robbins Research Ethics Committee and [name of organisation] has given research governance approval. Your participation is voluntary and you can withdraw at any time during the research project with no impact on your professional career.

All collected data will be stored securely in a locked cabinet and password-protected disks. Data will be destroyed five years after the completion of the study.

Your confidentiality, anonymity and privacy will be respected throughout all the research stages. In the unlikely situation of revealing unsafe practice during your participation, however, I will need to breach confidentiality and activate the relevant safeguarding procedures.

Data will be analysed to identify emerging themes, some of which may be shared on the online forum as discussion points. Access to the forum will be password-protected and all forum members will agree to respect other members' opinions as well as their confidentiality and privacy. According to this agreement all forum material (including forum passwords, discussions and audio-visual material) are confidential and will not be shared with any third party (i.e. non-forum members) at any time during the study and after its completion. Also, forum participants will agree not to reveal real names or other information which could lead to the identification of people. Violation of this agreement will lead to one's immediate exclusion from the forum.

Research findings will be disseminated through academic publications and presentations. Some quotations from the conversations, interviews or forum participation might be used anonymously to illustrate the findings.

Why does your participation matter?

This research is expected to make an important contribution to our knowledge of music therapy and spirituality. This is a relatively undeveloped research area in music therapy and your participation can make a difference.

Would you like to take part in this study?

If you wish to take part in this research, please sign the attached Consent Form.

Do you have any questions or concerns?

If you have any questions about this study, please contact me. For any concerns or complaints, please contact my supervisors.

Thank you in advance.

Yours sincerely,

Giorgos Tsiris

Doctoral Research Student, Nordoff Robbins Music Therapy / City, University of London

email: giorgos.tsiris@nordoff-robbins.org.uk / tel.: +44 (0) 7942 679 681

Supervisors: Dr Gary Ansdell, email: gary.ansdell@nordoff-robbins.org.uk
Prof Mercédès Pavlicevic, email: mercedes.pavlicevic@nordoff-robbins.org.uk
tel.: +44 (0) 20 7267 4496

8. I understand that during my forum participation I should not reveal real names or other information which could lead to the identification of people. Audio-visual material can be shared in the forum only if no people or other personal information such as people's names can be identified (e.g. a photograph of a poster). In cases where people can be identified (e.g. a photograph or a video clip from a music therapy situation) this can be shared in the online forum only if consent for public use of such material has been gained by the respective hosting organisation.	YES / NO
9. I understand that quotations from my interviews or forum participation might be used anonymously to illustrate the study findings.	YES / NO
10. I understand that all collected data will be stored safely and destroyed five years after the completion of the study.	YES / NO
11. I understand that the research findings will be disseminated through academic publications and presentations.	YES / NO

If you understand the information above and give your informed consent to take part in this study, please sign below.

_____	_____	_____
Name	Signature	Date (DD/MM/YY)

* * * * *

**Please return this form to Giorgos Tsiris
and keep a copy for your own reference.**

Thank you in advance for your help.

Giorgos Tsiris
 Doctoral Research Student, Nordoff Robbins Music Therapy/ City, University of London
 email: giorgos.tsiris@nordoff-robbins.org.uk / tel.: +44 (0) 7942 679 681

If you have any concerns or complaints about this study, please contact my supervisors:
 Dr Gary Ansdell, email: gary.ansdell@nordoff-robbins.org.uk
 Prof Mercédès Pavlicevic, email: mercedes.pavlicevic@nordoff-robbins.org.uk
 tel.: +44 (0) 20 7267 4496

Appendix 21: Participation information sheet for staff and volunteers

Participant Information Sheet

[Name of organisation] Staff and Volunteers



Research study:	Music therapy and spirituality: Exploring spirituality-music-health patterns in everyday music therapy contexts
Researcher's name:	Giorgos Tsisris

Who am I?

My name is Giorgos Tsisris and I am PhD student at Nordoff Robbins/ City, University of London. At the same time, I am working as a music therapist at St Christopher's Hospice and as a researcher at Nordoff Robbins (a national music therapy charity).

Why do I contact you?

I would like to invite you to take part as an interviewee in my research. Below I provide information about my research and your potential participation. I hope this will help you decide whether you wish to take part.

What is my research study about?

My doctoral research focuses on music therapy and spirituality. I am interested in understanding the place of spirituality in particular music therapy contexts and gain an insight into how spirituality, music and health interweave in people's lives. I am not looking for particular answers since spirituality can mean very different things to different people and settings.

