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# Clinical Intuition in Improvisational Music Therapy: A Phenomenological Study of the Relationship between Intuition and Music

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This research was completed as part of the degree requirements for the [Music Therapy](#) Department at Molloy College.

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CLINICAL INTUITION IN IMPROVISATIONAL MUSIC THERAPY:  
A PHENOMENOLOGICAL STUDY OF THE RELATIONSHIP BETWEEN INTUITION  
AND MUSIC

Submitted in partial fulfillment of the requirements  
For the degree of Master of Science  
In Music Therapy

By

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Rockville Centre, NY  
2018

MOLLOY COLLEGE

Clinical Intuition in Improvisational Music Therapy:

A Phenomenological Study of the Relationship Between Intuition and Music

by

Nick Farr, MT-BC

A Master's Thesis Submitted to the Faculty of

Molloy College

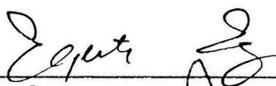
In Partial Fulfillment of the Requirements

For the Degree of

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2018

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## ABSTRACT

Intuition is a crucial facet of the creative process and influences the clinical pathways of music therapy treatment. This study sought to explore how music therapists with advanced training in clinical improvisation draw upon intuition while improvising with their clients. There is very little literature about intuition in music therapy improvisation, none of which specifically explores how intuition manifests musically. Through a phenomenological investigation, the lived experiences and musical processes of two clinical improvisers were examined. The research questions for this study were: How does intuition manifest musically while improvising? When is this intuitive information used? How is the informed music related to the client and their music?

The themes that emerged were: relational aspects of intuition, elements of music, immediacy, and source of music. Intuition was found to manifest musically through a multitude of musical elements ranging from a tone to an entire musical theme and actualized immediately. The informed-music was repeatedly related to the therapists' perceptions of clients, shared experiences, and the therapists' musical background. An increased awareness of how intuition is perceived and utilized may prove beneficial for music therapy students, professionals, and educators in their continued development of musical-clinical resources.

*Keywords:* clinical intuition, improvisation, music therapy, Nordoff-Robbins

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## Preface

The purpose of this study was to examine how music therapists draw upon intuition while clinically improvising in two approaches: Nordoff-Robbins Music Therapy and a non-model specific approach. Music therapists have reported clinical intuition as a key factor in improvisation (Brescia, 2005; Cooper, 2010; Forinash, 1992). Improvisation is one of four music therapy methods and is fundamental in Nordoff-Robbins Music Therapy (NRMT); an improvisation-based approach in which therapists spontaneously compose clinical music (Bruscia, 1987, 1998; Nordoff & Robbins, 2007). In clinical practice, 90% of music therapists report using improvisation within diverse theoretical foundations (Hiller, 2009). Bruscia's (1987) definition of improvisation is, "to create or fabricate something from whatever resources are available" (p. 5). The phrase *to create* indicates that improvisation is a process. Nordoff-Robbins music therapists cite intuition as an aspect of their conscious awareness of music responses when improvising (Cooper, 2010). Furthermore, the music can be informed by intuition or vice versa (Brescia, 2005). Although the music is the focus, few publications have explored the improvisors' experience of intuition (Brescia, 2005; Cooper, 2010; Forinash, 1992; Langenberg, Frommer, & Tress, 1993).

Defining intuition is problematic because of a lack of consensus in the literature (Shirley & Langan-Fox, 1996). One source of the discrepancy is the different theoretical foundations of the researchers, as described by Sprenkle (2005), who classified 44 various definitions. Jeffrey and Fish (2011) interpreted a thematic definition from the literature as "the process of 'knowing but not knowing how one came to know' " (p. 349). For the purpose of this study, this broad definition of intuition was used to include therapists from varied theoretical approaches.

But, how do music therapists use intuition to inform their music? After intuition strikes, when do therapists employ this information? This study explored how and when music therapists draw upon intuition in clinical improvisation.

### **Personal Source for Study**

My experience with intuition in music therapy began once I left the classroom and entered my clinical internship. It was during this time that my theoretical orientation shifted rapidly. Originally, I practiced music therapy by identifying and changing target behaviors as the “principal indicator of change ... regardless of the process used to make those changes” (Hanser, 1999, p.105). I understood the role of music in therapy as a preceding stimulus, structural prompt, and/or consequence (Saperston, 2011). It was during my internship interviews that one director’s description of their program, divergent from the others, began to change my understanding of the role of music in therapy. She defined music as therapy and treatment focused on clients’ music (T. Ollerton, personal communication, April 26, 2013). I confronted issues I had with my current practice through the exploration of these concepts: the minimalization of music and the emphasis of outcomes. Aigen (1996) and Nordoff and Robbins (2007) provided alternative views, giving insight into the concepts of music-centered practice.

I come from a music therapy program founded in behavioral philosophy. Therefore, the process of Nordoff-Robbins clinical improvisation seemed otherworldly. These enchanters were somehow able to conjure unique aesthetic compositions that appeared to splinter the blockade of pathology. Where did this music come from and how did they know what to play? As I dove in further, I began to understand the thought processes involved in meeting a client in music and

intentionality through all musical elements (Nordoff & Robbins, 2007; Turry, 2006). Nordoff and Robbins (2007) describe music as an entity with an inherent connection within all individuals rather than a tool like Davis, Gfeller, and Thaut (2008). In Nordoff-Robbins practice, the music stems from interpretations of clients' expressions as a means to develop a relationship (Pavlicvic, 2002). The procedures for this type of work were intended as guidelines for practice as opposed to strict operations (Bruscia, 1987).

My interest became narrowed to clinical intentions: what informed the choices being made? Published Nordoff-Robbins play songs often include a brief description of musical choices but without context seemed prescriptive. In Turry's (2006) dissertation, the author details framing a particular client's singing with unique harmonic changes to reflect "a significant psychological moment" (p. 314). As a Nordoff-Robbins trainee, I have begun experimenting with such specific choices in clinical situations. In my experience, learning intentionality has been like developing comfort improvising over changes. In the beginning, there is a narrow cognitive focus on pieces of the overall task such as scales, technique, and articulation. As competency is established, those choices seem less intellectualized as I concentrate on the music as a whole. In these moments, a phenomenon of suddenly *knowing* has occurred; an impulse for musical intervention. This process of "living as completely as is possible in the music" (Aigen, 2005, p. 28) has elicited clinical intuition and has led to significant therapeutic experiences in my practice. Intuition has manifested itself musically and resulted in alterations ranging from a simple rhythm to an entire theme.

Reflecting on moments of my own improvisations made me question the source of the music, its manifestation, and its role, and I began to wonder how other music therapists use intuition when it strikes. The answers to this question appears to be an overlooked piece of the

process of clinical improvisation. Thus, how music therapists use intuition to inform their music was the focus of this inquiry.

