

How do I Perceive the Silences in my one-to-one Music Therapy Sessions

---

by

Theodore Sekeris

An Exegesis

Submitted to the Victoria University of Wellington  
in fulfillment of the requirements for the degree of  
Master of Music Therapy

Victoria University of Wellington

2018

## Abstract

Music therapy research is predominantly focused on the sounds and words that occur in sessions. The role and place of silence within usual practice is not so well covered in research literature. In this research, I used an auto-ethnographic approach and thematic analysis to try and understand how I perceive the silences in my own individual music therapy sessions with learners at a high school. This approach allowed me to connect with my own personal experience with silence, as it is a highly subjective and context dependent phenomena and tool. I perceived silence in nine major themes. Findings suggest I tend to 'observe' the learners when silences occur, for a variety of reasons, and this seems to contrast with my previous understanding of my therapeutic approach. Specifically, I found that I am more behaviourally focussed than I realised before I began my research journey, particularly in the way that I write and recall events in the therapy room. The research process enabled me to find out more about my personal relationship with silence, and to some degree a personal truth about myself.

## Contents

Abstract.....	1
Personal relationship with silence.....	4
My musical history and its interactions with silence .....	4
Motivation for research.....	5
Context of the study .....	7
Literature Review.....	9
What is Silence?.....	9
Role of silence in therapies .....	9
Silence, Music and Music Therapy.....	11
Music therapist experiences of silence.....	12
Autism and Music Therapy.....	16
Autism and Auditory Processing .....	17
Summary of the literature .....	18
Methodology .....	20
Theoretical Research standpoint .....	20
Method and Analysis .....	21
Auto-ethnography .....	21
Method .....	21
Data.....	21
Thematic Analysis .....	22
Ethics .....	23
Trying to define silence .....	23
Silence for this study.....	23
Findings .....	25
Learner Cognitive Pauses .....	25

Recall/Learning.....	26
Negotiation.....	26
Verbal Processing (taking time).....	27
Learner Listening.....	27
MT Active Listening.....	28
Observing Learner .....	28
Pause in and after music .....	29
Pause in music (Cueing) .....	30
Pausing after music .....	30
Togetherness .....	31
Learner request for silence.....	32
Total Silence .....	32
Vignette (Frank).....	32
Discussion.....	34
This Research.....	34
Initial wariness .....	35
Thoughts on data pool.....	36
Are my themes satisfying?.....	37
Silence and learner observations.....	38
Silence and my emotions in sessions .....	40
Am I a closet behaviourist in denial? Or did the context make me write like one?.....	41
Emotional perception and Emotional expression.....	42
Reference List .....	<u>4544</u>
Appendices.....	<u>4948</u>

## Personal relationship with silence

For me, silence has been a relatively rare thing in my life. I was brought up with three brothers, my cousins lived two blocks away, and the family business was around the corner. I was relatively sociable throughout my schooling and have never really felt too much like an outsider. I never really felt like I experienced hardship to the degree of some of my peers, and have often been in the position of helping console others, even though I feel like I never try to actively attract this. It is often in these times where I have felt myself being silent for the longest periods. I often spend marked portions of these times listening to people in complete silence. Being an attentive listener seems to be one of the easiest ways for me to get someone who is willing to talk to vent and frame their struggles, which can often be where a lot of the emotional release and then personal development can take place. However that is often outward looking, and I am not often silent within myself in these moments, merely focussing on the other person. I anticipated that this study would encourage me to look inwards to explore this further.

At times when I am alone I nearly always have some form of stimulus. I am playing with an instrument, listening to music, or playing sports or video games. I have been increasingly conscious of my tendency to 'hunt' for social stimulus after relatively short periods of solitary time. This has been further highlighted to me as a result of the experiences I have had with others as a student music therapist.

## My musical history and its interactions with silence

In my youth I was in Anglican school choirs; however I was never an overly confident vocalist and still am building this confidence up. That being said, I started playing musical instruments in high school for up to four hours a day at times. Since then I started to get more involved in various groups, particularly playing Greek music until the end of my undergraduate degree. I love playing and figuring out tunes by ear, and steadily and eagerly learnt music theory to uncover why the patterns in chords and melodies worked. I was (and still am) less interested in sight

reading, as I find the process much slower and too regimented. I would much prefer a call and copy style of learning. Since the end of my undergraduate degree, I have started to play more and more with many different groups spanning different genres (country, African folk, reggae, lounge, Persian, gypsy, sea shanties). It is thrilling for me to make music with others, especially when it feels highly interactive and genuinely unique. I love making music so much that sometimes I find it hard to sit in band practices while band leaders discuss finer parts of arranging and logistics. I feel as if when musicians are together, time spent talking can be wasted time. The silencing of the music can be very upsetting to me, especially when I perceive it to have stopped due to someone's ego. I really do not enjoy music being stopped before I feel the music is naturally complete. That being said, it is not the silence that I do not enjoy, it is the act of silencing our shared music.

In summation, my relationship with silence seems for the most part positive. However, it is also quite unexplored and to a certain extent I seem to avoid or slightly fear it. I feel as though I should push myself to sit in full silence for longer parts of the day. Like some of my peers, I feel I am sometimes a victim to many of the so called "distractions" of today's world. I hope that in some way this experiential research might help me to understand this better and to hone my skills as a therapist, and as a musician.

## Motivation for research

Aldous Huxley provides a quote about silence and its power - "After silence that which comes nearest to expressing the inexpressible is music". Being a music therapy student, this is interesting to reflect on as I have experienced affecting silences in my training and in early placement settings. In a modern world full of stimulus some of these silences seemed to be some of the most peaceful moments of my day and practice. At other times these silences in my training with my classmates were also extremely awkward moments. Sometimes an improvisation in class may have ended too soon or abruptly leaving an unresolved feeling, and I felt we were at times too shy as a group to do anything but wait until the lecturer eventually facilitated some discussion. Some of these silences after

music could be quite long, and they could feel uncomfortable as we sat there trying to process what had happened and what to do next. That being said, some of my classmates seemed to experience more anxiety than me, and I found this interesting. In contrast, there were also many silences before improvisations had begun. The whole class seemed to be hyper aware of everyone else, observing and listening, waiting for the first noises to begin. Quite often this led into a gentle xylophone single note, or even some accidental noises from people fumbling instruments. These ‘noises’ quite often built into the foundation for some beautiful music.

Compared to the other music I play, these improvisations felt considerably more gentle and sensitive as the music quite often slowly and carefully built from silence layer by layer. Being with such attentive listeners and talented players I found quite affecting. This music could be more image provoking for me, especially as the way it emerged from silence seemed so rare for me in comparison to other music in my life. Additionally, quite often in these improvisations a period of time would pass before everyone was actively playing together as people would be choosing their moment to enter the music. Normally, I found this whole dynamic more interesting than the music created as quite often the musical elements were not overly complex to me. The manner in which the music emerged from the silence and the hyperawareness of all the energies in the room sparked my interest in this topic of silence. There seemed to be a lot of non-verbal communication exchanged, but without words it seemed hard to define with any degree of accuracy, and yet the power of these silences and the power it gave to the music before and after seemed palpable.

One of my first experiences of using silence in a therapeutic sense was in one of our role-play assessments very early in my training. I remember I had completed what I thought was a good attempt at roleplaying with a “teenager” (classmate). At the end of our improvisation, I nearly immediately began talking to the teenager and having a brief conversation. In my lecturer’s critique of the assessment she noted that I was far too quick to break the silence after the music, but didn’t offer too much of an explanation. In her view, it ruined the power of the “beautiful music”, and I was rightfully criticised for moving on so quickly, however in the moment it had not appeared to me that I had made

a mistake. I still remember the day, and the unsettling confused feeling I had. It was the only direct interaction I had with silence as part of my training.

I wanted to know or maybe even merely read more about it, however there was a relatively small range of research analysing it, especially in music therapy where I thought that there would be more. There were occasional sentences in case studies but in my view, there is a shortage of writings overtly focusing on silence itself. I decided to try and explore this myself as a result. With this research I am hoping to show my experience of silences in individual therapy sessions, to try and identify and explore common themes which may be useful for developing my own practice. This may be of interest to other music therapists, especially student music therapists.

### Context of the study

The context of this study was a special needs department of a secondary school. Many of the learners live with multiple disabilities; and a majority live with Autism Spectrum Condition (ASC). A slightly smaller proportion of students have some developmental delays. The majority have Ongoing Resource Scheme (ORS) funding. This is a provision for extra resources from central government for learners with higher needs who require extra support. The learners range in age from 13 to 20. I was on placement at the school for 16 weeks completing 19 hours a week on site as part of my mandatory course requirements for my master's degree. Learners were referred for therapy sessions based on teacher's recommendations and through my own direct requests with relevant staff to work with particular students. Most sessions were one to one, and most learners had one twenty to thirty minute session per week; however this could fluctuate depending on learner availability, need and tolerance. In addition to my sessions, I was able to observe and engage with the learners outside the therapy room.

Of some importance, I had completed a smaller placement at this school as part of the first year of training. This meant I had some pre-existing positive relationships with some of the learners; however this initial placement was shared with a fellow student music therapist. The placement occurred when we both had less experience, and a large proportion of these sessions featured one of



us in a facilitator role and one in the therapist role. Working alone and with more contact time allowed for deeper work, and allowed for more risk-taking and exploration on my part.

## Literature Review

Understandably and somewhat predictably, the clear majority of music therapy literature is focused on the music used in therapy and the perceptions which lie behind why it is chosen or created (Sutton & De Backer, 2009). There is a small body of literature directly focused on silence from within the music therapy field which I will discuss, however most of the relevant literature is from related fields such as psychotherapy and philosophy. The majority of this literature focuses on a collection of surveys from therapists about what they perceive the role of silence to be in their practice (Hill, Johnson and Ladany, 2003).

