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A Heuristic Inquiry into the Development of Therapeutic Presence as a Student Music Therapist

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Abstract

This first-person study investigates the role of cognitive and embodied forms of knowledge in relation to the development of therapeutic presence as a student music therapist. In this paper, I will provide an introduction to the topic reviewing its relevance to the practice of music therapy, and I will argue that the development of therapeutic presence is a fundamental part of becoming a music therapist. Although there are seminal articles in the music therapy literature that discuss the topic of therapeutic presence, I have not found any articles relating it to the development of being a student music therapist. Using heuristic methodology, I will describe the personal process of developing therapeutic presence as a student music therapist. To gain a broader perspective on the research topic, and to provide validation and transparency in relation to my personal heuristic process, three successive theoretical and experiential workshops were carried out with six student music therapists. Data, in the form of questionnaires, reflections, and group musical improvisations were analysed systematically to validate my experience of the research topic and also to discover and evaluate themes and practical methods. The research 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.

Keywords: *therapeutic presence, cognitive and embodied knowledge, heuristic research*

Introduction

This is a 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 during my Master of Arts (MA) in music therapy educational program I had not experienced any specific lectures or practical workshops in relation to this topic. Although the program provided theoretical lectures related to psychodynamic (Adams, 2015a) and humanistic (Noone, 2008) therapeutic approach-

es in music therapy, while also incorporating experiential based psychodynamic musical improvisation workshops (Adams, 2015b), the specific topic of therapeutic presence had not been directly addressed during my educational program in relation to our development as student music therapists.

Current literature related to the practice of psychotherapy describes the various qualities and experiences of therapeutic presence (Colosimo & Pos, 2015; Geller & Greenberg, 2002) and provides theoretical frameworks as a means of conceptualizing the phenomenon and its application to practice as a therapist. In relation to music therapy literature, Bruscia's (1998a) "being there" for the client, developed from the Bonny Method of Guided Imagery and Music sessions with his clients, is a seminal paper in relation to the topic of therapeutic presence as a music therapist that will be discussed further in this research paper. Bruscia's paper has also informed Muller's (2008) research, which provides phenomenological insight into the phenomenon of therapeutic presence. He explored professional music therapists' experiences of being present with a client, discussing thematic data gathered from the research and argued that "knowing how to be present to a client is essential to being effective as a music therapist" (p.2). 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 a theoretical framework for heuristic discovery in relation to contextualizing both the author's and student music therapists' 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, 1987; Rodgers, 1995), historically it has been described as originating from Freud's psychoanalytic approach related to his concept of "evenly suspended attention" (Geller & Greenberg, 2012, p.18). In the context of music therapy practice, Priestley (1994) described it as "a giving of psychic space by the therapist ... a listening love ...giving of permission to be" (p.123) and that the therapist must remain aware, sensitive, and responsive when engaging with conscious or unconscious feelings offered by the patient (p. 138).

As a student music therapist, from my personal experience during my music therapy training, lectures related to theories such as psychodynamic (De Backer & Sutton, 2014) and humanistic approaches (Aigen, 2005; Boxill, 1997) were taught on an intellectual level through informative presentations and conversations, between students and lecturer. Although I also experienced practical workshops, role-play, group psychotherapy, and practical examinations in other areas, I felt that theoretical lectures could have been balanced with an experiential learning approach. In a study reviewing experiential learning at Temple University's music therapy program, Murphy (2007, p.32) stated that through experiential learning, students acquire self-knowledge, interpersonal skills, and develop understanding of the therapeutic process through the active participation. The study found that music therapy students who participated in experiential learning felt more prepared for real-life situations and were able to reflect on themselves in a way that gave them direction regarding their professional and personal lives. They also agreed that experiential learning should be assimilated into all levels of music therapy education, linking burnout to the lack of experiential learning in their undergraduate course. Colosimo and Pos (2015, p. 102) argued that if an intellectual approach is overemphasized in practice, described as hyper-intellectualization, this can in fact interfere with our ability to achieve therapeutic presence that arises from the overuse of theoretical and analytical processing. They stated 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, this study will review both cognitive and embodied approaches to cultivating the ability to be therapeutically present as a student music therapist. I would like to add that this research paper does not seek to generalize that the educational approach of all music therapy programs as purely intellectual but rather to investigate how a more integrated approach to learning could facilitate a more comprehensive educational paradigm in relation to the topic of therapeutic presence.

