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”Significant moments” in music therapy with young persons suffering from Anorexia Nervosa

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INTRODUCTION

Julie, a woman of 25 years, suffering from Anorexia Nervosa (AN) said before leaving her 3rd individual music therapy session:

> It is strange … during these two weeks I feel I have known you for a long time … everything is opening without doing anything to make it happen.

I believe such a comment is related to both musical and interpersonal aspects, which is connected to other dimensions than only the verbal and semantic perspectives.

In musical improvisation I have often experienced a condensed awareness and a "heightened state of arousal", during the playing. After such relating experiences through music there have been some seconds of silence, a smile or shyness where we both know we have been close to each other. So far, I have called these relational experiences through music "golden moments" (Trondalen, 1997). I came a bit closer to this phenomenon: "something more than interpretation" in music therapy when I heard Daniel Stern's presentation on "hot present moments" (1996) eight years ago. Stern put focus into *the implicit relational knowing* when he addressed the question of how people change in psychotherapy through non-verbal means.

Throughout the years I have constantly become more curious about this "moment-phenomenon" and its relevance to music therapy. This "devoted searching" led to a Ph.D. research named *Vibrant Interplay*, with the subtitle *A music therapy study of ”Significant moments” in musical interplay with young persons suffering from Anorexia Nervosa* (Trondalen, 2004).

Vibrant Interplay is about moving musically together - in time. It includes the music and two free individual "birds" i.e. the client and the

therapist. These two persons have different personalities and different roles in music therapy, but are completely equal as human beings.

This keynote presentation is based on my Ph.D. research and is divided into different parts: I) Focus - including sub-questions II) The research project III) The research methodology IV) The theoretical basis V) The clinical music therapy approach VI) The analysis of the empirical data VII) The findings VII) Implications and further research before IX) Closing comments.

FOCUS

There are especially two aspects leading to the focus on Significant Moments in music therapy with people suffering from eating disorder. Firstly, I have already mentioned my curiosity about *moments* in relation to Implicit relational knowing. Secondly, within a very short period of time I got many enquiries from parents, who were in despair because of their adolescent girls suffering from eating disorders. Parents told me that their young adults were so "tired" of going to psychologists or psychiatrists and "just talk". The adolescents wanted to *do* something instead of using words all the time. In Norway only ver few music therapists worked with this group of clients. Accordingly, there was a growing need for a clinical music therapy practice offered to people suffering from eating disorders and consequently a need for research within this area.

On this basis emerged the focus: *How can musical interplay frame "Significant Moments" for young persons suffering from Anorexia Nervosa?*

The focus was elaborated through the sub-questions:

1. What do "Significant Moments" signify in musical interplay?

2. How can "Significant Moments" in musical interplay support a subjective experience of emotional connectedness to oneself and others?
3. How can "Significant Moments" support personal development and growth?

So far, I have been talking about moment as a concept. But how do I understand moment from my point of view? I would like to use a metaphor borrowed from the phenomenologist Husserl, relating to his way of thinking about the duration of a moment.

> Husserl is offering the concepts of "retension" and "protension" as a pair of terms to describe the inner flow of time when listening to a melody. He uses the metaphor of a comet travelling through space. The glistening tail of the comet represents past notes of the melody that have been retained in immediate memory. The present is represented by the head of the comet, and the trajectory or "projectory" of the comet is analogous to "protending" or predicting where the melody might lead or be developed. During any "now" instant or point in a melody, notes heard earlier are retained in consciousness while one anticipates further development and closure.[1] (Ferrara, In press, p.27).

Accordingly, a *moment* in this study is not defined as a certain amount of seconds or microseconds before the analysis takes place but is connected to the subjective experience of time i.e. kairos[2]. From this follows that a moment is seen as the head of the comet i.e. the moment is limited but

1. Thus, for the Husserlian phenomenologist, the manner in which sound occurs in time is of great importance in music analysis. One does not hear a melody as successive, dislocated notes but as a whole melody that is being constituted by consciousness in time. As one progresses through a melody (or work), protentions (future notes or phrases) become less and less protensive, then become present as "now" points and finally recede into the past. Perhaps most important is that during this entire experience of musical time, one experiences a melody (and an entire work) as one enduring whole." (Ferrara, In press, p.27f.).
2. There are two terms connected to the experience of time. The first is *chronos*, which is objective time i.e. the passage of time is linear, and its measurement is in physical units. The second term is *kairos*, which is connected to subjective time. This notion is personal i.e. time is psychologically perceived and connected to the person as an organism (Aldridge, 1996, p.37).

influenced both by the past and a possible future[1]. Accordingly, a moment is a term which describes "duration in time".

