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Music Therapy Helping to Work Through Grief and Finding a Personal Identity

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This article describes a qualitative single-case study of the treatment of a woman having problems with grief and finding a personal identity. In this case the treatment has been supported by research techniques like categorizing, developing themes, writing memos, member checking, peer debriefing, and triangulation. During treatment, diagnostic themes were generated such as: problems of identity, low self-esteem, a lack of assertiveness, and problems expressing feelings and problems in relationships. These themes became important along with feelings of depression which she experienced since the death of her beloved husband. The study describes how the client was able to express, in an unconscious way, a part of her personality, which she had been suppressing since childhood, through playing the piano and vocalizing during the music therapy process. The music therapist used

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several techniques of improvisation to support the client's cautious steps into a new musical and a new personal world. Tables of music therapy improvisations show how the client became musically expressive, how she found a personal melody and how she developed a closer relationship with the music therapist through musical interaction. Guidelines for similar cases and generated hypotheses about the contribution of music are enclosed as results of research.

Introduction

This article offers a description of the qualitative single-case study of the treatment of Ingrid, a woman having problems with grief and finding a personal identity. The treatment/research was conducted at the Music Therapy Laboratory in Nijmegen (The Netherlands). The context of treatment was naturalistic, which means that the music therapy treatment, done by José van den Hurk, was the primary focus and was not disturbed by the researcher, Henk Smeijsters. Before treatment, Ingrid filled out an informed consent and agreed that all sessions could be videotaped and analyzed by the researcher. Ingrid also was aware of the communication between the music therapist and the researcher, and the music therapist and Ingrid's verbal psychotherapist.

The research effort had two main focuses. First, to benefit the client, by means of research techniques enhancing the effectiveness of this particular treatment. Second, to find general guidelines which might be helpful in similar cases and to generate hypotheses about music therapy treatment.

Because of the combination of treatment and research, the format of this paper is not presented like a traditional case study, nor like a traditional research paper. Qualitative research reports require a flexible format to show the interaction between treatment and research. Finding a feasible format in itself is comparable to doing research. We believe that loosening the standardized formats can add to our understanding of the unique aspects of the treatment and research process.

Another characteristic of this treatment/research is the theoretical background of treatment which is not fixed beforehand. The theoretical background of treatment was left as 'open' as possible. The music therapist did not start working with a specific theory of

treatment, but grounded her theoretical considerations on the treatment/research process which was going on. In our opinion this is a very important premise: to find out which theoretical concepts best match the client's problems and needs. This 'eclectic' rationale for the reader, at first sight, might be complex. In clinical practice this is not the case. There is only one clinical process, which follows its own dynamics, but which has been described from multiple perspectives.

In subsequent sections the reader will be introduced to the research method which was used. Next, the assessment, supported by means of several research techniques, will be described. At the end of the assessment section an overview will be presented of the final indications, goals, playforms, techniques, and theoretical background for treatment.

The most important processes during treatment will then be described in three phases. There is not a chronological framework. Progress is described along diagnostic themes. The description of these processes is supplemented by examples of research techniques.

Finally, conclusions will be presented which fall into three categories: theoretical triangulation, guidelines, and hypotheses about the contribution of music.

Method

Summary of research techniques used by the researcher:

Making Transcripts

The researcher, after each session, made a transcript of the self-reports written by the music therapist and the client, and the observation report written by himself when reviewing the audiovisual tape.

Developing Categories

While making the transcripts of the self-reports, the researcher marked those words which he thought were significant. These words were classified into *categories*: a classification of concepts, developed by comparing concepts and grouping them together as they appear to pertain to a similar phenomenon (Strauss & Corbin, 1990, p. 61).

Developing Diagnostic Themes

On several occasions, the researcher combined marked diagnostic words from previous sessions and all categories and developed *diagnostic themes.* A theme is: a statement of meaning that runs through all or most of the pertinent data by linking data in and across categories (Ely, Anzul, Friedman, Garner, & McCormack Steinmetz, 1995, pp. 150–151).

Writing Analytical Memos

Following each session, the researcher wrote several *analytical memos* (Ely et al., 1995, p. 80) in which he discussed the diagnosis, the music therapist's objectives, playforms, techniques, and therapeutic attitude. Analytical memos were also used to make interpretations about the personal experiences of the client during musical play, and to generate hypotheses on how to proceed with treatment.

Repeated analysis refers to the researcher regularly comparing old and new data and thus checking his previous hypotheses.

Member Checking

Member checking is: checking the data, themes, interpretations, and conclusions with the very people we are studying (Ely et al., 1995, p. 165; Lincoln & Guba, 1985, p. 314). Transcripts of the sessions were handed over to the music therapist who discussed them with the client during sessions. Because the client showed a need for self-insight the diagnostic themes were part of member checking as well.

The music therapist gave feedback on the analytical memos, categories, diagnostic themes, interpretations, and conclusions. She thus checked the researcher's data processing. This process of feedback was circular and was repeated many times (*circular iterative feedback*). Analytical memos—because their content is premature—were excluded from member checking with the client.

By means of discussion between the researcher and the music therapist *treatment goals, playforms, techniques,* and *theoretical background* were developed and treatment progress was described and analyzed.

Peer Debriefing

The verbal psychotherapist (Mrs. Elly Benders-Maassen, MA) received the complete research report on several occasions and was

invited to challenge the hypotheses. She acted as an expert who was not involved with the music therapy treatment. Therefore, her input can be described as an example of peer debriefing or peer checking: inquiring biases, testing working hypotheses, by asking independent experts to interpret the data themselves (Ely et al., 1995, p. 164; Lincoln & Guba, 1985, p. 308). There were also discussions about progress between the music therapist, the verbal psychotherapist, and the client.

Triangulating

The use of different personal *sources* (the client, the music therapist, the researcher, and the verbal psychotherapist), the use of different *data collecting techniques* (self-reports, observation reports, discussions), as well as the exploration of several *theoretical perspectives* in this research design are part of *triangulation* (Ely et al., 1995, p. 97; Lincoln & Guba, 1985, p. 305).

Presenting the Chain of Evidence

All data, categories, diagnostic themes, interpretations, and conclusions were registered in the comprehensive research report which made it possible for a second independent researcher to replicate the *chain of evidence* to investigate the links between the data collected and the conclusions drawn (Yin, 1989, p. 84).

