

**Nordoff-Robbins Music Therapists' Experience of Csikszentmihalyi's 'Flow' During Clinical
Improvisation: An Interpretive Phenomenological Inquiry**

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Abstract

Csikszentmihalyi's flow theory has been explored in relation to a wide range of topics, from sports performance to education. There has been a substantial amount of research on flow and music. There have been a few studies conducted exploring flow in the context of music therapy, however there is a paucity of research related to this topic. Two studies have explored flow as it slows up during music therapy clinical improvisation, both of which are unpublished. Two interviews were conducted and analyzed to explore how music therapists working with the Nordoff-Robbins approach experience and talk about flow during clinical improvisation. Results included four themes related to the participants' experiences of flow: 1) therapists' internal experiences during clinical flow, 2) therapists' experiences of the music during clinical flow, 3) perceived conditions of clinical flow, and 4) beliefs about the therapeutic value of clinical flow. Clinical flow experiences were characterized by many aspects that are easily equitable to characteristics described by Csikszentmihalyi (1990) and Csikszentmihalyi et al. (2018). Participants also discussed flow characteristics related specifically to the improvised music. Participants' responses suggest that their flow experiences during sessions were predicated largely on the therapeutic relationship. They also believed that flow experiences during clinical improvisation are often shared between the client and therapist. Participants further shared the belief that flow experiences during sessions have positive impacts on therapy. The results of this study suggest that flow might be a useful construct for understanding significant moments that occur during clinical improvisation.

Keywords: *Flow, Improvisation, Nordoff-Robbins*

Chapter 1

Introduction

Csikszentmihalyi's (1975, 1990) 'Flow' is a psychological construct that has garnered significant attention in many areas of study, including music. Flow has been suggested as a valuable construct for understanding the mechanisms of music therapy (Silverman & Baker, 2018). It has also been explored in relation to musical improvisation (e.g. Forbes, 2020). Nordoff-Robbins is an approach to music therapy that relies heavily on musical improvisation (Aigen, 2005). The purpose of this study is to explore how music therapists trained in Nordoff-Robbins Music Therapy experience and talk about Csikszentmihalyi's (1975, 1990) 'flow' during clinical improvisation.

Situating The Researcher: Why Flow?

As an improvising musician and performer, I have been interested in the topic of flow for a long time. Years ago, it seemed to offer a way of understanding those moments during music-making when time seemed to shift, and I would feel at one with the music, with my instrument, and with the universe. Those moments have always felt deeply therapeutic to me due to their capacity to enliven a sense of possibility and provide me with a deep sense of joy, excitement, and connection. I wondered if perhaps flow theory could offer insight into what occurred during these moments and how I could access them more often.

As I started my music therapy journey and expanded my music teaching work, I began to see the value of flow theory in both areas. Flow theory informed my teaching as I sought to create just the right balance of challenge and skill for my students that they were pushed to grow and exercise their capabilities without being overwhelmed or over-challenged. In my

music therapy internship at The Center for Discovery, I worked in a way inspired by the Nordoff-Robbins approach, employing clinical improvisation in individual and group sessions. In this work, flow theory provided me with a way of making sense of my sessions. When a session 'flowed', it seemed like we had struck gold and I walked away from those sessions believing that something meaningful had happened for the client as well as for myself. Additionally, I applied my insights from teaching to the work as well, seeking to provide opportunities for flow experiences for my clients, which I believed were closely tied to self-growth.

For those who have worked using clinical improvisation, especially as inspired by the Nordoff-Robbins approach, the value of the work is evident in the 'magic' that happens during sessions with clients. However, when I was at my internship, I sought ways to make sense of what was happening in a way that could be communicated to others who didn't necessarily have this level of personal understanding. Flow theory seems to provide one such method for understanding meaningful moments in clinical improvisation.

Key Terms

The following key terms are used frequently throughout this paper and are essential to understanding its premise:

Flow

Mihaly Csikszentmihalyi introduced the concept of flow in *Beyond Boredom and Anxiety* (1975) as:

... the holistic sensation... [experienced] as a unified flowing from one moment to the next, in which [one] is in control of [their] actions, and in which there is

little distinction between self and environment, between stimulus and response, or between past, present, and future. (p. 36)

Csikszentmihalyi (1990) described many activities where people may experience flow, from chess to rock climbing to working on an assembly-line, sharing stories from interviewees of many walks of life. While Csikszentmihalyi (1990) mentioned some possible negative outcomes of the flow experience, flow was primarily presented as a positive psychological state that promotes growth of the self (p. 40), is linked to enjoyment (p. 48), and provides order in consciousness - the opposite of 'psychic entropy'¹ (p. 40). Csikszentmihalyi (1975) likened the flow state to other types of experiences documented in literature, such as Maslow's (1962) 'peak experience' as well as religious experiences, meditation, and experiences of ritual (Csikszentmihalyi, 1975, p. 37).