I have also chosen the term *Significant* Moments. Significant is derived from Latin "significare", which means, "give clear sign". The term Significant is the present participle, which implies participating in the here-and-now (Aschehoug and Gyldendal 1991).

Hence, a "*Significant Moment" is a term that signifies some clear and evident signs in a limited period of time which is analysed and contextualised.*

The research project

The *implementation* of the research project meant co-operation with a psychiatrist, who was responsible for the clients from a medical point of view. The clients were offered outpatient individual music therapy.

The *data collection* lasted for one year. The clients knew they participated in a research project and gave "informed consent" (Hammersley & Atkinson, 1996). The data collection was carried out in a "natural setting" (Bruscia, 1995a, p.71), which meant the clients had music therapy as usual without being asked to perform anything special on my request.

The *data-resources* included primary data such as minidisk recordings of all the sessions, the clients' spontaneous comments and a semi-structured interview after the music therapy process had been closed. In addition I

1. A short time ago I read Daniel Stern's latest book *The Present Moment in Psychotherapy and Everyday Life*, which is recently published. I found Stern is also referring to Husserl and phenomenology, when using the comet as a metaphor to describe the duration of the subjective experience of a present moment (Stern, 2004, p.27).

wrote a logbook and made reflexive notes after every session. Then came the secondary data, which included transcriptions from all the sessions i.e. both verbal- and musical interactions. The music was then written into a score. As a supplement I also had the comments from the clinical and the scientific supervisors during the research process. At last came the tertiary level, which included the analysis and the meta-discussion connected to theory and philosophy.

The *selection of clients* in the study was based on practical reasons and included both similarities and differences between the two persons who were chosen. In brief, Julie 25 years (AN/Restricted type) and Simen 19 y (AN/Bulimic type):

1. A woman and a man
2. Both with AN (female: Restricted type, male: Bulimic type)
3. One long (13:43) and one short (2:46) improvisation
4. Both had a worsening of their AN during a stay abroad
5. Both participated for one year (The therapy closed due to practical reasons in the clients' lives)
6. Both came from cities, but from different places in Norway
7. Female: trained piano player, Male: never played any music instruments before
8. Male: 19 sessions, Female: 10 sessions within one year

Both the client and the music therapist pointed out the *improvisations*, which were used in the analyses, as important.

The *identification of the "Significant Moments"* was done by triangulation (Bruscia, 1995c, p.318). A scientific supervisor, a peer music therapist and I listened to the music, each indicating when "something" was happening before explaining in text what was heard. The place where the markings from the three persons matched, I called "Significant Moments".

The research methodology

The design is qualitative oriented (Bruscia, 1995b; Robson, 1993/2002). The study may be termed eclectic including both hermeneutical and phenomenological perspectives (Alvesson & Sköldberg, 1994; Polkinghorne, 1989), while the analysis is a phenomenologically inspired procedure for data-analysis (Ferrara, 1984).

The *clinical theory* is based on developmentally informed psychology (i.e. infant research) (Bråten, 1998; Stern, 1985/2000; Trevarthen, 1999).

In the study I am both a *music therapist* and a *researcher*: “a participating observer” (Robson, 1993/2002, s.189), which is a most wonderful and challenging position.

In the *analysis of data* I wanted to focus on both the music and the interpersonal dialogue. The methodology for the analysis of data developed like a lily: slowly and gradually unfolding itself in its subjective time[1]. Already in the 1980ies I had become familiar with Ferrara’s article where he presented a phenomenological procedure for music analysis (1984). Later on, I was inspired by his book where he elaborated upon the procedure (Ferrara, 1991). Other music therapists have also been inspired by Ferrara (e.g. Ruud, 1987; Amir, 1990; Forinash, 1989; Forinash & Gonzales, 1989; Grocke, 1999; Skewes, 2001; Arnason, 2002;). But I had to find my own way, which turned out like this:

A PHENOMENOLOGICALLY INSPIRED PROCEDURE FOR DATA ANALYSIS (Trondalen, 2003, 2004)[2]

1. During this “unfolding” period I received a postcard, which inspired me a lot. The card showed different stages of an unfolding lily; from butting to blooming. I received this “gift” from one of my former clients suffering from Anorexia Nervosa, telling me she was “also” unfolding - at her own pace.

1. Contextual step

   At the contextual step importance is attached to the client's *personal, social, biological, musical* and *clinical* history. The last-mentioned implies a focus on the client's history of treatment including dating the particular improvisation within the music therapy process.