Because of the limited space in this article it is not possible to show the complete chain of evidence. This is only possible by reading all transcripts, all analytical memos, and so on. This article will show, however, that the conclusions have been drawn because of a chain of evidence.

The research techniques were used from the very start of treatment. Some techniques (making transcripts, developing categories, writing analytical memos, member checking, triangulating) were used after each session, others (developing diagnostic themes, peer debriefing, and presenting the chain of evidence) were used during specific periods of treatment. The reader should keep in mind that in the following sections all data are the outcomes of the research techniques. Whenever possible research techniques will be mentioned more explicitly.

For a more extended discussion and other examples of the research method see Smeijsters (1997), Smeijsters and van den Berk

(1995), Smeijsters and van den Hurk (1993), and Smeijsters and Storm (1996).

Assessment

The Client

Ingrid—a 53-year-old woman—had been referred to verbal psychotherapy because of her feelings of depression (lying in bed, apathy, negativism), since her husband had died 3 years ago. In verbal psychotherapy, the focus had been on exploring her feelings, being assertive in relationships, and balancing intimacy and distance. After some time the verbal psychotherapist felt that active music therapy could help Ingrid express and explore her feelings and needs, work through loneliness, and experiment with making decisions.

After 21 sessions of verbal psychotherapy Ingrid started music therapy. During music therapy, verbal psychotherapy continued, but the frequency of sessions was reduced.

Diagnostic Themes

By means of research techniques, data from the verbal communications between the music therapist and the verbal psychotherapist, verbal communications between the music therapist and Ingrid, and musical data from the sessions were analyzed. The diagnostic themes listed below were constantly constructed and reconstructed during treatment. Listed in this paragraph are the final descriptions of the most important diagnostic themes.

Identity. In the past, Ingrid had sought her identity by helping other people. Before her marriage she worked as a nurse in 'homecare.' After she had married, she gave up her helping profession and found a new identity in being her husband's wife. But when her husband died she lost this new identity. Because her husband had left her with wealth, there was no need to go back to her profession. She also became aware that in the past she had developed a false identity. She said to herself: "In the past, before my marriage, I acted like on a stage. I looked joyful but was crying inside. I lost my self." Now she asked herself: "Who am I ?"

In the music, her play on the piano was restless. Desperately she was searching for a melodic line. By matching her musical play and her comments, it was concluded that not finding a personal

melody was analogous to not finding a personal identity. She went on trying to find a melody but could not find it spontaneously, saying: "I am unable to find my own melody."

Self-esteem. Ingrid thought of herself as being stupid. In her family, achievement had been very important. Since her childhood, she had felt a strong pressure to achieve, but for her it felt as if she had never earned any respect about the professional training she had acquired. Now it was difficult for her to accept not having a job. she said: "Now that I have no job I need to find some rest in myself".

She characterized her musical play as "stupid." During the first sessions she stopped very quickly, tried to find fragments from melodic scales, but each time became disappointed with her achievements. To the music therapist she said: "I hold very high aspirations, but when I am unable to reach a high level immediately, I stop trying." It was concluded that her stops during musical improvisation were analogous to breaking off activities in daily life.

Feeling. During her life, Ingrid had been suppressing feelings by rationalizations. Her rationalizations became visible in statements like: "I don't want to be soft." Her inability to develop an emotional musical exchange was rationalized by her saying: "What does it mean: being in contact ?" On the one hand, she was rationalizing, but on the other hand her unrest during musical improvisation signified a search for identity, for self-esteem and the expression of feelings as well. For instance, she often closed a musical improvisation by making a sforzato which seemed to shed a light on her need to express. After musical improvisation had stopped she started playing again, as if there was something left that still had to be said. Thus, Ingrid suffered an inner conflict between suppressing and expressing her feelings.

Contact. Ingrid had felt lonely in her childhood when she had been at boarding school. In her family, she had learned to exclude intimacy in relationships. In her musical improvisation there was a lack of contact with the music therapist as well. Ingrid was scared of the music therapist coming too close both physically and musically.

The music therapist, in her feelings of countertransference, felt ambivalent. One moment she felt as if there was some contact, the other moment she felt as if there was none. She wrote: "Ingrid is not seeking contact, does not hear what I am playing, as if it does not matter that I am here and how I am playing."

Method of Treatment

By means of research techniques, hypotheses were generated about why music therapy could benefit Ingrid (indications), about goals, playforms, techniques, and the psychotherapeutic background of treatment.

The first hypotheses were developed during the verbal and musical intake sessions (1–6) at the start of music therapy. As with the diagnostic themes, they were reconstructed in the following research/treatment process. There is not enough space here to describe the construction and reconstruction which took place during the process. What is presented here is the final draft (see Table 1).

Treatment: Generating Hypotheses about Progress

First Phase: Sessions 1–6

The treatment process went through stages of: verbal and musical assessment (Sessions 1–6), reeducative/reconstructive psychotherapeutic music therapy (Sessions 7–21), and finally several terminating sessions. The paragraphs will not give a complete process description. The focus will be on events that most contributed to progress. Sessions 5 and 6 were crucial sessions for Ingrid's initial progress. These will be described in more detail.

In Session 5 Ingrid, as usual, could not find the melody she was searching for. After the music therapist had introduced a strong rhythm (crotchets & quavers/quarter & eighth notes) with harmonic chords, Ingrid sometimes joined this rhythm and sometimes left it. When she used the music therapist's rhythm as a rhythmic structure for her melody, a cooperation between music therapist and client developed. Then incidentally Ingrid's melody and the music therapist's chords were in harmony.

In a second musical improvisation, Ingrid finally found a melodic line which she further developed: she incorporated high pitches in the melody, used sequences, and explored rhythmic possibilities. She also started simultaneously when the music therapist redirected music activity. At the end there was a synchronous ritardando. The shared music finished in a smooth, meditative way.

In her self-report, the music therapist described how Ingrid had been able to make a personal melodic statement when there was a rhythmic/harmonic ground. When there had been no musical

TABLE 1

Indications, Goals, Playforms, Techniques, and Theory of Treatment

General Indication

—Because Ingrid was aware of her false identity and felt a need to change, *reeducative* psychotherapy was indicated.