Csikszentmihalyi (1990) outlined nine characteristics of flow, what he described as "the phenomenology of enjoyment" (p. 49). He described the ninth characteristic as the 'key' to the flow experience: that the experience is "an end in itself", or 'autotelic' (p. 67). These nine characteristics have become widely regarded by researchers to be the nine components, or dimensions of flow. Csikszentmihalyi et al. (2018) further separated these nine components into six characteristics of flow and three conditions (prerequisites) of flow. They described these characteristics as such:

¹ Csikszentmihalyi (1990) described 'psychic entropy' as "a disorganization of the self that impairs its effectiveness" (p. 37). It is the result of 'psychic disorder', "information that conflicts with existing intentions, or distracts us from carrying them out" (p. 36). Instead of the contents of consciousness 'flowing', they are disordered, and an individual in a state of psychic entropy might find it harder to pursue their goals.

(a) a merging of action and awareness, where one has a sense of knowing exactly what needs to be done and how to do it; (b) total concentration on the present moment; (c) the loss of self-consciousness, such that there is an absence of critical self-talk and social comparison; (d) no fear of failure; (e) a sense that time is either speeding up or slowing down; and (f) autotelic motivation, which is the desire to engage in an activity for the joy of doing so, rather than to obtain extrinsic rewards or fulfill obligations. (p. 220)

The three conditions of flow were outlined as follows:

(a) clear and proximate goals, which provide a clear indication as to what a job well done would look like and feel like; (b) immediate and unambiguous feedback on how well the individual is doing with respect to these goals; and (c) a perceived balance of challenge and skill, such that the individual perceives that their abilities are being stretched to their full capacity by challenges in the environment. (p. 220)

In addition to defining the characteristics and conditions of flow, Csikszentmihalyi et al. (2018) proposed that flow is experienced “privately, in consciousness”, and is dependent upon three qualities of “psychic energy” (p. 220). These psychic prerequisites are described as “(a) directing attention to select information in the environment on which to focus; (b) interpreting the meaning of that information through thoughts, feelings and actions; and (c) the ability to store and recall information in memory” (p. 220).

Clinical Improvisation

Music therapy is a professional discipline and profession that seeks to understand and utilize music and the relationships formed through musical interaction to promote health, usually (but not always) in the context of a dyadic client-therapist relationship (Bruscia, 2014).

The term 'clinical improvisation' refers to the use of improvisation in the context of music therapy. Wigram (2004) defined clinical improvisation as "the use of musical improvisation in an environment of trust and support established to meet the needs of clients" (p. 37).

As a music therapy method, clinical improvisation has been used in work with a variety of populations, including infants (Haslbeck, 2014; Malloch et al., 2012), children (Carpente, 2012; Geretsegger et al., 2016), individuals in rehabilitation settings (Guerrero et al., 2014), individuals experiencing medical trauma (Scheiby, 2013) and individuals diagnosed with cancer (Logis & Turry, 1999; Pothoulaki et al., 2012). It has been used in mental health settings, including in work with sexual abuse survivors (Amir, 2004), troubled adolescents (Gardstrom, 2004), and survivors of childhood trauma (Austin, 2001), and it has shown potential in the treatment of Generalized Anxiety Disorder (Zarate, 2016). It has been used in work with both autistic children (Geretsegger et al., 2015) and autistic adults (Low et al., 2022). With its broad range of populations and applications, various approaches have been developed, including Nordoff-Robbins Music Therapy.

Nordoff-Robbins Music Therapy

Nordoff-Robbins music therapy (also known as Creative Music Therapy) is a music therapy approach that was pioneered in the late 1950s and the 1960s by Paul Nordoff and Clive Robbins (Aigen, 2005, p. 59). It utilizes an improvisational approach in which therapists engage in music freely with one or more clients (Aigen, 2005, Cooper, 2010, Turry & Marcus, 2005). Nordoff-Robbins music therapy traditionally involves a team of two therapists, sometimes described as a 'primary therapist' and a 'cotherapist' (Turry & Marcus, 2005). Traditionally, the primary therapist will improvise at the piano or guitar while the co-therapist is "'on the floor'

with the clients” (Turry & Marcus, 2005, p. 56). Nordoff and Robbins pioneered the approach based on a shared belief in each person’s innate capacity for music that is referred to as the ‘music child’ (Turry & Marcus, 2005, p. 58).