2. Open listening

   a.) Listening to the whole improvisation many times to focus on the improvisation *as one enduring whole*.

   b.) Body listening (i.e. moving to the music) is done by the researcher to take care of the bodily aspect in the analysis, which is of special importance when working with clients with AN.

3. Structural step[1]

   a.) Sound/intensity *experienced* in time is written into an intensity profile. Intensity is understood as a form of level of activity (e.g. arousal).

   b.) Sound/music *measured* in time. This part concentrates on a structural analysis of the music (SMMA[2]) and is illustrated by a score. The most important, however, is to identify musical relationship and cultural codes between client and therapist at a structural level.

4. Semantic step

   a.) The first part is to look at - and describe musical structures in relation to other information e.g. comments, gestures and verbal metaphors. Through this procedure it may be possible to say what the music means or refers to (Cf. Referential – explicit meaning).

   b.) The second part focuses on codes and symbols in the music and may add meaning to the musical interplay between the client and therapist. On such a basis, the music may be seen as a metaphor for being in the world (Cf. Analogy - implicit meaning).

5. Pragmatic step

   The most important thing here is to give attention to a potential effect or outcome of the improvisation in the music therapy process.

6. Phenomenological horizonalisation

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2. Steps 3-6 focus on the Significant Moments.
1. The term structure is used in a generic way.
2. This SMMA is a variation of Grocke's Structural Model of Music Analysis (1999) and includes Dissonance/consonance, Dynamics, Texture (horizontal/vertical), Harmonic content, Instruments, Intensity, Intervals, Chromatics/tonal features, Melody, Rhythmic features, Mood, Style and form, Structural form, Tempo, Key, Pitch range and Duration/time.

This step includes listing up important issues, musical cues and events. In such a horizonalisation all elements should be given equal status.

7. Open listening (cf. step 2)

   a.) Listening to the whole improvisation many times to focus on the improvisation *as one enduring whole*.

   b.) Body listening (i.e. moving to the music) is done by the researcher to take care of the bodily aspect in the analysis.

8. Phenomenological matrix

   This step consists of a descriptive summary including a) the *music* b) a *potential meaning* of the music and c) a *possible effect* of the improvisation within the treatment process of music therapy.

9. Meta-discussion

   The meta-discussion takes into consideration the phenomenological matrix, the client's comments and behaviour, the semi-structured interview with the client, the therapist's self-reflexive notes in addition to theoretical and philosophical aspects.

The theoretical basis

MUSIC

The term music includes both proto-musicality (Trevarthen, 1999) and music interpreted in culture (Ruud, 1998). My philosophical approach implies that the human consciousness always intends or directs its awareness towards things in time (Polkinghorne, 1989; Sokolowski, 1974/89). This includes a "generic view" of musical interplay and a need for contextualisation when it comes to interpretation of the different phenomena.

ANOREXIA NERVOSA

There are two subgroups of Anorexia Nervosa: a Bulimic (B) and a Restricted (R) type. A bulimic type means that the person repeatedly has episodes of binge eating before vomiting, while the restrictive one occurs without bingeing and vomiting (Skårderud, 2000).

Further, I would like to draw attention to some psychopathological aspects of Anorexia Nervosa according to the literature. One of the most

striking features is the *embodiment*, which means (Duesund & Skårderud, 2003, p.7):

> … body and food are *primary;* for the patient's attention. At the same time, the body is *secondary*; secondary because the anorectic embodiment is a medium. The body is used as an external, concrete tool for promoting the internal life. The body is used in psychological and social manoeuvres for the promotion of self-esteem. We can describe this as an instrumentalization of the body.

Inner symptoms include low self-esteem (e.g. shame with its various masks, Skårderud, 2003), ambivalence and the need for control i.e. problems with self-regulation (Goodsitt, 1997). Another feature often mentioned is alexithymia, which simply spoken means "lack" of words for feelings, a "lack" of connection between soma and psyche and difficulties with symbolizing (Cochrane, Brewerton, Wilson, & Hodges, 1993).

In music therapy this psychopathology is often reflected in a rigid or stiffened playing, hardly any development in the melody, lack of structure or too tight rhythmic structures (i.e. lack of flexibility), no spaces in the music, or a musical playing out of control, according to Robarts (1995; 2000). The latter aspect may be explained with a borrowed metaphor from Britta Vinkler Frederiksen; "losing balance when running down a hill" (1999, p.220).