As a first research step, I did an international pilot study surveying music therapists' perceptions of spirituality and its relevance to their practice. The pilot set the ground for this current qualitative study which includes three cases studies exploring music therapy and spirituality within the context of three different organisations that provide music therapy services. One of these organisations is [name of organisation] where you work.

What would your research participation entail?

As part of my research I would like to interview you. I would like to ask you a few questions about your own experience of spirituality and music therapy, drawing particularly from your working experience at [name of organisation].

Your participation will require no change in your practice and your daily schedule. The interview will take a maximum of one hour and might be audio-recorded if you agree.

Are there any ethical considerations about this study?

This study has been approved by the Nordoff Robbins Research Ethics Committee and [name of organisation] has given research governance approval. Your participation is voluntary and you can withdraw at any time during the research project with no impact on your professional career.

All collected data will be stored securely in a locked cabinet and password-protected disks. Data will be destroyed five years after the completion of the study.

Your confidentiality, anonymity and privacy will be respected throughout all the research stages. In the unlikely situation of revealing unsafe practice during your participation, however, I will need to breach confidentiality and activate the relevant safeguarding procedures.

Collected data will be analysed and shared anonymously with other music therapists who take part in this research too. Research findings will be disseminated through academic publications and presentations. Some quotations from the interview might be used anonymously to illustrate the findings.

Why does your participation matter?

This research is expected to make an important contribution to our knowledge of music therapy and spirituality. This is a relatively undeveloped research area in music therapy and your participation can make a difference.

Would you like to take part in this study?

If you wish to take part in this research, please sign the attached Consent Form.

Do you have any questions or concerns?

If you have any questions about this study, please contact me. For any concerns or complaints, please contact my supervisors.

Thank you in advance.

Yours sincerely,

Giorgos Tsisris

Doctoral Research Student, Nordoff Robbins Music Therapy / City, University of London

email: giorgos.tsisris@nordoff-robbins.org.uk / tel.: +44 (0) 7942 679 681

Supervisors: Dr Gary Ansdell, email: gary.ansdell@nordoff-robbins.org.uk
Prof Mercédès Pavlicevic, email: mercedes.pavlicevic@nordoff-robbins.org.uk
tel.: +44 (0) 20 7267 4496

Appendix 22: Consent form for staff and volunteers

Consent Form

[Name of organisation] Staff and Volunteers



Research study:	Music therapy and spirituality: Exploring spirituality-music-health patterns in everyday music therapy contexts
Researcher's name:	Giorgos Tsiris

Thank you for considering taking part in this study. Please read and circle your answers for each of the below:

1. I have read the Participation Information Sheet and had time to consider the provided information. Also, my questions (if any) have been answered.	YES / NO
2. I understand that my research participation is voluntary and I can withdraw at any time. Participation or withdrawal has no impact on my professional career.	YES / NO
3. I understand that my research participation entails an interview (maximum one hour). I will be asked questions about my experience of spirituality and music therapy drawing from my working experience at [name of organisation].	YES / NO
4. I give my permission to audio-record the interview.	YES / NO
5. I understand that my confidentiality, anonymity and privacy will be respected at all times during the research study. In the unlikely situation of revealing unsafe practice, however, the researcher will breach confidentiality and activate the relevant safeguarding procedures.	YES / NO
6. I understand that quotations from my interview might be used anonymously to illustrate the study findings.	YES / NO
7. I understand that all collected data will be stored safely and destroyed five years after the completion of the study.	YES / NO
8. I understand that the research findings will be disseminated through academic publications and presentations.	YES / NO

If you understand the information above and give your informed consent to take part in this study, please sign below.

_____	_____	_____
Name	Signature	Date (DD/MM/YY)

Please return this form to Giorgos Tsiris and keep a copy for your own reference.
Thank you in advance for your help.

Giorgos Tsiris, Doctoral Research Student, Nordoff Robbins Music Therapy / City, University of London
email: giorgos.tsiris@nordoff-robbins.org.uk / tel.: +44 (0) 7942 679 681

If you have any concerns or complaints about this study, please contact my supervisors:

Dr Gary Ansdell, email: gary.ansdell@nordoff-robbins.org.uk

Prof Mercédès Pavlicevic, email: mercedes.pavlicevic@nordoff-robbins.org.uk

tel.: +44 (0) 20 7267 4496

Appendix 23: Participant information sheet for clients, families/carers and visitors ⁶⁸

Participant Information Sheet

[Name of organisation] Clients, Families/Carers and Visitors



Research study:	Music therapy and spirituality: Exploring spirituality-music-health patterns in everyday music therapy contexts
Researcher's name:	Giorgos Tsiris

Who am I?