Nordoff-Robbins music therapy involves a technique known as ‘indexing’, in which therapy sessions are videotaped, and then re-examined later. Turry (2009) writes that indexing “provides a balance to the spontaneous improvisational approach by allowing for the therapist’s methodical analysis of each session” (p. 107). This process can assist the therapist in fine tuning their clinical approach and deepening their understanding of the evolving therapeutic relationship (Turry, 2009, p. 107).

This study seeks to explore Nordoff-Robbins music therapists’ experiences of flow in clinical improvisation through Interpretive Phenomenological Analysis.

Chapter 2

Literature Review

Flow Research

Mihalyi Csikszentmihalyi (1975, 1990) brought the idea of flow to the field of psychology. Thereafter, research on the subject was minimal for many years, before greatly and steadily increasing around the year 2000 (Zhang & Wang, 2024). In the past 10 years, several systematic reviews and meta-analyses on flow literature have been published in various domains, indicating the prevalence and breadth of flow research. Topics of systematic reviews and meta-analyses have included sports and exercise (e.g. Goddard et al., 2021; Jackman et al., 2021), work (de Moura et al., 2020; Liu et al., 2023), music (Tan & Sin, 2021; Tay et al., 2019), and neurological correlates of flow (Alameda et al., 2022). In an analysis on trends in flow research, Zhang & Wang (2024) found that the top 8 topics included technology, gaming, sports, creativity (including art, music and improvisation), and education, as well as the theoretical themes of mechanism, positivity, and health (pp. 9-10). Among these themes, technology emerged most frequently in the flow literature (p. 10). There are writings on flow's relationship to business (e.g. Sawyer, 2008; Csikszentmihalyi, 2003), and there are several studies and other writings that focus on flow regarding 'peak' or 'optimal' performance (e.g. Ford et al., 2020; McCarther, 2018).

While the accepted definition of flow has remained fairly consistent, there has been some disagreement among researchers as to how to measure it (Engeser & Schiepe-Tiska, 2012, p. 2). Moneta (2012) highlighted three common measurement techniques. The first is the Flow Questionnaire (FQ), developed by Csikszentmihalyi and Csikszentmihalyi (1988) based on

insights from Mihalyi Csikszentmihalyi's original interview research into flow (Moneta, 2012, p. 24). The second is the Experience Sampling Method (Csikszentmihalyi & Larson, 1987), in which a participant fills out a form in response to randomly generated signals received through worn pagers. Finally, there are the flow state scales, developed by Jackson and Eklund (2002) to measure flow as a state by asking a series of Likert-style questions related to each of the nine components of flow (Moneta, 2012, pp. 40-41). These scales include the Flow State Scale-2 (FSS-2) and the Dispositional Flow Scale-2 (DFS-2). The first measures the characteristics of a single flow state and the second measures flow as a personality trait (Moneta, 2012, p. 41). The differences between these measurement tools highlight the intricacies and discrepancies involved in measuring and observing the psychological experience of flow.

Neurological and Physiological Correlates of Flow

Flow was initially studied as a phenomenon by interviewing individuals on their subjective experiences of enjoyable activities (Engeser & Schiepe-Tiska, 2012, p. 9). This led to the development of theory (p. 9) and eventually to various qualitative and quantitative measurement techniques (Moneta, 2012). More recently, there has been increased interest in neurological correlates of flow (Alameda et al., 2022). Alameda et al. (2022), in a review of the literature, found that many researchers studying the neurology of flow agree in their findings that flow appears to be connected to areas of the brain related to reward, executive function, and attention (p. 358). This is a relatively new area of study (Alameda et al., 2022) but it is important because it highlights the potential physiological bases of flow states. Approaching flow research from a neurologic angle has helped researchers to investigate gaps in the literature such as the difference between flow states during creative tasks (such as music) and

flow states in less creative tasks like doing math homework (Rosen et al., 2024, pp. 1-2). In addition to the neurological correlates of flow, physiological correlates of flow have also been studied in areas such as piano performance (Jha et al., 2022).

Group Flow/ Collective Flow

One area of research of particular interest to this study is that of flow in social contexts. References to the social elements of flow experiences can be found as far back as Csikszentmihalyi's (1975) original flow research in which he interviewed rock dancers (pp. 102-122). Interestingly, this involved a music-related context. Sawyer (2006) proposed the concept of 'group flow' based partially on research into jazz groups and theater ensembles, as well as Sawyer's own experience as a jazz pianist (p. 148). There has been a fair amount of research on flow in group contexts in recent years, in areas including music (Gloor et al., 2013; Tay et al., 2019), relationships (Somjee, 2024), gaming (Kaye, 2016), work (de Moura et al., 2020), and creativity (Gaggioli et al., 2020; Łuczniak et al., 2021). The concept of flow experiences that are shared between two or more people shows up often in research on flow and music (e.g. Bakker, 2005; Forbes, 2020; Hamilton et al., 2019), and in some research on flow in music therapy (Wilhelmsen, 2012).