MUSIC THERAPY, MOMENTS & ANOREXIA NERVOSA

When I searched for literature about eating disorder *and* music therapy I hardly found anything published before the end of the 1980ies. In 1989 the German Music Therapy Journal *Musiktherapeutische Umschau* offered two special issues on Eating Disorders (1989a; 1989b) and since that time the amount of literature has slowly increased (e.g. Nolan, 1989; Parente, 1989a; 1989b; Tarr-Krüger, 1991; Justice, 1994; Loos, 1994; Robarts, 1995; Rogers, 1995; Sloboda, 1995; Frank-Schwebel, 2001,

Loth, 2002, Trondalen, 2003). Most literature was related to individual treatment in *institutional settings*, with least attention to groups.

When I searched for *moments* in therapy, I found a lot more published literature. Among these are *Turning point* (Böhm, 1992), *Turning point and Intersubjectivity* (Natterson, 1993), *Goda ögonblick* (Olsson, 2002), *Vändpunkter* (Carlberg, 1996), *Vendepunkter* (Johnsen, 1995; Aarre, 2002), *Betydningsfulle hendelser og Signifikante hendelser* (Johns, 1996; Johns, 1997), *Peak experiences* (Maslow, 1962; Nordoff & Robbins, 1977), *Pivotal moments* (Grocke, 1999), *Varme øyeblikk* (Ruud, 2001), *Gode øyeblikk* (Aasgaard, 1996a; 1996b), *Meaningful moments* (Amir, 1992), *Meningsfulle øyeblikk* (Oveland, 1998), *Moment of Meeting* (Stern, 1998; Stern et al., 1998) and *Nodal Moments* (Harrison, 1998).

From a methodological point of view, I found Grocke's study (1999) to be most relevant to me, even though her study was in the receptive music therapy method The Bonny Method of Guided Imagery and Music. The reason for this relevance was her *phenomenological approach* where she did analysis of both *words* and *music*.

When I searched for *moments, music therapy* and *eating disorders,* I did not find anything.

CLINICAL THEORY

My theoretical music therapy approach resonates with developmentally informed psychology. Such an underlying philosophy includes a shift from an intra-psychic to an inter-psychic perspective within an intersubjective matrix (Bråten, 1998; Stern, 1985/2000; Trevarthen, 1980).

This theoretical approach also makes a shift from a stage model to a layered model of development. Core elements are the child's experience of senses of self in relation to itself and in relation to other people. These

inner experiences of senses of self organise the child’s development (Stern, 1985/2000).

Transferred to *musical improvisation* I would like to focus on the “moving along process” in musical interplay, which includes two consecutive goals. One goal is to explore the theme of the improvisation, including both musical and interpersonal gestures being played out. The other one is to participate in *the moving along* process itself.

There *are* two kinds of representational processes involved in such a theoretical thinking. One kind of representation is the *Explicit Knowledge*, which is semantic representation: symbolic, verbalizable, declarative, possible to be narrated and reflectively conscious.

The second kind is the Implicit Knowledge, procedural representation, which is non-verbal, non-symbolic and unconscious in the sense of not being reflectively conscious (Stern, 2004, p.113). This implicit knowledge is rule-based representation of how to proceed; how to do things. However, these procedural representations consist of two kinds of representational processes. One is the Implicit generalized knowing, which is representation of how to proceed e.g. how to ride a bike. The other one is the domain of *how to do things with intimate others,* including affective, interactive and cognitive aspects (Lyons-Ruth, 1998). The latter domain is the most important perspective for me to explore in this presentation.

In this process of how to do things with intimate other, I think musical interplay is a most powerful way of practising and recognising regulation. The theoretical understanding of the term regulation is rooted in Tronick’s *Mutual Regulation Model* (1989). This model describes a micro-regulatory social-emotional process where interactive “errors” turn into (or fail to turn into) interactive repairs. Transferred to music,

such a philosophy opens for exploring the dialogue between the client and the therapist through *musical* elements and gestures. Accordingly, failures in the music can be redefined as information maintaining the interaction, preventing repetition of negative interactions.

RIG is short for **R**epresentation of **I**nteraction being **G**eneralized. This means how earlier experiences of interplay influence later interactions and by repetition make inner generalized representations. The Proto-narrative envelope is a goal-directed unit, which may contribute to predict and understand human activity. It has a narrative like structure, namely a proto-plot, an action, an instrumentality, a goal and a context. It is a time envelope as well as an event envelope. Stern sees this phenomenon as “an emotional narrative that is felt rather than as a cognitive constructed story that is verbalized” (2004, p.58). On this basis he has now changed the name from Proto-narrative envelopes to Lived story.In my theoretical approach to “Significant Moments” I was occupied with phenomena named *RIGs* and *Proto-narrative envelopes* (Stern, 1985/2000; 1992; 1995). RIGs and Proto-narrative envelopes deal with how experiences are represented and how a person develops a coherent representation of himself. They are about interactive experiences with someone, while fantasies and imagery elaborations and additions are seen as later reworkings (Stern, 1995).