### **Review of Literature**

The literature on intuition in improvisational music therapy is limited. However, other fields have more thoroughly examined intuition as part of the creative process. This review will explore the following areas: 1) intuition in the creative process, 2) intuition in improvisational music, and 3) intuition in improvisational music therapy. To understand the mechanisms involved in the creative process, researchers have probed correlations of personality, psychometrics, and cognitive abilities (Mayer, 1999). Exploring the phenomenology of creativity is a current trend that sheds light onto real-world experiences of the creative process (Nelson & Rawlings, 2007).

#### **Intuition in the Creative Process**

Intuition is a perceived phenomenon and so, it is essential to explore the human experience of intuition through one's own consciousness of the experience (Brescia, 2005; Jackson, 2016; Nelson & Rawlings, 2007). Nelson and Rawlings (2007) researched intuition as an aspect of the creative process through the experiences of 11 artists from diverse modalities through phenomenological inquiry. These participants were asked to describe an occasion when they were satisfied with how they created their art, a question that assumed the artists' pleasure with their process would correlate with exceptionally creative moments.

Through phenomenological inquiry, Nelson and Rawlings (2007) defined 19 constituents of the creative process, many focused on freedom, discovery, and intuitive processes. Three dynamics between constituents were identified as: 1) *intuition-analysis*: how consciousness shifts

from effortlessness to critical thinking; 2) *union-division*: the transition of oneness with a creative object to evaluation; 3) *freedom-constraint*: the passage from lack of self-consciousness to vulnerability. The authors connected the interplay of these dynamics to describe the transition between Maslow's (1963) inspiration phases *primary creativeness* and *secondary creativeness* to foster inspiration. I was interested to know how these concepts apply to music therapists who, in my experience, shift between analytical and intuitive mental processes during improvisation.

The overall process of creativity was modeled by Mace and Ward (2002) who explored artists' self-initiated processes of creation through a grounded theory analysis. Sixteen professional artists were interviewed three times during their creation process, at the initiation, midpoint, and final stages. Participants were not given time constraints for their projects and pieces were completed during a range of one day to eight months. The four phases of creativity were identified as 1) art work conception, 2) idea development, 3) making the artwork, and 4) finishing artwork and resolution. These phases included numerous subcomponents and feedback loops to create an overall model for the creative process. Results identified three artwork sources: the artist's ongoing art-making enterprise, the interplay of life experience, and the influence of external sources. The authors note that a source of creativity was not found within any particular phase of the model, but creativity is found in the process itself.

### **Intuition in Improvisational Music**

Understanding the phenomenological structural aspects of improvisational music is a growing research trend (Wilson & MacDonald, 2016). Through unstructured interviews, MacDonald and Wilson (2006) found that professional jazz musicians described their exceptional improvisations with the music acting as a directional force. The results showed that

the improvisers claimed to play best with minimal conscious effort regarding altered states, flow, and stream of consciousness. Although not overtly stated, this acknowledgement of a lack of knowing the source of the knowledge or music corresponds directly with the definition of intuition used by Jeffrey and Fish (2011).

Mithieu (1984) also found the recognition of intuition manifesting as a force in music. Mithieu investigated the process of three different improvisations for duos involving one musician and one dancer through phenomenological analysis. Participants allowed themselves to follow the intrinsic motion of the music and described their experiences of improvising alone as well as with their partner. Participants detailed a hidden tension in their experience, and a way of listening *through* the music for direction. Improvisors evaluated elements of music (e.g., rhythmic patterns, dynamic changes, etc.) as they were elicited within the participants' consciousnesses for their inclusion and influence on the piece. Some elements were dominant in actualization over others; this depended on the attention given to the element's significance throughout the overall creation. Perhaps the use of individual elements during the musical manifestation of intuition illustrates the way music therapists may clinically improvise?

Wilson and MacDonald (2016) explored creativity as a function of these musical changes, rather than through the musical elements themselves. They recorded 15 trios of free improvisers using qualitative methods. The trios improvised without prior meeting or verbal discussion for 4-9 minutes and were interviewed individually while reviewing their recorded creation. Results indicated that the participants perceived a hierarchy of choices while improvising. As they listened, participants had to choose to either maintain or change their music. If they chose to change, they had to decide to either initiate or respond to changes by the other participants. Participants responded by adapting, augmenting, or contrasting their partners.

While these options are described as conscious choices, participants often referred to the improvisation as external, as if “it’s developing and it’s rising of its own accord” (p. 1035). I am interested in better understanding the relationships between intuition and improvisational response or change.

Denny Zeitlin, a respected jazz pianist and professor of psychiatry, described in an interview that he often enters altered mental states while improvising (Milano, 1984). Zeitlin illustrates the process of developing ideas as:

But sometimes an idea will come and I’ll have a sense of where it’s going – a whole composition will seem there, and I’m just driving down that road. The main thing is to stay out of the way. You hear people talk about the feeling that they are a vehicle or courier for the music. The metaphor is quite apt. Very often I get into an altered state of consciousness where I feel that I am really part of an audience, and that we’re all listening to the music. In fact, we’ve *become* the music – everything has merged. (p. 25)

### **Intuition in Improvisational Music Therapy**

Intuition in music therapy practice has received little attention regarding the areas of experience and use (Aigen, 1996; Brescia, 2005; Bruscia, 1987; Cooper, 2010; Forinash, 1992; Langenberg, Frommer, & Tress, 1993; Mahoney, 2012; Nordoff & Robbins, 2007; Turry, 2006). As intuition is part of the creative process, this section of the review will examine the experiences of therapists practicing improvisation (Nelson & Rawlings, 2007). Most of the literature on this topic involves at least one of two approaches of music therapy that primarily

place emphasis on improvisation interventions: Analytical Music Therapy (AMT) and Nordoff-Robbins Music Therapy (NRMT).

### **Intuition in analytical music therapy.**

Cooper (2012) examined the clinical work of the founder of AMT, Mary Priestley, through qualitative and historical methods of music analysis. The intent of the study was to identify Priestley's use of AMT techniques and the function of clinical/musical roles. In the overview of the approach, Priestley is quoted multiple times stressing the importance of trusting intuition: "What one needs most is to trust the validity of his own intuition and his natural musical response to the patient" (Priestley, 1994, p. 143).

Cooper (2012) listened to 96 of Priestley's individual sessions with adult clients recorded between 1975-1991. The author utilized three approaches when listening to recordings: 1) free open listening: openly following the improvisation as a whole; 2) focused open listening: attention placed on specific musical elements; and, 3) positioned listening: an effort to empathize with Priestley's experience. All three procedures were conducted prior to assigning structural units and analyzing the music. The researcher placed emphasis on the relational aspects of each musical moment. While discussing the use and role of AMT techniques, Cooper describes Priestley's intuition regarding the use of titled improvisations with a "wise inner figure" (p. 61). The purpose was to explore myths or archetypal images and cites intuition as a contributing factor to the musical role selections in Priestley's improvisations. Cooper concludes that intuition "provides immediate and continuous feedback" (p. 102) as the therapist naturally shifts musical roles to meet their client's needs. I wonder in which ways Priestley experienced intuition and the role it played in her improvisations in specific moments.