### What is Silence?

Silence has many definitions, and in the course of this research this will be further explored with extra relevance to music therapy. The Merriam Webster Dictionary describes silence in two definitions.

1. A forbearance from speech or noise
2. An absence of sound or noise

### Role of silence in therapies

Psychotherapists and psychologists try to understand and help clients, predominantly using words. Certainly a command of verbal skills is an important part of a therapist's toolkit. However, silences also play an important role, and many experienced and skilled therapists use silence with great tact and care (Hall et al., 2003). For young psychotherapists and music therapists it can be an element which can be hard to manage as it can be uncomfortable for the therapist themselves (Stachyra, 2011), and they can feel compelled to break the silence too early (Wong, 2009). Alternately some therapists over use silences in fear of saying the wrong thing.

Silence is part of a therapist's toolkit due to its ability to allow a client to reflect, and it can communicate empathy from the therapist to the client (Weissman, 1955). "People's difficulties can be

seen as being caused by unmanageable feelings which they hold inside themselves. If they can express these feelings, they achieve a catharsis which resolves the difficulties.” (Sutton, 2002, p.125)

Conversely, in other studies silence is shown to increase anxiety and discomfort, and can increase negative outcomes and client dropout from therapy (Davis, 1977). With such mixed interpretations and effects Hill et al., (2003) conclude that while silence is an important tool for psychotherapists its use must be appropriate for the context and client in each moment. For example, therapists reported being weary to use quietness with a client who has a negative pairing with silence as a result of it being used as a previous punishment (Ibid). Other examples of therapist hesitance with silence is when a client presents with psychosis or when a therapeutic relationship is new (Ibid). This dynamic relationship with the use of silence is shown by Suzanne Little (2015)

“In fact, much of the discipline and beauty of psychoanalytic work rests on our capacity to hone, refine, and constantly renew our relationship to this fertile space between silence and language so that we continually hear afresh. When we busily disclose our internal process, asking patients for reactions as to what is going on between us, we can unwittingly pose an impediment to a deeper or slower listening” (p.33)

In Ladany, Hill, Thomson & O’Brien (2004) the main reported roles of silence were drawn from semi-structured interviews with experienced psychotherapists. Their qualitative research was an initial exploration which helped the construction of some more focussed quantitative research. Their study featured a small sample size ( $n=12$ ). Six main themes (in no order) regarding silence emerged.

1. The manner in which silence is delivered and experienced is critical
2. Therapists believe they use silence to convey empathy, respect or support
3. Silence is a multifunctional intervention and should be used judiciously
4. No specific recommendations can be made in terms of when to use silence
5. There are no standard patterns for length of silence
6. Clients may perceive silence to be anything from benevolent to intimidating

This list shows the highly subjective and context dependent nature of silence from the perspective of therapists. There are substantial qualitative differences in how people use it as part of their therapeutic toolkit, and it seems as though the manner and timing of therapist silence is something which is hard to define. Furthermore there is the acknowledgement that clients have their own experience of silence which can vary greatly due to their previous exposure to silence and any associations and a variety of the factors within the therapy room.

This lead to another study (Hill, Johnson & Ladany, 2003) which used the findings from above to formulate a survey which was handed out to a higher sample size ( $n = 81$ ) of psychotherapists. It was created to deepen the understanding of practicing therapist's use of silence. It used a five point Likert scale for its series of questions, allowing for some quantitative analysis. There were high levels of agreement between therapists that silence was used purposefully to facilitate client reflection and encourage responsibility.

Hill, Johnson and Ladany (2003) also found that in the silence therapists themselves were most likely to be observing the client and intensely listening and focussing. It seemed to be used mostly towards the end of treatment, after trust had been well established. Relevant to this research, therapists seemed to gain more confidence using silence and being within it primarily through practical experience after they had graduated and completed their training (Ibid).

### Silence, Music and Music Therapy

The use of music in healing contexts has been around for thousands of years. Humans intuitively know as a species that music is a powerful tool for healing (Winn, Crowe & Moreno, 1989). Robarts (1996) holds the view that "music is an inherent part of human functioning that can be traced in the rhythms and sympathetic responses of infants". Robarts goes on to describe the rhythms in human biology and the tonal variants in voice, and their direct relationship to human feeling states (ibid). The way a mother and child communicate before language is highly tonal and rhythmic and is observable in cultures all around the world (ibid).

Sutton's (2002) published paper titled "*Silence and the pause that follows*" is one of the few focused pieces of academic writing on the subject of silence in music. She analyses silences in music from a conversational perspective. She notes the role of a conversation is to exchange information, and that a silence in conversation is often perceived as a threat to this information exchange (Sutton & De Backer, 2009). She goes on to mention that on some level we globally feel more comfortable in silences in music than without music (Ibid). This seems particularly useful when interacting with a client (or audience) who struggle with or are threatened by verbal communication for any number of reasons. It may give an opportunity to experience and express emotion without words. The ability to self-reflect and empathise with others is a common goal in music therapy and silence before and after musical exchanges allows for such opportunities. However, context is an important factor which seems to be emerging from these writings.

Sutton and De Backer (2009) published another article which goes on to note that silence is used as a tool in many different professions ranging from journalists to talk therapists, and it is the quality of the listening which dictates the depth of the silences. Listening is indeed one of the necessary skills for a number of professionals, and for a music therapist deep listening is a pre-requisite (Loewy, 2000).

The ability to listen to musical elements, and to accompany and contain are considered to be core strengths of a music therapist (Loewy, 2000). Loewy (ibid) views silence as one of the most important facilitation techniques in music therapy. Yet, there is little dedicated literature on how to learn to listen to silence and interpret it.

### Music therapist experiences of silence

While my research focuses on my own internal perceptions of silence, I also read about experiences that other music therapists had with silence in their sessions, and their opinions on the phenomena. One piece of literature I will discuss focuses directly on this, and is one of the few pieces of music therapy literature which deeply explores the experiences of both the client and the therapist.

In Sutton and De Backer, (2009) there is a spotlight on silence in two cases from their work as music therapists. They present two different vignettes, one where client silence is prevalent after a trauma. In the other, an apparent fear of silence seems to dominate the client's life and presents as a continuation of noise from the client in their everyday life and sessions.

In the first case, it takes sustained effort and time to begin to connect with the traumatised patient. Initially the silences in the music signal quite strongly how the therapist perceives the client at that moment. The descriptions feature emotive language. "Brief silences appear and fall into a void, with an almost tangible shock. Vicky's notes do not resonate; they die away." I found it quite interesting to see this relatively strong language to describe something where there is a lack of verbal language, but it bears credence to the importance of perception and also the fragility of it. The client is most affected by the shared music and the pauses also, especially after moments of union.

"At times, Vicky joins the therapist's note's resonance as if it breathes her alive for a fleeting moment. The impact of this connectedness followed by a falling into a deathly silence is terrifying for Vicky." (Sutton & De Backer, 2009, p. 45.)

The therapist seems to have perceived the client feeling terrified, another strong emotive word, in the lack of noise. Soon after one of these uncomfortable sessions the client's verbal silence was broken, and she gave the therapist some information about a previous trauma, before another improvisation where a breakthrough moment occurs.

A further intense silence then follows, similar to those experienced in the first session.

Vicky says, "I find it hard to play, can't play like I used to and that's hard, do you know what I mean?"

The therapist answers, "It hurts to play because you remember."

Vicky replies, "Yes, I could, you understand." (Sutton & De Backer, 2009, p. 45.)

From this moment on the therapy begins to get deeper, and some of the underlying trauma is revealed and addressed. The importance of a music therapist's ability to sit with a client in silence as the client consciously and subconsciously processes any myriad of things (in this case prior trauma) in response to the music (or lack of) is signalled. It seems to be important for the client to trust the

therapist, and in this case it was in the silences that empathy was conveyed. But as Sutton & De Backer note in their article, it seems important for the therapist to be able to be affected by the silence. "Only when this internal silence can also exist in the room can a traumatised patient like Vicky sense the presence of something alive in a less terrifying way (p.48). This is to me a sign that the trauma had been acknowledged and validated by the therapist and this had been non-verbally communicated and received by the client, conveying empathy, all without words.

Wong (2009) wrote about her experiences as a student music therapist in attempting to facilitate discussions with adolescents in a mental health in-patient setting. There is a focus on group discussions; however there is a theme within the initial action research cycle of her discomfort and anxiety with silences, which she often breaks too early to begin with. As noted by Gardstrom, (2001) verbal communication and processing skills are one of the biggest challenges that student music therapists face. This was evident in her personal reflective journal entries.

"I really tried hard to leave silent gaps after I asked a question but it made me feel awkward. I felt my impulse of breaking the silence, wanting to speak, and I really had to consciously stop myself" Taken from journal entry 13<sup>th</sup> August 2008 (Wong, 2009, p.40).

Wong noted elements of transference and countertransference of anxiety in these silences. However through both her experience in placement and her research approach she was able to develop her relationship with silence and gain a degree of comfort using it. She learns to control her urge to break the silence too early and begins to deepen her understanding of its role as a space to allow empathy to be conveyed from the therapist to the clients in a non-threatening manner, something mentioned in a large proportion of the above literature (Hall et al, 2003; Ladany et al. 2004; Little, 2005; Sutton & De Backer, 2009). She concludes by offering some advice to new therapists. "They should work on finding the right balance of silent and non-silent moments, because ultimately, it was the "timing" of when to remain silent and when to break it that is the most important." (Wong, 2009, p. 70)

In a short interview with Stachyra (2011) Stefano Navone gives his perspective of the music therapists' use of silence.

