**A Qualitative Heuristic Inquiry into the Development of Therapeutic Presence as a Student**

**Music Therapist.**

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# Abstract

This dissertation will evaluate the role of cognitive and embodied forms of knowledge in relation to the development of therapeutic presence as a student music therapist. The study will provide an introduction to the topic reviewing its relevance to the practice of music therapy and argues that therapeutic presence is a fundamental part of becoming a music therapist yet it is currently appears to be a neglected topic in academic settings and in the researcher’s music therapy educational curriculum. A review of current literature has found only two articles explicitly referring to the topic of presence and music therapy and none in relation to the development of therapeutic presence as a student music therapist. Using a qualitative heuristic methodology, the researcher will describe the process of developing therapeutic presence as a student music therapist. To gain a deeper perspective on the topic, three successive theoretical and experiential heuristic workshops, designed to assist in the development of therapeutic presence, were carried out with six student music therapists. Data, in the form of questionnaires, reflections and group musical improvisations was analysed systematically to validate the researcher’s experience of the research topics and also to discover and evaluate themes and practical methods which relate to the development of therapeutic presence as a student music therapist. The research has culminated in the synthesis of data gathered during the study in relation to the main research question while also reviewing its relevance to music therapy practice and implications for further study.

# Chapter I: Introduction

This is a qualitative heuristic study investigating methods of developing therapeutic presence as a student music therapist. According to Rodgers (1986), therapeutic presence is an essential component of therapy, yet in the researchers current MA in music therapy educational program he has not experienced any specific lectures or practical tuition in relation to its development as a student music therapist. Although the program provided theoretical lectures related to psychodynamic (Adams, 2015a) and humanistic (Noone, 2008) therapeutic approaches in music therapy, while also incorporating experiential based psychodynamic musical improvisation workshops (Adams, 2015b) the specific topic of therapeutic presence has yet to be addressed in relation to our development as student music therapists.

Current literature on the topic related to the practice of psychotherapy describes the various qualities and experiences of therapeutic presence (Geller & Greenberg, 2002, Colismo & Pos, 2015) and provide theoretical frameworks as a means of conceptualizing the phenomenon and its application to practice as a therapist. In relation to music therapy literature, Muller (2008) provides phenomenological insight into the phenomenon of therapeutic presence. He explores professional music therapist’s experiences of being present with a client discussing thematic data gathered from the research in relation to methods of being present. Fidelibus (2004) conducted research using a naturalistic constructivist approach developing a working model of therapeutic presence in music therapy practice. The model is based on phenomenological analysis of clinical music therapy improvisations and the author’s experience of Zen and Buddhist meditation practice. These studies have provided the researcher with a theoretical framework for heuristic discovery in relation to contextualizing both the researchers and student music therapist’s experience of developing therapeutic presence throughout the research.

## Therapeutic presence & music therapy

Therapeutic presence is defined as bringing one’s whole self into the encounter with clients, by being completely in the moment on multiple levels: physically, emotionally, cognitively, and spiritually (Geller & Greenberg, 2002). Although the concept of therapeutic presence is central to humanistic traditions (Baldwin, 2000, Rodgers, 1980) historically it has been described as originating from Freud’s psychoanalytic approach related to his concept of ‘evenly suspended attention’ (Geller and Greenberg, 2012, p.18). Geller and Greenberg describe Freud’s approach as a state of mind which is void of the emotional connectedness required to experience present centred awareness in one’s self and between the therapist and the client.

As student music therapists we are taught to intellectualize concepts of therapeutic intervention related to theories such as psychodynamic (De Backer & Sutton, 2014) and humanistic approaches (Aigen, 2005, Boxill, 1997) in music therapy. However, if an intellectual approach is overemphasized in practice, described by Colismo & Pos (2015, p.102) as hyper-intellectualization, this can in fact interfere with our ability to achieve therapeutic presence which arises from the overuse of theoretical and analytical processing. They state that “when a therapist’s rational system is overactive their experiential contact with theirs and their client’s present reality is likely weakened, as is their contact with the wisdom that experiential knowing provides” (p.103). In relation to this quote, it is therefore a necessary component of this research to review both cognitive and embodied approaches to cultivating the ability to be therapeutically present as a student music therapist.

## Epistemological paradigms: Cognitive & embodied knowledge

Gardner’s (1993) theory of multiple intelligences argues that human intelligence is a multi-faceted phenomenon. In the study of skills and abilities, Gardner describes two ways of knowing and makes a distinction between know-how (tacit knowledge of how to execute a task), and know-that (prepositional procedures in executing a task) (p.73). He states that prepositional knowledge, which is a primarily cognitive function, in comparison to the direct experience of tacit knowledge, is valued in some cultures above others. In his critique of modern educational systems Gardner affirms that in both traditional and modern schools “there has been a steady minimization of bodily, spatial, and interpersonal forms of knowledge” (p.381) in comparison to linguistic forms, which he states are increasingly in favour of logical-mathematical and intrapersonal forms of thinking. According to Capra (1975, pp.22-23) the “Cartesian” division has resulted in western society becoming predominantly identified with intelligence of the mind or cognitive intelligence instead of as a whole organism.

In contrast to cognitive knowledge, experiential knowledge, also described as embodied knowledge (Geller & Greenberg, 2012) or tacit knowledge (Polanyi, 1983), is acquired through direct experience. According to Polanyi this knowledge cannot be articulated explicitly and involves our instinctual body reactions to situations without the conscious process of thought or pre-cognition. Meluea-Ponty (1964) states that tacit knowledge is pre-reflective describing it as “a field of possible, movements, a kind of inner map of movements the body ‘knows’ how to perform without having to reflect upon such movements” (p.144).