Towards a New Taxonomy of Group Flow

Pels et al. (2018) conducted a scoping review examining the current research on group flow. Their results suggest that there has been a great amount of variation as to how group flow has been conceptualized and measured. For instance, some researchers defined group flow primarily as a shared psychological state, whereas others included aspects of performance as part of their definition (p. 17). Hackert et al. (2023) attempted to address the ambiguity of

group flow definitions by proposing a new taxonomy of group flow experiences based on the current literature. They separated flow into 'Individual Flow' and 'Group Flow' with 'Individual Flow' representing an individual's psychological state and 'Group Flow' representing a property of the whole group (p. 103).

Hackert et al. (2023) created a taxonomy of terms related to individual and group flow. 'Individual Flow' includes a variety of subcategories, depending upon the particular social context (or lack thereof) of the individual's flow experience, and includes 'shared interactive flow' (when the individual is interacting with other individuals who are also in flow, (p. 103). 'Group flow', as proposed by Hackert et al. (2023), can be examined at the group level or the individual level (p. 105). In a clinical improvisation or Creative Music Therapy context, any of these types of flow may theoretically occur for either therapist or for the client.

Flow and Music

Csikszentmihalyi (1990) described musical engagement often as a potentially flow-inducing activity, providing theoretical examples such as violin performance (p. 64), composing a flute concerto (p. 55), and intentional music listening (pp. 110-111). Indeed, he provided a whole section on 'the flow of music' (pp. 108-113). Csikszentmihalyi's (1975, 1990) early writings on flow were focused on enjoyment and quality of life, and to Csikszentmihalyi (1990), music was no exception. He argued that music, art and physical education are "important [skills] for improving the quality of life" and that they should not be cut from educational curricula (p. 112). Csikszentmihalyi argued that music can produce flow in both listening and playing contexts, provided that proper attention is placed on the music by the listener/player (pp. 109-112). Csikszentmihalyi encouraged music teachers and parents to focus on players' enjoyment rather than how 'well' they perform – focusing too much on the latter, he argued, is

antithetical to flow (p. 112). This focus on the experience of the player rather than the external product is reminiscent of client-focused approaches in music therapy, in which therapists focus on the quality of the clients' experiences rather than on the external 'value' of their performances.

Tan and Sin (2021) conducted a systematic review of research on flow in music contexts. They included 95 studies from 1975 to 2019 after vetting for exclusion criteria. Their review included primarily quantitative studies (45.2%) with 27.4% of studies being qualitative studies (p. 401). The most common measurements used in the included quantitative studies were variations of the DFS or FSS flow scales (57.1%), and the experience sampling method (7.1%) (p. 402). Common topics of the articles included in the review were music performance, music practice, performance anxiety, motivation, and music education, with group flow and creativity also showing up as the focus of multiple studies (p. 419). Most participants in the studies lived in Western countries, primarily the United States (p. 401). Five studies concerned the topic of music therapy (pp. 405-414).

A quick review of the literature from the last ten years confirms the prevalence of the topics identified by Tan and Sin (2021). There are several recent articles focusing on flow in music performance (e.g. Ford et al., 2020; Spahn et al., 2021). A few of these studies include the idea of 'peak performance', demonstrating a focus on flow as related to a type of ideal musical output (Ford et al., 2020; Jha et al., 2022). Jha et al. (2022) focused on the physiological elements of flow states during music performance, measuring heart rate variability. This emphasis on physiological aspects of the flow state in music shows up in other recent publications as well (e.g. Limb & Braun, 2008; Tan et al., 2024), demonstrating an interest in

measuring musical flow quantitatively. This reflects the recent trend in flow literature of researchers concerned with exploring neural and physiological elements of flow (Alameda et al., 2022).

Flow has been shown to be antithetical to performance anxiety (e.g. Cohen & Bodner, 2019; Guyon et al., 2022), and thus an ideal to strive for both in music performance as well as music learning. This supports Csikszentmihalyi's (1990) argument that an overemphasis on how well young musicians perform is antithetical to flow (p. 112). Several writers emphasize the importance of flow in music education settings (Chen et al., 2023; Clementson, 2019; Tan & Sin, 2020). Additionally, there has been some research conducted on the experience of flow in music teachers (Kang, 2023). Bakker (2005) found there to be a correlation between music teachers' flow experiences and flow experienced by their students, suggesting that there can be some level of transferability of flow states within this context.