—Because Ingrid suppressed feelings by rationalizations, *reconstructive* psychotherapy to explore unconscious feelings was indicated.

—Because after 21 sessions of verbal psychotherapy there was little progress in exploring feelings, an additional *nonverbal* psychotherapy was needed.

Specific Indication for Music Therapy

—Although Ingrid verbally rationalized her musical play, her musical play sometimes sounded soft and intimate, and showed other parts of her personality. It was concluded then that *musical improvisation* might be a channel to express her suppressed feelings.

—Finding a personal musical expression in melody for Ingrid was experienced as being *analogous* to finding a personal identity, enhancing self-esteem, expressing feelings, and establishing contact.

Goals for Music Therapy

1. Finding Ingrid's true identity
2. Strengthening Ingrid's self-esteem
3. Expressing, exploring and containing Ingrid's feelings (also feelings of grief)
4. Finding a balance between intimacy and distance, also balancing assertiveness

Playforms and Techniques in Music Therapy

1. Finding Ingrid's true identity:
   —musical improvisations on the piano, splitdrums, and voice (with and without a title) to find a personal melody
   —the music therapist made use of:
   —grounding by rhythmic and melodic ostinati and chord progressions on the piano
   —modeling melodic motifs and dynamics
2. Strengthening Ingrid's self-esteem:
   —musical improvisations on the piano, on splitdrums and voice (with and without a title):
   —to find a personal melody
   —to continue musical activity
3. Expressing, exploring, and containing Ingrid's feelings (also feelings of grief):
   —receptive/active: listening to music and performing improvisations which correspond to conscious thoughts and feelings of Ingrid (reeducative)
   —active: musical improvisations on the piano, on splitdrums, the congas, the fiddle, and with the voice (with and without a title) to explore suppressed personal areas (reconstructive)
   —the music therapist used the following techniques:
   —structuring by rhythmic grounding, tonal centering, melodic ostinati, and chord progressions on the piano
   —elicitation by repeating rhythm and chord progressions, making spaces, extending and completing melodic lines
   —redirection by introducing new melodic lines, differentiating, increasing dynamics and tempo, but not forcing Ingrid into musical spheres she was anxious about

TABLE 1
Continued

4. Finding a balance between intimacy and distance (also balancing assertiveness):
   —musical improvisations on the piano, on splitdrums and voice (with and without a title):
   —to play synchronously in the same dynamics, meter, rhythm, and tempo
   —connecting rhythmic and melodic motifs to each other

Verbal and procedural techniques:
   —discussions before and after musical improvisation
   —the music therapist summarizing, giving feedback, interpreting, and analogizing
   —developing titles for improvisation about the preliminary discussion
   —verbally reinforcing Ingrid's musical activity
   —not digging in the past
   —reviewing tapes after some sessions

Theoretical Framework of Treatment

1. Reeducative and reconstructive *levels* of psychotherapy (Wheeler, 1987)
2. *Concepts* grounded in psychotherapy: verbal positive reinforcement (behavior therapy), awareness in the here-and-now (gestalt therapy), empathy and unconditional positive regard (client centered therapy), suppressing feelings, resistance, expressing suppressed feelings, containing feelings, empathic countertransference (psychotherapy on analytical lines)
3. The *music therapy* theory of analogy (Smeijsters, 1993, 1996, 1998, 1999a, 1999b, in press)
4. Clinical *techniques of improvisation* (Bruscia, 1987)

grounding, Ingrid was not, however, able to free herself from stereotyped melodic scales. The music therapist therefore decided to start with a fixed rhythmic/harmonic ground which she gradually made more free by changing chords into arpeggios. By doing this, Ingrid's more personal musical statements were evoked.

There were several sources of evidence that these musical statements had emotional significance. The music therapist described that Ingrid's facial expression had changed during musical improvisation when she (Ingrid) let go of control. The music therapist felt that when Ingrid was loosening control she was expressing her feelings. This impression was supported by the fact that during the final talk with the music therapist Ingrid had played some notes on the piano over and over again. It was as if she had much more to say in the music.

The music therapist's self-report and the researcher's observation report showed that both had been independently moved by Ingrid's possibilities of musical expression. In fact, after improvisation, when the music therapist referred to her own feelings, Ingrid was not aware of having experienced any feelings. Thus, Ingrid's

musical story differed from her verbal story. On a verbal level she was resistant to feelings, whereas during musical improvisation she expressed feelings.

At the end of the session Ingrid said: "Let us finish today. I do not know what I am feeling." This showed that she had become conscious that during the session something was happening inside. But Ingrid was still not conscious of which feelings she had experienced during musical improvisation. The music therapist and the researcher experienced feelings which were not on a conscious level for Ingrid at the time.

In Session 6, the music therapist and Ingrid reviewed the session tape of Session 5. In her self-report, the music therapist described how Ingrid listened with concentration, how impressed she was with her own musical improvisation, and how she cried. Her voice was different, soft, like her musical play on the tape. It seemed as if the other side of her personality was now also expressed in her verbal comments. The music therapist was impressed and felt that this had been a real breakthrough. Ingrid's verbal resistance to music therapy had disappeared, and for the first time she thanked the music therapist for the session.

In her self-report, Ingrid wrote that during the review she had been very moved and sad. There was the melancholy about the loss of her husband, but also about the loss of her self. She had been proud to listen to herself making music, but realized also that this person she was listening to had been disguised by herself for a long time. She wrote:

> *"I feel that deep inside I am an insecure person, that I cannot manage feelings, and therefore always am intellectualizing which afterwards makes me insecure. I do want to change but how?"*

Second Phase: Sessions 7–21

The following sessions will be categorized along the diagnostic themes because we feel this gives a better picture of how they developed. So, there is no overall chronological order, but a chronological order within each diagnostic theme. Please note that the diagnostic themes developed synchronously. Because of lack of space only the most important events will be referred to.

The expression of feelings. In Session 7 Ingrid described her play on the piano as stammering. "It is as my writing," she said. In the self-report for Session 8 she added to this:

"Why can't I write quietly? I am always hurrying, cutting things off. In my verbal behaviour it is the same. For me there are correspondences between my writing, my verbalizing, my social contacts, and the way I play the piano. The way I play the piano shows the way I live."