The validity of embodied knowledge is currently a neglected form of knowledge in the academic world of psychotherapy (Geller & Greenberg, 2012), clinical medicine (Henry, 2009) and in general caring practices (Kontos & Naglie, 2009) in western society. Geller & Greenberg (2012) state that embodied self-awareness or somatic awareness is a fundamental aspect of therapeutic presence and that an embodied self-awareness gives the therapist a felt sense of what is true in the moment, through the emotional, psychical and sensorial body.

In relation to a predominantly intellectualized model of learning in western culture, and our educational development as therapists, the researcher’s bias regarding the formation of knowledge regarding the development of therapeutic presence is based on the understanding that embodied practices such as meditation, yoga, and qi gong can provide us with an alternative theory of knowledge through an awareness of the body. This can therefore facilitate a more open epistemological outlook for student music therapists as the basis of these practices is to question the “origins, nature and limits of human knowledge” (Rorty, 1979, p. 140). Through the embodied experience, these practices teach us to question the role of the cognitive rational mind as the predominant method of obtaining knowledge and provide an alternative method for relating to ourselves and our environment.

Walsh & Shapiro (2006) describes the current dichotomy between eastern mediation practice and western psychological and philosophical methods of therapeutic practice to be in an assimilative integration phase in which both are exploring the possible benefits and roles to achieve a greater understanding of the human condition. Jung (1976) argued that although thinking and feeling are contrasting methods of knowledge it is by integrating them that we achieve adaptive and wise action of the brain. Scheffler states, in relation to the process of learning from experience, that “the ideal education is thus one that connects general ideals with real problems and that stresses there practical bearings. It encourages imaginative theorizing by the student but at the same time insists upon control of such theorizing by the outcomes of active experimentation” (Scheffler, 1965, p.5). From the researcher’s experience, embodied knowledge is related to a feeling rather than a thinking state of awareness and is only accessible in the present moment, which is a fundamental construct to develop an awareness of therapeutic presence. However, as a result of the researcher’s heuristic process; examining bias, reviewing current literature and analysing the experience of developing therapeutic presence, as a student music therapist, the researcher’s perspective has evolved to encompass a more balanced outlook on the research topic.

## The heuristic process and the development of therapeutic presence

In relation to the contrasting epistemological perspectives related to cognitive and embodied forms of knowledge discussed above, and the various methods and techniques involved in understanding and experiencing the phenomenon of therapeutic presence, the main research question for this dissertation asks, how do we as student music therapists develop therapeutic presence?

As a means of exploring this question the researcher will employ a heuristic methodology. According to Moustakas (1990) heuristic inquiry is considered to be a movement from “feeling to the word and back to the feeling, from the experience to the concept and back to the experience” (p.16). The introspective nature of heuristic inquiry is therefore intrinsically linked to the process of developing therapeutic presence as both disciplines are primarily concerned with the examination of one’s consciousness and the relationship between cognitive and embodied knowledge. Kleining & Witt’s (2002) qualitative heuristic methodological framework uses four rules to optimize the chance of discovery in the heuristic process. These include; the researchers awareness and declaration of personal bias and willingness to change his/her preconceptions if data is not in agreement with them; the topic as a preliminary guideline to the research process which can be subject to change; the collection of data to maximize the perspective gained on the topic, and the direction of analysis towards the discovery of similarities resulting in concrete themes. In conjunction with these rules of enquiry the researcher will follow a heuristic research design moving through six phases of investigation which include, “the initial engagement, immersion into the topic and question, incubation, illumination, explication, and culmination of the research in a creative synthesis” (Moustakas, 1990, p.27). In keeping with these protocols, the researcher will document personal bias and experiences related to the research question on a continual basis throughout the research using auto-biographical reflection and documenting the process in a reflexive journal (Etherington, 2004). As a means of gaining a deeper perspective on the research topic, theoretical and experiential workshops will be carried out with fellow music therapy students as a means of exploring the contrasting epistemological paradigms of intellectual and embodied knowledge discussed above. These workshops will be heuristic in design and will be explained in further detail in the methodology chapter. The workshops will also function to facilitate an embodied experience of therapeutic presence for student music therapists. This experience of therapeutic presence could therefore potentially be applied by student music therapists during future music therapy sessions and in everyday interactions as a means of both personal and professional development. The workshops will also serve to provide the researcher with a deeper understanding of how as student music therapists we can develop therapeutic presence using both cognitive and embodied approaches.

Rodgers (1957, p. 174) described the search for truth as a therapeutic process in which scientific and therapeutic gains could be made at the same time. In reviewing both cognitive and embodied experiences of developing therapeutic presence, in relation to the process of becoming a music therapist, the heuristic process facilitates the discovery of truth through qualities such, self-awareness, self-dialogue and self-discovery as the researcher engages full in a transformational process. As a result, heuristic research can provide a framework for the development of authenticity as a researcher, person and music therapist.

Aigen (1993) states it is in fact the music therapists "Being" or personal attributes, rather than any particular technique that determines the efficacy of any one course of therapy. From the researchers experience this beingor feelingstate is most apparent when we are totally present with ourselves and in the moment, an experience that has become difficult to maintain or experience due to the pressures and distractions of modern society which values the knowledge of the mind above the body. According to Polanyi (2009) “Having made a discovery, I shall never see the world again as before. My eyes have become different; I have made myself into a person seeing and thinking differently. I have crossed a gap, the heuristic gap, which lies between problem and discovery” (p.143).

# Chapter II: Literature Review

The literature review will be divided into three sections as a means of providing continuity and clarity to the reader and a theoretical basis for the research in relation to the main topic and reviewing the researcher’s main argument and research question. The first section will evaluate current research on the phenomenon of therapeutic presence and its role in psychotherapy and music therapy practice. The second section will provide a review of literature in relation to the researcher’s main argument examining the contrasting epistemological paradigms of cognitive and embodied knowledge in relation to health care settings and our development as student music therapists. The third section will provide insight into the relationship between the selected methodology and the research topic discussing their commonalities and their significance to the research.