Flow has been linked to life satisfaction in both elite (Habe et al., 2019) and student (Habe et al., 2021) musicians and athletes. In both studies, all flow domains were correlated with life satisfaction, but Habe et al. (2019) found only the domain of challenge-skill balance to be statistically significant in its correlation with life satisfaction. Habe et al. (2019) found the flow dimensions of time distortion and autotelic experience to be higher in musicians than in athletes, while clear goals and unambiguous feedback were shown to be higher for the athlete participants in both studies (Habe et al., 2019; Habe et al., 2021). Additionally, Habe et al. (2019) found that musicians experience time distortion more often in group performance settings as opposed to individual settings, and male participants in both groups (athletes and musicians) tended to experience flow more often than female participants (Habe et al., 2019,

pp. 5-6). Interestingly, Habe et al. (2021) found that sports students experienced more flow than music students, as well as more positive affect (p. 5). Rakei and Bhattacharya (2024) found professional musicians to be more prone to flow states than amateur musicians, and this flow proneness was shown to carry over into the professionals' everyday lives (p. 7).

Music and Group Flow

Group flow, or shared flow, appears often to be an integral part of flow states in music contexts (Forbes, 2020; Hamilton et al., 2019). This is important because flow as a construct does not require the existence of a group, nor is a connection with a group one of the key components of a flow state (Csikszentmihalyi, 1990). Pels et al. (2018) conducted a scoping review of group flow. Seven of the 26 studies included focused on group flow in music contexts (Pels et al., 2018, pp. 11-14). Tan and Sin (2021) mention group flow as a recent topic of interest in music and flow research (p. 422) and provide recommendations for researchers interested in exploring music and group flow.

Multiple phenomenological studies have shown that the experience of connecting with others is an important part of musical flow experiences for many musicians (e.g. Ford et al., 2020; Hamilton et al., 2019). The musicians interviewed often reflected that group involvement and group support acted as catalysts for flow experiences while performing (Ford et al., 2020; Hamilton et al., 2019). Additionally, Habe et al. (2019) found that musicians experienced the flow characteristic 'transformation of time' more often in group performance settings than in individual performance settings (pp. 5-6). In addition to experiences in musical groups, the presence and character of the audience appears to have an impact on whether or how musicians experience flow in performance contexts (Ford et al., 2020, p. 146-148).

Flow and Musical Improvisation

Improvisation, specifically jazz improvisation, has garnered some attention as to its potential for immersing performers in a flow state (Forbes, 2020; Kenny & Gellrich, 2002; MacDonald & Wilson, 2006). A qualitative study by Forbes (2020) revealed that jazz singers associated flow experiences with successful improvisation (p. 795) and highlighted negative thoughts as a key barrier to achieving flow (p. 798). These singers experienced flow relationally, describing an experience of “joyous exchange” with their bandmates (p. 797). In addition, when experiencing flow, the singers were able to contextualize and become comfortable with mistakes, adding to their ability to let go. Both these conditions were predicated on the singers’ ability to trust in the musical skills of their bandmates as well as a sense that everyone was contributing their best to the music.

The singers in Forbes’ (2020) study experienced flow as meaningful because it felt like authentic self-expression as well as a connection and contribution to something greater than themselves (p. 799). These sources of meaning show similarities to those sources of meaning identified by music therapy clients engaged in clinical improvisation, specifically self-expression (Gardstrom, 2004; Meadows & Wimpenny, 2017; Seabrook, 2019) and a sense of connection with something beyond the self, whether it is the therapist, other group members, or the music (Gardstrom, 2004; Low et al., 2022; Seabrook, 2019). In addition to finding meaning in improvisational flow, the jazz singers in Forbes’ (2020) study found the experience of flow to be intrinsically valuable, a key flow characteristic which reflects the experiences of those clients who appreciate clinical improvisation for its intrinsic value (Meadows & Wimpenny, 2017).

Flow and Music Therapy

Silverman and Baker (2018) suggested that flow theory might be a valuable means of understanding mechanisms for therapeutic change in music therapy. They argued that flow is potentially a bi-directional construct, meaning that it can be experienced by the therapist, the client, or by both simultaneously (p. 47). In addition, they argued that the person-activity fit model (creating a balance of challenge and skill which supports flow experiences) is relevant to music therapy, as therapists must select interventions of an appropriate challenge level for their clients (p. 48). Silverman and Baker suggested that flow is a means of achieving self-actualization as defined by Maslow (1962, p. 44). If flow can help clients experience self-actualization, it is reasonable to assume that facilitating flow-supporting environments for clients can help support therapeutic change.