Indeed, her play on the piano was analogous to the discontinuity and unrest she expressed in other behaviors. Her social contacts were superficial, with hesitations and sudden breaks. In her talking there was no easy flowing line, and sometimes there were dynamic outbursts. Her feelings were expressed in a jerky fashion. These phenomena were sounded[1] in her music which lacked motorial, emotional, and social continuity.

In Session 7 she felt unease when the music therapist rubbed her hands softly on the congas:

"It is as if someone is petting me. It makes me insecure. But after some time while I was playing on the piano this feeling changed. I felt that as a child I received few tenderness. Although my mother was a caring woman, there never has been an opportunity to sit on her lap and being petted".

Ingrid looked phlegmatic on the outside, but inside there was a longing for feelings of love and warmth. It was difficult for Ingrid to admit that she had not received any warmth from her mother. She felt guilty when making an attempt to criticize her mother. During music therapy there were moments when her rationalizations took over, but at other times she was able to deal with the important question: "Where is my mother?" Finally she dared to pose this question.

In the self-report of Session 10, she commented on her singing while the music therapist played the piano:

"I need a lot of effort to sing. My voice is fixed, but I feel that there is something I need to release. I often feel the sorrow of other people when they show no feelings. I don't want it that way. I want to express feelings and know that I will be able to. I want to break down my mask. When I go on hiding my feelings there never will be rest. I know that my thinking and feeling never were well balanced. Now I want to change it. In the past I did not want to show my weakness. But deep inside a lot of tension

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[1] Thanks are extended to Dr. Mercedes Pavlicevic who advised me to use sounding instead of resounding (Pavlicevic, 1998; Smeijsters & Kenny, 1998). I had been using resounding instead of reflecting. However, as Pavlicevic puts forward, resounding might give the impression that the client is repeating, recreating experience, whereas music therapy is an experience in the present.

was accumulated. When I am expressing feelings now this feels good. But there is a lot of work to do, because my voice really is blocked."

This comment shows that there was an analogy between not being able to sing and not being able to express feelings. Singing was an analogous breakdown of her character mask. Singing expressed her feelings from deep inside. It was astonishing that Ingrid reached these insights. She was diagnosing herself. The way she herself continuously stressed the analogy between using her voice and giving way to her feelings was impressive.

Her insight led to a strong will to express, but at the same time she felt insecure, anxious, and exhausted. She needed lots of energy and courage to give herself a kick and to start vocal improvisation. One could feel that this was a real struggle of a very brave woman who knew that the way to health was a tough one, but nevertheless decided to go this way. In the process, an inner conflict was there: sometimes she was resisting, at other times she was searching for it. She was at a crossroads saying: "Shall I, or won't I?" Resistance most of the time happened during verbal reflection, whereas during musical process feelings were expressed.

In one memo of Session 10, the researcher summarized Ingrid's insights. This can be called a *construct* (Ely et al., 1995), but it differs somehow because these thoughts were not inferred completely by the researcher, but had been partially expressed by Ingrid herself through her comments.

"I built a facade of proudness, thought that I never needed anybody. I didn't want to be soft and therefore I cut my feelings off. But I am unable to handle feelings, cannot not understand feelings. Thoughts and feelings are not linked together. Because feelings were suppressed this leads to tension.

This tension becomes expressed in the many efforts and energies I need when using my voice during singing.

In my melody there is no balance, no flowing line. Although I feel insecure when showing my feelings, I want to turn down my mask, make myself vulnerable, express feelings, accept myself, I want to balance thoughts and feelings, find some inner rest and search for a melodic line and musical interaction."

In the self-report of Session 11 the music therapist wrote:

"It is exciting what is happening when she breaks down her facade. I felt how much effort she put into it. I felt the tension, was scared to look at her hard work. I just wanted to contain her, support her way of expres-

TABLE 2

Session 12

MT at the piano	CL standing and singing
Part A (grounding of MT)	
plays a regular rhythm	
plays chords (d-E-Bes-F)	takes over the fundamental of chords
	explores melodic motifs
	follows the chords with small intervals
Part B (leading of MT)	
improvises melodic lines	accompanies with long tones
Part A (grounding of MT)	
accompanies with chords	starts **singing strong** in a **medium pitch**
breaks chords	**develops a strong melody**
	uses appoggiaturas
	makes a **crescendo**
	finds a **descending** melodic line
	uses seconds to **ornament** the fundamentals
	makes an **ascending** and **descending melody**
	silence
Part B (leading of MT)	
plays melodies	starts again
makes music more rhythmic	makes a **crescendo**
imitates crescendo	sings longstanding **low** tones
	uses **descending** seconds
	uses **melodic ornaments**
	uses **soft** dynamics
Part A (grounding of MT)	longstanding tones
accompanies	is insecure
Part B (leading of MT)	sings a **strong** tone
crescendo	
rhythmic, uses syncopation	
	stops and takes her handkerchief
makes a decrescendo	
	silence
Part A (grounding of MT)	cries
plays chords slowly offers	
accompaniment	Says: "There is no more energy"

Note. Text in the center indicates interaction. Bold signifies Ingrid exploring melody and/or dynamics.

sion. I used very simple chord progressions because I did not want to make mistakes. Her voice sometimes sounded splendid, sometimes vulnerable, and sometimes ugly. But she showed her imperfectness! What an openness! I was struck by it."

Table 2 gives a summary of the improvisation during Session 12.

In this improvisation Ingrid developed melodic motifs, used ornaments in the melodic line, used several dynamic levels and was able to sing a strong melody. These two aspects: melody and dynamics can be interpreted as the dawn of her new identity (see below). However, during the improvisation she remembered her husband and felt deep sorrow. She said that having fun felt as though she were disloyal to her husband. She forced herself to feel more grief. But this self-induced grief made her angry. We see how the birth of her feeling-identity gave birth to a blockade and at the same time anger about this blockade.

In the past, Ingrid had the tendency to solve this inner conflict by suppressing her anger. This was in line with her *phlegmatic* behavior since her childhood. In an analogous way, this suppression of anger at times was *sounded* in her resistance to follow the music therapist when tension in the music increased. One of the *guidelines* for music therapy from that time on was to stimulate the expression of anger, but to take care that this anger was contained.