## Current research: Therapeutic Presence, Psychotherapy & Music Therapy

In conducting the literature review in relation to the topic of therapeutic presence the researcher was not able to find articles containing practical guidelines specifically for student music therapists to refer to as a means of developing therapeutic presence as a part of their development as student music therapists. However, research from the field of psychology and music therapy formed a basis to understand the phenomenon and provided insight into experiential, theoretical and practical aspects of cultivating therapeutic presence as a student music therapist.

Geller & Greenberg’s (2012) *Therapeutic Presence* provides a comprehensive account of the phenomenon in relation to the field of psychology. It enables the reader to conceptualize therapeutic presence using an empirical model, constructed using qualitative data (Geller & Greenberg, 2002), which includes three domains related to the understanding and application of therapeutic presence in clinical practice. These include the preliminary stage of preparing the ground for presence; secondly, the process of presence; and thirdly, the in-session experience of being present. Geller & Greenberg’s practical and experiential methods of cultivating therapeutic presence are focused on how to be with a client in contrast to traditional models of psychotherapeutic interventions which focus on “what to do” or “how to respond” to a client’s distress.

Building on the work of Geller & Greenberg, Colismo & Pos (2015) developed an integrative rational model of expressed therapeutic presence mapping four modes of presence which can be associated with the in-session experience. The model provides researchers and practitioners with an assessment of objective concrete behaviours which can be assessed in relation to the four modes of presence “being here, being now, being open and being with and for the client”.

These practical guidelines offer music therapists a conceptual framework and practical methods to cultivate therapeutic presence as a therapist however they do not account for the added factor of music in the clinical context. Many music therapists have described therapeutic presence in theoretical and clinical contexts either implicitly or explicitly as a foundational aspect of music therapy practice (Preistly, 1994, Borczon, 1997, Bart-Scheiby, 1998). Austin (1996) describes how the music itself can facilitate presence stating that musical improvisation is a “pure experience in the here and now” (p.31).

Bruscia (1998a) developed a theory of “being there” for the client using phenomenological and heuristic data gathered from his work with male clients during Guided Imagery and Music (GIM) therapy sessions. He describes moving between three worlds when being there for the client, in the music; his personal world, the client’s world, and his world as a therapist. Within these worlds, the therapist moves between sensory, affective, reflective, and intuitive layers of experience or “modes of consciousness” (Bruscia, 1998b) and that by moving in and out of different modes and comparing them, the therapist is able to gather an ever increasing comprehension of the client’s needs.

The researcher, as a student music therapist, has found these concepts difficult to apply in placement settings due to the lack of previous clinical experience and also as a result of clear instructions on how one begins to access and move between different modes of consciousness in a music therapy context. Muller (2008), in a phenomenological study of music therapist’s experience of being present with clients, argues that more clinical research is needed in relation to the direct experience, the structure of the experience in the music therapy setting, and how the experience varies from one therapist to another. Muller also highlights that current research does not provide a clear understanding of the numinous forces which a therapist must surrender to as a means of becoming or maintaining presence.

In the context of our development as student music therapists, Summers (2000, p.73) states that without an open state of awareness and an ability to observe the student music therapist can be prevented from “circumventing honest communication” (p.73) with a client. Fidelibus (2004) provides a model for music therapists to conceptualize the cultivation of therapeutic presence within the music therapy framework grounded in Buddhist philosophy and mindfulness. The model is based on phenomenological analysis of clinical music therapy improvisations and the author’s experience of Zen and Buddhist meditation practice. Fidelibus describes the interconnectness of both practices and the role of mindfulness in maintaining the ability to be therapeutically present during clinical musical improvisation. He argues that spiritual systems such as Buddhist philosophy are implicitly linked to music therapy theories of practice (Kenny, 2006, Ruud*,* 1998,Robbins, 1998, Aigen, 1996) as the primary objective within these frameworks is for the therapist to “be ever attentive and present with himself, the client, and the music throughout the clinical improvisation” (p.208). In relation to one of the music therapy theories referenced by Fidelibus, as it is beyond the scope of this dissertation to provide a more in depth discussion on this topic, Kenny’s (2006) model is primarily focused on a state of “being for and with” the client rather than “doing” to the client. The model is based on fields or conditions which relate to the music therapy experience. These include primary fields such as the aesthetic, the musical space, and the field of play. Within these primary fields are contained secondary fields which include; Ritual, Particular state of consciousness, power and creative process. All seven elements represent a particular environment containing various conditions. The primary fields are considered stages through time (not necessarily chronological) whereas the secondary are considered a four-fold interactive set. Its aim being to enable the music therapist to recognise shifts in particular states of consciousness and fields of existence within the therapeutic context.

Although both psychology and music therapy literature provide conceptual guidelines related to the cultivation of therapeutic presence, in a clinical context, the researcher has found that as a student music therapist with limited clinical experience many of these concepts are abstract and difficult to implement in a practical context. From the researcher’s experience, even with a conceptual understanding of therapeutic presence, it cannot be realized in a therapeutic context on a purely cognitive level. It is therefore necessary to explore other methods of understanding the phenomenon and its application to music therapy practice.

## Epistemological paradigms and the development of therapeutic presence

Henry (2009) and Loughlin (2010) discuss the relationship between epistemology and tacit knowing in clinical medical practice. Henry argues that clinicians who incorporate tacit knowing into their clinical decision making are able to think more clearly in relation to the relationships between medicine, healthcare the patient as an individual, and have a more robust medical epistemology providing a more holistic and person-centred perspective. He believes that this helps clinicians to avoid the pitfalls associated with a purely reductionist scientific perspective. Loughlin agrees with many of Henry’s arguments in relation to the validity of tacit knowledge, in particular the biological process of gaining knowledge from our environment. However, he critiques Henry’s description of the mystical nature of tacit knowledge being “ultimately inarticulable” (Henry, 2009, p.293) and argues that this viewpoint contradicts the purpose of giving the topic theoretical attention and validity in a medical context.