RIGs and Proto-narrative envelopes are analogous phenomena. The difference between the two is that the Proto-narrative envelope / Lived story is “conceptualized from an assumed subjective point of view of the infant in the interaction, while RIG is identified mainly from the adult’s objective point of view, observing the interaction from the outside.” (Stern, 1995, p.94).

The clinical music therapy approach

The clinical music therapy approach included free improvisation, usually without any pre-selected improvisation-themes, followed by a verbal dialogue after the improvisation had been performed. Sometimes the client and the therapist listened to the recorded music immediately after the improvisation ("self-listening") but not always. In every session the client chose the instruments himself and the therapist adapted her instrumental choice to the client's preferred instruments. From out of this "musical moving along process" emerged melodies, harmonies, chords, singing etc. Before leaving the session the client was asked to write a word, a sentence or a small drawing to conclude the session, i.e. a "summing up".

Examples of such "summing up" are e.g. "energy through improvisation", "a possibility of peace in mind", "I am happy – but I hope I am not going to jump that much up and down from joy that I lose even more weight". Another one is "percussion demands concentration; concentration is getting better". One can imagine how hard it is to concentrate when one has decided that the daily ration of food is only half a slice of bread.

The empirical data

EXAMPLE I: "SELF-LISTENING"

Julie, a woman of 25 suffering from AN/R for the last 5 years, rushes into the music therapy room. She lives an extremely "turbo-life" and does not eat unless she really feels she earns it, she says. This session she appears extremely upset and distressed. Julie is offered to listen to an improvisation from her previous music therapy session through earphones, while wrapping herself in rugs. During the "self-listening" experience[1], Julie apparently moves from "chaos to order" within less than three minutes. It

seems as if she is being connected - through music. *Julie is a piano-player but in this session she is singing while playing an African drum. The music therapist plays the piano.*

Immediately after the “self-listening” experience Julie says:

> It is as if an empty space is filled inside of me … memories are coming forward … I am a bigger part of the music when I’ve made it myself … this really gives me something … the finest part was the last part where you played the piano and I sung and played the drum, which I never do. It was that combination that contributed the most to a sort of … quietness and peace… It is strange … it is as if everything is opening without doing anything for it.

The musical improvisation was performed in the 2nd session out of ten. Julie did her “self-listening” experience in the 3rd session. Bruscia (1998, p.125) defines “self-listening” as a variation of receptive music therapy: “The client listens to a recording of his/her own improvisation, performance, or composition, to reflect upon oneself and the experience”.

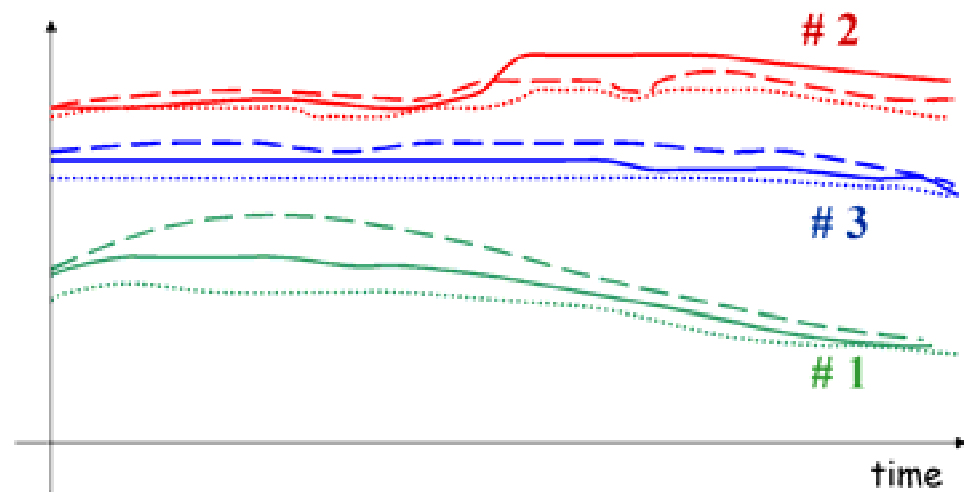
This particular improvisation lasted for 2 minutes and 46 seconds. Three “Significant Moments” were marked during the triangulation. These were: #1 from 0:55-1:04 (9 seconds, 4 bars), #2 from 1:10-1:35 (15 seconds, 8 bars) and #3 from 1:43-1:51 (8 seconds, 4 bars).