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 (p. 73) described two ways of knowing and makes a distinction between *know-how* (tacit knowledge of how to execute a task) and *know-that* (propositional procedures in executing a task). He stated that propositional 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 (p. 381) affirmed that in both traditional and modern schools "there has been a steady minimization of bodily, spatial, and interpersonal forms of knowledge." This is in comparison to linguistic forms, which he stated 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) stated 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).

According to the following authors, the validity of embodied knowledge is currently a neglected form of knowledge in the academic world of psychotherapy (Geller & Greenberg, 2012), clinical medicine (Henry, 2010), and in general caring practices (Kontos & Naglie, 2009) in Western society. However, there are many exceptions to this claim in particular in the creative arts therapies and its work with trauma patients (Harris, 2016). Geller and Greenberg (2012) stated 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 the field of radical embodied cognitive science, Keverstein and Miller (2015) argued that our psychological functioning is best understood through the perspective of the whole brain-body environmental system and that cognition and emotion are inseparable processes in the brain. In comparison to an entirely cognitive psychological viewpoint, this embodied approach to cognitive science can be understood through the lens of ecological psychology and dynamical systems theory. This potentially provides a more balanced perspective regarding how emotions and feelings influence both the physical body and cognitive functioning. As a result, through a more embodied understanding of the brain-body system, our ability as therapists to react to environmental stimuli and remain present could be potentially increased.

In relation to a predominantly intellectualized model of learning in western culture and our educational development as therapists, my personal 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 could provide us with an alternative theory of knowledge through an increased awareness of

the body and sensitivity to bodily functions. For instance, a relevant practice for student music therapists could be the eight healing sounds, a system of Dao Yin health building exercises that are part of the Chinese medical health paradigm. The sounds are used specifically to connect with internal organs and positively influence the energy flow or Qi in the physical body (The Alternative Clinic, 2019). I have found this practice to be personally beneficial as a means of understanding the influence of sound on the physical body and also to increase awareness and sensitivity of changes during practice in relation to physical, mental, and emotional well-being. In a qualitative study by Chrisman, Christopher, and Lichenstein (2009), Qi Gong as a mindfulness practice has been shown to have positive effects for master's level counselling students. Three of the main themes discussed in the paper included psychological, emotional, and mental changes. Students described an increased physical awareness of energy level, balance, and body temperatures. On an emotional level, feelings of anxiety and nervousness became more relaxed and calm through focused breathing and movement. In relation to their mental state, students described having a clearer mind and an increased ability to focus and be in the present moment (pp. 241–245).

Therefore, an integrated Qi Gong or meditation module in music therapy programs could 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, 1980, p. 140). In a study conducted by McCollum and 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.

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. These techniques offer interesting opportunities when possibly combined with practical music therapy workshops in music therapy educational programs. The combined use of meditation exercises with musical improvisation could help increase awareness of the embodied experience and potentially enhance music therapy students' perceptions and awareness of their body sensations and the influence on musical and interpersonal interactions on our physical body, and emotional state.

Walsh and Shapiro (2006) described the current dichotomy between Eastern meditation 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 (1965) stated, in relation to the process of learning from experience,

the ideal education is thus one that connects general ideals with real problems and that stresses their 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 (p.5).

From my personal experience of meditation practices, most have been focused on the development of a balanced awareness or noticing of our physical, mental and emotional state, in the moment, which help us to be more in our physical bodies and therefore in the present moment reality. It is therefore; through this authentic state of being that embodied knowledge can then be expressed in any given situation. In my opinion, these practices could benefit music therapy students in their ability to develop an understanding of therapeutic presence in their educational program. The heuristic process has also helped to develop a more balanced perspective on the topic through the examination of personal bias, reviewing current literature and analyses of qualitative information gathered from my fellow music therapy students.

The Heuristic Process and the Development of Therapeutic Presence

The main research question for this paper asks: how do we as student music therapists develop therapeutic presence? As a means of exploring this question I employed a heuristic methodology discussing my personal process and the information gathered from workshops with my fellow student music therapists. 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 and Witt’s (2000) qualitative heuristic framework uses four rules to optimize the chance of discovery in the heuristic process. These include the following methods:

- the researcher’s awareness and declaration of personal bias and willingness to change preconceptions if data are not in agreement with them,
- the topic as a preliminary guideline to the research process that 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 I followed a heuristic research design moving through six phases of investigation that included, “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, I documented 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 were carried out with my fellow music therapy students as a means of exploring the contrasting epistemological paradigms of intellectual and embodied knowledge discussed above. These workshops were heuristic in design, functioning to facilitate both a cognitive and embodied experience of therapeutic presence for student music therapists that will be explained in further detail in the methodology section. 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 information gathered during the workshops also served to provide me with a deeper understanding of how, as student music therapists, we can develop therapeutic presence using both cognitive and embodied approaches. This research method is similar to Bruscia et al.’s (2005) heuristic analysis of the Bonny Method Guided Imagery and Music Program (BMGIM) as the research combines not just one researcher studying themselves but also other participants as part of the heuristic research process.