In relation to these contrasting epistemological paradigms and our development as student music therapists Geller & Greenberg (2002) describe the paradox which therapists face in being therapeutically present,

 “therapeutic presence requires the therapist to let go of theoretical knowledge, and yet to allow this knowledge to inform intuitive responses when it resonates with the experience of the moment. The therapist must also be open and receptive, yet maintain consistent focus. The therapist is also spontaneous, but only as it directly relates to or benefits the client”. (p.83)

According to Taoist philosophy (Cooper, 1972), it is simplicity and acceptance which foster spontaneity. This is described as a “comprehensive intelligence” (p.60) which requires a total acceptance of life as it is, without condescension, judgment, and resignation, and a seeking of “inner meaning of all experience and the attainment of discernment and wisdom in living” (p.60). According to this philosophy, although Western logic is useful for exact science, it is too ridged and static to reflect the actual fluidity of life and wide range of possibilities and perspectives.

Ole Bonde (2001) argues that in the discipline of music therapy it is necessary to broaden our minds theoretically. This enables music therapists to find flexible frameworks that can be integrated into the whole spectrum of pathologies, therapeutic models and self-development goals. He argues that this also requires an openness to the spiritual and transpersonal domains of life. La Torre (2002) states that an eastern approach, related to Buddhist philosophy, “can help to promote a greater sense of quiet, centred presence within the therapist, expanding awareness and enhancing effectiveness” (La Torre, 2002, p.34) allowing for non-judgement and total acceptance of the client. This is in comparison to psychological theoretical models and approaches in therapy which originate from a tendency to “want to fix things, to make them better” (p.35). In a study conducted by McCollum & Gehart (2010) investigating the effects of mindfulness meditation with student therapists, qualitative data gathered suggested that meditation practice helped students to be present with themselves and their clients. Key findings of the study revealed that students were able to use these techniques in highly stressful therapist client interactions, moments of extreme personal vulnerability and in instances that they would normally react. As Pemberton (1976) argued, a therapist who wishes to be present must begin with him or herself working with his or her experience of being embodied with sensation, emotion, and thought.

In parallel to Loughlin’s (2010) argument, critiquing Henry’s (2009) statement that tacit knowledge is ultimately inarticulable, it is also the opinion of the researcher that the academic and cognitive process of explicating an implicit phenomenon such as therapeutic presence, which is a foundational aspect of accessing tacit knowledge, is an essential factor in validating embodied forms of knowledge in educational, healthcare settings and in music therapy practice. As the above discussion suggests, a more comprehensive intelligence which balances both cognitive and embodied knowledge could be relevant to a music therapy context. The researcher argues that embodied practices such as meditation can provide student music therapists with a broader epistemological framework in which comprehensive intelligence is developed. In relation to the fluidity, flexibility and qualities of acceptance and spontaneity described in the Taoist philosophy, from the researcher’s experience, this philosophy fits with the actual experience of music therapy sessions in which one must be constantly fluid, flexible, and spontaneous to the client’s needs and the creative space offered in the musical interaction in contrast to a purely reductionist scientific approach.

## The heuristic process and the development of therapeutic presence

When reviewing key articles related to the heuristic process (Moustakas, 1990, Sela –Smith, 2002, Kleining, & Witt, 2000, Etherington, 2004), and also the research topic of therapeutic presence, the methodology of qualitative heuristic enquiry reflected the researcher’s philosophical outlook and also the qualities of developing therapeutic presence. In comparison to traditional research paradigms which are predominantly concerned with a cause and effect relationship with the research topic (Douglass & Moustakas,1985) heuristic enquiry aims to discover the nature and meaning of the phenomenon in question using the direct first-person account of the researcher and individuals who have directly encountered the phenomenon in experience. Sela- Smith (2002) critiques the Moustakas heuristic method arguing that many heuristic enquiries based on this framework are not authentic as ones experience cannot be validated by the experience of another. However from the researcher’s experience of the heuristic process and the development of therapeutic presence, it is through authentic and open self-reflection and relationship with others that we can achieve a deeper understanding of ourselves as therapists and as human beings. This is achieved through the uncovering of bias and patterns of conditioning which provides authentic research, a factor that will be explored further in the following chapter. Although the researcher has also considered a phenomenological approach, which requires a kind of detachment from the subject, heuristic investigative methods emphasize connectedness and relationship, the depiction and portrayal of essential meaning, intrigue and personal significance in a search to know, re-integration of derived knowledge, and the inclusion of intuitive and tacit forms of understanding (Douglass & Moustakas, 1985, p.43). Heuristic research recognizes participants in the study as whole persons and not as separate objects. This connects the research with a more person-centred humanistic philosophical framework which aims to “retain the essence of the person in the experience” (Douglass & Moustakas, 1985, p.43). Aigen (1993, p.19) describes the client-centred, humanistic approach as the type of clinical approach to music therapy practice and research that is most suitable for a qualitative research design. The intrinsic links between qualitative heuristic enquiry, therapeutic presence, person-centred therapy, music therapy, and personal development suggest that the process of developing as a student music therapist is already a heuristic one. This is based on valuing the therapists creativity, flexibility, intuition and self-awareness, having a profound respect for the client and client’s needs as the main directive to the therapeutic process, recognition of the therapeutic relationship as a fundamental factor in the therapeutic process, and an awareness of music therapy as an autonomous process allowing for musical expression and aesthetic experience