According to the analysis procedure, I made intensity profiles of the triangulated Significant Moments. Then I put all the intensity profiles on top of each other. Interestingly, I found that the therapist most of the time had a lower intensity than the client within these Significant Moments. This is different from e.g when a mother is interacting with her infant. I think this an interesting finding from a clinical point of view when working with people suffering from anorexia. I believe this phenomenon is

1. For an elaboration of the “self-listening” experience see Trondalen, 2003.

related to the importance of letting the client be able to *control* to avoid the feeling of being pushed or overwhelmed. This attitude is similar to Frederiksen’s considerations in her article about *Resistance in a Client with Anorexia Nervosa* (1999).

FIGURE 1. Intensity Profiles “Significant moment” Improvisation I.



Figur 1. Intensity profiles "Significant Moments".
Improvisation I.
(green) #1 (red) # 2 (blue) # 3
(---) vocal:client (-) piano:music therapist (...) African drum:client

The improvisation was also written into a score. What was evident in the score was the development of syncopational shifts against the steady pulse within the “Significant Moments”. This point is similar to Grocke’ study of pivotal moments in The Bonny Method of Guided Imagery and Music (1999). In the first moment, the client syncopated vocally, the second she syncopated both vocally and in the drum playing. In the third

moment, all the instruments made syncopational shifts against each other (vocal, drum and piano).

FIGURE 2. "Significant moment" # 3. Improvisation I.

Phenomenological matrix: Improvisation I. In the *music* the rhythm develops through acceleration and /or syncopational shifts against the steady pulse. The structure and harmonic progression are predictable (Dm-C-Bb-A7) and the dynamic is intense and condensed. Melodic lines are progressing by rising and falling. The piano is performing a repetitive form and contains a clear rhythmic grounding in the events.

I find similar use of a musical structure with steady rhythmic beat and melodic lines on the top in a case study with a woman with Anorexia Nervosa written by Neugebauer, Gustorff, Mathiessen and Aldridge

(1989). Among other aspects, the authors suggest the use of an ”Organum-akkord” (“organum-cord”) to support melodic and rhythmical exploration. I suggest such an Organum-akkord to be similar to the use of the repetitive Spanish mode in Julie’s improvisation.

A phenomenological reduction of the *meaning* may be that the solo voice creates the illusion of seeking towards control and controlled retreat. The piano has a containing function but at the same time initiating and energising. The soloist takes time and space to ”spread out”, in other words, showing herself.

The *effect* of the musical improvisation within the treatment process may be that the client feels recognised, while experiencing a development of the interpersonal relationship. She seems to be able to benefit from the music to “fill” her emptiness, bear her ambivalence and promote “peace in mind”. It seems that the musical experience supported an experience of being connected in time and space.

In the research *Vibrante Interplay* (Trondalen, 2004) the ”self-listening” experience was further discussed under the heading:

Connectedness in time and space. This theme was elaborated through a) Connectedness in the here-and-now b) Connectedness in the past and c) Connectedness in the future (see also Trondalen, 2003).

EXAMPLE II: AN ACTIVE IMPROVISATIONAL EXPERIENCE

Simen is 19 years old and has been suffering from AN/B for the last year. He has never improvised any music on his own before. Simen often seems restless, and his arms and legs appear to be “spread everywhere”.

The client’s improvisation is from the 17th session out of 19 altogether. Simen is performing the piano for the first time in his life. I am playing

the percussion instruments. After the improvisation there are some seconds of “condensed awareness”. I look at him, smile and say:

> Th: And the exultation would never end?
>
> Simen: No (laughter) Hoh!
>
> Th: What happened during the improvisation?
>
> Simen: I tried to find some notes – and sometimes it turned into small tunes

According to the triangulation, three “Significant Moments” were pointed out[1]. The 2nd and 3rd “Significant Moments” took place close to each other towards the end of the improvisation. The improvisation lasted for 13 minutes and 43 seconds. The “Significant Moments” were #1 from 4:51-5:25 (34 seconds), #2 from 11:36-12:23 (49 seconds) and #3 from 12:42-13:24 (44 seconds). It is interesting to notice that these “Significant Moments” are quite long, according to the triangulation. When I put *all the intensity profiles* of the “Significant Moments” on top of each other, it was also evident here that the therapist is usually playing below the client’s intensity within these moments, as in Improvisation I.