Literature Review

The literature review is divided into three sections as a means of providing continuity and clarity to the reader, a theoretical basis for the research, a review of the researcher’s main argument, and research question.

The first section evaluates 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 provides 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, I 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 and 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 from qualitative data (Geller & Greenberg, 2002), which includes three domains related to the understanding and application of therapeutic presence in clinical practice. These domains include the preliminary stage of preparing the ground for presence, the process of presence, and the in-session experience of being present. Geller and 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 and Greenberg, Colosimo and Pos (2015) developed an integrative rational model of expressed therapeutic presence mapping four modes of presence that can be associated with the in-session experience. The model provides researchers and practitioners with an assessment of objective, concrete behaviours that can be assessed in relation to the four modes of presence "being here, being now, being open and being with and for the client" (p.100).

These practical guidelines offer music therapists a conceptual framework and practical methods to cultivate therapeutic presence as a therapist. Many music therapists have described therapeutic presence in theoretical and clinical contexts either implicitly or explicitly as a foundational aspect of music therapy practice (Bart-Scheiby, 1998; Borczon, 1997; Priestly, 1994). Austin (1996) described 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 BMGIM sessions. This is one of the first major studies in the field of music therapy into the topic of presence, developed from the complexities of listening experiences using the BMGIM. He described 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. Muller (2008), in a phenomenological study of music therapists' experiences of being present with clients, argued 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 highlighted "modes of consciousness" that current research does not provide a clear understanding of the numinous forces that a therapist must surrender to as a means of becoming or maintaining presence.

In the context of our development as student music therapists, Summer (2001) stated 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) provided 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 described the interconnectedness of both practices and the role of mindfulness in maintaining the ability to be therapeutically present during clinical musical improvisation. He argued that spiritual systems, such as Buddhist philosophy, are implicitly linked to music therapy theories of practice (Aigen, 1996, as cited in Fidelibus, 2004; Kenny, 2006; Robbins, 1998; Ruud, 1998) as the primary objective within these frameworks is for the therapist to be attentive and present to the self and the client through the musical improvisation.

In relation to one of the music therapy theories referenced by Fidelibus, although it is beyond the scope of this research paper to go into it in depth, 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 that 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 that 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, I have found that as a student music therapist, 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 (2010) and Loughlin (2010) discussed the relationship between epistemology and tacit knowing in clinical medical practice. Henry argued 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 avoid the pitfalls associated with a purely reductionist scientific perspective. Loughlin agreed 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 critiqued Henry's description of the mystical nature of tacit knowledge being something that is ultimately beyond clear and coherent articulation. Loughlin argued 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 and Greenberg (2002) described the paradox that 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), simplicity and acceptance 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 an internal meaning from our experience of life. This total acceptance of life helps us to generate wisdom in our lives, as our environment becomes a mirror for us to learn about ourselves and others in every moment. According to this philosophy, although Western logic is useful for exact science, it is too rigid and static to reflect the actual fluidity of life and wide range of possibilities and perspectives. Bonde (2001) argued that in the discipline of music therapy it is necessary to broaden our minds theoretically. This broadening enables music therapists to find flexible frameworks that can be integrated into the whole spectrum of pathologies, therapeutic models, and self-development goals. He argued that it also requires openness to the spiritual and transpersonal domains of life. La Torre (2002) stated 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” (p. 34) allowing for non-judgement and total acceptance of the client. This is in comparison to psychological theoretical models and approaches in therapy that originate from a tendency to “want to fix things, to make them better” (p. 35).