## Conclusion

As the review of current literature in psychology and music therapy suggests, there is a variety of theoretical, philosophical and practical method’s available to enable therapists to cultivate therapeutic presence in clinical practice. Although the topic of therapeutic presence is discussed in music therapy literature, for student music therapists, the literature is lacking clear structured methods in relation to applying these concepts to a music therapy context. The second section of the review highlights the contrasting epistemological paradigms in healthcare practice and the possible benefits to a more holistic and balanced approach to incorporating tacit or embodied knowledge into caring practices. The literature also suggests a more comprehensive intelligence is needed in order for student music therapists to balance the paradox between cognitive and embodied understanding of therapeutic presence, an ability that may be achieved through the development of mindfulness practice. As a means of evaluating both cognitive and embodied methods of developing therapeutic presence, heuristic enquiry has been selected as a means of discovery as it reflects the process of both cognitive and embodied process of developing an understanding of therapeutic presence as a student music therapist.

# Chapter III: Methodology

This chapter will discuss the methods, procedures and limitations in conducting this study. It will describe the process of collecting, organizing, analysing, and synthesising the data, describing the various forms of personal journaling and literature which has informed the five phases of heuristic systematic process, initial engagement, immersion into the topic and question, incubation, illumination, and explication (Moustakas, 1990, p.27). In relation to the selected qualitative heuristic methodological framework (Kleining, & Witt, 2000) which validates introspection as a key method in psychological research, the researcher will describe how this has informed the design and structure of heuristic workshops carried out during the study. Details regarding the organizing, analysing, and synthesising of qualitative data will also be provided in relation to the selected thematic analysis process (Tsiris, Pavlicevic, & Farrant, 2014).

## Ethical Consent

Due to the use of human participants ethical consent was required for the commencement of the proposed study (See Appendix A). Consent was granted on the condition that the researcher provided a “gatekeeper” (an elected representative not part of students MA course) as a mediator between the researcher and possible participants so that students did not feel obliged to take part in the research. This was due to the close proximity of the researcher to participants. To provide further distance from fellow students, a consent form (See Appendix B) and information letter (See Appendix C) were sent to the elected student representative who forwarded the forms via email to possible participants for the research.

## Developing the Heuristic Process

Regarding the heuristic methodological process, data related to the various phases of heuristic discovery was informed by the researchers personal research journal, previous research conducted by the researcher in the field of ethnomusicology (McGuigan, 2013), self-reflective journals from meditation and shamanic practices, self-reflective journal from heuristic workshops, and literature (Tolle, 2004, De Mello, & Stroud, 1992) which has influenced the researchers development of therapeutic presence outside of academia and previous to the undertaking of the project.

## Heuristic Workshops and Data Collection

The study also incorporates data gathered from heuristic workshops carried out with six music therapy students. Three one hour individual workshops were facilitated over a three week period. Each workshop was recorded via audio and visual equipment. The investigator used lecture rooms in the University of Limerick where students regularly attended lectures and conducted practical musical activities including group musical improvisations. The room was booked in advance and signs stating “DO NOT DISTURB” allocated to the door to avoid interruptions. Yoga mats were supplied for the experiential workshop and all instruments used for musical improvisation were borrowed from the University of Limerick. Due to the familiarity of the participants to the researcher, each participant was allocated random numbers to provide anonymity in relation to answers provided in the questionnaires during the workshops.

Workshops were both didactic and experiential and structured in a heuristic format based on Moustakas’s (1990) phases of heuristic discovery. Participants were given a general overview of the heuristic process at the beginning of the first workshop. Participants were also provided with a general overview of the structure of the workshops provided in the information letter (See Appendix C) but not details in relation to the researcher’s main research topics and argument to prevent researcher bias influencing the participants experience and also to enable a more natural process of discovery. Workshops one and two (See Appendix D) provided initial engagement, and immersion into the topic. Incubation periods of one week separated the first two workshops followed by a two week break before the final workshop. The final workshop (See Appendix D) facilitated illumination, and explication via questionnaires, focus group and practical application of techniques learned in previous workshops to a group musical improvisation. Questionnaires (See Appendix E) were used throughout as a means of engaging participants in a process of introspective discovery, in keeping with heuristic protocol (Kleining & Wit, 2000), and also to provide the researcher with information regarding their process of discovery. Workshops provided student music therapists with a heuristic framework, similar to the researcher’s journey of discovery in relation to the research topic, to develop an understanding of therapeutic presence through the evaluation of their own experience during theoretical and experiential workshops.

Workshop one gathered base-line information regarding the student’s initial understanding of therapeutic presence using a semi-structured questionnaire (See Appendix E, Table E1-E5). This workshop reflected the academic process of discovery and the intellectualization of presence providing a theoretical lecture on the fundamental features of therapeutic presence in psychology and its relevance to music therapy (See Appendix D). The workshop was concluded with a group musical improvisation. Each participant then completed a self-reflective questionnaire describing their experience.

Workshop two was primarily experiential. Participants experienced Vipassana meditation techniques, Taoist breathing and body awareness techniques, guided awareness meditation, Qi Gong ‘Standing like a tree’ mediation and active listening techniques (See Appendix E). This was followed by a group musical improvisation. Each participant then completed a self-reflexive questionnaire describing their experience.

In workshop three participants were asked to watch the previous recorded group musical improvisations. Participants were instructed to watch in silence and then to answer a structured question comparing any differences they had perceived in the musical improvisations in relation to the first two contrasting workshops (See Appendix E, Table E8). The participants and researcher then entered into reflexive dialogue, firstly discussing the general experience, and secondly, discussing key topics of interest; the contrasting epistemologies of cognitive and embodied knowledge and the application of practical techniques to cultivate therapeutic presence in current music therapy practice as student music therapists (See Appendix G, DVD, Heuristic Workshop 3). The group were then encouraged to apply anything they had learned in the previous workshops to the final group musical improvisation. Each participant completed a final structured questionnaire (See Appendix E, Table E) asking if their perception of therapeutic presence had changed over the course of the workshops and if they had found any of the techniques useful for future practice.