“The silence for me it is not just a technical way of work but a mental condition that the music therapist must acquire to develop and to promote his non-verbal communication for a better adherence to the pathological situation of the patient.” (Stachyra, 2011, p.1)

“There is an emphasis on the power of silence in communicating the un-communicable, but also allowing the music to be more of a global effector once such a connection through the appropriate silence is attained”. After talking about silence, he goes on to describe its power, "Through nonverbal behaviour and sound-music performances, the patient conveys his/her emotions and feelings, establishes an "affect attunement" with the music therapist and is stimulated to modify the global emotional and affective status." (Stachyra, 2011, p.1)

Navone goes on to discuss the importance of the therapist's ability to be aware of their own anxieties and desires, an idea alluded to by Sutton and De Backer (2009) and experienced by Wong (2009) but verbalised and perceived in a different way. He also aims this advice towards younger music therapists, who he feels can be too goal oriented. He believes young therapists can busy the sound scape too easily, decreasing the likelihood of meaningful silences and needed pauses in both the music and thought before and after. He was asked for any advice for music therapists working with people with autism. He replied “The first thing that I would advise to young music therapists is to work on their own anxiety and on their desire to get something at all costs; with patients with autism, in my opinion, it is very important to act for "subtraction", it is more important to know what not to do more than to know what to do.”

This adds to the arguments and findings of the other writers mentioned earlier as it shows that the therapist must always be highly aware of the client's verbal and non-verbal signals, as it is often in these exchanges without words where we can learn a lot about our clients, and at times about ourselves as therapists.

Silence is a complex multi-faceted, situational tool and natural phenomena in music therapy. Its purpose varies from client to client, moment to moment. Clinicians seems to need vast field



experience before likely initial anxieties about silence are put aside and its potential for positive therapeutic use are maximised.

### Autism and Music Therapy

Individuals living with Autism Spectrum Condition (ASC) can experience varied personal challenges in a wide range of areas (Goodwin, Groden, Velicer & Diller, 2007). The condition is predominantly referred to as Autism Spectrum Disorder (ASD) in most medical literature; however, I share the view of Bakan (2018) where he takes issue with the last word of this diagnosis, disorder. It is troubling to Bakan, as he views the word as “problematically containing and controlling” (Bakan, 2018) because it pays no credence to the view of neurodiversity. Walker (2012) describes neurodiversity as the view that there is neurological natural variation in all humans, and these differences can be as diverse as “race, gender or sexual orientation” (Ibid). The word “condition” as opposed to “disorder” addresses this wide natural spectrum, but Bakan (2018) does not intend to downplay the impact living with ASC can have, as it can be “profoundly disabling” (although he chooses to use the term “disenabling”).

The first signs of ASC can be identified in children below the age of four, although diagnosis can take some time, and some live without official diagnosis for their entire life (Barbaro & Dissanayake, 2009). People living with autism can encounter difficulties socially, particularly in and around communication, especially reading social cues (Mitchell, 2013). Forming bonds with others can be difficult, as they are less independently likely to seek out peer interaction at a young age (Ibid). They often can display repetitive behaviours, with a preference for patterns and intense interest in specific areas of interest (Bodfish, Symons Parker & Lewis, 2000). Feelings of stress, anxiety, depression and low self-esteem are often seen by those with ASC (Attwood, 2007).

Music and musical activities can be attractive for individuals with autism, perhaps due to its predictability and structure (Allen, Hill & Heaton, 2009; Starr & Zenker, 1998) and therefore it can be a useful medium through which to work towards therapeutic goals (Allen et al, 2009). Improvisational approaches in music therapy are considered effective with working with clients with ASC, and

Robarts (1996) offers a chapter in her book dedicated to music therapy in the treatment of autism. The following paragraph from Robarts (1996) outlines relatively succinctly the mechanism and potential that she feels music therapy offers children living with autism.

Used creatively and improvisationally, and with clinical musical perception, music evidently can meet, engage and support a child in spontaneously evolving interaction. As their experiences of sympathetic relating and of self-regulation in coactivity progress, autistic children appear to find both security and freedom in the music. Music as therapy evidently offers a context to build a sense of self-in-relationship, and this leads to developments in communication (e.g. a wider range of emotions and use of words) and interactive play. (Robarts, 1996, p. 175)

Others have reported similar related views. Individuals on the autism spectrum who receive music therapy can increase their self-esteem (Shore, 2003), and can be shown to engage in increased social interactions within and beyond the music therapy room (Kaplan & Steele, 2005; Robarts 1996). Many of the above studies have focused on younger children than the client population in my study, and there is not an extensive amount of literature on adolescents with autism (Hillier, Greher, Poto & Dougherty, 2012) potentially due to the dominance for early interventions in the treatment of ASC.

### Autism and Auditory Processing

People with ASC have been shown in experimental studies (Tomchek & Dunn, 2007) and through documented personal experiences (Cesaroni, & Garber, 1991) to have a range of atypical responses to sensory stimulus compared to those who do not live with ASD. This is different person to person; however it can affect any combination of the five senses. One of the most commonly reported sensory differences is in auditory processing (Tomchek & Dunn, 2007). Upon reviewing 200 cases of autism, Greenspan and Welder (1997) found 100% of participants had shown some challenges with auditory processing in their documents. Auditory processing difficulties are often noted by parents of children with ASC before a diagnosis is gained, and this varies from hypersensitivity to noise through to hypo reactivity to noise, with some parents reporting difficulties

in seeing a response when calling their child's name. Auditory hypersensitivity is more prevalent than hyposensitivity.

Silence is therefore likely to play an important part in making sense of the world for a proportion of people living with ASC. In a space with silence, or relative quiet, they are less likely to be overwhelmed by their auditory senses (Siegal & Blades, 2003). As a result, both verbal and non-verbal communication to and from other people may be likely to be more successful as they may have more cognitive resources in that moment to allocate to social interactions, which can otherwise be difficult. In a noisy environment interpreting communication may be overwhelming, as it can be more difficult to struggle to filter the relevant and irrelevant information (Ashburner, Ziviani & Rodger, 2006). Additionally, some people with ASC can get very passionate in specific areas of interest. It is possible that within their lives they are likely to have larger experience in silence for quite long periods when compared to people without ASC (Cumine, Dunlop & Stevenson, 2009). This time spent in silence, and presumably enjoying being absorbed deeply in their area of interest is also another consideration for someone working with an ASC client. This is something Stachyra acknowledges by asking young therapists to consider keeping the soundscape more bare, and being highly attentive to knowing what not to do, more than what to "add" to the soundscape of the room. Perhaps this will allow the therapist to observe what really interests clients living with autism, and will increase the chance of a connection and trust being formed.

## Summary of the literature

Silences appear to be highly complex phenomenon, especially when researchers and people have tried to use written language to describe them. Different contexts and different clients will influence music therapist's experiences of silence. Furthermore, therapist personalities and styles will impact language choices as they try and speak to these moments in their recollections, and these word choices may reveal something about the therapist themselves.

A proportion of the literature I have studied does seem to be focussed on clients who seem to be affected by trauma, where silence has a distinctly different role to play than may happen in my

practice at this context. Authors discuss silence and its relationship to transference and perhaps this is more prevalent when silences are longer, as more non-verbal communication and exchange is likely to occur, and there is more time for therapists to process and observe themselves and the client.

It seems to be important for a therapist to be willing and open for all sorts of silences to occur, and to not run from them. This in turn requires a high degree of self-awareness and mindfulness regarding the need for self-care, as one therapist may see many traumatised clients in one day, and the same one for many months.

There is also the idea of silence being the "punctuation" in music (and language) that gives power and structure to otherwise unfiltered noise and ideas. I feel as though this is common sense, and perhaps this is the reason it does not get the conscious attention from musicians and music therapists that it sometimes requires. However, I feel it is more important for a music therapist to be especially aware of this, as they could be easily to be drawn into music and noise, but they should also at times feel drawn to silence. Experience appears to be the main way that therapists learn to use silence and the right time to do so. Predicting this right time seems to be something which can only be gained through sitting with and "being with" the client, whose needs can and do vary greatly. A high degree of sensitivity to all elements of the room is important, especially for traumatised clients and those with sensory differences. Wider therapy research from related fields can inform the practice of interested music therapists, but from my own experience there was limited time for direct exposure to literature focussing on silence during my training. Wong (2009) shared similar sentiments and interestingly she was trained at the same university.

Clients with ASC are also likely to have some struggles with auditory processing, and reading social cues, so letting them have the time to sit in silence to digest and process communication (inside and outside music) is something I am mindful of.

## Methodology

My theoretical framework is interpretivist, and my methodology for answering my research question is auto-ethnography. I used thematic analysis to draw out themes.

### Theoretical Research standpoint

The theoretical standpoint for my research will be interpretivist. Barbara Wheeler (2016) describes the focus of such qualitative research to be a focus on the subjective and inter-subjective multiple realities that we all co-exist within. This allows for an understanding of phenomena to be studied not in isolation, but rather in real environments where they are experienced. This brings with it elements of interpretation and pushes the researcher to be perceptive and reflexive to a high level, putting their own values and pre-existing beliefs under a high level of scrutiny to increase the validity of the data collection and analysis (Wheeler, 2016). Context is another important element mentioned by Wheeler and this is particularly pertinent for my research. While the school setting is the main contextual consideration there is also the context of every session. Every silence will feel completely different for me, and each client. What it means to each of us will be different, and how I describe it after the session has ended will be different to how every one of my learners would describe the same moments.

I can only use words to express myself in this research. Written words are the primary tool I use communicate to myself (in note form) and other professionals (especially non-music therapists) about how I perceived my session, how the client appeared to be feeling and any notable developments in the therapy. I will bring my own quirks and idiosyncrasies in these words, but given the nature of music therapy practice, this is part of reflexive practice. Each of our clients is individual and has their own sense of what is real and what is not. To me, truth is individually defined, and in the process of this research I believe I will not only learn about my practice habits but also something about the way in which I view silence outside the therapy room. Personal revelations are not uncommon in interpretivist research and in some cases it is a part of its purpose, as we are trying to make sense of the world through critically evaluating our own experience (Wheeler, 2016).