As Pemberton (1976) argued, a therapist who wishes to be present must begin with their own experience of being embodied with sensation, emotion, and thought. In parallel to Loughlin’s (2010) argument, critiquing Henry’s (2010) statement that tacit knowledge is ultimately something that cannot be described in an academic context, it is my personal opinion 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 suggested above, a more comprehensive intelligence that balances both cognitive and embodied knowledge could be relevant to a music therapy context. In relation to my personal experience of embodied practices such as Qi Gong, it is my personal opinion that embodied practices could provide student music therapists with a broader epistemological framework that helps to develop a more comprehensive intelligence. In relation to the fluidity, flexibility, and qualities of acceptance and spontaneity described in the Taoist philosophy, from personal experience, this philosophy fits with the actual experience of music therapy sessions. During a music therapy session, due to the constant flux and personal dynamic between therapist and client 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 (Etherington, 2004; Klein-ing, & Witt, 2000; Moustakas, 1990; Sela-Smith, 2002) and the research topic of therapeutic presence (Geller & Greenberg (2002), I found the methodology of heuristic enquiry to be the most appropriate to this research project. In comparison to objectivist research paradigms, which are predominantly concerned with a cause and effect relationship with the research topic, 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 (Douglass & Moustakas, 1985). Sela-Smith (2002) critiqued the Moustakas heuristic method, arguing that many heuristic enquiries based on this framework are not authentic as one’s experience cannot be validated by the experience of another. However, from personal 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. Therefore, an honest heuristic enquiry is achieved through the uncovering of bias and patterns of conditioning that can provide authentic research, a factor that is explored further in the following section.

Although the researcher has also considered a phenomenological approach, which requires a kind of detachment from the subject, 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 that aims to “retain the essence of the person in the experience” (Douglass & Moustakas, 1985, p. 43). Aigen (1993, p. 19) described 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. Therefore, the understanding of therapeutic presence through heuristic enquiry can be based on valuing the therapist’s 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 methods available to enable therapists to cultivate therapeutic presence in clinical practice. Although the topic of therapeutic presence is discussed in the 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 highlighted 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 suggested 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, a 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.

Methodology

This section will discuss the methods, procedures, and limitations in conducting this study. It will describe the process of collecting, organizing, analysing, and synthesising the data, delineating the various forms of personal journaling and literature, which 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 heuristic methodological framework (Bruscia et al, 2005; Kleining, & Witt, 2000), which validates introspection as a key method in psychological research, I 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 from the university’s research ethics governance committee for the commencement of the proposed study. Consent was granted on the condition that I provided a “gatekeeper” (an elected representative not part of students MA course) as a mediator between myself and possible participants so that they did not feel obliged to take part in the research. To

provide further distance from my fellow student music therapists, a consent form and information letter were sent to the elected student representative who forwarded the forms via email to possible participants for the research.

Heuristic Process & the Phases of Heuristic Enquiry

Personal heuristic process. The first section of the heuristic process describes my personal experience of developing an understanding of therapeutic presence as a student music therapist through the heuristic phases of discovery. Regarding the heuristic methodology, personal data was used to inform each of the phases of heuristic discovery described by Moustakas (1990) such as initial engagement, immersion, incubation, illumination, and explication. Data sources included, personal research journal, previous research conducted in the field of ethnomusicology (McGuigan, 2013), self-reflective journals from meditation and shamanic practices, self-reflective journal from heuristic workshops, and literature (De Mello, & Stroud, 1992; Tolle, 2004). The heuristic phases culminate into a creative synthesis section that highlights my personal understanding of the research topic and insights gathered from the heuristic process that will be described in further detail in the next section.

Music therapy student workshops. The workshops conducted with fellow music therapy students are detailed in the validation of heuristic research section. In these workshops, six music therapy students participated in workshops as a means of creating further insight into the development of therapeutic presence as a student music therapist. This section seeks to provide an objective frame of reference outside my personal experience of the development of therapeutic presence. The data gathered served as an opportunity for practical experience and reflexive discussion between fellow students on the topic of therapeutic presence. The workshops provided qualitative data gathered via questionnaires and a discussion group that helped to validate and expand the subjective material gathered in relation to my personal heuristic process and the topic in general. Three 1-hour individual workshops were facilitated over a 3-week period. Each workshop was recorded via audio and visual equipment. I used lecture rooms in the university 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” were added 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. Each participant was allocated random numbers to provide anonymity in relation to answers provided in the questionnaires during the workshops.

All data from the workshops was secularly stored at a private location for organization and analysis. Data organization followed a thematic analysis process (Tsiris, Pavlicevic, & Farrant, 2014, pp. 116–121). Qualitative data gathered from questionnaires and workshops was transcribed to a word document for analysis. 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 to 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. These themes informed the validation of heuristic research section as they displayed valuable insights into the benefits of both cognitive and embodied forms of knowledge regarding the research topic and the heuristic process.

Workshop structure. 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 but were not given details in relation to the main research topic and argument to prevent researcher bias

influencing the participants experience and also to enable a more natural process of discovery.