## Data Analysis

All data from the workshops was secularly stored at a private location by the researcher for organization and analysis. Data organization followed a thematic analysis process (Tsiris, Pavlicevic, & Farrant, 2014, pp. 116-121). Qualitative data gathered from questionnaires and heuristic workshops was transcribed to a word document for analysis (See Appendix E). The raw data was first coded to extract natural segments related to the phases of heuristic discovery. These segments were then categorized to extract larger meaning units in relation the experience of developing therapeutic presence as a student music therapist. Categories were then used to construct themes in relation to the research topic and its relevance to the practice of music therapy.

## Limitations

The study is limited in its objectivity as the topic of therapeutic presence is in itself a purely subjective experience. Although workshops began with eight participants due to participant absence the numbers in each workshop changed therefore changing the group dynamic during the research. As workshops were taking place in the University of Limerick during other lectures participants may have been influenced by outside distractions such as background noise and in particular an interruption during the experiential workshop. Personal distractions may also have influenced the research due to participants having busy academic schedule and other personal life commitments. Participants may also have been influenced by the close proximity to the researcher as a fellow student music therapist due to the researcher discussing personal life experiences related to the topic with fellow student music therapist over the course of the two year MA in Music Therapy. A key limitation regarding the development of therapeutic presence using meditation practices is based on the short duration of the workshops. These workshops have provided only introductory steps to meditative practices which in general take longer periods of time to develop competent techniques of practice.

# Chapter IV: Qualitative heuristic enquiry in to the development of therapeutic presence as a student music therapist

## Personal process & the phases of heuristic enquiry

My initial engagement with the topic of therapeutic presence began during a shamanic experience in 2013 (McGuigan, 2013). During this shamanic ritual, I was captivated by the music played by the shaman and found it to be a profoundly healing experience. This resulted in a new found perspective on the concept of music and healing. Although I did not know how this experience had affected me on such a profound personal level, during or after the experience, it began a journey of discovery towards the phenomenon of therapeutic presence and my introduction to the practice of music therapy.

According to Moustakas (1990), through encounters with the self, autobiographical reflection and the consideration of social context, the initial engagement period involves the formulation of a research question based on an intense interest in a chosen topic. In 2014 due to an autoimmune illness that had a profound effect on my physical and emotional health, I began a two year exploration of self-healing practices which I found to be a heuristic process in itself. This involved research into shamanic healing practices (McGuigan, 2013) and my initiation into Vipassana meditation (Irish Vipassana Trust, 2016) practice which helped to turn my attention inwards and began the process of reconnecting with my body through the observation of visceral sensations and training of self-awareness. During an initial ten day intensive meditation retreat I was overwhelmed by the influence that my thought patterns had on my ability to remain focused and present. The experience heightened my self-awareness from which I began to re-evaluate self-concepts, re-discover the self, question the validity of my experiences, turn my attention inwards to receive answers in relation to my personal health issues, and experience a deeper understanding of the human condition through the observation of my own.

During this period of exploration I became interested in many other spiritual practices and teachings including Buddhist & Taoist philosophies (Kornfield, 2007, Reid, 1989) and spiritual teachers such as Ekart Tolle (2004), Sadghuru (Vasudev, 2008), and Mooji (2014). The MA course in Music Therapy provided access to Qi Gong lessons and the following insight into my personal process during this experience:

 “Through Qi Gong practice I have begun to become more aware of my breath in these moments. These difficult emotions seem to bring me out of the body and into my head which affects my breathing, making it erratic and irregular. As soon as I become aware of this, I focus on my breath, breathing in through the nose with focus on bringing the breath to the lower abdomen and back up in a smooth continuous action. This grounds me again allowing me to observe objectively”.

(Elective module diary, 13/03/2015)

## Immersion

The self-awareness created through these practices began to influence my orientation as a student music therapist as I felt that in many ways I was discovering a more compassionate, authentic and self-actualizing capacity in myself. The humanistic philosophy of Carl Rodgers directly reflected the teachings and personal insights that I had experienced through my journey of self-healing and meditation practice developing qualities such as authenticity, unconditional positive regard and empathetic understanding (Rodgers, 1989, pp.135-136), all of which are foundational aspects of developing therapeutic presence. According to Moustakas (1990), during the immersion phase the researcher must completely commit to the question engaging every opportunity for new knowledge and understanding. As I realised that I had already been immersed in the topic during my personal healing process, I began to reflect on my understanding of therapeutic presence in relation to my development as a student music therapist.

When I formed my research question, how do we as music therapists develop therapeutic presence? I engaged fully in self-dialogue questioning my own perspectives on the topic and personal belief systems (See Appendix F, Excerpt 1). This process of questioning and introspection provided new perspectives on the heuristic process and the development of therapeutic presence as both are similar in many ways to the spiritual practices which I had experienced. Characteristics such as openness and authenticity enabled me to evaluate both positive and negative aspects of my own conditioning from a non-judgmental perspective. This enabled a more present moment awareness, open to seeing my reality as it actually is and not how I would like it to be. As a result, when I could connect with this awareness, I felt more alive, spontaneous, intuitive and in the moment (See Appendix F, Excerpt 2)

## Incubation

I found that periods of incubation occurred naturally through the research as a result of immersion in the topic. According to Moustakas (1990) during the incubation phase the researcher is removed from the topic to enable spontaneous and tacit insight to emerge. Through the meditation process, which is fundamentally an exercise in developing ones awareness, I was therefore able to take a metaphorical step back from the research, out of the cognitive process. In this meta-awareness state new perspectives began to arise spontaneously. As I applied this meta-awareness to my everyday activities and interactions I found that I was in a constant process of immersion, incubation and illumination (See Appendix F, Excerpt 3).