Analytical Music Therapy case studies include aspects of therapists' experiences, but do not detail the role and use of intuition (der Heyde, 2012; Kowski, 2003; Mahns, 2003; Marom, 2008; Metzner, 2009; Strehlow, 2009). While not overtly stated, der Heyde (2012) makes reference to intuition while describing the power of musical interaction, "When you are 'in the flow,' there is the sense that the music is playing you rather than that you are playing it" (p. 100). Perhaps the lack of research in this area is due to AMT's view of intuition, where "the therapist relates to the client through an internal ('inner way') of intuition ... the inner way is called countertransference" (Pedersen, 2002, p. 73). Potentially, this view of intuition by analytical music therapists as countertransference could explain the current gap in literature.

### **Intuition in Nordoff-Robbins music therapy.**

Forinash (1992) portrayed Nordoff-Robbins music therapists' experience of clinical improvisation through a phenomenological inquiry. Eight of the 10 participants were trainees of NRMT; the others were Clive Robbins, one of the founders of NRMT, and his wife Carol. The themes Forinash discovered included: The Unknown; Hard to Define; Spontaneity, Creativity, and Intuition; and Intuition and Rationality. One participant described The Unknown as "living in the moment to see what will happen and not even knowing what I will be playing" (p. 127).

The concept of being open to intuition compliments Priestley's (1994) thoughts of trusting intuition. Some participants in Forinash's (1992) study expressed difficulty translating the nonverbal process of improvisation into words. However, Forinash writes that although this can be a limitation, she argues that this is a strength of the musical experience. All 10 participants described clinical moments of knowing how to proceed without any clear rationale. They provided a variety of descriptions of the source of intuition such as instinct, magic, and

being transported to another dimension. One therapist described the experience as “a sense of timelessness” (Forinash, 1992, p. 131), another stated, “I don’t know where it comes from ... a hunch, gut feeling, intuition, perception that says to do it, or has me doing it and then realizing it” (p. 130). The latter portion of that statement shares a different experience of intuition as an awareness after the action has already occurred rather than an idea that a therapist chooses to follow.

In another study, Cooper (2010) detailed the conscious thought-processes of Nordoff-Robbins music therapists while clinically improvising. Five therapists were interviewed as they watched a self-selected session recording. Cooper organized responses into three general themes: 1) intrapersonal awareness, described as feelings of empathy and the therapist’s own feelings emerging in sessions; 2) therapists’ perception of clients, referred to the therapists’ observations of client’s responses and dynamics within the therapeutic relationship; and, 3) therapists’ perceptions of the music, to include the therapists’ thoughts about the experience, clinical use, and influence on the client.

Participants cited intuition as notably valuable when working with individuals with communication constraints as a means of understanding clients’ experiences (Cooper, 2010). One therapist described sensing a client’s slow deliberate reach towards the piano as an affirming statement of being heard. Another participant explained that intuition can reveal the inherent direction of the music; “the music wants to change...it is directing me from its inherent tendencies to move into different places [even though I am creating it]” (p. 100). These statements support that intuition can not only inspire actions but also shape the music as it unfolds.

Brescia (2005), in the single study targeting intuition in improvisational music therapy, explores how therapists experience and use intuition within clinical practice. The author interviewed six experienced music therapists as they reviewed recordings of their sessions. Brescia found that intuition was frequently connected to descriptions of sensations from the therapists. The sensory manifestation of intuition is tied to physical, emotional, auditory, visual, and spiritual messages. One participant shared, “I had an intuition to play a very leading statement ... leading to, you know, here’s the song. There was some sense that even before we started, there it was in the future” (p. 78). Another therapist experienced seeing a client holding a guitar like a shield. This inspired the therapist to ask if the guitar was being used as a buffer between them, uncovering the awareness that the client felt safer holding it. Brescia identified factors that contributed to moments of intuition in the participants including trust in the unknown, deep listening, and self-awareness. As one participant declared, “you have to put yourself in a state of receiving” (p. 84). The results indicated that intuition provides useful information, affects actions of therapists, positively affects clients, can be developed, and is intrinsic in improvisation. Furthermore, music therapists stated that intuition may inform the music and vice versa.

The studies highlighted in this review describe intuition as a personal feeling, thought process, or metaphor. However, none have exclusively studied intuition through a musical lens. The focus of my inquiry was to explore how intuition manifests musically in clinical improvisation. Do therapists experience musical intuition as an isolated musical element, a theme, or a spectrum? How might this informed music be related to the client and their music?

## **Method**

### **Participants**

Two experienced music therapists from different improvisational music therapy approaches participated in this study. To obtain conducive data for this inquiry, purposeful sampling was used to invite participants based on expertise within their models (Wheeler, 2016). Each therapist was certified by the Certification Board for Music Therapists (CBMT), had published work in music therapy literature displaying their expertise, acknowledged the use of clinical intuition, and maintained a recorded archive of their work. The participants in this study were two men and given aliases: Brian and Albert. To provide context for the results of this study, brief nonidentifiable information is provided. Brian had at least five years of experience working as a Nordoff-Robbins music therapist after receiving a certification in NRMT. The other participant, Albert, had at least five years of clinical experience using primarily improvisation after completing a master's degree in music therapy. Albert was also originally trained in Nordoff-Robbins but shifted into a unique approach, developing a different perspective.

### **Design**

This study sought to explore how music therapists use intuition in clinical improvisation in NRMT, and non-model specific music therapy approaches. A reductive phenomenological methodology was employed due to the phenomenological basis of this inquiry. Understanding the use of intuition “through one's own consciousness of that thing” (Jackson, 2016, p. 772) was the aim of the study. Phenomenology explores the first-person experience of a nonquantifiable phenomenon to uncover meaning and structure (Jackson, 2016). Furthermore, Jackson (2016) states that reductive phenomenology stresses the use of bracketing to expand data collection

beyond the researcher's preconceived notions of the phenomenon. I conducted open-ended interviews with each participant while we reviewed recorded segments of their archived clinical work.

### **Data Collection**

Participants were asked to select one video or audio recording of a music therapy session that they believed illustrated their use of clinical intuition. Before the interview, participants were asked to identify significant segments of the improvisations; these sections were the focus of the interview with each therapist. Data were collected through interviews and reflective analysis of each participant regarding their use of intuition in clinical improvisation. Interviews ranged from 60-90 minutes. Each interview was audio-recorded and transcribed.