Workshops one and two 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 facilitated the application of techniques learned in previous workshops in relation to the development of therapeutic presence in a group musical improvisation. Questionnaires were used throughout as a means of engaging participants in a process of introspective discovery, in keeping with qualitative heuristic protocol (Kleining & Wit, 2000), and also to provide the research with information regarding their process of discovery. Workshops provided student music therapists with a heuristic framework, similar to my 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. 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. 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' meditation, and active listening techniques. Following the experiential section of the workshop the group then participated in a musical improvisation. Each participant then completed a self-reflexive questionnaire describing their experience.

In workshop three, participants were asked to watch the previously 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. I then entered into reflexive dialogue with the participants, first discussing the general experience, and second, discussing key topics of interest including 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. The group was 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 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.

Heuristic enquiry into 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 interesting and healing experience. The ceremonial and musical experience resulted in a newfound curiosity on the concept of music and healing. Although I did not know why 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 in-

volves the formulation of a research question based on an intense interest in a chosen topic. In 2014, due to an autoimmune illness that affected my physical, mental, and emotional health, I began a 2-year exploration of healing practices that I found to be a heuristic process in itself. This involved research into shamanic healing practices (McGuigan, 2013), experiences with Vipassana meditation (Irish Vipassana Trust, 2016) practice, and a 10-day silent meditation retreat, that helped to turn my attention inwards and began the process of reconnecting with my body through the observation of visceral sensations and development of self-awareness. During the initial 10-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 as I began to re-evaluate self-concepts, re-connect with my physical body, and turn my attention inwards to 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 and Taoist philosophies (Kornfield, 2007; Reid, 1989) and spiritual teachers such as Eckhart Tolle (2004), Sadguru (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. 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 and interest in meditation practices, 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. This process of questioning and introspection provided new perspectives on the similarities between the heuristic process and the development of therapeutic presence as I found that they both fundamentally involve the search for meaning and truth. Through the development of qualities such as curiosity, openness, and honesty, I was able to evaluate both positive and negative aspects of my own conditioning, personal perspectives, and bias on the topic of therapeutic presence. This evaluation resulted in feelings of intense vulnerability and humility as the nature of being truthful and honest with oneself resulted in me facing difficult emotions, challenging personal ideologies and behaviour patterns that had influenced my perception of myself, my environment and also my intentions and assumptions regarding the research topic.

During the immersion phase, I also found that the self-awareness, created through my Qi Gong and meditation practices, began to influence my orientation as a student music therapist, as I felt that in many ways I was discovering unconscious parts of myself that I had previously been unaware. I noticed that some uncomfortable unconscious mental patterns and feelings of doubt and anxiety were also accompanied by uncomfortable physical sensations in my stomach and feelings of tension and pain in the body. I realised that by resting or focusing attention of awareness internally as I interacted in my day to day life, I began to feel, in a more embodied sense, more natural and authentic in my interactions. I was also able to notice my thoughts and thinking process along with feelings in my body simultaneously. This awareness helped me to see that these physical and emotional experiences were not fixed realities and therefore were continuously changing and moving in my experience. As a student music therapist, I found the realisation of objectivity through awareness to be a very bene-

ficial insight into the functioning of my psychological mind and its influence on my psychical body and my ability to be present. Through the immersion of the topic of therapeutic presence, I became more aware of the moments that I was not being present, spaced out, lost in thought or physical discomfort. As a result, I was able to find a feeling of rest or peacefulness in a more natural expression of “being,” a term that I relate to a feeling of internal relaxation that occurred for me when I was able to fully feel the physical sensations in my body without closing down, resisting, or having an intellectual opinion or judgement on what was happening in that moment. I began to notice that this state of peace or internal well-being was constantly being influenced by my thought processes, belief systems, and my reactions to my external environment. As a student music therapist, the realisation of an objective awareness helped me to distinguish the difference and subtleties between feeling and interacting from a more authentic sense of self, a factor that became very useful when I was on placement and discovering how to connect with a variety of different clients. Although I had glimpses of this authentic expression and sense of internal peace during this immersion period, I began to understand that it required a continuous orientation towards a feeling of truth in myself. This feeling of truth was related to feeling natural in my interactions by embracing a greater sensitivity, vulnerability, honesty, acceptance, and deep questioning of how I was relating in the moment, both on an intellectual and embodied level. In humanistic philosophy, Carl Rodgers emphasised that to be effective therapists we must develop qualities such as authenticity as it helps us generate unconditional positive regard and empathic understanding (Rodgers, 1986, pp. 135–136) towards our clients, which are foundational aspects of developing therapeutic presence.