The inner conflict between the expression and suppression of feelings made Ingrid tired. It made her sad when looking at the tape, seeing herself struggling:

> *"I feel sad, seeing myself as a person who is struggling, and hesitating, who is anxious. I feel lonely and helpless."*

Although it was difficult for her to express feelings, she was able to develop melody and dynamics which were analogous to personal feelings.

In the improvisation during Session 18, Ingrid did not want to stop singing. She enjoyed this singing against her sorrow, because by doing this gradually her sorrow disappeared. Thus Ingrid was able to make a *transition* (Bruscia, 1987). When the music therapist changed from the minor to the major key, Ingrid started moving her body. The music therapist wrote in her self-report about this:

> *"I felt as if we were seeking musical cooperation, and contact. In my opinion sometimes we succeeded when we made beautiful harmonies and strong dynamics together."*

Surprisingly, Ingrid in her self-report wrote that she had the feeling that she was at a dead-end street. In the next session, the music therapist discussed this with her, telling her that there were two

ways to go from here: back to the old person she had been, suppressing her feelings and feeling uneasy, or standing the pain and working through these feelings. Ingrid decided to continue, notwithstanding the fact that she felt these pains. She was a very brave woman, and decided to go through with this.

Developing contact. When, in Session 7, the music therapist played less harmonically, with more rhythm and more dynamics, Ingrid did not synchronize the music therapist's play. When talking about her self-experienced analogy between writing, talking, and social contacts in Session 8, she concluded that she was cutting off social contacts like she cut off movements: "I want to stay in touch with people, but I am always losing them because I am blunt."

During Session 13, Ingrid was in conflict, asking herself whether she would continue therapy or whether she would stop. She was down, because the anger about her family, which she had explored during music therapy, had resulted in guilt. Now she was scared that continuing the explorations of these suppressed feelings about relationships would hurt her even more. The music therapist started to play on the congas and drums and tried to contain Ingrid's feelings of anger in the music. While listening to the music therapist, Ingrid showed resistance, avoided eye contact, caved in, and clenched her fists. Then the music therapist changed instruments; took the vedel, and finally the melodica.

On the melodica the music therapist played a melody and at the same time contacted Ingrid by looking into her eyes. Ingrid started smiling, allowing contact again. During the discussion, Ingrid told the music therapist that when she (the music therapist) rubbed the congas or hit the kettle drums Ingrid had been thinking "Don't come close." The vedel, she said, gave her a feeling of being a baby, lying with the thumb in her mouth. The melodica on the contrary made her open for the world.

There was an astonishing event of being in close contact when they both reviewed the tape of Session 12. When looking a second time Ingrid laughed, stimulated herself and started singing while watching. Suddenly with her arms she touched the music therapist as if they were close friends for a long time. Because there had been a distance all the time, the music therapist was surprised at this sudden intimacy. Table 3 shows how, in Session 16, the emotional/musical interaction between client and music therapist developed.

TABLE 3

Session 16

MT with piano and voice	CL singing
C-major chord	sings soft
quiet, andante	sings longstanding tones
sings tones from chord	
mood as in "Rheingold"	
V-IV-I chord progression	sings **sol-si-la-sol**
	sings long tones from chord fundamentals
high pitched vocal melody	
I-IV-V chord progression	sings a **3 tone-motif**
sings sol-la-sol-fa-re-mi	
makes melodic figures	
plays a dotted rhythm	
sings mi-re-mi-re-do	uses **long** and **short** tones
sequences	
sings sol-la-sol-fa-mi-re	
mi-re-do	sings **mi-re-do** with MT
makes a crescendo	
is silent	
	sings **dotted** rhythm
imitates dotted rhythm, completes melody	do-re-mi-mi/mi-fa-sol/*mi-do*
from Cl: *mi-do*/sol-la-sol-fa-mi-re-mi/ re-mi-re-do	
polyphony develops	**polyphony develops**
sings mi-fa-sol-fa-mi	**sings mi-re-mi-mi**
re-mi-fa-mi-re	**fa-mi-fa-mi-re**
is silent	makes **variations** on do-re-mi
accompanies	solo
plays melody with right hand	**polyphony** **dynamics**
accompanies	**do-fa-si-sol**
sings melody	**personal rhythm and melody**
crescendo	crescendo
sings low tones	
	variations, strong melody
sings melody	**si-do-re-si-do (cadence)**
solo	long tones
melody with the right hand	**polyphony**
soft, vocal	accompanies soft
rhythmic, crescendo, jazzy, bop	**strong personal melody**
crescendo	crescendo
vocal sound effects, soft	soft, long tones
ritardando, decrescendo	decrescendo

Note. Text in the center indicates interaction, bold indicates melodic exploration by Ingrid.

In this musical improvisation Ingrid and the music therapist sang melodic lines together, and developed polyphony. Ingrid again was able to sing a strong personal melody, to make melodic variations, and to increase dynamics. The music therapist told Ingrid how nice the polyphony had been: Ingrid singing her own personal melody and still being in contact in the music.

In Session 20, the music therapist had chosen 'to be close or at a distance' as a theme for improvisation. Both were playing on split drums. In the beginning Ingrid played with unrest and haste. But there was a transformation when Ingrid became absorbed in the music and her concentration increased. There were moments which were very delicate. The researcher coded these moments as 'spheric complementary events.' The music therapist described Ingrid's music as soft and peaceful. In the discussion Ingrid reflected:

> *"I only can be fully human in a relationship. But it is very difficult for me to be open. I need intimacy, and at the same time I am rejecting it by creating distance."*

In Session 21 the same theme as in Session 20 had been chosen. Both were playing on the piano. Ingrid played a melodic 'story.' There were many moments of playing together which were restful, well balanced, full of concentration. During musical play, Ingrid was not in a hurry. Her ease was a strong indicator of change. Now it looked as if she had found some rest in herself and was able to express what had been inside. Afterwards she looked satisfied. After this improvisation the researcher wrote in one of his analytical memos:

> *"Ingrid is searching for a balance in contact. She is close to the music therapist, but close to herself too. This improvisation looks like the prototype of music therapy: two people attuning to each other in analogous musical processes, by means of shared vitality affects (Stern, 1985) or dynamic forms (Pavlicevic, 1990, 1997)."*

The music therapist and the researcher again both felt that there was musical intimacy. Ingrid afterwards commented by saying that the musical interaction had felt lovely, but still she had not felt it was as intimate. Didn't she feel the closeness at all, or didn't she want to use the word 'intimacy'? In Session 22 this question was answered.