In each interview, I asked the participants to observe the selected video segments. Remote interviews were conducted over video conferencing utilizing screen sharing to simultaneously view video. While viewing, I wrote notes regarding any moments that appeared significant to me, which we explored in the interview. This process informed the questions I asked of each participant concerning their use of intuition, using my own intuition as a means of researching the experience of others as described by Brescia (2005). I asked each participant about their rationale for selecting the video they shared and to depict their use of clinical intuition. After each interview was transcribed, member checking by emailing a copy to the participant was employed to maintain trustworthiness (Baker & Young, 2016).

### **Data Analysis**

Analysis of the data began through transcription of interviews. As recommended by Moustakas (1994) for reductive phenomenological inquiry, I labeled my preconceived notions of

intuition in clinical improvisation through bracketing. I identified significant statements and created preliminary codes through reviewing transcriptions of the interviews. The codes evolved throughout the process to classify themes in the data; irrelevant data were culled (Jackson, 2016). The data within each code, known as meaning units, were given equal importance through horizontalization (Moustakas, 1994). Underlying structures of the use of intuition were identified and described.

Throughout the analysis process, I returned to the original interview recordings to ensure the labels given represented the participants' described experiences (Jackson, 2016). Member-checking, reflexive journaling, and triangulation by collecting various types of raw data (audio, transcription, notes, journaling) was also used to maintain integrity (Keith, 2016; Lincoln & Guba, 1985). Each participant was sent a copy of the results for their feedback before the completion of the study.

## Results

*“You know just the experience of improvising and creating something in the moment, you discover things that go beyond what you thought you could do or plan to do.” (Brian)*

The therapists' depictions of their use of intuition in the music are presented through themes. The themes are the result of the synthesis of the data with each meaning unit described and supported by statements from participants. Quotations are from the audio-recorded interviews with each therapist who are represented by a pseudonym, Brian and Albert. Some quotations contain fragmented thoughts as they are from the lived experience of the interview, maintaining the phenomenological foundation of this study. The themes that developed through repeated examinations of the data were the *relational aspects of intuition, elements of music,*

*immediacy*, and *source of music*. For participants, their intuition stemmed and developed through the clinical and musical relationship, manifested through a variety of musical elements and was offered in the music swiftly.

### **Relational Aspects of Intuition**

*“I think there’s a quickening with relationship and improvised music.” (Albert)*

Within the first theme, *Relational Aspects of Intuition*, the therapists associated which aspects of their relationship with the client or the client’s playing connected to their own intuitive information as a therapist. While depicting their experiences, the therapists emphasized that their intuition was not as a person of power with “the answer.” Rather, the manifestation of intuition in music was inspired by the client and their relationship. The therapist offers their informed musical idea, but the client chooses what to do with it. In one example, Albert said:

The intuition of where the music begins is my intuitive response to the client. The client comes in, presents themselves, your intuition is based on your assumptions of the client.

As therapists played informed music, client responses established a feedback loop from which therapists drew upon, as detailed by Albert:

He (the client) was very clear in his music. Because he was so clear I was able to then respond with equal clarity. There was no hesitation...his clarity allowed me to be a hundred percent clear.

In this example, the client responded to the therapist’s music by propelling forward into the creative process exploring the shift between tonal and atonal music. The dance between tonal

and atonal music established a larger musical form deepening the musical relationship between them. When the thematic idea was brought back by the therapist, the recapitulation seemed to act as validation and an opening for reflection of their shared creative process.

Brian described an intuitive moment of receiving something inward. The information stemmed from a combination of observing body language and listening to the client:

It was something about tapping into that part of myself that was an intuitive response that was right on because he (the client) immediately had such a positive response...I think the less that you feel you consciously rationally understand about somebody the more you're going to tap into intuitive processes to try and see where to go with somebody.

Although the therapists shared clinically significant moments of their uses of intuition, they also discussed intuition as a process of trial and error based on the client's response. Brian shared:

Sometimes I think our intuitions are wrong but they're intuition and it's trial and error...looking at the client's response...I think a lot of this has to do with listening...the way you listen is going to feed into your intuition.

### **Elements of Music**

*"Sometimes it comes out fully formed like here it is, here's the whole thing, here's the introduction to this song we're about to do. Sometimes it's one element." (Brian)*

Therapists detailed their intuition informing the improvised music through a spectrum of musical elements. In the primary case examples examined, each participant highlighted a single

element of music as the manifestation of his intuition. Albert described his intuition leading him to select a single tone:

...the starting point of the tone...exploring the musical potential through the tone. The intuition of where the music begins is my intuitive response to the client.

In an excerpt described by Brian, his client is playing a basic beat at 108 bpm on a drum with a cymbal punctuating the phrase. On the piano, the therapist is alternating between an Eb and Db chord on each pulse with a prominent C chord accenting the cymbal crash. On a repetition of the phrase, the client increases the tempo to nearly 144 bpm and subdivides into eighth notes. The therapist rests for half a measure and joins the new tempo with a staccato ascending bass line in grouping of four eighth notes. This dramatically builds into a sudden pause in the music, the client beats the drum once with gusto and the therapist responds with a dissonant chord in the upper register. The therapist and client play the next beat in unison however the client continues beating, increasing the tempo again to eighth notes at 177 bpm. The piano joins, framing the beating with dissonant leaps ascending to a high peak. There is a brief rest in the music and the therapist returns to the previous musical theme before this departure.

Brian reflected on his choice to share this excerpt:

Well, there's something about why did I make that choice to do that low bass?  
(Sings the bassline) And I think on some level I related to him (the client) being a child who is discovering his power. Discover...and I don't think this is all conscious it was just the way he played I thought low register...But to go to the

bass like that I think I was tapping into some part of myself as a parental figure or something, something about my experience of being with a young child.

In addition, both therapists described experiences of larger thematic music unfolding. In this example from Albert, rather than a single element of music, entire sections of the music stem from intuition:

I believe in that when everything aligns, and the client and you align that the music is being written before you play it, I believe that...it had already been there somehow before me...I was just almost like playing from a score...you can see the piece before you get there.

### **Immediacy**

The theme *immediacy* refers to the timing in which the therapists implemented their intuitive information in the improvised music. The word “immediately” was used by therapists consistently as they detailed the timeline of using their intuitive musical information. When intuitive musical ideas came to the forefront of the therapists’ awareness, they were played promptly as described by Brian:

I think in this case it was pretty immediate...he started playing that way and I just thought something from the sound of the drum...low register. I just knew I had to do it, I just knew.

In this excerpt described in the previous section, the therapist paused for half of a measure before shifting to the low register of the piano. The therapist was deeply listening as the

client probed a new musical area. From this, the therapist was able to draw upon their intuition and immediately move to the lower register. There was no hesitation in the therapist's music.

When discussing the timing of intuitive information, participants frequently discussed the shift or balance between intuitive material and more conscious or intentional thoughts. Albert described his experience as walking on a "tightrope" where it is possible to sway from one side to another but remaining balanced:

I think in that moment intuition and intention were in the exact same moment...when I first started working as a therapist...they were kind of separate...I began to get them closer together so in that moment I think intuition and intention happened at the same time.