1. I do not have any good explanation why the triangulation showed three “Significant Moments” in both the analysed improvisations.

FIGURE 3. Intensity profiles "Significant Moments". Improvisation II.

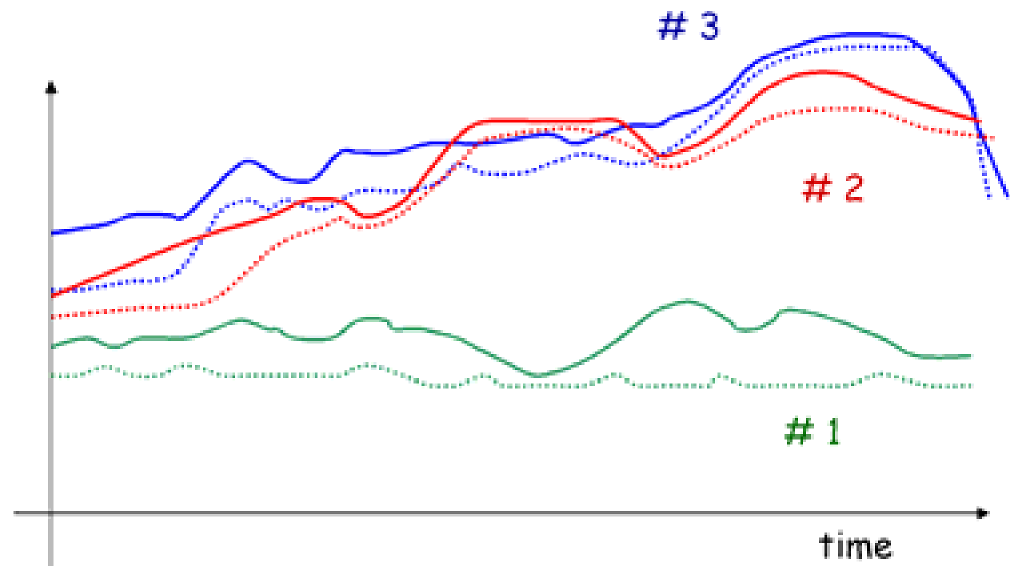


Figure 3. Intensity profiles "Significant Moments".
Improvisation II.
(green) #1 (red) # 2 (blue) # 3
(-) piano:client (...) percussion:music therapist

In his daily life Simen really struggled to connect to himself and others. "I do not know – I do not know anything", he very often said. But in the improvisation, it seemed as if Simen was able to connect to himself and the therapist through relational experiences through music.

In the closing interview Simen said:

> I did never believe I would dare to try the piano … but I did …Music describes feelings. At least it does to me… Music is about movement, rhythm, strength and intensity.

The *score* of Improvisation II music was made into a graphic notation system due to the character of the music i.e. a very complex improvisa-

tion with lots of small details, which seemed to be "impossible" to fit into a traditional score.

Phenomenological matrix: Improvisation II. The structure of the *music* is characterized by limited melodic and rhythmical sequences in the piano. The one-note motive in the piano-playing is evident and the percussion instruments provide a steady basic rhythm throughout the improvisation. There is a mutual harmonizing of the intensity in the music.

The *meaning* of the music may be connected to both strength and sensibility at the same time. The one-note exploration contrasted with clusters in the piano may refer to emotional testing through music and contribute to self-assertion for the client.

A possible *effect* of the improvisation in the music therapy process may be that Simen has experienced to influence the musical relational experience himself without being overwhelmed by external forces or losing control. This may have led to a personal recognition of his ability to affect his own life through various modalities.

There were two central themes for the discussion part of example II (Trondalen, 2004):

1) *Senses of self* a) - versus another b) - with another and c) - versus and with another at the same time and 2)

Musical narratives of senses of self versus- and with - another at the same time .

"A LIVING BRIDGE"

Both Julie and Simen used their *living body* (Merleau-Ponty, 1964, 1989) to express themselves through music as opposed to an instrumentaliza-

tion of the body (Duesund & Skårderud, 2003). They moved rhythmically to the music, they used their body actively to play on instruments and Julie even sung. The performance of their *subjective body* seemed to promote vitality and the feeling of being alive (Trondalen, 2003).

I suggest these subjective inner experiences of being alive, "vitality affects" (Stern 1985/2003), occurred in parallel with the temporal contour of stimulation e.g. as shown in the intensity profiles. On this basis, I suggest that "Significant Moments" in relating experiences through music, followed by verbal discussion, provide a "living bridge" (a link) between soma and psyche for Simon and Julie.

The findings

One term turned out to be very important: *Regulation*.