## Illumination

Moustakas (1990) describes the illumination phase to result in “corrections of distorted understandings” (p.28) and “synthesis of fragmented knowledge” (p.30). The questioning nature and combination of the heuristic process and meditation techniques regarding the development of self-awareness and introspection resulted in the discovery of underlying bias towards a predominantly embodied understanding of therapeutic presence. As a result, I was able to form a deeper understanding of the phenomenon and its relevance to music therapy practice,

“In my music therapy placement, I have experienced the initial fear of not knowing and the over application of theory and techniques. However, as a result of being reflexive, staying open, and non-judgmental these experiences have become valuable lessons resulting in further insights into personal conditioning and methods of practice. The possible answer to the paradox faced by student music therapists is a heart centred awareness from which the mind becomes a servant and not the master. I find that when my awareness is focused on an intention from the heart that this guides my thinking and I feel more authentic, flexible and natural in both clinical contexts and my ever day interactions”.

(Reflexive Journal, 02/01/2016)

## Explication

According to Moustakas (1990) the explication phase fully examines what has arisen in consciousness and provides further clarity through the expression of “awareness, feelings, thoughts, beliefs, and judgments as a prelude to the understanding that is derived from conversations and dialogues with others” (P.31). As I was now engaged in a continual non-linear engagement with the phases for discovery, the process of immersion, in which I maintained a disciplined dedication to the topic; incubation, which I entered into through meta-awareness and illumination, which resulted in the cognitive reflection of my present moment experiences, the next stage of the heuristic process, explication occurred naturally as a result of an unplanned incident during the heuristic workshops.

During the group musical improvisation, in the second workshop, a member of staff interrupted the session to request the video camera which I was still using to record the improvisation, a factor which completely changed the dynamic of the musical improvisation. I immediately began to experience emotions of anger and rage and feelings of heat in my body as I felt the incident had ruined the validity of the research. Although the intensity of these emotions and feelings were almost overpowering I was able to remain in a meta-awareness state, noticing the reactions and how it was influencing my thought patterns, my ability to remain present, and also in my interactions with the person after the event. I moved from immersion, incubation and illumination throughout the interaction. As a result, the continual interaction between direct experiencing and reflexive processing had enabled me to stay aware and focused and to contain and stabilize a complex and intense emotional experience without it negatively affecting my relationship with the member of staff or with my fellow student music therapists. Following the incident, the explication phase occurred spontaneously and I had a complete reversal on my perspective of the event. This deeper insight occurred due to the previous illumination discussed earlier in the chapter and I uncovered a much larger bias regarding my expectations of the research. I found that the bias had prevented the authentic and open engagement with the heuristic process as aspects of my conditioning had prevented me from seeing the circumstances surrounding the incident more clearly. As a result, I no longer felt anger towards the member of staff but gratitude. This transformation from anger to gratitude provided me with a much deeper understanding of myself and the topic. The incident had shown me how my perception of events in my life can be manipulated by my conditioning and that by remaining aware I have the ability to choose how I perceive these events and how I relate to myself and my environment (See Appendix F, Excerpt 4).

As a result of my new perspective of gratitude I could now perceive the incident in a much more balanced context. I reflected on how the music had significantly changed when the incident occurred becoming instantly louder, gradually faster, more intense and connected. This provided me with an embodied understanding of how music can reflect our emotional state and also how a change in energy or environment (member of staff entering the room) can be observed in a musical improvisation. Although I was not participating in the musical improvisation I found that the increase in musical intensity reflected the feelings that I was experiencing in my body at that moment. It also reflected the group connectivity as the music became more rhythmically connected and structured as a result of the intereuption (See Appendix G, DVD, Heuristic Workshop 2, 47.48 – 49.42).

## Creative synthesis

As Moustakas (1990, p.32) describes the creative synthesis of heuristic research to be a reflection of the researchers internal frame of reference based on experience, feelings, perceptions, beliefs and judgments, connected between self, other and the world, the creative synthesis is therefore a reflection on how, as a student music therapist, I have come to understand and experience the phenomenon of therapeutic presence. Through the non-linear process of initial engagement, immersion into the topic, incubation, illumination and explication I have found that the development of therapeutic presence to be a complex but deeply rewarding process. It begins with awareness and is achieved through discipline, compassion for oneself and for others, a consistent attitude of questioning and re-evaluating ones consciousness, and a sincere intention to discover the truth of experience and knowledge. The process begins with seeing clearly our own true nature from which we can be more authentic in our interactions with others in both a therapeutic context and in everyday interactions. As a result, we can develop compassion and empathy which are fundamental to our development as music therapists. Through the examination of bias, academic process, and an openness to change my perspective in relation to the research topic, I discovered that both cognitive and embodied approaches are necessary components to cultivate therapeutic presence. However, I have also found that without a sincere intention to be authentic and remain open to every experience, especially those that are difficult, both cognitive or embodied attempts to be present are void of feeling, a factor which I believe is felt either consciously or unconsciously by the people we meet in our everyday interactions, our clients and also ourselves. Therefore, it is through the embodied feeling cultivated through awareness which equally balances the heart and the mind and provides access to tacit knowledge and intuitive action. Although I believe that this is not something that is only accessible to meditators, my experience of embodied practice has shown me that these practices provide many benefits in relation to both my personal and professional development and understanding of the development of therapeutic presence. However, it is also true that you do not need to meditate to be authentic and that therapeutic presence can be found in the ability to be oneself, natural and in the moment and through the natural human capacity for compassion and love.