In this example, the immediacy in swaying between these two mindsets seemed to be experienced by the therapist simultaneously. This intuitive moment was defined as a starting point of experiences and shifts to new musical areas. In our discussion of Brian's use of intuition, he spontaneously recalled another excerpt working through a "tantrum" with a teenager:

He's echolalic but it's very unusual that he calls out my name...I remember having a thought, he needs a melody, he needs a song...I had played that progression before, I've played those voicings before, I've never played that melody before...I've never used those words before in that way. So, part of it feels like I'm tapping, it is something that is part of my harmonic awareness, but the other part is just based on what I feel he needed, what I want to say to him.

Brian described blending clinical rational for this client in crisis with his intuitive-musical response.

## **Source of Music**

The role of intuition in clinical improvisation can be a source of musical material. Albert's listening to his client's playing elicited connections to precomposed pieces that were incorporated into the improvisation:

In that moment I did a specific intervention rhythmically, because he starts doing that (sings rhythmic pattern), "I like to be in America." You should allow pieces of music to influence you...I remember thinking he's playing these rhythms and I wanted to give him a musical form to contain it...the only thing I took from West Side Story is the rhythm itself.

Brian described a situation of discovering new musical material while improvising with a client:

I was improvising and afterwards I said, where did that come from? And I listen to it and I thought, wow how did I do that? And it was like a new harmonic connection I made between a B major chord and an F major chord and it was like in Lydian...I was not aware of it, I never played it before...It's like the client moves you to a new place.

## **Fidelity**

The process of bracketing occurred throughout the process of developing this study. Through reflexive journaling, I wrote my developing thoughts on intuition in clinical improvisation. Although some concepts, such as intuition manifesting as a range and/or

combination of musical elements, were labeled as preconceived notions in my notes, the inclusion of the theme was founded by the prevalence of data supporting the finding.

### **Discussion**

In this study the data showed that intuition could manifest musically through a spectrum of musical elements in response to perceptions of clients and relational history. The intuitive aspects of music seem to come from the therapists' musical backgrounds and their discovery of unique facets.

In the original design of this study, three music therapists were going to be interviewed, representative samples of Nordoff-Robbins music therapy (NRMT), analytical music therapy (AMT), and a non-model specific expert in clinical improvisation. However, due to the time constraints of this study, as well as limited recommendations for and responses from potential participants, an analytical music therapist was not included in this study. In addition, the participant representing a perspective outside NRMT and AMT did have formal training in NRMT but developed their own philosophy of music therapy practice. This participant still often referred to NRMT foundations and used *we* terminology regarding his practice.

The therapists in this study detailed the relationship between intuition and intention. Brian's description of his process seemed to align with Forinash's (1992) findings of the interplay of intuition and rationality and Nelson and Rawlings' (2007) identification of the *intuition-analysis* dynamic. The flow between them occurs as therapists follow their pure intuition and rational choices. This process appears to be a spectrum with intuition and rationalization at either side. Therapists can fluctuate between them like Brian's depiction of working through his client's tantrum. However, Albert seemed to strive for a more constant

sense of balance, intuition needing intention. It seems like a total surrender to music-intuition could lead to a therapist losing sight of the therapy, from this perspective. This sentiment of was also described in Forinash (1992): a therapist's awareness of a tendency of becoming "carried away" in the music (p. 125).

Albert's depiction of balance between intuition and intention seems to be reflective of Clive Robbins' diagram titled, "Poised in the Creative Now" which illustrates categories of resources therapists develop and use as part of their clinical musicianship as cited in Guerrero, Marcus, and Turry (2016). Of the six headings, *intuition* and *controlled intention* are directly opposite of each other.

Another finding is that music therapists using intuitive information must have awareness and sensitivity of client responses. For example, Albert and Brian's depictions of hearing their clients' playing a source of their intuition aligns with Brescia's (2005) findings of therapists uncovering intuitive information through deep listening. Therapists' listening to and observation of responses continues to build into experiential knowledge, which later informs more intuitive moments. In Nordoff-Robbins, the indexing of recorded sessions is a vital piece of this process with therapists' mindset swaying towards rationalization as a means of collecting data.

The theme of immediacy of participants' use of intuition is also consistent with themes from the literature. For instance, participants detailed a sense of trust in the unknown, which was also described in Brescia (2005): a willingness to follow a musical-clinical pathway that has no predictable effect, such as Albert's selection of a single tone to start a musical experience. However, participants in Brescia's study noted times when they had not chosen to implement intuitive information because the timing did not seem clinically appropriate. In those examples,

the participants seemed to be referring to sharing precomposed songs or verbal thoughts. In contrast, the therapists in this study all highlighted the immediacy of using their intuitive information in the improvised music. Nevertheless, this variation could stem from differences in the philosophical foundations of the therapists' clinical practice.

The actualization of intuition in clinically improvised music found in this study came through specific elements of music and entire thematic material. Participants reported that an element's significance of use was tied to the musical-clinical relationship between client and therapist and their ongoing creative processes. This finding supports Mithieu's (1984) implementation of intuitive elements of music relating to the significance of the overall piece. Furthermore, the music acted as a driving force, a musical-clinical direction.

The participants' description of intuition as a source of music for improvised sessions seemed to relate to Forinash's (1992) study. She found that therapists using their natural musical abilities, as well as innate characteristics of their relationship with music, were able to attune and respond to the ever-changing responses of their clients. In addition, Forinash discussed how the diversity of music created in improvised sessions is connected to the unique musical biography of the therapists. Their never-ending development of musical resources provides a richer pallet to draw from while clinically improvising.

Throughout the research process I noticed the abundant use of metaphor when depicting intuition. This may be attributed to the difficulty of translating nonverbal experiences into words as described in Forinash (1992) about clinically improvised music. The function of the metaphors seemed to be attempts to convey meaning of unreachable words and/or evoke empathy regarding the experiences. As I continuously listened, examined, and read these

descriptions I wondered how the inclusion of an arts-based methodology could have enhanced my perspective of these experiences as a researcher.

### **Implications**

A greater sense of how to draw upon intuitive information while clinically improvising may benefit the training and supervision of music therapists. Experienced improvisors utilize deep listening to elicit intuition through a relational framework. Although Nordoff-Robbins supervision can provide opportunities to examine the manifestation of intuition in music and how to incorporate it, the inclusion of these concepts into the certification program would be beneficial to trainees. Since the source of music when clinically improvising is a foundational aspect of improvisational training, the continued development of the ability to use intuition would be valuable for students and professionals. The use of various sources of music to enrich experiences aligns with the values of the Nordoff-Robbins approach.