I found that "Significant Moments" are sequences of regulation, which are mutually harmonized by the therapist and the client in the musical interplay.

Embedded in the term harmonization is affect attunement i.e. a form of selective and cross-modal imitation to share inner feeling states as opposed to direct imitation, which is a way to share overt behaviour (Stern, 1984).

*T*he "Significant Moments" in musical interplay were *signified* by a) Melodic and rhythmical syncopational shifts against a steady/predictable pulse b) Intense and condensed dynamics c) Limited musical sequences varying in duration. In addition the moments appeared to be d) Positive with "condensed flow". This point astonished me and is different from e.g. Grocke's study (1999) where the "Pivotal Moments" also included

moments of distress. Moreover, within the “Significant Moments”, these sequences of regulation, the client is e) actively “performing his life” together with the therapist.

Hence, I suggest the “Significant Moments”

> a) to offer an exploration and softening of rigid and ”stiffened” patterns of relating – leading to - new relating experiences through music.
>
> This means b) that stored memories of feelings (RIG-s) can be affected and updated through musical interactive experiences and
>
> c) may be termed sequences of Musical Proto-narrative envelopes i.e. Musical “Lived stories” (cf. Stern, 2004).
>
> And that d) these sequences of Musical Proto-narrative envelopes (“Lived Stories”) make the basis for active contact with non-verbal senses of self during the verbal communication after the improvisations have been completed. I think it is of vital importance that both the therapist and the client have been actively involved in the interplay (i.e. new musical narratives have been created) and consequently e) that “Significant Moments” in musical interplay offer a link between soma and psyche (cf. alexithymia).

Implications

Based on this study, I would like to propose some implications focusing four dimensions.

The first dimension is *Clinical music therapy practice.* I suggest a music therapy approach includes both music *and* verbal dialogue for people suffering from Anorexia Nervosa. I believe the Musical Lived stories may be grasped in a broader sense when they are verbalised together with a therapist, who also has been actively involved in the improvisation.

The second aspect is related to some of the *theoretical aspects* presented on the pathology of people suffering from an Anorexia Nervosa. I sug-

gest a ”different” view of an anorectic person, hence, the anorectic person *is* able to regulate and harmonize herself through relating experiences of music. Cf. Simen’s comment: *“When I leave music therapy I do not have to vomit the slice of bread I have in my stomach”*.

The third dimension is connected to *Research methodology.* I think it is really important to include both interpersonal and musical processes in the data analysis instead of focusing only on one of the aspects. Such an approach also includes hermeneutical and phenomenological perspectives from a philosophical point of view[1].

As further research studies, it would be relevant to look closer to the question: What happens *before* the “Significant Moments”? Another aspect of interest for me is to explore musical improvisation as “Dyadically Expanded States of Consciousness” (Tronick, 1998).

Closing comments

After the improvisation, Simen said that he had not tried to be clever but tried to do something he had not done before. He continued:

> Simen: Sometimes I am afraid of trying all these new things.
>
> Th: You can regulate everything at your own pace, you know.
>
> Simen: Yeah – I know.
>
> Th: Yeah – and earlier you did not want to explore the piano at all.
>
> Simen: No (Simen smiles and plays some notes at the piano) –
> but it so happened.

1. For limitations of the study see Trondalen, 2004.

Vibrant Interplay gives hope, which I consider to be a main feature in the quality of life. Accordingly, development and growth are possible through mutual regulation in relating experiences through music.

The psychologist and researcher Aldridge offers some of his ideas about hope and creativity in this way (1996, p. 241):

> Music therapy with its emphasis on personal contact and the value of the patient as a creative productive human being, has a significant role to play in the fostering of hope in the individual … The opportunity offered by creative arts activities, for the patient to be remade anew in the moment, to assert identity which is aesthetic in the context of another person, separate yet abandoned, is an activity invested with that vital quality of hope…

Julie sung and played in music therapy and enjoyed it very much. During the music therapy process she tuned her piano at home and started to perform music, also when she had visiting friends.

In the closing interview with Simen I asked:

> Th: Is there anything you would like to bring with you from music therapy?
>
> Simen: Yes, it has been fun. And I am taking with me some concepts we have been exploring. I am aware of the link between the terms we have discussed in the verbal communication and what I have felt in the music.
>
> Th: Here are two keywords you have written – and underlined - in the "summing up". One is clarity and the other one is regulation.
>
> Simen: Yes, I was also thinking about those words.
>
> Th: What did you think about them?
>
> Simen: (laughs) – I thought I would like to include them in my life.

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