Identity through personal melody. Ingrid's vocal expression in Session 16 was characterized by: singing short, long, and dotted tones; singing melodic motifs individually (do-re-mi-mi-mi-fa-sol-mi-do, do-re-mi-mi-fa-mi-fa-mi-re); singing cadences; making variations in melodic motifs; making dynamic changes; using personal melodies and rhythms distinct from the music therapist; singing three-tone melodic motifs synchronously with the music therapist, and singing in duet.

Ingrid commented on her explorative singing by saying: "I said to myself: don't be afraid, release your anxiety, let's go, throw it out."

In a second improvisation during the same session, the music therapist started with rhythmic chord progressions on the piano in the key of a-minor (I-IV-V). First, Ingrid did not adjust to the music therapist's acceleration. Shortly thereafter Ingrid was pacing the music therapist's temporal changes and was singing a clear, personal melody (si-la-si-la-si-do-si-la). The music became slavic in character when Ingrid used accents, repetition, and appoggiaturas. This was exciting music. Although Ingrid liked it, she said there had been emotional tension too.

During this and following sessions, the music therapist often asked Ingrid to sing what she herself liked to sing. The music therapist asked her not to adjust to the music therapist's play if she didn't want to. She asked her to experience herself in the music as an independent person. The analogy between personal identity and musical melody became evident when Ingrid expressed her independence by holding to her own melody. With her personal melody she went into polyphonic vocal duets with the music therapist. Finding a personal melody seemed very important to develop a sense of identity. Several moments her melodic variations—supported by rhythmic and dynamic variations—showed an autonomous musical person, who was able to engage herself in interaction.

Enhancing self-esteem. The most important events which increased Ingrid's self-esteem were the moments when she reviewed the tapes. Although she felt lonely, and was distressed when seeing herself struggling, there was also confidence in her own resources. Ingrid was encouraging herself. The music therapist's verbal feedback and positive reinforcement during sessions seemed to be less successful. By reviewing her own improvisation on the tape, Ingrid

was able to clearly see that she had acted and felt differently during improvisation, that she herself had become a feeling personality who was searching for autonomy. When in Session 16 Ingrid expressed her low self-esteem by arguing that her variations had been too limited, and that she had been completely dependent on the music therapist's help, the music therapist counteracted by expressing her deep satisfaction about how Ingrid had taken part in improvisation.

One of the analytical memos of Session 20 gives an impression of how, in the process of clinical reasoning by the music therapist and the researcher, a link was made between Ingrid's self-esteem and contact:

Researcher:

> *"Ingrid at this time does not believe in progress which for us—the music therapist and researcher—has been observed. This is because her situation of being alone in daily life does not change. It is important that she get a hold of herself so that she will be able to stick it out being alone. However, getting a hold of herself is being obstructed by her low self-esteem. Because in the past her self-esteem has been dependent on others there has been a vicious circle: Ingrid needs more self-esteem to be able to be alone, but she only can get more self-esteem by others. What is more, because of her wish to be at a distance there is a dilemma: she needs people in order to abandon her feelings of loneliness, but she does not allow people to enter her personal life. The dilemma gives her a feeling of helplessness: not being able to reinforce yourself, and not letting other people do it."*

The music therapist's comment on this memo:

> *"I think this is precisely her problem. Her self-esteem is very low. We as outsiders see her strengths and positive characteristics, but she is not able to experience herself that way."*

There was a change in this feeling of helplessness, when, at the end of Session 21, Ingrid said that she also was able to see her inner strengths.

Third Phase: Sessions 22 and 23

There had been a break of several weeks between Sessions 21 and 22. It was amazing how during this period Ingrid could evoke, with the greatest ease, the feelings she had experienced during and

after Session 21. In her self-report, she described these feelings with words like: quiet, well-balanced, harmonious, without tension, not being nervous, without questions, without negative feelings. Some of these words were precisely the same words the music therapist and researcher had been using in their latest self-reports, and observation reports (which had not yet been handed over to Ingrid). Thus, it seemed as if Ingrid finally was able to feel what the music therapist and researcher had felt.

Ingrid wrote that during the weeks in between Sessions 21 and 22 she had succeeded in keeping in touch with these feelings. In the past weeks she had said to herself: "Don't try to be somebody else, hold on to your personal feelings." She said this also had improved her self-confidence, and increased her ability to cope with situations without loosing confidence. She felt that she was progressing, but she also felt that she needed more time for development. It was amazing that she did not force herself into a 'perfectionistic development.' She accepted that there was no obligation to go faster. In the self-report, she used this metaphor:

> *"Life is like an expanded garden in which you are walking, sowing, planting, and trimming, where plants are flowering and dying. But each time again one takes a walk, during rain and sunshine. Again and again. Life is good to live! It is good to learn how to live!"*

What a poetic, and wise understanding of life this woman had reached! Several times during this case the music therapist and researcher were surprised about the treasures Ingrid was hoarding deep inside.

In the discussion at the beginning of the session Ingrid described how she always had forced herself to take a leading position. For example, she organized spare time activities for acquaintances. Now she was asking herself who she really was as a person: a figure or background. Before starting improvisation, the music therapist asked her to stay with her own feeling. Ingrid decided not to sing—she again felt blocked—and both started playing on the piano (see Table 4).

This improvisation shows that the dynamics developed synchronously, that there was a complementary rhythm, and that there was an exact rhythmic timing between music therapist and client. Ingrid played personal motifs and individual tones, both being a part of the shared musical 'cosmos.' The melodic lines were soft, 'at-

mospheric,' tender, subtle, sometimes played in polyphony with the music therapist's melody.

There was imitation and initiation when Ingrid imitated the dotted rhythm and melodic motifs, and initiated sforzato sounds herself. The improvisation was a balance of distance and closeness. Ingrid played personal rhythms and motifs and thus distinguished herself from the music therapist. But all the personal elements were tied in a shared musical play. In the pastoral fragment, for instance, two distinct persons were close to each other. Also the theme of figure and background was expressed in music. Ingrid sometimes played a musical background for the music therapist's melodic figure. At other times she played a figure herself. Astonishingly she used the voice, although at the start of the improvisation she had told the music therapist that there was a block.