### **Recommendations**

The therapists in this study seemed to refer to potential instances of countertransference when characterizing their use of intuition. However, the role of countertransference in intuition in improvisational music therapy was not explored in this study. The literature, specifically in analytical music therapy, refers to a connection between intuition and countertransference as a beneficial pathway for relating to clients. The exploration of the relationship between intuition and countertransference in improvisational music therapy, including an AMT perspective, is recommended for future studies.

In my own Nordoff-Robbins training, there has been an emphasis to examine my tendencies as a clinician and musician. This self-awareness has many functions including

discovering patterns in what and how I play musical elements. Throughout the interviews with participants I found myself exploring the concept of tendencies. I thought, perhaps, there could be a relationship between the music drawn from intuition and musical tendencies as a clinician. This stemmed from my own experiences where intuitive musical moments seemed to often lead to more novel music experiences. However, the participants emphasized that exercises in awareness are beneficial but they did not experience the examination of tendencies in the same way. In some examples that were shared, the music was something the clinician had played many times; in other examples, the music was unique. The participants' extensive clinical experience afforded numerous opportunities to play various types of music.

The participants' self-selected excerpts for this study were described as clinically significant moments in their clients' courses of therapy. However, the participants noted that clinical intuition could be *wrong*. There were times when intuition did not seem to lead to a significant experience. The exploration of those moments could provide further information regarding the manifestation of intuition in clinical music. In addition, the original design of this study requested that participants select recent (within three months of interview) session clips but, due to limited responses, this inclusion criterion was dropped. Further studies examining more recent clinical excerpts would be beneficial. Decreasing the time between the session experience and interview may yield more trustworthy results.

### **Conclusion**

In summary, intuition is an integral aspect of the creative process. This study contributes to the literature indicating intuition as an essential element of the musical-clinical process between therapists and their clients. Clinical intuition provides rich information that can lead to

substantial musical experiences provided that music therapists have the trust and resources to utilize it. Music therapists can use intuition to discover new musical pathways. Furthermore, accessing intuitive information can allow therapists to become more present through heightened self-awareness when relating to clients.

Intuition can incarnate through music as a clear tone or a luscious symphonic movement. Music therapists use intuition as one of many sources for clinical music. It is the antipodal companion to intentionality. Therapists can experience fluctuation between one extreme to the other and an equilibrium. The duality seems to represent aspects of music therapists' consciousness as they balance pieces of themselves as musicians and therapists.

My process of examining the phenomenon of intuition has been fraught with excitement and contemplation. In many ways, the questions remain. In conclusion, as Brian stated:

How do you define what intuition is when you're improvising? Because in some sense you are always tapping into something...you're responding to something. When you're improvising music can you not use intuition? I don't know. I mean you're listening and I guess you could say, 'well I've played that before and I've played that before...' But that moment has never happened before and it's never going to happen again.

### References

- Aigen, K. (1996). *Music-centered music therapy*. Gilsum, NH: Barcelona Publishers.
- Aigen, K. (2005). *Being in music: Foundations of Nordoff-Robbins music therapy*. Gilsum, NH: Barcelona Publishers.
- Baker, F. A., & Young, L. (2016). The relationship between research and practice. In B. L. Wheeler, & K. M. Murphy (Eds.), *Music Therapy Research* (pp. 86-102). Dallas, TX: Barcelona Publishers.
- Brescia, T. (2005). A qualitative study of intuition as experience and used by music therapists. *Qualitative Inquiries in Music Therapy*, 2, 62-112.
- Bruscia, K. E. (1987). *Improvisational models of music therapy*. Springfield, CT: Charles C Thomas.
- Bruscia, K. E. (1998). *Defining music therapy*. Dallas, TX: Barcelona Publishers.
- Cooper, M. (2010). Clinical-musical responses of Nordoff-Robbins music therapists: The process of clinical improvisation. *Qualitative Inquiries in Music Therapy*, 5, 86-115.
- Cooper, M. L. (2012). *A musical analysis of how Mary Priestley implemented the techniques she developed for Analytical Music Therapy*. Ann Arbor, MI: ProQuest LLC.
- Davis, W. B., Gfeller, K. E., & Thaut, M. H. (2008). *An introduction to music therapy theory and practice*. The American Music Therapy Association, Inc.
- Day, W. (2000). Knowing as instancing: Jazz improvisation and moral perfectionism. *The Journal of Aesthetics and Art Criticism*, 58(2), 99-111.

- der Heyde, T. M. (2012). *Interpersonal rhythms disrupted by a history of trauma: An in-depth case study of analytical music therapy*. Ann Arbor, MI: City University of New York.
- Forinash, M. (1992). A phenomenological analysis of Nordoff-Robbins approach to music therapy: The lived experience of clinical improvisation. *Music Therapy, 11*(1), 120-141.
- Guerrero, N., Marcus, D., & Turry, A. (2016). Poised in the creative now: Principles of Nordoff-Robbins music therapy. In J. Edwards (Ed.), *The oxford handbook of music therapy* (pp. 482-493). Oxford, UK: Oxford University Press.
- Hanser, S. B. (1999). *The new music therapist's handbook*. Boston, MA: Berklee Press.
- Hiller, J. (2009). Use of and instruction in clinical improvisation. *Music Therapy Perspectives, 27*(1), 25-32.
- Jackson, N. A. (2016). Phenomenological inquiry. In B. L. Wheeler, & K. M. Murphy (Eds.), *Music Therapy Research* (pp. 770-788). Dallas, TX: Barcelona Publishers.
- Jeffrey, A. J., & Fish, L. S. (2011). Clinical intuition: A qualitative study of its use and experience among marriage and family therapists. *Contemporary Family Therapy, 33*(4), 348-363.
- Keith, D. (2016). Data collection in interpretivist research. In B. Wheeler, & K. Murphy, *Music Therapy Research* (pp. 425-445). Dallas, TX: Barcelona Publishers.
- Kowski, J. (2003). Growing up alone: Analytical music therapy with children of parents treated within a drug and substance abuse program. In S. Hadley, *Psychodynamic Music Therapy-Case Studies* (pp. 87-104). Gilsum, NH: Barcelona Publishers.