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 being open, aware and present, I was therefore able to take a metaphorical step back from the research, to detach from the experience of immersion and observe the mental processes and bias towards the research. 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.

Illumination. Moustakas (1990) described the illumination phase to result in “corrections of distorted understandings” (p. 28) and “synthesis of fragmented knowledge” (p.30). Although the illumination was also a non-linear process, and in constant flux with the immersion and incubation phases, a feeling of synthesis began to emerge between the topic of developing therapeutic presence as a student music therapist and the spiritual journey towards authenticity and the discovery of a more authentic self. From my personal experience, I felt that they were in fact the same thing as both processes require a seeking for internal truth and greater authenticity through understanding and clarity. 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. The illumination phase also helped to show me the many ways that my ability to be present could be influenced by the psychological mind. As a result, I was able to form a deeper and more comprehensive 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 where the mind becomes a servant and not the master. I find that when my awareness is focused on an intention from the heart, which feels more intuitive and grounded in the body, that this

guides my thinking and I feel more authentic, flexible and natural in both clinical contexts and my everyday interactions. (Reflexive Journal, 02-01-2016)

The illumination therefore helped to discover the importance of a more balanced approach to the development of therapeutic presence through a heart centred willingness to remain open and connected with ourselves and others on a mental, physical and emotional level. It has also helped to consolidate many factors of fragmented knowledge related to spiritual practice as the qualities of authenticity; compassion and love are inherent aspects of discovering our natural state of being. This natural state, also described in some traditions as emptiness, is simply when we see beyond our mental concepts and psychological mind and come into alignment with a deeper sense or feeling of internal truth through authentic self-inquiry.

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, that 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 workshops.

During the group musical improvisation, in the second workshop, a member of staff interrupted the session to request the video camera that was still in use to record the improvisation, a factor that completely changed the dynamic of the musical improvisation. I immediately began to experience emotions of anger 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 reaction and how it was influencing my thought patterns, my ability to remain present, and also in my interaction with the person after the event. I moved from immersion, incubation, and illumination throughout the incident. 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 section, and I uncovered a much larger bias regarding my expectations of the research. I found that my preconceived expectations and opinions of how the study would turn out had prevented the authentic and open engagement with the heuristic process. This unconscious belief system 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 that my perception of events in my life can be manipulated by my conditioning, reactions, and personal ideologies. Through awareness, I have the ability to see with more clarity how the unconscious can influence how I relate to myself and my environment bringing me into a more present state.

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. The incident therefore 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 interruption.

Creative synthesis. As Moustakas (1990, p. 32) described the creative synthesis of heuristic research to be a reflection of the researcher's 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 the topic of developing therapeutic presence to be a deeply complex and rewarding process. As a student music therapist, it has shown me that developing an intellectual understanding of therapeutic presence is not the same as fully experiencing it, as both aspects are needed in a therapeutic context when working with clients. According to Muller (2008), "immersion in the moment is not enough. The therapist must also reflect upon, and evaluate, what is happening. The more the therapist reflects upon experience, however, the less immersed she/he is in the moment" (p. 31). I have experienced these difficulties on clinical placement as feelings of being present can quickly be extinguished by the variants and unpredictability when working with vulnerable clients. However, I have also learned as a student of this topic, that therapeutic presence is something that we develop over time, through our experience as therapists and also through our direct experience of life. As Rodgers (1961) stated:

Experience is, for me, the highest authority. The touchstone of validity is my own experience ... Neither the Bible nor the prophets – neither Freud nor research – neither the revelations of God nor man – can take precedence over my own direct experience. My experience is not authoritative because it is infallible. It is the basis of authority because it can always be checked in new primary ways. In this way frequent error or fallibility is always open to correction (pp. 23–24)

In relation to Rodgers' statement, I would argue that it is through our own direct experience that we actually learn the most. Through this process, we begin to discover who we really are, beyond our psychological and social conditioning, through a more direct experience and questioning of our reality. Therefore, the possibility to be more authentic and present can become a way of life. This possibility is something that spiritual teachers such as Adyashanti (2013) or J. Krishnamurti (1973) speak clearly about, as their message is fundamentally about beginning to investigate ourselves from the focus of our own direct experience. In many ways, these teachings have helped me to understand that I cannot use the psychological mind to understand the nature of reality, however, through an open awareness it is possible to begin to see the mechanisms of our own psychological and social conditioning that prevent us from seeing ourselves and environment with more clarity.