## Method and Analysis

### Auto-ethnography

Auto-ethnography is a qualitative research approach where researchers use their own experiences to gain a deeper understanding cultural phenomena, and in turn, themselves (Ellis, Adams & Bochner, 2011). It was born as a result of the criticisms of social science qualitative research where personal skewed experiences were presented as “fact” and “truth” (Kuhn, 1996). Social sciences have always grappled with objectivity (Denzin & Lincoln, 1994) however auto-ethnography actively does not seek “objectivity” in the same sense as physical sciences. Claiming and asserting objectivity when observing other cultures has been tied to authoritarian, colonialist approaches and the need to resist it has been noted (Ellis et al., 2011). In contrast; auto-ethnographers directly acknowledge their position and limits of perspective as they primarily use their personal experience to deeper understand their topic of choice (Wall, 2008).

In its simplest form, auto-ethnography is a marriage of ethnography (studying cultural phenomena) and an auto-biography (Ellis et al., 2011). The writer documents their own experience at depth, including personal notes directly reflecting on the topic. Personal values are brought into focus, rather than pretending that their research is value free. While this at times can limit the generalisability of any findings, it allows for the researcher to explore at depth complex phenomena where many variables normally involving complex human relationships, emotions and experiences exist.

### Method

### Data

Within my practice, I kept a personal reflective journal which I made entries in regularly. I also kept my normal session notes which I would also give me some insight to help me reflect for my reflective journal. In my journal I reflected on silences in my practice, and other personal thoughts were also entered. I re-read these entries and thought deeply about my practice and the meanings of the silences within it for my work and for myself.

I did not alter my normal session notes during this study, and to include all instances of silences is not standard practice. However, because I was particularly interested in silences it is likely that I was more aware of them and this may have impacted the way I perceived them.

### Thematic Analysis

Thematic analysis is the method I used to analyse my reflective journal and session notes. It is one of the most widely used qualitative analysis tools across a variety of fields. It can be a very flexible tool to interpret data in a meaningful way (Gadberry, 2014). Codes, patterns and finally themes are derived from analysing the data in depth. Braun and Clarke (2006) outline six steps to complete thematic analysis.

1. Familiarisation with the data
2. Generating initial codes
3. Actively hunting for themes
4. Reviewing themes
5. Defining and naming themes
6. Finishing the final report

Coding was at first inductive in line with Braun and Clarke's (2006) steps and this was a dynamic process with some data taking several iterations to categorise, and some pieces of data falling into multiple codes. Given that the topic is a complex phenomenon, I decided to use a semantic approach where description leads to analysis and is followed by interpretation (Braun & Clarke, 2006). In this more of a focus is on the explicit data at first. Codes were reviewed and themes discussed with my supervisor for verification. An example of my reflective journal is attached in the appendices. Themes emerged, and these lead to follow up questions which will be explored in the discussion.

## Ethics

As the learners could be deemed vulnerable, there were measures in place to protect both them and me. There were no participants in this study; however informed consent was gained from relevant parties for the inclusion of a vignette. All data was stored in a password protected online database which was only accessible to me as the researcher. This protected against computer theft. Risks associated with my practice (physical, psychological and emotional) were managed by an experienced team of an on-site clinical liaison, visiting music therapist, and an offsite academic supervisor. Standard health and safety policies were issued as by legal obligation by the liaison on-site at the school.

Ethical approval (Victoria University of Wellington, #22131) has been granted for ‘low risk’ projects (where students engage in naturalistic practice and research, and where questions focus on their own development) to be supervised by Sarah Hoskyns and Daphne Rickson. No further approval was required.

Furthermore, I abided by the “Code of ethics for the practice of music therapy in New Zealand 2012” another ethical document that all music therapy students agree to when they take part in this course and in any placement and research experiences. It also applies when they begin their professional practice.

## Trying to define silence

In the majority of definitions silence is defined as the “forbearance of speech or noise” (Miriam Webster, 2018). While there are multiple moments per session where both parties are completely silent in this sense, it was unlikely that this would be entirely captured in my journal and notes.

## Silence for this study

For the purposes of this study, I have defined silence as any mention in my notes or reflections of when at least one party (therapist or learner) is not making noise. This includes when I



am listening to a client talk and make their music. It also includes when they are listening to me speak, sing or make music. In essence if one party is completely silent at any time, I have counted this as viable data. Somewhat controversially I have included when I am accompanying on an instrument (not singing) and observing the client. This is something that I imagine Stachyra would question. This is perhaps the most extreme example of where I have expanded my catchment of data; however there was indeed valuable data within this. The vast majority of the supporting music I have used in this placement did not require a high amount of personal cognitive resource allocation on my part. While this could appear arrogant, I do feel as though I am able to adjust my accompaniments to client needs relatively easily in some cases. As a result, I found the state of mind I was in to be close to when I am silent observing. Perhaps the lack of verbal input and singing also allowed me to be as observant as when I am truly “silent”.

This is controversial, and I understand that if two people are making noises or music that this is quite far from the popular understanding of silence, but personally, in these moments I can at times feel very peaceful and focussed, listening to the client on a level which is parallel to when I am completely silent.

## Findings

The themes below emerged from the moments of silence I observed and wrote about in my individual session notes, along with initial additional contextual comments. I identified nine major themes within the silences identified in the data. They outline how I perceived the silences in my practice.

- Learner cognitive pauses (recall/learning, negotiation, verbal processing)
- Learner listening to music
- Therapist active listening (music focused)
- Therapist observing Learner (non-music focused)
- Pause in music (cueing)
- Pause after music (digesting)
- Togetherness (a moment of noted co-existing)
- Learner requests for silence
- Total silence (no engagement from learner)

As session notes were drawn from typical music therapy practice, there were undoubtedly a proportion of silences from my one-to-one sessions which were not captured. Nevertheless, I have been able to capture enough rich data to gather insights on my perception of the silences.

### Learner Cognitive Pauses

In these pauses there seems to be a pattern of me leaving the learner to explore a task or a challenge I have set them or myself. In the paragraphs below I expand codes of recall, negotiation and to a degree some verbal processing which occurs in these breaks. I do notice that in these examples I am appearing to not be doing too much physically, however I am still a presence in the room, and still actively listening and holding the learner.

## Recall/Learning

Often after they or we together have decided to create of music in some form, there is a learning phase and this can often (but not always) involve a period of me modelling a phrase or physical action on an instrument. There are quite often periods where it seems that the learner is trying to process what has just happened, to understand and decide how they will try and copy what I have done. This is an important phase in learning and is important for me to ascertain several things about the learner. It allows me to see whether the task is appropriate given how they respond, and it also allows me to try and ascertain how they approach a task with which they are not completely familiar. On follow up sessions, these cognitive pauses become much richer data, as learners appeared to be recalling things that have happened previously.

“Lots of silences in here where we were learning together the theme. He would reset himself and retry and improve. I do often feel the desire to model and sometimes have to fight to contain my silence. It is not a conflict to make things perfect but rather I feel as though sometimes I can pin point their stumbling block and model it quickly, however it is important to let my clients learn of their own accord in their own time and I feel I am getting better at this.” (Taken from session notes on 25th June)

## Negotiation

With some of my learners particularly those who live with ASC silence seemed to be part of the process of negotiating. Quite often, this seems to be prevalent when they have shown preference for another activity while we are in the middle of another one. I had to bring the music to a brief break, and negotiate with them. This could involve me saying things like “Ok we will do this song after this one, because this is my favourite, what do you think?” In a few cases, these negotiations had some significant pauses before a response is returned. I have found that with some learners, they have begun to get used to the idea of negotiation, and these pauses have got shorter and shorter. I do think the power of the music can be a big part in this, as most of my learners seemed to want to have musical activities the whole time, so sometimes the role of the withdrawal of the music can aid in this.

### Verbal Processing (taking time)

While the majority of my data is focused on musical offerings, there were instances where learners are silent after a verbal question. Sometimes, this break is long enough for me to gather that they haven't understood the question, and I need to reframe it.

“...And a lot of my questions were met with longer pauses, and required more repeating. I am aware of this condition however it did still take me a few questions before I adjusted my behaviour to allow for bigger breaks after questions and a general slowing down of the tempo of my speech” - (Taken from reflective journal week 3)

### Learner Listening

At times in my sessions, learners were listening to music I play. In some cases, it was hard to know how engaged they were in the music when they were silent. But for other learners, silences were rare and seemed meaningful to me. Familiarity with songs seems to be something which can cause some silences. To me, they seem to be tracking musical and lyrical elements to see whether they are in line with what they know. Minor alterations from the recordings the learners were familiar with such as chord substitutions and key changes could be picked up by some learners and would often cause a silence to break, but signalled a degree of active awareness of the music and in turn, my role as creating it and “messing it up”. Along this line, certain songs with certain learners seem to cause silence markedly quicker than others, and there is no doubt in my mind that these songs seem to transport them to places in their past. There is no way for me to know where some of the learners ‘go’, however I do endeavour to stay with them in these moments, and I do also spend a lot of this time observing the learners to try to ascertain whether I have got all of the musical elements right to facilitate their inner journeys. The learners are able to contribute musical and non-musical input from their silent state whenever they like, and my willingness to adjust to their choice to be non-verbal felt like an important part of therapy. Quite often following these moments they would contribute important information which helped me to spring board into the next activity or alter the current one.

When I perceived the learners listening to my parodied lyrics in silence, this seemed like an engaged focus from the learner, and seemed to me to be an example of active listening. This

contributed to the shared experience, with the learner often seeming to be very carefully listening to the lyrics I created and quite often responding verbally or musically. At other occasions, learners did not respond, even when I cued them. The reasons behind this vary learner to learner, and perhaps due to something I have done. I did not find much evidence of my own anxiety in these pauses.