In the discussion the music therapist reinforced Ingrid's playing saying: "You played beautiful quiet subtle melodies. To me this felt as if you were not searching anymore. You also played single tones and listened whether these tones fit into my part. I am touched about how you have changed." When talking about intimacy Ingrid introduced the word 'unity,' and explained that she had felt united. Now it became clear that she didn't want to use the word 'intimacy' which in her opinion had to be reserved for an emotional and physical relationship.

Verbal evaluation (Session 23). Before summer holidays there was an evaluation discussion between Ingrid, the music therapist, and the verbal psychotherapist. This discussion gives an impression about the changes Ingrid experienced during the previous process, and the aims she was setting for the future. Ingrid looked back at the final musical session and described her position as follows:

> *"The improvisation was beautiful, I was involved in it, there was no anxiety about coming too close. The alternation between loud and soft was beautiful. It was fragile, and I felt completely being there as a personal self. I experienced life, going up and down, with highlights and setbacks. In the musical play I experienced being moved as in life. In the subtle passages I found a part of the self which is sheer feeling, tenderness, love. At the time I feel much more relaxed and less depressed. I stay close to my feelings. I know I have to pull down first before I can build up. A lot has to be done, but I feel I am standing on the fundaments of a new building. I know I have to continue."*

TABLE 4
Session 22

	MT left on the piano	CL right on the piano
Intro		
	quiet grounding bass with:	non-broken intervals in the left
	medium tempo	melodic motifs in the right
	sequencing	
	motif in the right hand	rhythm not synchronously with MT
	figure: melody in the right	**background: chords** in time
	alternating between	**imitates dynamics**
	crescendo/decrescendo	individual tones
		combination of motif and non-broken intervals
	synchronously	synchronously
		melody
	ostinato right hand	
	accelerando	non-broken intervals
	crescendo	motifs
Part A		
	dotted rhythm in bass	**imitates rhythm** in the right
	syncopated, sequence	**synchronizes phrases**
	South-American	
	rhythmic synchronously	**plays rhythm that fits in the rhythm of the MT**
Part B	**sings melody**	
	sforzati together	
		gives **accents**
	finish and **rest** together	**finish** together
	rhythmic synchronously	**rhythmic** synchronously
		joins singing
	sforzati together	**sforzati** together
		rhythmic cadence
Part A	**finish** and **rests** together	**finish** and **rests** together
		intertwines melody and rhythm
		sforzati together
Part B	**sings**	imitates melody with her **voice**
	rhythmic swing	**rhythmic swing**
	stops are synchronous	**stops are synchronous**
Part A		
Part B		sings along
Part A		
	ostinato with right hand in bass	plays melodic line on the piano
		with long legato tones
		staccato melody

TABLE 4
Continued

MT left on the piano	CL right on the piano
Part C	
another atmosphere	
legato chords (crotchets and quavers)	**plays chords synchronously**
	sings previous melody of MT with variations
ostinato right	
sequence	
sforzato	**sforzato**
alternation left-right	sings
rests synchronously	**rests synchronously**
rhythmic legato	plays **'atmospheric' melody**
variation of ostinato right	there is a **'pastoral' dialogue** (as in Beethoven's Pastorale) two shepherds are speaking to each other from a distance
crescendo	
strong **figure** in the right	**melody** in the **background**
	melody left and right
ostinato right hand	tender melody
imitates **decrescendo**	**decrescendo**
motif in the bass	individual **soft tones melting** with the tones from the MT
	sforzato sounds
	concentrated melody
rhythmic background	**melodic figure**
	sforzato sounds
reacts to sforzato sounds with strong alternating between left and right	
strong rhythm	**strong rhythm**

Note. Text in the center reflects musical interaction. The different musical aspects of musical interaction are in bold print.

Two Examples From the Research Techniques Used During Treatment

The following research techniques do not correspond with any particular event of treatment. For this reason they have been set apart.

Member Checking

After Session 17, there was an important discussion between the music therapist and researcher which will be described here as an example of *member checking.*

At that time, the music therapist had become insecure because in her opinion it felt as if she was not using a clear methodical rationale. The reason for this was that it was very difficult to design the next session beforehand. The intent of the music therapist was to introduce improvisations by which the process of the previous session could be continued. However, many times the music therapist had to change her methodical rationale at the start of the session, because Ingrid resolutely rejected the music therapist's proposals. It felt, therefore, as if the music therapist's methodological rationale was too fragmentary. In the discussion between the music therapist and the researcher it was decided to make this discontinuity part of the treatment. Although in previous sessions the music therapist had consistently connected to Ingrid's here-and-now needs, from now on these adjustments were no longer seen as disturbances of the methodical rationale.

Another aspect of the music therapist's insecurity came from her wish to proceed more quickly. Because in the musical improvisation Ingrid was becoming a person, the music therapist felt a strong wish to stimulate Ingrid to hold on to her feelings. However, the music therapist's will was arrested by Ingrid's recurrent drawbacks. After discussion with the researcher, the music therapist decided to proceed more slowly. Following the slow tempo of Ingrid's progress was not easy because one could feel that Ingrid was on the threshold of her 'self.' The music therapist said: "Awful isn't it? I feel blocked. But I know that proceeding slowly is the best way for Ingrid."

The researcher gave the music therapist feedback, and told her that as an observer progress looked much stronger. For a person such as Ingrid who had such resistances, it was astonishing what she was doing during piano and vocal improvisation. After discussing her insecurity with the researcher, the music therapist became less insecure. She took the here-and-now as her primary methodological principle, and looked from another perspective for the progress.

Theoretical Triangulation

By means of *theoretical triangulation* several theoretical perspectives have been explored and researched. There were reeducative and reconstructive levels of psychotherapy. Ingrid was very conscious of some of her inner conflicts and she experienced a strong wish to change. For instance, she was aware of her character mask and her wish to express feelings. Other feelings at the start of treatment had, however, been unconscious. For instance her anger about the lack of love from her mother was unconscious. In the beginning she resisted very strongly the exploration of these feelings. She also had been unconscious about what she was expressing during the first improvisations.