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 as it is, especially those that are difficult, both cognitive or embodied attempts to be present are void of the simplicity of "being," being yourself, authentic and real in the moment, a factor that I believe is felt either consciously or unconsciously by the people we meet in our everyday interactions, our clients, and also in ourselves.

Therefore, it is through a sharp intellect and embodied sense of being, that equally balances the heart and mind, that access to tacit knowledge and intuitive action can be found. Although I believe that this access is not something that is only accessible to meditators, my experience of embodied practice has shown me that these practices can provide many benefits in relation to personal and professional development and in relation to the 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, which is natural, in the moment, and expressed 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 verifying 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.

Examination of bias. Initial questionnaires revealed that students had already an intellectual and experiential understanding of the phenomenon and had already used meditation techniques such as mindfulness in their music therapy placements. 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 regard 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, the data also validated my personal opinion that the intellectualization of the experience is not the actual experience itself.

Benefits of embodied practice for student music therapists. In relation to my own experience of the benefits of therapeutic presence to my personal healing process, during the embodied workshop (workshop 2) three students had a direct experience of self-healing. An example of this was verified through a reduction in physical pain (migraine headache) for one student validating embodied practice as a viable form of self-care. The students' experiences of a variety of meditation techniques provided insight into a more embodied awareness. They described how placing their awareness in their body helped to maintain a feeling of being grounded when experiencing altered states of consciousness during deep relaxation meditation. These characteristics of embodied practice mirrored my own experience and practice of embodied techniques in relation to meditation practices and personal health issues.

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 and an awareness of self and others as a result of applying embodied techniques to musical improvisations. An interesting aspect to the data suggests that for some students reflexive cognitive processing facilitated through the focus group (workshop 3) was required to consciously adapt embodied techniques to the group musical improvisations, again suggesting the importance of the cognitive process in the development of therapeutic presence.

The value of developing therapeutic presence through heuristic enquiry & musical improvisation. In relation to the musical qualities of the intellectual (workshop 1) and embodied workshop (workshop 2), I found that findings reflected my previous bias to beginning the study. Students described the intellectual musical improvisation in workshop one to have a strict metronomic beat or pulse that remained steady and structured like clockwork. I believe the musical expression in this workshop to be an interesting reflection on the mechanical cognitive process and mental state of the students. In comparison, students described the embodied workshop two to be more intense, mindful, spiritual, and insightful. These musical characteristics mirror my own experience of the rigidity of more rational cognitive methods of learning compared a more open interactive platform enabled through a combination of cognitive and embodied practice as a more immediate and direct learning experience.

Overall, I found the most interesting musical insight occurred when the member of staff interrupted the session during workshop two. After the embodied meditation session, the musical improvisation by the group had a very free, meditative, and experi-

mental feeling with a slow tempo and sporadic rhythmic structure, which was in direct contrast to the 4/4 beat mechanical and structured improvisation in workshop one. However, this immediately changed when the staff member entered the room during the improvisation, as the music became more intense increasing in volume and also in group synchronicity. I found this to be a very interesting phenomenon, as although I was not participating in the musical interaction, I felt that the shift in intensity of the music reflected my internal reality at that moment, which was a feeling of anger towards the interruption. The shift towards musical synchronicity seemed to reflect the group's cohesiveness and camaraderie as the music continued despite the awkward interaction as I tried to silently communicate to the member of staff that the workshop was not yet finished. To further validate the importance of a self-reflexive perspective, during the reflexive third workshop, after watching the video footage of this incident, a fellow student commented how she felt that the music seemed to be used to protect the space through its increase in intensity and to communicate that the person was not welcome in the room at that moment.

These experiences helped to demonstrate the importance of practical workshops and experiential learning in this area as a means of providing both cognitive and embodied aspects of developing therapeutic presence for student music therapists in an educational context. In particular, through musical improvisation, as it is through the medium of music that we as student music therapists must become most aware of the subtle changes in musical qualities that provide us with so much information regarding ourselves as therapists and our clients.

Summary, Outcomes of the study & Implications for future research

Summary

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 (Geller & Greenberg, 2012; Henry, 2010; Kontos & Naglie, 2009; Medcalf, 2017). However, the researcher would again like to state that this may not be the case in all music therapy educational programs, as there are currently many mindfulness-based music therapy programs already being integrated into music therapy practices (Lesiuk, 2016; Rynex, 2018). In relation to developing therapeutic presence as a student music therapist and incorporating meditative and embodied practice into music therapy programs, experiential learning has great potential to provide an educational framework, discussed further by Murphy (2007, pp. 51–53), bringing cognitive insight and emotional understanding together. According to Murphy (2007, pp. 53–54), this type of learning helps music therapy students to develop the ability to be more responsive and empathic towards the needs of their clients in the present moment. Through experiential learning, students can come to a deeper appreciation of what it means to be human, a factor that is a foundational aspect of developing therapeutic presence as student music therapist.