### MT Active Listening

Another instance of silence is where I am listening to learners in their music. Sometimes I am accompanying on guitar, or sometimes I am simply watching and giving them appropriate body language to continue. I am actively listening to them and this is an important moment for many of the Learners as they get to take the lead for once, which is something I feel they do not frequently get to do, and this suggests that they have developed a sign of a high degree of trust as it is a risk taking activity to a degree, and a marker of achievement for some of the Learners. This seems to have happened mainly when I have been only playing instruments to accompany and not singing as well.

This finding has crossovers with observing the learner, however this is focussed on the music that the Learners have rather than a focus on behaviours. There are many descriptors in the data to describe the learner musical and vocal qualities. Active listening can give me the opportunity to really compare and measure Learner engagement levels especially with their voice.

### Observing Learner

There are many moments when I am observing the learner when they are when I am in my sessions. They are often silent and this has crossovers with learner listening, however I have them as different themes. The reason that I have them as separate is because it is often in these silences I have made notes about their behaviours or body language. I am gauging their entire energy, and this seems to be an important part of my practice, even though it is mostly done on an intuitive level without words as the cognitive gauging tool.

Observing the client in silence also seemed to be a good way for me to redirect learner focus and signal that I am waiting for them to either modify their behaviour or begin the task.

”I have found that at times looking at him in the session with a relatively neutral look, and pausing just long enough to let him know that I am waiting for him to slightly calm down does seem to be effective to a degree” (Excerpt from reflective journal week 1).

For some learners I will be observing them in silence to gather information on their emotions, responses to words or music. However for others I feel as though I have identified a perceived understanding of the learner’s state of mind and have a deeper insight into that moment and what it means to them. There are several threads of observing learners in their silence, and they all stem from trying to gain a deeper understanding, but all must begin from establishing trust.

1. Observing Learners body language (baseline) - Are they comfortable right now?
2. Attempting to understand how they perceive me - Do they trust me?
3. To see what breaks or causes the learner’s silence

The deeper I understand the learner, the deeper I feel as though I can understand the silences they have, and we have and the more I can try and safely influence it beginning, ending or continuing depending on the moment.

“These silences often give me the ability to deeply gaze at Samuel without threatening him as he is often close eyed and still. While he is sitting in silence, he is to me very active internally, and a part of me wants to know what he is thinking about. I am quite curious, as a part of me is hoping that this could be a passage to more verbalisation in the sessions, but also outside in the classroom and for the rest of his life” (Excerpt from reflective journal -week 3)

### Pause in and after music

I have pause as a separate category as there was a prevalence of me pausing the music, both in the middle of music and after a song or activity for various reasons. Inside music, I seemed to use it

for cueing or signalling that it is their turn to input something to the music, and after music it seemed to be used for planning and reflection.

### Pause in music (Cueing)

Cueing inside music was the most common cause for pausing, and this had multiple facets. It is a relatively strong signal that I am giving the learner a marked space to input something, particularly verbal responses. It often could be a breakthrough moment, as the frustration and discomfort of an unfinished bar, chord progression or rhyming scheme could seem to encourage the learner to actively participate in music making, even if they previously had not done so before. Some of these seemed to be new experiences for the learners, and somewhat empowering for them.

With some of my learners a tactful pause in music can give the possibility for those who struggle with words to have an opportunity for control, without a condescending comment like "your turn now". It also allows me to gauge how engaged they are in the session as even those who look disengaged can be actively listening and sometimes the only proof is when the music is withdrawn.

“Sometimes to test his level of listening I may stop playing, or stop singing and quite quickly he responds with either a verbal or physical signal to continue. He occasionally seems to close his eyes while I sing and seems to be fully comfortable with me now” (Excerpt from session notes - 29th June)

### Pausing after music

Pausing after music is quite a natural phenomenon, and seems to be most often for digesting the total experience of the music and the connection. In the moment of the music the emotions seem to be swirling around the room, but when the music stops is the time when both the learner and myself can absorb the music and find out what it meant, and it is possible that this could mean a lot more to the learner, and I am finding that out more in the latter stages of my practice. A lot of emotional processing appears to be taking place in these silences after music, and although it is hard to know for sure what is happening, it is important to leave a space for it.

“He paused for a few moments before telling me he was feeling a bit tired, and upon another question seemed to deflect back into music”. (Excerpt from session notes 29<sup>th</sup> June)

“Pause from client... Was engaged in activity, and then came into natural silence. Then the question lead him into silence because of?? (Uncertain) He appears to be threatened so retreated into his safe space of music... Silence is threatening? Music might make him feel vulnerable especially after (Accompanying comment notes)

For those of my students with a history of trauma in their life, it seems as though there is a fine line where digesting music (especially emotionally affective music) in the silence can begin to feel uncomfortable to me, perhaps as I am experiencing an amount of what they experience. Regardless I feel it is important to sit with this, and to not do so would threaten the relationship and be as deep as it needs to be.

“With Thomas I have been really pushing him with some of the musical journeys I feel I have been putting him on. To me they seem to be taking him back to some part of his childhood and to potentially traumatic times.” (Excerpt from reflective journal -week 3)

## Togetherhness

I found that there were several moments of both parties not verbally communicating, but communicating through total silence or only in instrumental music. These moments of co-existing can be quite poignant especially given what has happened before, but sometimes they are merely moments of just being together, without any form of music or goal for us. I have differentiated these moments, as they seemed to be instances where I had put to the side the clinical goals for a moment, and just enjoyed the moment with them. I did have a few of these moments physically outdoors, where the environment potentially modulated my mood. The therapy space seems important for me. When I was outside in the sun with clients (as winter diminished) this seemed to lead to more pauses where I noted the experience of being together. It seems as though the physical context of therapy has a modulating effect on the frequency of these silences.



“We sat in the sun near the staff room, and for me it was lovely just sitting in the sun”  
– (Excerpt from session notes on 19th of September)

### Learner request for silence

Learners verbalising and physically signalling a desire for silence also appeared in my observations. Often this will break a silence that the learner has had, but often this discomfort can be eased very quickly when I respond with an appropriate piece of music that they seem to want. This is a reminder to me that some of the learners I work with perceive the world and sounds completely differently to the way I do, something I should always try and be aware of, something I can forget in the moment. Furthermore, sometimes this could be something very small to cause it, such as instrument choice, or even a piece being played in the wrong key. While I cannot control things outside of the room which may influence their desire for silence or sounds, I can control the sounds I make. Interestingly, with some of my learners when they have verbally desired silence, I have made the decision to continue playing and singing and they have joined in very quickly and enjoyed themselves.

### Total Silence

Total silence refers to occasions where I have struggled to get any form of musical engagement from my learner. In these moments I seem to be trying to figure out a way in, without coming across as threatening or desiring anything from the learner. I spent a lot of time in this state with one learner, and our relationship seemed to be improving without words or music, but his silence was broken when he seemed to be threatened enough to ask me what I was still doing trying to sit in the same room as him.

### Vignette (Frank)

Frank is a boy who has just moved from another school. He has very high sensory needs and spends his lunchtimes in the MT room (which acts as a sensory room) by himself. He has not been engaging in his classes, and his parents gave me permission to do MT with him. On the first week of our sessions I went to go and collect him from his class; however his teacher told me that he was not there, and he very rarely comes at all. I then spent a while trying to find him. After this I eventually

found him on his tablet in a corner of the library with his headphones on. I approached him slowly where he could see me, and when I gently greeted him, he instantly physically moved away, looking quite shocked. He exchanged no words with me. I wasn't sure what to do, as I normally can connect with my learners, however he seemed to show no interest at all. I then wrote him a note, and slowly passed it to him so he could see me approaching with it slowly. He grabbed it and threw it away. I was dumbfounded on what to do, but I knew my presence was upsetting him, so I left him.

I really wasn't sure what to do, and felt a deal of rejection, but I felt I had a degree of knowledge about him so I tried to reassure myself that it wasn't my fault. I updated the teacher in charge of his extra resourcing, and she told me that this was normal for first interactions with him and to persevere. I did begin to suspect that music making would not likely be very soon with him. Every week I would find him around the school on the same period and began to sit in the same big room with him. I was in sight of him but not verbally engaging him to ask anything more than a direct question involving something or someone else that he could easily answer. This continued for several weeks, and he seemed to be getting used to having me in the same room as him (albeit across the other side or on the adjacent large desk) until eventually one day he approached me from across the room and asked me what I was doing here. I told him politely, and steered the short conversation towards doing music together and he instantly shut off from me, and physically moved away once more to a new spot of the school.

With the majority of my learners, I have normally been able to build the foundation of a connection in conversation, and if not turn this into a meaningful musical exchange. However with Frank I have really struggled, as have most adults at the school. Although I have not been able to connect with him musically, I was regularly sharing a space with him once a week, going out of my way to do so. He may not have had anyone else doing this, and I know sharing a space with an adult is a big deal for him, so it seemed to me as it was a useful act.

## Discussion

### This Research

In this exploration of silence, I believe I did learn about the role silence plays in helping towards general and specific goals for clients, and its place in a learning environment. Due to some issues beyond my control, after choosing my research question I had to move placement from an adolescent mental health facility to a special needs department of a school. I had read about the role of silence in music and music therapy with traumatised and mentally unwell adolescents and at the high-school the role of silence and its relationship within therapy seemed very different. It seemed as though one of the overarching goals for newly admitted teenagers was to “break the silence” so they could engage with the various treatments, as initial communication could be quite intermittent due to a variety of reasons. Silences could be a symptom of their illness but could also be due to their relocation into a facility with unfamiliar routines and people constantly monitoring them (McCauley et al., 2003). I sympathise as I certainly would be hesitant to explain my thoughts and emotions straight away in that context. However in most cases at the facility eventually the silences would end and verbal communication would begin.