My name is Giorgos Tsiris. I am doing a research project about music therapy and spirituality.

Why do I contact you?

I would like to invite you to take part in my research. Below I provide information about my research and your potential participation. I hope this will help you decide whether you wish to take part.

What is my research about?

My research is about music therapy and spirituality. I am not looking for particular answers since spirituality can mean very different things to different people and settings.

This research includes three different organisations that provide music therapy services. One of these organisations is [name of organisation].

What would your research participation entail?

As part of my research I would like to interview you. I would like to ask you a few questions about spirituality and music therapy drawing from your experience at [name of organisation].

Your participation will require no change in your daily schedule at [name of organisation]. The interview will take a maximum of one hour and might be audio-recorded if you agree.

Are there any ethical considerations about this research?

This research has been approved by the Nordoff Robbins Research Ethics Committee and [name of organisation] has given research governance approval. Your participation is voluntary and you can withdraw at any time with no impact on the care that you (or your family member/friend) receive at [name of organisation].

All collected data will be stored securely and will be destroyed five years after the completion of the research.

Your confidentiality, anonymity and privacy will be respected at all times. In the unlikely situation of revealing unsafe practice during your participation, however, I will need to breach confidentiality and activate the relevant safeguarding procedures.

Collected data will be analysed and shared anonymously with other music therapists who take part in this research. Research findings will be disseminated through publications and presentations. Some quotations from your interview might be used anonymously to illustrate the findings.

⁶⁸ The term 'clients' was changed to 'patients', 'residents' or 'students' as appropriate for each organisation's participation information sheets and consent forms.

Why does your participation matter?

This research will help us understand music therapy and spirituality. Your participation can make a difference.

Would you like to take part in this research?

If you wish to take part in this research, please sign the attached Consent Form.

Do you have any questions or concerns?

If you have any questions about this research, please contact me. For any concerns or complaints, please contact my supervisors.

Thank you in advance.

Yours sincerely,

Giorgos Tsisis

Doctoral Research Student, Nordoff Robbins Music Therapy / City, University of London

email: giorgos.tsisis@nordoff-robbins.org.uk / tel.: +44 (0) 7942 679 681

Supervisors: Dr Gary Ansdell, email: gary.ansdell@nordoff-robbins.org.uk
Prof Mercédès Pavlicevic, email: mercedes.pavlicevic@nordoff-robbins.org.uk
tel.: +44 (0) 20 7267 4496

Appendix 24: Consent form for clients, families/carers and visitors

Consent Form

[Name of organisation] Clients, Families/Carers and Visitors



Research study:	Music therapy and spirituality: Exploring spirituality-music-health patterns in everyday music therapy contexts
Researcher's name:	Giorgos Tsiris

Thank you for considering taking part in this study. Please read and circle your answers for each of the below.

-
1. I have read the Participation Information Sheet and had time to consider the provided information. Also, my questions (if any) have been answered. **YES / NO**

 2. I understand that my research participation is voluntary and I can withdraw at any time. Participation or withdrawal has no impact on the care or music therapy that I (or my family member/friend) access. **YES / NO**

 3. I understand that my research participation entails an interview (maximum one hour). I will be asked questions about spirituality and music therapy drawing from my experience at [name of organisation]. **YES / NO**

 4. I give my permission to audio-record the interview. **YES / NO**

 5. I understand that my confidentiality, anonymity and privacy will be respected at all times. In the unlikely situation of revealing unsafe practice, however, the researcher will breach confidentiality and activate the relevant safeguarding procedures. **YES / NO**

 6. I understand that quotations from my interview might be used anonymously to illustrate the study findings. **YES / NO**

 7. I understand that all collected data will be stored safely and destroyed five years after the completion of the study. **YES / NO**

 8. I understand that the research findings will be disseminated through publications and presentations. **YES / NO**

If you understand the information above and give your informed consent to take part in this study, please sign below.

_____	_____	_____
Name	Signature	Date (DD/MM/YY)

Please return this form to Giorgos Tsiris and keep a copy for your own reference.

Thank you in advance for your help.

Giorgos Tsiris, Doctoral Research Student, Nordoff Robbins Music Therapy / City, University of London
email: giorgos.tsiris@nordoff-robbins.org.uk / tel.: +44 (0) 7942 679 681

If you have any concerns or complaints about this study, please contact my supervisors:

Dr Gary Ansdell, email: gary.ansdell@nordoff-robbins.org.uk

Prof Mercédès Pavlicevic, email: mercedes.pavlicevic@nordoff-robbins.org.uk

tel.: +44 (0) 20 7267 4496

Appendix 25: Letter seeking online forum support

Letter seeking online forum support



Research study: Music therapy and spirituality: Exploring spirituality-music-health patterns in everyday music therapy contexts

Researcher's name: Giorgos Tsisir

Hereby, I kindly request your agreement to develop, host and support an online forum for the purposes of my doctoral research on music therapy and spirituality. Below I provide information about my research and your potential contribution.