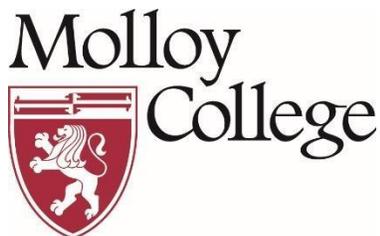
- Langenberg, M., Frommer, J., & Tress, W. (1993). A qualitative research approach to Analytical Music Therapy. *Music Therapy, 12*(1), 59-84.
- Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.
- MacDonald, R. A., & Wilson, G. B. (2006). Constructions of jazz: How jazz musicians present their collaborative musical practice. *Musicae Scientiae, 10*(1), 59-83.
- Mace, M.-A., & Ward, T. (2002). Modeling the creative process: A grounded theory analysis of creativity in the domain of art making. *Creativity Research Journal, 14*(2), 179-192.
- Mahns, W. (2003). Speaking without talking: Fifty analytical music therapy sessions with a boy with selective mutism. In S. Hadley, *Psychodynamic Music Therapy: Case Studies* (pp. 87-104). Gilsum, NH: Barcelona Publishers.
- Mahoney, J. (2012). *Current practices in Nordoff-Robbins Music Therapy (NRMT): The views of contemporary practitioners in 2011*. Ann Arbor, MI: Temple University.
- Marom, M. K. (2008). "Patient declined": Contemplating the psychodynamics of hospice music therapy. *Music Therapy Perspectives, 26*(1), 13-22.
- Maslow, A. H. (1963). The creative attitude. *The Structurist, 3*(4), 4-10.
- Mathieu, L. (1984). *A phenomenological investigation of improvisation in music and dance*. New York City, NY: New York University.
- Mayer, R. E. (1999). Fifty years of creativity research. In R. J. Sternberg, *Handbook of creativity* (pp. 449-460). Cambridge, UK: Cambridge University Press.

- Metzner, S. (2009). About being meant: Music therapy with an in-patient suffering from psychosis. *Nordic Journal of Music Therapy*, 19(2), 133-150.
- Milano, D. (1984). The psychology of improvisation. *Keyboard Magazine*, 10(10), 30-35.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Nelson, B., & Rawlings, D. (2007). Its own reward: A phenomenological study of artistic creativity. *Journal of Phenomenological Psychology*, 38(2), 217-255.
- Nordoff, P., & Robbins, C. (2007). *Creative music therapy: A guide to fostering clinical musicianship*. Gilsum, NH: Barcelona Publishers.
- Pavlicvic, M. (2002). Dynamic interplay in clinical improvisation. *Voices: A World Forum for Music Therapy*, 2(2).
- Pedersen, I. N. (2002). Analytical music therapy with adults in mental health and in counselling work. In J. Eschen, *Analytical Music Therapy* (pp. 64-84). London, UK: Jessica Kingsley Publishers.
- Priestley, M. (1994). *Essays on analyticval music therapy*. Phoenixville, PA: Barcelona Publishers.
- Robbins, C., & Forinash, M. (1991). A time paradigm: Time as a multilevel phenomenon in music therapy. *Music Therapy*, 10(1), 46-57.
- Saperston, B. M. (2011). *Music therapy and the exceptional learner*. Logan, UT: Utah State University.

- Shirley, D. A., & Langan-Fox, J. (1996). Intuition: A review of the literature. *Psychological Reports, 79*, 563-584.
- Sprenkle, J. (2005). *Defining intuition: A framework for understanding intuition in psychology*. Ann Arbor, MI: ProQuest Dissertations & Theses Global.
- Strehlow, G. (2009). The use of music therapy in treating sexually abused children. *Nordic Journal of Music Therapy, 18*(2), 167-183.
- Turry, A. (2006). *The connection between words and music in music therapy improvisation: An examination of a therapist's method*. Ann Arbor, MI: ProQuest LLC.
- Wheeler, B. L. (2016). Principles of interpretivist research. In B. L. Wheeler, & K. Murphy (Eds.), *Music Therapy Research* (pp. 256-274). Dallas, TX: Barcelona Publishers.
- Wilson, G. B., & MacDonald, R. A. (2016). Musical choices during group free improvisation: A qualitative psychological investigation. *Psychology of Music, 44*(5), 1029-1043.

## Appendix A

### IRB Approval Letter



Rockville Centre, NY 11571 [www.molloy.edu](http://www.molloy.edu)

1000 Hempstead Avenue

Tel. 516.323.3801

Tel. 516.323.3711

Date: February 2, 2018  
 To: Dr. Sangeeta Swamy and Nick Farr  
 From: Kathleen Maurer Smith, Ph.D.  
 Co-Chair, Molloy College Institutional Review Board  
 Patricia Eckardt, Ph.D., RN  
 Co-Chair, Molloy College Institutional Review Board

**SUBJECT: MOLLOY IRB REVIEW AND DETERMINATION OF EXPEDITED STATUS –  
 MUS 551**

**Study Title: How Intuition is Drawn Upon in Clinical Improvisation**

**Approved: February 2, 2018**

**Approval No.: 14060118-0202**

Dear Professor Swamy for Student Nick Farr:

The Institutional Review Board (IRB) of Molloy College has reviewed the above-mentioned research proposal and determined that this proposal is approved by the committee. It is considered an EXPEDITED review per the requirements of Department of Health and Human Services (DHHS) regulations for the protection of human subjects as defined in 45CFR46.101(b) and has met the conditions for conducting the research. Please note that as Principal Investigator (PI), it is your responsibility to be CITI Certified and submit the evidence in order to conduct your research.

You may proceed with your research. Please submit a report to the committee at the conclusion of your project.

Changes to the Research: It is the responsibility of the Principal Investigator to inform the Molloy College IRB of any changes to this research.

Sincerely,

Kathleen Maurer Smith, Ph.D.

Patricia Eckardt, Ph.D., RN

## Appendix B

### Letter of Informed Consent and Permission to Audio-Record

**Title:** How Intuition is Drawn Upon in Clinical Improvisation

**Principal investigator:**

Nick Farr, MT-BC  
 Graduate student, music therapy, Molloy College  
 1000 Hempstead Avenue  
 Rockville Centre, NY 11571  
 nfarr@lions.molloy.edu

**Faculty Supervisor:**

Sangeeta Swamy, PhD, MT-BC  
 Assistant Professor of Music Therapy, Molloy College  
 1000 Hempstead Avenue  
 Rockville Centre, NY 11571  
 sswamy@molloy.edu

Dear \_\_\_\_\_,

My name is Nick Farr and I am a music therapy graduate student at Molloy College. I am conducting a study regarding music therapists' use of intuition in clinical improvisation. The study is a part of my graduation requirement.

You have been invited to participate in this study because:

1. You are a board-certified music therapist with at least a master's degree in music therapy and have publications of your expertise in clinical improvisation.
2. You have either completed: Nordoff-Robbins music therapy training, Analytical Music Therapy training, or have at least five years experience primarily using clinical improvisation after completing a master's degree in music therapy.
3. You maintain an audio or video-recorded archive of your clinical work.
4. You acknowledge the use of intuition while clinically improvising.

Data collection for this study involves one interview in-person or over a video conferencing service that will be approximately 45-90 minutes. You will be asked to select at least one clip of recent clinical work where you felt that you used intuition while improvising. Throughout the interview we will have a chance to review the clinical excerpt and discuss your use of clinical intuition. It will be an open-ended, unstructured interview where the questions will build upon our conversation and viewing of your excerpt. The interview will be audio recorded and transcribed. Roughly two weeks after the interview you will be sent a copy of the transcription to check its accuracy. Over the course of 5 months, the principal investigator may also contact you to clarify statements and share themes discovered.