In the school placement, silence had a very different role to play. The majority of my clients have a diagnosis of Autism Spectrum Condition (ASC) and/or developmental or learning difficulties. Unlike the mental health placement the learners are relatively comfortable and seem very glad to be where they are during the day. They have positive relationships with their immediate community in the special needs department and to some degree the wider community.

Reflections on these contrasting physical environments and client diagnoses lead me to a degree of personal growth, as the focus on silence helped me to deepen my understanding of the internal processes and thought patterns of others, on a level far beyond the intuitive understanding I believe I have had all my life. This was something which Stachyra (2011) had mentioned in his interview, where he believes that only through this deep immersion we can reach the state of “affect attunement” he mentions.

One of the skills of a music therapist in my opinion is the ability to quickly be able to non-verbally assess the room and all of those who are in it and transform all of this into some form of music. One can break this down and attempt to analyse how and why this happens and as a therapy student I often do, especially after a session, when I am sitting in silence and alone. I try to assess the interactions and music which we created and whether it was successful in working towards the goal. This dominates most of my time when preparing and reviewing sessions, however there was not much explicit focus in training on silence itself from my experience and this was something which was also found in the surveys by Hill et al., (2003) and Ladany et al., (2004).

### Initial wariness

Soon after beginning this study, I started to carry around several research-based conundrums. I felt as though there was no way I could understand silence deep enough to warrant such research. I had already discarded the idea that I would understand any form of objective truths about the silences in my sessions as result of the literature, but as my sessions continued I found my thinking going down a bottomless rabbit hole. I felt as though my topic was too wide, and there was no way I could gather the appropriate data to make any inferences which could be useful to myself or to others. Unpacking the idea of silence was a major hurdle, and then another was the idea of perception. How would I define silence? How am I able to capture the silences in my sessions? Do I count them? Can I trust my perception of the silences in my sessions? Will my perception do justice to the truth of the moment which had already passed?

At first this was a big issue for me and lead to me having trouble on what research methodology to use. I started to explore grounded theory for a time, however this collapsed into a partial grounded theory. I struggled thinking about this concept and how I could really apply this to such a personal topic. This too was vanquished and I was shown a type of research I had not known of before called auto-ethnography. I had read some interesting examples from a variety of disciplines and thoroughly enjoyed the deeply personal nature of the stories and experiences. However I was not particularly comfortable with the lack of generalisability of the findings. That being said, going forward it seemed like the best fit for this study as I was more able to more freely express my personal

responses to the phenomena in a way which pays more respect to my own perception. Nevertheless, I was able to journal about only some of the times where no words occurred, and I was asking myself to explore these moments and make more words to reframe and understand it. The act of using words to understand wordless moments felt like quite a distance from the very act of silence in a one to one music therapy session. In the end, auto-ethnography seemed like the only viable methodology given all of the constraints around me. Still, it was only when I looked at my preliminary data that I could begin to calm my mind from all of the wariness around perception and silence.

### Thoughts on data pool

My data collection was primarily through reflection of my session notes and experiences, recorded in my personal reflective journal which I updated weekly. This data did not and could never capture the amount or true experience of silence in these sessions, and the majority of the session notes were unrelated to silence. While I had some concerns before I started my analysis, there was some reprieve as the data I had collected which was relevant seemed to pop out quite quickly upon re-reading the text.

As mentioned above, not all silences could be captured or recorded. This cloud had a silver lining, as it gave more salience to those that were recorded. For a silence in a session to be important or marked enough to make it into the notes, it had to be able to stand the test of time from the moment it happened to the moment of session recording after. This time lag could vary anywhere from five minutes at the end of the session to about an hour or in extreme cases later that day if I had a full day of sessions or extraordinary circumstances.

In addition to this time lag the moment still had to be “worthy”. What I mean by this is that my notes were not altered from my normal style, and therefore only moments of silence which passed some form of threshold of importance were recorded. This inherently knocked out a lot of silences from making it to paper, but again pointed out moments that I had deemed important for myself and/or the learner. This became a hidden question which started to emerge during data analysis. Why did I put those silences in particular in my data? It is likely that they felt important enough, perhaps

due to a marked increase in emotional level within myself or one which seemed to affect the client. Or, perhaps following the silence something noteworthy happened leading me to seek what happened immediately before trying to ascertain the cause or trigger of the behaviour.

### Are my themes satisfying?

With these nine themes of the data, I found that the question of “how do I perceive the silences in my sessions?” seemed to be both far away and near. On one hand I had answered how I perceived them in their role, and these seemed to be fairly straight forward. But this did not do enough justice to the question, and in a way merely offered a springboard for my deeper thinking. Several of the final themes do have crossovers as well and the theme of observing the client seemed to dominate and overlap with a lot of the data.

‘Pauses in music’ to queue the learners for input was a large theme. Upon reflection, this is quite a prevailing tool that I use in my practice in this context, and something which seemed to have multiple purposes. I do believe that the context and the goals for the clients could be the primary driver for these silences being so dominantly reported. It makes sense to me that in a school setting that learner engagement is something which any teacher or therapist is consciously and subconsciously encouraging. When I revisited the goals and focus areas of these data fragments there are multiple examples of silence provoking “language production, active participation and emotional expression” and other communication and learning based goals. Giving opportunities and time for clients to formulate requests is an important part of all practice especially those with learning and behavioural challenges. Not only does pausing in music give a signal to input a word or phrase, it gives me as the therapist an opportunity to monitor multiple variables.

- Are they engaged enough to notice that I have stopped?
- Do they want the music to continue?
- What have they input verbally or physically to signal this?
- Who breaks the silence?

On initial reading silence seemed to be a tool I use more prevalently with clients with lower language development and control. Perhaps this is because it seems to be the strongest tool I seemed to have to elicit a response from those who will not necessarily input as freely as others. Stopping the music (or maybe just letting a chord ring) leaves a space for lyric input, and without any direct instruction at all it seems to have been an effective tool for these particular clients. Having music stop relatively suddenly is on some level unsettling, so in order to have it continue a lot of learners would offer something to kick-start it again, deepening our two way exchange and communication. It offered the opportunity for surprise too, with a few mentions of the input of the client being rather heart-warming for me.

There was a small but not insignificant amount of “learner cognitive pauses” in the data set. I explored the raw data again and my own reaction to it and after some thought I added another layer of understanding to the category. Many of these data fragments are focused on clients taking time to prepare and adjust for a task or request they had set themselves or I had set them, particularly after minor errors they had identified when they were trying to reproduce some musical ideas on instruments. I noted that the silences I had found within this category were with clients that had less challenges with communication and were more independent in the school. Perhaps I had set more challenging tasks for them (in relation to the other clients) and then subconsciously used words to reflect this.

### Silence and learner observations

My category of “observing the learner (non-music focused)” was the largest, and the only theme which encompassed data related to every learner. Many of the entries in this set were in multiple categories. Upon some thought, all of the data and themes derived are observations of the client in some form. This is an overarching theme of this entire study. This offers me another hidden question, why do I find that when speech and song stop, observations flow? The answer seems self-evident but still warrants discussion.

Silence is to me, an opportunity for the therapist to observe the client (among other things). It allows me to quieten other aspects of my mind and focus primarily on the client. Certainly there is a place for silence to act as a space for the therapist to think and formulate the next action or speech; however this is still client centered. If the client changes their behaviour while I am “planning” I might respond instantly or take even more time. This is in line with the survey finding from Hill et al., (2003) where observing the client was the most prevalent thought, feeling or behaviour of therapists in silence. My own experience and data reinforce this, as when I was in silence I am seem to nearly always evaluating the client and the therapy and its progress moment to moment and in relation to the goal.

Silence of either party allowed for more natural session data to be absorbed and retained by me, especially if it was salient and especially if something within or at the end of the silence was useful data to “gauge” progress towards a client specific goal. Whenever measurement is concerned some form of accuracy is important. But with so many variables and noises that happen within sessions I feel it can be hard to make sense of the complex multi-level communications. As a result I feel that it is one tool we as music therapists have which is completely uniform. The music and sounds which happen in a session vary moment to moment, session to session. However, what every piece of music does without exception is end and return to silence. It seems like it is the only uniform part of our musical delivery. That allows us (among other things) to compare client reactions, especially over the course of sessions. If I sing a song one week with a client and the same song the next week, the music will still return to silence at some point. There may be minute or large differences in the presentation and delivery of the song, but I am aware of these and am aware of how dynamics and musical elements are likely to affect emotions, especially as I am a part of it. Following this, I have the data from previous weeks in my memory and the client responses in my head. I am able potentially compare and contrast how I suspect they will be feeling, in the music (especially if I am not singing as well as accompanying) but moreover when the music has stopped. It is only the silence which is the uniform phenomena week to week, and therefore gives the highest chance of “objective



subjective” observations. Any perceived marked changes are likely picked up, and these quite often will make it into the session observations.

### Silence and my emotions in sessions

In my direct session observations there seemed to be a relative lack of focus on my own internal emotional states and responses to silence. In Wong (2009) and also Sutton and De Backer, (2009) there is quite an abundance of explicit language detailing their perspectives and at times discomfort experiencing silence. I had a handful of moments in my reflective journal where I detailed some feelings which had come over me in sessions. While there were signs of discomfort, it was not at the levels discussed neither by Wong (2009) nor in the amount of detail of Sutton and De Backer (2009). Perhaps this was due to the level of comfort I had at this particular placement, and the relative ease at which I had connecting and gaining the trust of the learners. Having had some experience at a placement very similar to Wong (2009) I do understand the initial anxieties that are experienced in facilitating such a group, especially in verbal exchanges. That being said, I do feel as though the experience resourced me, as it seemed to resource her by the end of her training there.