Concepts which have been used during therapy and research came from *analytical, behavioral, gestalt* and *client-centered* therapy. One of the fascinating aspects of this case was how music bypassed consciousness. For example, in the beginning, Ingrid often asked herself whether she should continue music therapy, while her hands were simultaneously playing on the instruments. During the first phase, the music therapist and the researcher, while listening to Ingrid's music, experienced feelings which Ingrid had never expressed before, and of which, at that time, she was not aware. The self-report and observation-report of the music therapist and the researcher showed that they experienced these feelings independently. Because the music therapist and researcher experienced Ingrid's feelings in the music before Ingrid herself was conscious of her feelings, this was labeled as empathic countertransference. It was fascinating how in the beginning Ingrid was unaware of and resistant to this process, and gradually became conscious of the other person she could be.

The music therapist's verbal reinforcement following improvising was less successful, whereas the use of tapes turned out to be very successful. In the member checking, described above, it becomes clear how the music therapist changed her methodological rationale. Instead of making use of a continuous methodological process from session to session, she adapted her rationale to the awareness of the here-and-now in each particular session.

By using empathetic improvisational techniques, the music therapist supported Ingrid's vocal and keyboard improvisations. Dur-

ing improvisation, the music therapist contained Ingrid's expression of suppressed feelings about her family. Ingrid's drive for perfection was overcome by improvisations in which she was redirected, and gradually, she was able to release her search for scales and conventional melodies. She found a free unconditional space without rules and standards where she could act as a person.

This case corroborates the findings of other music therapists—for instance Priestley (1975)—who claims that improvisation is indicated for neurotic clients who developed such a strong 'persona' (character mask) that they lost contact with their feelings. Then 'splitting' (Priestley, 1994) can result where the client can be close in the musical process, but is unable to be conscious of this feeling.

Finally this case corroborates the music therapy *theory of analogy,* which states that there is a (semisymbolic) sameness of the essential characteristics of musical and psychological phenomena. The client expressed herself in the music, in the same way she expressed herself in other contexts and by other means of expression. Unhealthy thoughts, feelings and behaviors, but also healthy psychological aspects of the client's self, were sounded in musical improvisation (Smeijsters, 1993, 1996, 1998, 1999a, 1999b, in press).

Guidelines

Guidelines have been developed during music therapy treatment by the music therapist and the researcher, using research techniques. Guidelines are proposals on how to act. The first aim was to enhance the effectiveness of this particular treatment of Ingrid. A second aim of developing guidelines is less specific. Some of these guidelines might be transferable to a context which is similar to the treatment of Ingrid (see Lincoln & Guba, 1985):

1. Supporting the client by means of a harmonic structure which gradually becomes varied, makes it possible to free the client from standardized melodic patterns and to find a personal melodic statement which can be an expression of suppressed parts of the client's identity.

2. Writing self reports helps the client to reflect experiences, to reach insight, to describe and give structure to feelings, to transfer experiences from the music therapy session to her home.

3. Reviewing the recorded tapes of the improvisation and reading the research transcripts, can bring to the client's consciousness

diagnostic themes, and significant changes during improvisations which reflect changes in personal identity.

4. By means of polyphony, the instruction to sing what the client likes, instructing the client not to adjust if she doesn't want to, introducing themes like 'Nearness and Closeness,' it is possible to be together in the music and at the same time to take care that there is a personal space beyond intimacy.

5. Exploring feelings can be done in the following sequence: (a) making music, (b) verbalizing some conscious feelings (reeducative), (c) the music therapist confronting the client with unconscious feelings by means of empathic countertransference (reconstructive).

6. The expression of deep feelings of sorrow by singing can be followed by the introduction of transitional techniques, which lead to an emotional shift.

7. By means of using figure and background in music, the client when alternating between playing a musical background for the music therapist's melodic figure and playing a musical figure herself, can balance between making personal statements and supporting someone else.

8. When the client is insecure about continuing music therapy the music therapist can offer a musical gift, first containing the client's feelings on percussion instruments, then passing to melodical instruments which bring the client into a stage of regression, and finally by means of melody and eye contact, stimulate the client to re-open contact.

9. Accept that there is no straight line where the next session is a continuation from the previous one. React to the client's needs, but keep in mind the important diagnostic themes and return to it each time when the client refers to it.

Generated Hypotheses about the Contribution of Music

These hypotheses are generated to indicate the specific role of music in therapy. They give an answer to the question of whether the client's self and development of the self have been sounded in the music:

1. The client's unconscious expression of a part of her personality in the music.

2. Although the client verbally doubted the benefit of music therapy, during musical improvisation she changed. After improvisation had stopped and during discussions, many times she started playing again.

3. Interaction in musical improvisation (the problem of intimacy) was analogous to interaction in relationships outside music therapy and experienced as such by the client.

4. The client discovered analogies between her musical and non-musical motorial, emotional and social behavior. By improvising at the piano she developed experiential continuity, without sudden motorial, emotional and social breaks, finding some rest in herself and her relationship.

5. The suppression of anger and aggression was reflected in her resistance to imitate musical tension when it was initiated by the music therapist. At the end of improvisations the client often expressed tension by playing a sforzato.

6. The suppressed part of her personality found expression in a personal melody which the client was able to develop when accompanied by the music therapist. Developing meant 'telling a story,' extending the duration of the melody in a way that repetition and variation were integrated, establishing a personal 'musical history.'

7. The blocked expression of feelings was reflected in the block in her voice, which the client felt when singing. Singing was equal to breaking through this blockade.

Conclusion

This research report illustrates techniques of qualitative research in a single-case study of the music therapy treatment which helps to work through grief and to find a personal identity. Procedures and techniques such as writing the transcript, writing analytical memos, repeated analysis, member checking, peer debriefing, and triangulation have been described.

Data from the case have also been used to show how, with this particular client, the processes of finding categories, composing diagnostic themes and generating hypotheses about indications, goals, playforms, techniques, principles, and treatment progress unfolded.

Finally some guidelines and hypotheses about the contribution of music were generated which should be subjected to further re-

search to investigate whether these guidelines and hypotheses can be applied in general to music therapy or whether they are specific for a particular client or working area.

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