Your participation in this study is completely voluntary. At any point, you may choose to withdraw from the study without any negative consequences. This communication can be done in-person or through email.

Your identity will not be revealed in this study. Any information that may elude to your identity including your name and place of work will not be included in the results of the study. You will be assigned a pseudonym (ex. Music Therapist A). The audio and transcription of the interview will be stored in a secure location and you have the right to hear the recording. When the study is completed, the audio recording will be destroyed after a period of ten years. The transcriptions may be used for any future publications or presentations but will not include identifying information.

Participation in this study does not guarantee any benefits to you. However, your participation may lead to insight to regarding your use and experience of clinical intuition or a deeper understand of the clinical process shared in the interview. The information could be beneficial for clinicians, students, educators, and researchers. Results may lead to further research into clinical intuition and improvisational music therapy. In addition, your participation may elicit undesirable emotional reactions while reviewing and discussing previous clinical work. If this occurs, the student researcher will suggest taking a break from the interview. After the break, you will be reminded of your option to reschedule your interview or withdraw from the study.

This study may affect the therapeutic process and your client's relationships with you. While conversations regarding consent for this study will only be held between you and your clients, and client material is completely confidential, clients may experience discomfort with their session content being shared and studied as part of the research. In this case, you are encouraged to discuss this with your clients.

To ensure that this research activity is being conducted properly, Molloy College's Institutional Review Board (IRB), whose members are responsible for the protection of human subjects' rights for all Molloy-approved research protocols, have the right to review study records, but confidentiality will be maintained as allowed by law.

For any further information please contact the principal investigator at [nfarr@lions.molloy.edu](mailto:nfarr@lions.molloy.edu) at any time. You may also contact the faculty supervisor, Dr. Sangeeta Swamy at [sswamy@molloy.edu](mailto:sswamy@molloy.edu). Questions regarding your rights as a participant may go to the Molloy College Institutional Review Board at: [irb@molloy.edu](mailto:irb@molloy.edu) or 516-323-3000.

I agree to:

\_\_\_\_ I give permission to Nick Farr to audio record his interview with me.

\_\_\_\_ I give permission to Nick Farr to use the recordings for the research purposes outlined above.

---

**Participant's Signature**

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**Date**

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**Principal Investigator's Signature**

---

**Date**

Complete the following if you wish to receive a copy of the results of the study:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address (optional): \_\_\_\_\_

## Appendix C

### Letter of Informed Consent for Music Therapy Clients

**Title:** How Intuition is Drawn Upon in Clinical Improvisation

**Principal Investigator:**

Nick Farr, MT-BC  
Graduate student, music therapy, Molloy College  
1000 Hempstead Avenue  
Rockville Centre, NY 11571  
nfarr@lions.molloy.edu

**Faculty Supervisor:**

Sangeeta Swamy, PhD, MT-BC  
Assistant Professor of Music Therapy, Molloy College  
1000 Hempstead Avenue  
Rockville Centre, NY 11571  
sswamy@molloy.edu

Dear \_\_\_\_\_,

My name is Nick Farr and I am a music therapy graduate student at Molloy College. I am conducting a study regarding music therapists' use of intuition in clinical improvisation. The study is a part of my graduation requirement. The purpose of the study is to examine how music therapists use intuition when clinically improvising. This involves interviewing three music therapists for approximately 90 minutes and viewing archival video material of their improvised

Your identity will not be revealed in this study. Any information that may elude to your identity including your name and location of therapy will not be included in the study. You and your therapist will be assigned a pseudonym (ex. Client A & Music Therapist A). The audio and written transcription of the interview will be stored in a secure, locked location. When the study is completed, the audio recording will be destroyed after a period of ten years. The written transcriptions may be used for any future publications or presentations but will not include identifying information.

To ensure that this research activity is being conducted properly, Molloy College's Institutional Review Board (IRB), whose members are responsible for the protection of human subjects' rights for all Molloy-approved research protocols, have the right to review study records, but confidentiality will be maintained as allowed by law.

For any further information please contact the principal investigator at nfarr@lions.molloy.edu at any time. You may also contact the faculty supervisor, Dr. Sangeeta

Swamy at sswamy@molloy.edu. Questions regarding your rights as a participant may go to the Molloy College Institutional Review Board at: irb@molloy.edu or 516-323-3000.

I have read the above descriptions and give my consent for the recordings to be studied by the research team for use in the above research project. **(Youth under 18 years of age must have a parent/legal guardian signature)**

---

**Client's Signature**

---

**Date**

---

**Principal Investigator's Signature**

---

**Date**

## Appendix D

### Letter of Informed Consent for Music Therapy Clients' Parent/Guardian

**Title:** How Intuition is Drawn Upon in Clinical Improvisation

**Principal Investigator:**

Nick Farr, MT-BC  
Graduate student, music therapy, Molloy College  
1000 Hempstead Avenue  
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**Faculty Supervisor:**

Sangeeta Swamy, PhD, MT-BC  
Assistant Professor of Music Therapy, Molloy College  
1000 Hempstead Avenue  
Rockville Centre, NY 11571  
sswamy@molloy.edu

Dear \_\_\_\_\_,

My name is Nick Farr and I am a music therapy graduate student at Molloy College. I am conducting a study regarding music therapists' use of intuition in clinical improvisation. The study is a part of my graduation requirement. The purpose is to explore how music therapists draw upon intuition. This involves interviewing three music therapists for approximately 90 minutes and viewing archival video material of their improvised music therapy sessions with clients.

You and your child's identity will not be revealed in this study. Any information that may elude to you and your child's identity including your name and location of therapy will not be included in the study. Your child and their therapist will be assigned a pseudonym (ex. Client A & Music Therapist A). The audio and written transcription of the interview will be stored in a secure, locked location. When the study is completed, the audio recording will be destroyed after a period of ten years. The written transcriptions may be used for any future publications or presentations but will not include identifying information.

To ensure that this research activity is being conducted properly, Molloy College's Institutional Review Board (IRB), whose members are responsible for the protection of human subjects' rights for all Molloy-approved research protocols, have the right to review study records, but confidentiality will be maintained as allowed by law.

For any further information please contact the principal investigator at nfarr@lions.molloy.edu at any time. You may also contact the faculty supervisor, Dr. Sangeeta

Swamy at sswamy@molloy.edu. Questions regarding your rights as a participant may go to the Molloy College Institutional Review Board at: irb@molloy.edu or 516-323-3000.

I have read the above descriptions and give my consent for the recordings to be studied by the research team for use in the above research project (**Youth under 18 years of age must have a parent/legal guardian signature.**)

---

**Parent/Guardian's Signature**

---

**Date**

---

**Music Therapist's Signature**

---

**Date**

---

**Principal Investigator's Signature**

---

**Date**