My context was primarily with students with ASC and this seemed to influence the way I wrote. Many of the themes I found were around observing the way we both were communicating and interpreting each other. The time taken to process requests and social cues by the learners could vary, and although I did not often feel anxious, this is unlikely to be the case for some of my learners. They may have been more likely to be stressed in silences than I was, as they may have been trying to read my body language and process my words. While I was as mindful of this and as patient as possible, I do wonder if I had struck the right balance to make them feel comfortable. There is some mention of this in my journaling where I question my own presentation in my silences. In contrast, I can seem to get overexcited at times when I get pleasantly surprised by a learner skill. I should still consider carefully the expressions my own emotions even if they are positive, as they could still be overwhelming for clients living with ASC.

I felt some connection with Sutton and De Backer (2009) in terms of the emotional journey that silence can have. This was more with one client in particular, where some salient shared silences after music had a more profound impact on both the learner and me. In some of these moments the “deeper listening” outlined by Little (2015) allowed me to seemingly take on some of the burden of the learner’s trauma, and truly convey empathy to the learner. The idea and importance of staying within Suttons “deathly silence” for a period was something I felt with this learner. I had only a few mentions of this in my journal and this led into my next concern.

Am I a closet behaviourist in denial? Or did the context make me write like one?

Looking at my findings and my initial discussion I found I was often looking towards the client and assessing them and their behaviour and responses. There was less looking at myself and how I felt internally, and there is not as much evidence of the humanistic approach I feel I do work with. Even in my reflective journal, a majority of the content describes my efforts to decode client silences I could not “understand” yet. Why is there such a vast disconnect from the way I think I am and the way I write? Why did I naturally honestly perceive silences as primarily ways to measure, observe and encourage behaviours? The power of the learning context does explain a lot, as in a way several of the themes point to me using silence as a purposeful tool to influence behaviour, or as a tool to make it easier to deeply observe the client. I formed for the most part very positive relationships very quickly with my learners and as is my role, I used the power of music to help them achieve non-musical goals. In the context of a school this seems to influence me to find ways to resource the learners, as I do feel like that is one of the purposes schools serve. Silence, especially in music, is very powerful and at times it gave my learners the opportunity and influence to input something, and actively participate. If music and the silence within it can be the catalyst for this, I am satisfied to use it as a tool in such a manner. But upon reading even that last sentence it feels as though I am in some form aiming for some target behaviour. I know that in a session I do not feel this behaviourist, these sort of logic paths are not in my conscious space, and my supervisors have noted how flexible, natural

and warm I am in sessions. So perhaps it is in the research process itself that I have guided myself into formulating a reason for each silence.

This led me to back into the literature, and it brought a few new thoughts to me. There seemed to be a vast difference in the language used between the way I write about silence and the ways vastly more experienced practitioners have written. At first, I felt as though I may have been doing something wrong. However, I realised that not only am I less experienced as a writer, I am not trained as a psychodynamic music therapist. A majority of the publications are written by highly experienced therapists, and most of the content was focused on psychodynamic music therapy with clients with high degrees of trauma (Sutton 2002, 2007). In my context there seemed to be trauma with some of my clients however the majority seemed different to those represented in Sutton's writings (2002, 2007, 2017). For example, most of my clients lived with ASC and although it can be argued that they are likely to have had elements of trauma in their life, the therapy room seemed to be a more vibrant environment than what I read in some of the music therapy literature focussed on silence. Nevertheless, revisiting the literature, reinforced to me my relative inexperience as a therapist, my lack of experience with writing, and the importance of clarifying the approach that I am taking. Sutton's publications are filled with vivid imagery and descriptions of the feelings she has and perceives from the client and this really aids a reader in conceptualising the room. As an experienced music therapist employing a psychodynamic approach she is markedly more able to put the energies of the therapy room into words. I have not yet developed a strong use of self in therapy, and am less able to identify when I am experiencing transference in the music therapy process. It is a part of my practice where I am looking to improve, and through this research and experience I hope it may become a strength in time.

### Emotional perception and Emotional expression

I do feel that on balance I am very calm and gentle, especially with other people, and even more so in a music therapy session. I feel as though I can be highly perceptive to emotional changes in others, and in a session, I can instantly alter the music and match the sounds to what I deem to be required. I feel that makes me an intuitive musician and music therapist as I have command of a range

of musical knowledge and can apply it in response to client needs and energies before I can comprehend it at times. However over the course of this research I have found that although I can match music to emotions, turning emotional awareness into written or verbal emotional expression (primarily regarding myself) is something I struggle with. I don't feel that it affects the quality of my practice (yet?) but perhaps it could be something that says something about me. I am sure Stachyra and Sutton would have something to say to me about this. But, perhaps in another context it may be something which comes to the forefront. I feel I am highly emotionally aware and sensitive, but perhaps there is a distinction within this. I believe I have a high degree of perceptive awareness as far as others are involved, but potentially inwards less so. Perhaps this explains why I find myself looking for social interactions, as I am potentially avoiding looking inwards. Music itself, especially playing music is a beautiful outlet for this expression and no doubt helps me get some of my emotions out just as it does for many other music therapists and musicians, but in a way it could still for me a form of diversion. By delaying the inward search I subconsciously need to fulfil this void by attempting to understand and analyse others emotions and behaviours. I am not sure what drives me away from looking in, and it is something I will explore in my future supervision I am sure.

Auto-ethnography as a method is supposed to be very personal and introspective and normally suited for researchers who are strong at expressing themselves in a word based format. Ironically I have learnt I am not naturally one who uses words to express my truest emotions as outlet. I feel as though I often play out my emotions in music, whether it be practicing and improvising at home or performing and therefore have less of a well-utilised language based outlet for my emotions. This was highlighted in the process of doing an auto-ethnography and some of the challenges I faced in doing this sort of research where I cannot really shy away from words. That being said, I discovered some personal perspective about the way in which I view the silences in my practice with learners who live with ASC. The findings stand true to my perception of those moments, and although they seemed like surface themes, they are how I perceived the moments of silence. This lead me to perhaps the deepest personal discovery which was more the emergence of quite a behavioural style of observation and recall in session notes and reflections, which seems to be quite disconnected from

how I feel in sessions and how others observe me in the therapist role. I do not feel that I am primarily a behavioural based therapist; however I have tended to write and reflect with a high amount of this style. While not a pressing issue, this has given me a push to focus on the way that I write, reflect and interpret the moments in my sessions, and shown me aspects of myself which should be further explored in order to become a better music therapist.

## Reference List

- Allen, R., Hill, E., & Heaton, P. (2009). "Hath charms to soothe...." An exploratory study of how highfunctioning adults with ASD experience music. *Focus on Autism and Other Developmental Disorders*, 13, 21–41.
- Ashburner, J., Ziviani, J., & Rodger, S. (2006). Sensory processing and classroom emotional, behavioural and educational outcomes in children with autism spectrum disorder. University of Queensland.
- Attwood, T. (2007). *The complete guide to Asperger's syndrome*. London: Jessica Kingsley Publishers
- Bakan, M. B. (2018). Music and Autism, Representation and Re-presentation: An Ethnomusicological Perspective. In *Autism in Translation* (pp. 109-128). Palgrave Macmillan, Cham.
- Barbaro, J., & Dissanayake, C. (2009). Autism spectrum disorders in infancy and toddlerhood: a review of the evidence on early signs, early identification tools, and early diagnosis. *Journal of Developmental & Behavioral Pediatrics*, 30(5), 447-459.
- Baranek, G. T. (2002). Efficacy of sensory and motor interventions for children with autism. *Journal of autism and developmental disorders*, 32(5), 397-422.
- Bodfish, J. W., Symons, F. J., Parker, D. E., & Lewis, M. H. (2000). Varieties of repetitive behavior in autism: Comparisons to mental retardation. *Journal of autism and developmental disorders*, 30(3), 237-243.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- Cesaroni, L., & Garber, M. (1991). Exploring the experience of autism through first-hand accounts. *Journal of Autism and Developmental Disorders*, 21(3), 303-313.
- Cumine, V., Dunlop, J., & Stevenson, G. (2009). *Autism in the early years: A practical guide*. Routledge.
- Davis, H.S. (1977). An empirical study of the meanings of silence occurring early in psychotherapy. *Dissertation Abstracts International*, 51, 1484B. (University Microfilms No. 77–19).

- Ellis, Carolyn; Adams, Tony E. & Bochner, Arthur P. (2010). Autoethnography: An Overview [40 paragraphs]. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 12(1), Art. 10, <http://nbn-resolving.de/urn:nbn:de:0114-fqs1101108>.
- Gadberry, A. (2014). Cross-cultural perspective: A thematic analysis of a music therapist's experience providing treatment in a foreign country. *Australian Journal of Music Therapy*, 25, 66-80.
- Gardstrom, S. C. (2001). Practical techniques for the development of complementary skills in musical improvisation. *Music Therapy Perspectives*, 19(2), 82-87.
- Goodwin, M. S., Groden, J., Velicer, W. F., & Diller, A. (2007). Brief report: Validating the stress survey schedule for persons with autism and other developmental disabilities. *Focus on Autism and Other Developmental Disabilities*, 22, 183–189.
- Greenspan, S. I., & Wieder, S. (1997). Developmental patterns and outcomes in infants and children with disorders in relating and communicating: A chart review of 200 cases of children with autistic spectrum diagnoses. *Journal of Developmental and Learning disorders*, 1, 87-142.
- Hill, C. E., Thompson, B. J., & Ladany, N. (2003). Therapist use of silence in therapy: A survey. *Journal of Clinical Psychology*, 59(4), 513-524
- Hillier, A., Greher, G., Poto, N., & Dougherty, M. (2012). Positive outcomes following participation in a music intervention for adolescents and young adults on the autism spectrum. *Psychology of Music*, 40(2), 201-215.
- Kaplan, R. S., & Steele, A. L. (2005). An analysis of music therapy program goals and outcomes for clients with diagnoses on the autism spectrum. *Journal of Music Therapy*, 42, 2–19
- Kuhn, Thomas S. (1996). *The structure of scientific revolutions* (3rd ed.). Chicago: University of Chicago Press
- Ladany, N., Hill, C. E., Thompson, B. J., & O'Brien, K. M. (2004). Therapist perspectives on using silence in therapy: A qualitative study. *Counselling and Psychotherapy Research*, 4(1), 80-89.