Several researchers have explicitly studied flow as it relates to music therapy, both quantitatively (Baker & MacDonald, 2013b; Baker et al., 2015; Silverman et al., 2016; Treviño & Bermúdez, 2016) and qualitatively (Baker & MacDonald, 2013a; Fidelibus, 2004; Wilhelmsen, 2012). In addition to these studies, there has been research investigating flow related to art therapy (Forkosh & Drake, 2017) and multi-modal creative therapy (Parsons et al., 2021).

Flow and Therapeutic Songwriting

Silverman and Baker (2018) discussed flow as a possible force of therapeutic change in music therapy, citing theories such as Maslow's (1962) theory of self-actualization as well as researchers who found flow to be positively associated with well-being and other possible therapeutic outcomes. Both Silverman and Baker have published studies that explore flow in the context of music therapy, primarily in the context of therapeutic songwriting (Baker et al.,

2015; Baker & MacDonald, 2013a; Baker & MacDonald, 2013b; Silverman et al., 2016). Baker and MacDonald (2013b) studied university students and retirees engaged in quasi-therapeutic songwriting interventions. The authors explored whether flow (as measured by the Short Flow Scale and Core Dispositional Flow Scale) correlated with more favorable perceptions of both the songwriting process and the song itself (measured with the Songwriting Process and Product Questionnaire, SPPQ). Measures included sense of ownership, sense of achievement, sense of self, collective identity, and satisfaction with the song (p. 137). Results indicated a significant correlation between both flow scales and overall scores of the SPPQ (p. 140). Short Flow Scale results were significantly correlated with sense of self, collective identity, and sense of achievement, while Core Dispositional Flow Scale results were significantly correlated with these domains as well as satisfaction with the song (p. 140).

When comparing their results to other studies using the same flow scales, Baker and MacDonald (2013b) found that their songwriting participants scored higher in both scales than participants in other studies engaged in activities including music performance, dance, and team sports (pp. 141-142). Baker and MacDonald (2013a) conducted a follow-up study in which they interviewed participants who were involved in the 2013b study. They found that their participants experienced the flow domains of full focus, altered time perception, and balance of challenge and skill during their songwriting processes (p. 15). Silverman et al. (2016) examined flow and meaningfulness in songwriting interventions for adults on an acute psychiatric unit, as well as for adults on a detoxification unit. They used the Short State Flow Scale to measure flow and the Meaningfulness of Songwriting Scale to measure meaningfulness in both the songwriting process and the song itself. The Meaningfulness of Songwriting Scale (MoSS) was

developed and psychometrically assessed by Baker et al. (2016) and includes the domains of “1) enjoyment, 2) discovery/self-reflection, 3) arousal of emotions, 4) creativity, 5) engagement, 6) challenge, 7) understanding context, 8) associations, 9) achievement, 10) personal value, and 11) identity” (p. 63). Silverman et al. (2016) found flow to be significantly correlated with meaningfulness of songwriting as well as therapeutic outcomes in both participant groups (pp. 1337-1339). The results of all three studies (Baker & MacDonald, 2013a; Baker & MacDonald, 2013b; Silverman et al., 2016) support the notion that therapeutic songwriting has the potential to produce flow in clients, and that these flow experiences are potentially related to therapeutic outcomes.

Baker et al. (2015) examined the effects of songwriting on self-concept and well-being in adults diagnosed with acquired brain injury or spinal cord injury. The researchers examined meaningfulness and flow as potential mechanisms of change in the songwriting process and found that strong flow experiences did not correlate with increased self-concept and well-being during songwriting interventions (p. 6). Baker et al. (2015) suggested this lack of correlation might have been because the flow scale used had never been psychometrically evaluated with individuals who might not be able to “reflect on their experiences well enough to be able to rate their experience of flow” (p. 7).

Flow and Clinical Improvisation

At present, there is a dearth of published research related to flow and improvisational music therapy (clinical improvisation). Two unpublished studies have focused specifically on flow as it pertains to clinical improvisation, with both researchers interviewing therapists about their experiences of flow states during clinical improvisation (Fidelibus, 2004; Wilhelmsen, 2012). Fidelibus (2004) interviewed 10 music therapists, all of whom were pursuing or had

completed post-master's education in music therapy (p. 22). All participants primarily used clinical improvisation in their music therapy sessions (p. 22). As part of each interview, the interviewer and participant listened to and discussed recordings of the participant's work with clients, chosen by the participant to represent their idea of flow (pp. 20-21). While Csikszentmihalyi's flow theory constituted the theoretical foundation for the study, Fidelibus brought other ideas and philosophies into his interpretation of the interview data, primarily Eastern philosophies as well as his own experience with meditation (p. 32). Interestingly, this aligns with Csikszentmihalyi's (1975) stance that flow is similar to meditation (p. 37).