The selection of a heuristic methodology functioned to validate both cognitive and embodied knowledge as a fundamental aspect in the development of therapeutic presence, and I would argue, in the context of this research, that both forms of knowledge have equal importance in relation 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 balance between cognitive and embodied knowledge was reflected and validated

in relation to qualitative data gathered in heuristic workshops with fellow student music therapists.

Outcomes of the study

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).

From a music therapy educational perspective, I felt that the theme regarding the value of developing therapeutic presence through heuristic enquiry and musical improvisation to be the most enlightening aspect of this research project. The unplanned incident created a direct educational experience through being present and also heuristic enquiry. The continual introspective focus of the research provided me with new perspectives as a result of personal introspection and group dialogue that helped to clarify the importance and value of developing therapeutic presence as a student music therapist. As the research has demonstrated, it is through developing this ability to be aware of our physical, mental and emotional state through both a cognitive and embodied awareness that we can effectively navigate difficult situations, emotions and circumstances in our therapeutic practice remaining available, connected and flexible to whatever is happening in the moment.

Rodgers (1957, p. 174) described the search for truth as a therapeutic process where scientific and therapeutic gains could be made at the same time. In reviewing both cognitive and embodied experiences of developing therapeutic presence and in relation to the process of becoming a music therapist, the heuristic process facilitates the discovery of truth through a focus of seeking self-awareness, self-dialogue and self-discovery, as the researcher engages fully in a transformational process. As a result, heuristic research can provide a framework for the development of authenticity as a person, researcher, and music therapist. Through continuous questioning and self-reflection, it enables the researcher to search deeper into a chosen topic and themselves, uncovering maps of meaning, connections, complexities and similarities, in an effort to find greater clarity and understanding. This internal and external focus is also a fundamental principle of meditation practice as one is guided towards truth or an authentic state of “being,” by seeing, through their own direct awareness, the aspects of the human psyche that prevent us from being in the present moment. Through the clarity of awareness, personal ideologies, identifications, and personal and social conditioning can be questioned at the deepest level, through our own direct experience as we relate to ourselves and our environment. This type of deep questioning can help us as students to move beyond the psychological boundaries, seeing greater possibilities and potential, opening new spaces for creative thinking and innovation. In relation to the similarities between the heuristic process and meditation practice, it is an interesting parallel between the fields of academic research and spirituality, a paradigm that in my opinion has incredible potential for future development in health care, business, research, and therapeutic practices.

In relation to our development as student music therapists, Aigen (1993) stated it is in fact the music therapist’s “Being” or personal attributes, rather than any particular technique that determines the efficacy of any one course of therapy. I would argue that this natural state of being has become difficult to access or directly experience due to the pressures and distractions of modern society. The current increase in technologies and continuous access to media entertainment increasingly separate us from a sense of inner stillness. This research therefore suggests that the theme regarding the benefits of embodied practice from my personal experience, academic research, and also my fellow music therapy students, discussed above, demonstrate that an integrated module bringing both cognitive and embodied practices together into a music therapy educational context could have many positive outcomes. In particular, regarding increased physical, emotional, and mental awareness but also in terms of self-care and

the nurturing of a calm and focus mind (Chrisman, Christopher & Lichenstein, 2009; McCollum & Gehart, 2010).

Implications

The implications of the study suggest a more balanced and integrated approach could be adopted in both educational and healthcare settings towards embodied practice, a factor that is relevant to our development as music therapists. Lectures, similar to the 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 through experiential learning systems. 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 this research paper could be adapted to a theoretical and experiential lecture design. Bruscia's theories could therefore 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 and in their future practice.

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 in particular in music therapy educational programs. Further qualitative data could also be gathered from experienced practitioners in both the fields of music therapy and integral psychotherapy 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. This further research could provide specific data on the prevalence of use, specific techniques and the populations where mindfulness-based practices or embodied practice such as Qi Gong are currently being applied in a music therapy context and integrated into a music therapy educational program.

The outcome of 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 that has provided me 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 clients, therapeutic presence enables us to make that connection by first authentically 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 be more aware, authentic, honest, reflexive, and compassionate to ourselves and towards others.

About the author

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