Background

My name is Giorgos Tsisir and I am currently conducting my doctoral research at the Nordoff Robbins MPhil/PhD research programme, which is validated by City, University of London, UK.

As part of the data collection process for my research, I will invite three music therapists to participate in a closed and secure online forum where they will be able to interact textually as well as to upload material in pictorial and audio form. Forum participation will last for six months (hopefully starting in April 2015).

All ethical standards and procedures for this study have been scrutinised and approved by the Nordoff Robbins Research Ethics Committee. People's participation is voluntary and they can withdraw at any time during the research project. Access to the forum will be password-protected and forum members' confidentiality, anonymity and privacy will be strictly respected throughout all the research stages. All forum material (including forum passwords, discussions and audio-visual material) are confidential and should not be shared with any third party (i.e. non-forum members) at any time during the study and after its completion. All collected data will be stored securely in password-protected computers or memory disks according to the UK's Data Protection Act 1998. Data will be destroyed five years after the completion of the study. Research findings will be disseminated through academic publications and presentations.

Agreement

On the basis of the above, I request your input in setting up, hosting and supporting the online forum for the duration of its existence (maximum six months). I understand that it would be possible to host the online forum on your domain [name of domain], while an SSL certificate (https) will need to be purchased for enhancing the forum's security. The cost for this will be covered. I also aim to cover any additional emerging costs (i.e. for your work time), but this will depend on the success of my relevant research funding applications.

I appreciate that as part of your potential role in supporting the forum, you may need to access the forum. Your forum access, however, will need to be limited to technical matters (e.g. resolving any emerging technical difficulties) and to comply with the ethical standards outlined above. This includes respecting forum members' confidentiality, anonymity and privacy as well as the aforementioned data protection considerations.

* * * * *

I hope the information above helps you to consider my proposal and your potential involvement. I would be grateful if you could let me know whether you agree to develop, host and support the online forum for my research, by signing below. If you would like any further information or if you have any questions, please let me know.

Thank you in advance.

Yours sincerely,

Giorgos Tsiris

Doctoral Research Student, Nordoff Robbins Music Therapy / City, University of London

email: giorgos.tsiris@nordoff-robbins.org.uk / tel.: +44 (0) 7942 679 681

Supervisors: Dr Gary Ansdell, email: gary.ansdell@nordoff-robbins.org.uk
Prof Mercédès Pavlicevic, email: mercedes.pavlicevic@nordoff-robbins.org.uk
tel.: +44 (0) 20 7267 4496

Thank you for considering contributing to this study. If you understand the information above and give your informed consent to contribute to this study, please sign below.

Name

Signature

Date (DD/MM/YY)

* * * * *

**Please return this form to Giorgos Tsiris
and keep a copy for your own reference.**

Thank you in advance for your help.

Appendix 26: People's names and roles in the research sites (ethnographically-informed study)

During my fieldwork I encountered a large number of people in each research site, including professionals, clients, families and volunteers. I list below the pseudonyms of those that I mention in the reporting of the study alongside their roles.

Research site 1: Hospice

Donna, Librarian
Elena, Physiotherapist
Heather, Music therapist
James, Community musician
Jess, Nurse
John, Spiritual care worker
Evelyn, Patient
Chloe, Family member and choir member
Maria, Patient
Melissa, Arts team lead
Nicky, Spiritual care worker
Pamela, Patient
Penny, Child and family bereavement counsellor
Rita, Nurse
Sally, Chaplain
Sandra, Patient

Research site 3: Care home

Betty, Resident
Cynthia, Music therapist
Daniel, Resident
Esther, Resident
Felicia, Resident
Jeff, Care home manager
Jenna, Healthcare assistant
Maggie, Resident
Miriam, Resident,
Monica, Resident
Phoebe, Resident
Tricia, Resident

Research site 2: School

Angela, Eurythmy therapist
Clara, Behavioural therapist
Elaine, Transformative arts therapist
Elizabeth, Speech and language therapist
Georgina, Student
Mary, Head of the school
Maureen, Student
Peter, Anthroposophical musician
Philip, Anthroposophical musician
Ryan, Student
Scott, Music therapist
Sherry, Principal of the school