Fidelibus (2004) identified 3 phases to clinical improvisation that his participants spoke of: 'Starting Where You Are', 'Getting to the Point', and 'The Point' (p. 35). 'Starting Where You Are' involved various places where therapists drew inspiration and material for their improvising, such as past experiences (p. 43), musical 'toolbox' (p. 47), and their relationship with and understanding of the current music that is being played (pp. 45-46). 'Getting to the Point' concerned how therapists entered into and maintained a musical improvisation with their clients (pp. 104-106). It included the flow-related elements of being fully immersed in the present moment and 'letting go', as well as other elements such as "loosening and maintaining boundaries" (p. 107). The final stage was 'The Point'. The therapists described 'The Point' in great depth and richness. Elements of the flow state were evident in participant's experience of 'The Point', such as being less self-conscious of thoughts, experiencing 'effortlessness' while exhibiting a great deal of effort, and distorted sense of time (p. 112). Multiple participants mentioned that the music or the 'creative process' 'flows' or "goes by itself" at 'The Point' (pp. 110-111). Interviewees also mentioned the importance of presence and concentration on what

was going on, lest they lose 'The Point' (p. 110). Additionally, multiple participants mentioned experiences of a seemingly transcendent or spiritual nature, mentioning experiences of 'wholeness', 'magic', 'symmetry', and a sense that the moment reflects the whole of existence (pp. 110-111). The reflections of the participants in Fidelibus' (2004) study further highlight the potential parallels between Csikszentmihalyi's (1975) 'flow' experience and religious or 'peak' experiences such as those explored by Maslow (1962).

Wilhelmsen (2012), similar to Fidelibus (2004), interviewed music therapists on their flow experiences during clinical improvisation. Similar to Fidelibus' (2004) study, Wilhelmsen's (2012) interviewees likened the flow state to 'magic' and feeling 'carried along' (pp. 41-42). They similarly mentioned the flow dimensions of a distorted perception of time and feeling very present (fully immersed) in the moment (pp. 43-44). In addition, the participants in Wilhelmsen's (2012) study mentioned experiences of connecting with something greater than themselves and feeling like they were observing themselves from the outside (pp. 43-44, 50), further supporting the connection between flow states and transcendent experiences for therapists engaged in clinical improvisation. Whereas the participants in Fidelibus' (2004) study mentioned the importance of being "right there, on the dot" (p. 110) in order to reach 'The Point' (the flow experience), Wilhelmsen's (2012) participants mentioned that focusing on the experience itself of flow (thinking too much about it) can impede flow (p. 50). While it may appear at first glance that this is a discrepancy between the findings of the two studies, it is also possible that the participants are referring to the same thing - 'thinking too much' might imply a type of concentration, but not the type of sustained present moment awareness necessary to achieve and maintain flow. Wilhelmsen (2012) found that participants didn't believe that they

experienced flow in every session, and one participant suggested that it occurred about once every 4 sessions (p. 45). One participant further stated that they believed flow experiences occurred more often when working with clients with whom they had been working for a long time (p. 45).

Participants in both studies indicated a belief that their clients experienced the flow experience with them (Fidelibus, 2004, p. 113; Wilhelmsen, 2012, p. 55). Some participants in Wilhelmsen's (2012) study mentioned instances where it seemed like only one person was in flow, either the therapist or the client (p. 55), for example, when a client appeared to be fully immersed in their own musical world, but the therapist didn't feel that they could enter it (p. 55). However, participants unanimously reported that they perceived flow as a mutual experience most of the time (p. 55). While it cannot be known whether or not these therapists' clients experienced flow when they did, it is interesting that study participants experienced flow with the sense or belief that their clients were sharing in their flow state.

The Present Study

The present study aims to add to the body of research literature exploring Csikszentmihalyi's 'flow state' as it is experienced during clinical improvisation. Explicitly interviewing Nordoff-Robbins music therapists may provide insight into how therapists working with and trained in this approach experience and view flow experiences in clinical improvisation. As such, the research question is 'how do Nordoff-Robbins music therapists experience and talk about 'flow' during Creative Music Therapy improvisation?'