## The validation of Heuristic research

According to Moustakas (1990) the process of validation in heuristic research can facilitate to verify the essences and meanings and provide objective material as a frame of reference outside of the researcher’s experience. Themes gathered from the qualitative heuristic data revealed further underlying bias and understanding of how we develop therapeutic presence as student music therapists.

 Initial questionnaires revealed that students had already an intellectual and experiential understanding of the phenomenon and had already adapted meditation techniques such as mindfulness in their music therapy placements (See Appendix E, Themes, Table E1 & E2). As I had not experienced specific embodied techniques of therapeutic presence in my music therapy course, I had neglected to acknowledge the value of relevant lecture material (although not specific to therapeutic presence), self-tuition and previous life experience of the students in their own personal development and understanding of therapeutic presence. In regards to the intellectualization of therapeutic presence, data reflected my re-evaluation of the importance of the cognitive process in the development of therapeutic presence. However, it also validated my personal opinion that the intellectualization of the experience is not the actual experience itself (See Appendix E, Themes, Table E5).

In relation to my own experience of the benefits of therapeutic presence to my personal healing process, during the embodied workshop three students had a direct experience of self-healing (See Appendix E, Transcriptions 3f, 4d, 5g, Table E7) validating embodied practice as a viable form of self-care. The student’s experiences of a variety of meditation techniques provided insight into a more embodied awareness and also the experience of altered states of consciousness in which awareness can be used to maintain grounding (See Appendix E, Themes, Table E7). These characteristics of embodied practice mirrored my own experience and practice of embodied techniques.

Qualitative data regarding the musical improvisations revealed parallels in my experience of adapting embodied practice to the practice of music therapy. Students described an increased spatial awareness, awareness of self and others as a result of applying embodied techniques to musical improvisations (See Appendix E, Themes, Table E9). An interesting aspect to the data suggests that for some students reflexive cognitive processing facilitated through the focus group was required to consciously adapt embodied techniques to the group musical improvisations (See Appendix E, Transcriptions 7, Table E11), again suggesting the importance of the cognitive process in the development of therapeutic presence.

In relation to the musical qualities of the intellectual and embodied workshops I found that findings reflected my previous bias to beginning the study. Student’s described the intellectual musical improvisation to have a strict metronomic beat or pulse which remained steady and structured like clockwork which I believe reflects the mechanical cognitive process. In comparison, students described the embodied workshop to be more intense, mindful, spiritual, and insightful (See Appendix E, Codes & Labelling, Table E8). These characteristics mirror my own experience of embodied practice as a more immediate and direct method of learning experience.

## Summary, Implications, and Outcomes of the study

The aim of this research was to evaluate the role of both cognitive and embodied forms of knowledge in the development of therapeutic presence as a student music therapist and its relevance to the practice of music therapy. Literature on the topic suggests that although there are specific guidelines to developing therapeutic presence in the field of psychology there is a current gap in music therapy literature in relation to clear and structured guidelines for student music therapists. The research has shown that although both cognitive and embodied forms of knowledge are necessary in the development of therapeutic presence, embodied knowledge is currently a neglected epistemological paradigm in the majority of educational and healthcare settings, in particular the researcher’s music therapy educational curriculum. Therefore, the selection of a heuristic methodology functioned to validate embodied knowledge as a fundamental aspect in the development of therapeutic presence, an ability that the researcher argues is of paramount importance to our development as student music therapists. The similarities between the academic process of heuristic enquiry and embodied practices demonstrated the benefits of a more balanced approach to the formation of knowledge. This was reflected and validated in relation to qualitative data gathered in heuristic workshops with fellow student music therapists.

The implications of the study suggest a more balanced and holistic approach could be adopted in both educational and healthcare settings towards embodied practice, a factor which is relevant to our development as music therapists and also to the acceptance of music therapy in educational and health care settings in Ireland. Lectures similar to the heuristic workshop format could be provided in music therapy educational programs adopting a more integrated format engaging students with both cognitive and embodied epistemological theoretical, philosophical and experiential workshops. These workshops could be designed to include current music therapy theories of practice. For example Bruscia’s (1998a) theory of “Being there” for the client discussed in chapter two could be adapted to a theoretical and experiential lecture design. This could be explored both cognitively and experientially through lecture material breaking down the various aspects of the experience; sensory, affective, reflective, and intuitive layers of experience and applying relevant embodied techniques as a means of providing students with that experience. Theoretical and experiential concepts could then be applied to role play scenarios reflecting music therapy clinical interventions. Through the development of this tacit knowledge through experiential learning student music therapists could then employ these techniques during clinical interventions when appropriate on placement

Although it was beyond the scope of this research, more in depth musical analysis could be conducted providing both quantitative and qualitative data on the topic of therapeutic presence and music therapy. Further qualitative data could also be gathered from experienced practitioners in both the fields of music therapy and integral psychology in relation to their perspective and use of therapeutic presence in their clinical practice. Further quantitative studies on the topic of therapeutic presence could review the current use of embodied techniques by music therapists in clinical practice in Ireland. This could provide specific data on the prevalence of use, specific techniques and the populations with which they are used.

The outcome of the this study has provided an increased awareness in relation to the value and validity of both the cognitive and embodied process in developing therapeutic presence as a student music therapist. The process of heuristic enquiry has been a demanding undertaking as it has required an intense dedication related to continuous self-reflection and the questioning of the validity and authenticity of experience. I have found that it is through present moment awareness that therapeutic presence is developed, a phenomenon which has provided the researcher with a deeper understanding of the human condition and methods to enhance life skills related to self-care, balance, compassion, empathy, and personal insight, As the basic function of music therapy is to connect with our client’s, therapeutic presence enables us to make that connection by first connecting with ourselves. Through the acceptance of everyone as a teacher and every experience as an opportunity for learning, therapeutic presence can teach us to heal ourselves, to be more authentic and to discover our true nature.

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