- Little, S. (2015). Between silence and words: The therapeutic dimension of quiet. *Contemporary Psychoanalysis*, 51(1), 31-50.
- Loewy, J. (2000). Music psychotherapy assessment. *Music Therapy Perspectives*, 18, 47-58
- McCauley, E., Myers, K., Mitchell, J., Calderon, R., Schloredt, K., & Treder, R. (1993). Depression in young people: initial presentation and clinical course. *Journal of the American Academy of Child & Adolescent Psychiatry*, 32(4), 714-722
- Mitchell, P. (2013). Mentalizing in autism: Interpreting facial expressions, following gaze, reading body language and inferring traits. *Journal of Educational Sciences and Psychology*, 3(1).
- Shore, S. (2003). The language of music: Working with children on the autism spectrum. *Journal of Education*, 183, 97–108.
- Siegal, M., & Blades, M. (2003). Language and auditory processing in autism. *Trends in cognitive sciences*, 7(9), 378-380.
- Silence. (n.d.). Retrieved February 22, 2018, from <https://www.merriam-webster.com/dictionary/silence>
- Stachyra, K. (2011). "The Silence is a Part of Music Therapy...": An Interview with Stefano Navone From Italy. *Voices: A World Forum For Music Therapy*, 11(3).  
doi:10.15845/voices.v11i3.619
- Starr, E., & Zenker, K. (1998). Understanding autism in the context of music therapy: Bridging theory and practice. *Canadian Journal of Music Therapy*, 6, 1–19
- Sutton, J. P. (2002). "The Pause That Follows".. Silence, Improvised Music and Music Therapy. *Nordic Journal of Music Therapy*, 11(1), 27-38.
- Sutton, J., & De Backer, J. (2009). Music, trauma and silence: The state of the art. *The arts in psychotherapy*, 36(2), 75-83.



- Sutton, J. P. (2017). The air between two hands: Silence, music and communication. In *Silence, music, silent music* (pp. 169-186). Routledge
- Tomchek, S. D., & Dunn, W. (2007). Sensory processing in children with and without autism: a comparative study using the short sensory profile. *American Journal of occupational therapy*, 61(2), 190-200.
- Robarts, J.Z. (1996) 'Music Therapy for Autistic Children', in C.Trevarthen, K. Aitken, D. Papoudi & J.Z. Robarts (eds) *Children with Autism: Diagnosis and Interventions to Meet Their Needs*, pp.132–60. London: Jessica Kingsley
- Walker, N. (2012). Throw away the master's tools: Liberating ourselves from the pathology paradigm. *Loud hands: Autistic people, speaking*, 225-237.
- Wall, S. (2008). Easier Said than Done: Writing an Autoethnography. *International Journal of Qualitative Methods*, 38–53. <https://doi.org/10.1177/160940690800700103>
- Weisman, A. D. (1955). Silence and psychotherapy. *Psychiatry*, 18(3), 241-260.
- Wheeler, B. L. (2005). Music therapy research. In *The Oxford Handbook of Music Therapy*.
- Winn, T., Crowe, B. J., & Moreno, J. J. (1989). Shamanism and music therapy: Ancient healing techniques in modern practice. *Music Therapy Perspectives*, 7(1), 67-71.
- Wong, C. Y. (2009). How can a music therapy student facilitate contributions by adolescent clients who have psychiatric disorders in group music therapy?

## Appendices

### Week 3 Term 3

This week, there were a few silences which seemed to stick out. On Monday, I was supposed to have a session with Brian, however he did not turn up. I went to find out why as I found myself wondering if he really had not enjoyed our first session, and it turned out that he was just away on a day outing which he must have forgotten about when he was booking our next meeting.

I then had my first session with Daniel, who had been very eager the week before but I didn't have the opportunity to work with him. I found him to be very lovely however very shy, and a lot of my questions were met with longer pauses, and required more repeating. I am aware of his condition however it did still take me a few questions before I adjusted my behaviour to allow for bigger breaks after questions and a general slowing down of the tempo of my speech. In the music I found he was very gentle and a majority of the silences were due to cognitive overload, however I was impressed extremely to the point of shock with his drum skills. Given his condition I thought it would be very very unlikely that he would be able to play a drum beat requiring 3 limbs, as I have experienced and taught people who with stereotypically struggle. I was impressed by not only his abilities but also by his perseverance, as in my experience many people seem to lose the will to try new things once they get to a certain age in their teens, and I always admire someone who is willing to have a play, especially in music. There were some points where I do feel as though my excitement could be slightly held back in the sessions with both Brian and Daniel, as I feel as though I can overload them at times. That being said they are very vocal about having music with me and their levels of enjoyment within it, but I will be looking into holding my tongue slightly more with these two.

With Samuel I have been really pushing him with some of the musical journeys I feel I have been putting him on. To me they seem to be taking him back to some part of his childhood, and to potentially traumatic times. He has been starting to sit in silence for longer in the sessions in the nursery rhymes and in these he has brought up if only briefly his family. These silences often give me the ability to deeply gaze at Samuel without threatening him as he is often close eyed and still. While

he is sitting in silence, he is to me very active internally, and a part of me wants to know what he is thinking about. I am quite curious, as a part of me is hoping that this could be a passage to more verbalisation in the sessions, but also outside in the classroom and for the rest of his life. It seems that a large portion of his life he has been silenced and perhaps it is over-romantic but if I can get him to interact and face the past as a result of these music sessions a breaking of the silence may occur? I then also feel as though there are elements of egoistic motive in such a “roleplay” and instead just focus on being with him in the room. I think I would be surprised if sometimes MTs do not take these wonders out of the therapy room and carry them around in silence. I have pondered whether cases like his do bother me and affect me, and I think that I am not often silenced as a result of the situation that clients are in but more the draining effect of being so present in the room, going into the flow state of hyper awareness? After many sessions I am finding I need to have some selfish activity where I can really just focus on something else I enjoy, but not necessarily anyone else, especially if they require a high degree of care/compassion. I feel this is slightly unfair on my partner, but I have communicated this, and she is learning to give me space if I require it.

It is almost as if after listening to someone else's brain (in therapy) on such a deep level I need to have my own time in silence to decompress and just go back into normal role? This will probably need more unpacking and I will need to find a way to make this tie into the sessions... Is it because my conscious brain cannot be silent in sessions?

I also am finding that I am playing a lot of music throughout the course of my day and with practices/gigs at night, and am wondering whether I need to be aware of over stimulating myself as well, as I have had some tinnitus...

### **Initial thoughts after first read through of reflective journal form week 3**

#### **Inside sessions**

##### **Silence in conversation**

- Threatening question line??
- Lack of trust (initial)
- Shyness

##### **Total silence (rejection)**

##### **Silence in music**

##### **Active listening vs passive**

- prompting for lyrics (purposeful)
- lack of singing
- lack of playing

##### **Silence after music**

- Natural pause
- Forced MT pause to gain attention/wait for silence from client (behavioural??)

#### **Outside sessions**

- Silence required to decompress/be selfish/derole
- Silence after sessions (things that linger from session – surprise)

##### **Thoughts for categories....**

Purposeful vs Natural?

Verbal vs musical vs physical...

Internal vs External

### **Themes from Week 3 Journal**

- Learner cognitively pausing

I seem to have been too excited?

- Learner emotional processing in silence

I seem to want to know what is he thinking about to help him, but as well as the nice therapeutic aspect to it, is it a bit selfish to want to know?

- The focus on observing seems to be still prevalent, this doesn't feel like an issue but maybe something to watch or comment on in final write up. Quite behavioural analysis of clients and myself? I don't think it really portrays the amount of engagement and enjoyment of the sessions... Seems I am trying to justify all of my actions

- Some personal sensory auditory overload outside sessions? Some relatedness in a mild degree to what some of the learners may experience daily? Perhaps I need to have some more silences.



### **Who am I**

My name is Theo Sekeris and I am a student music therapist completing my masters in music therapy.

### **What am I doing**

I am writing and thinking on how I perceive the silences in my music therapy sessions.

### **Information about my auto-ethnographic research**

As part of my masters degree I am studying my own perception of the silences in my music therapy sessions. This will involve me creating a small thesis as part of course requirements.

### **What is an auto-ethnography?**

An auto-ethnography is essentially a cross over between ethnography (studying a culture) and an auto biography (studying myself). It is essentially me examining myself critically to understand the way I experience and view myself in regards to a an issue or phenomena , which in this case is silence in my sessions.

### **What information is required?**

In order to complete this research I will be creating the majority of the data myself through self-reflection. I will be reflecting on myself, however will be re-reading some of my session notes as is part of normal practice to help me guide these self-reflections. All data will be anonymised, and no identifying information about you or your school will be presented in the final thesis unless explicit written consent is gained.

### **Ethics**

Ethical approval (Victoria University of Wellington, #22131) has been granted for ‘low risk’ projects (where students engage in naturalistic practice and research, and where questions focus on their own development) to be supervised by Sarah Hoskyns and Daphne Rickson. No further approval was required.

If you have any questions please do not hesitate to contact me at 0273488146 or at [theosekeris@gmail.com](mailto:theosekeris@gmail.com)