Chapter 3

Method

Design

This study was designed to explore how Nordoff-Robbins music therapists experience the phenomenon of 'flow' as defined by Csikszentmihalyi, during creative music therapy sessions. Online Webex interviews were conducted with selected participants (n=2) and then analyzed using Interpretive Phenomenological Analysis (IPA).

Ethics

The Human Research and Ethics Board at the State University of New York at New Paltz determined this study to be exempt from human subjects research regulations. The HREB Acceptance Letter for this study can be found in Appendix A.

Participants

The researcher used purposive sampling to recruit music therapists living in the United States who met the following criteria: 1) 18 years of age or older and able to give consent; 2) able to understand and speak English fluently; 3) Licensed Creative Arts Therapist and Board-Certified Music Therapist with a minimum of five years clinical experience; 4) Hold the Nordoff-Robbins Music Therapist professional designation; and 5) worked clinically with the Creative Music Therapy approach for at least three years. Limiting the sample to Nordoff-Robbins music therapists was done to focus the research on how therapists trained in this approach experience flow. Emails of potential participants were acquired through personal contacts as well as from Nordoff-Robbins music therapists associated with the Nordoff-Robbins Center for Music Therapy at NYU Steinhardt. Potential participants were sent the recruitment email (Appendix B) to which they were asked to respond if they were interested in participating in the

study. Participants completed a short demographics survey, in which they also confirmed that they had read the consent statement, prior to starting the interview.

Interviews

Interviews were conducted in a semi-structured format over Webex, a secure video conference platform. Participants were asked to review the consent statement, (Appendix C) and then verbally give permission to participate in the interview and have their responses recorded. The researcher asked open-ended questions of the participants starting with the question of whether the interviewees could think of a time when they had experienced 'flow' during a Creative Music Therapy session. Follow-up questions were chosen based on the participant's responses to the initial question with the goal of assisting participants in elaborating on this central question. The full interview protocol is included in Appendix D, with potential questions included in the semi-structured interview guide (Appendix E). Member checking was conducted before finalizing the paper to ensure that each participants' thoughts were represented as accurately and authentically as possible.

Interviews were transcribed using Webex's audio transcription function. The researcher then watched the recorded video of the interviews and edited the transcript to accurately reflect the content of the interviews. Before beginning manual transcription, the researcher engaged in bracketing, writing down what they remembered and interpreted about the interviews, in order to identify bias. The researcher watched the interviews a second time, taking note of salient non-verbal communication such as body language and facial expressions, and recording these in the transcript where they seemed important. The researcher watched the videos as many times as needed to create an accurate transcript. The recordings were transcribed and destroyed within seven days of their corresponding interviews.

Data Analysis

The researcher followed the IPA analysis procedure laid out by Pietkiewicz and Smith (2014). This procedure consisted first of reading and re-reading the transcript and making notes regarding the interview content, as well as other aspects of the interview that seem salient, such as language usage or contextual factors (Pietkiewicz & Smith, 2014, p. 12). The researcher also took notes of a reflexive nature during this stage (Pietkiewicz & Smith, 2014). The second stage involved reviewing the notes and abstracting themes from the notes. The third stage involved organizing the themes into clusters. After abstracting themes and before organizing them into clusters, the researcher sent each transcript to his thesis supervisor, who did her own independent coding of the transcript for comparison in order to triangulate the data.

Chapter 4

Results

Seven music therapists were emailed, and a total of two participants who met the inclusion criteria responded. Interviews were conducted in February of 2025 and subsequently analyzed and coded into themes and sub-themes. As there were only two participants, the researcher took the approach of coding for any sub-theme that seemed relevant, even if it was only mentioned by one participant. However, a majority of sub-themes were evidenced in both interviews.

Participants

The following are summaries of the participants' demographic information. Both participants were between the ages of 35 and 45.

Participant 1

Participant 1 is white and identifies as male. He has been working as a Nordoff-Robbins music therapist for 12 years and has held his MT-BC for 14 years. He has been utilizing clinical improvisation in his work for 14 years. The highest level of education he received was a master's degree.

Participant 2

Participant 2 is of Chinese descent and identifies as female. She has been working as a Nordoff-Robbins music therapist for almost 20 years and has held her MT-BC for 20 years. She has been utilizing clinical improvisation in her work for 20 years. Her highest level of education received was a Master of Arts degree.

Themes and Sub-Themes

A total of four themes emerged from the analysis, including a total of 15 sub-themes. The four themes included 1) therapists' internal experiences during clinical flow, 2) therapists' experiences of the music during clinical flow, 3) perceived conditions of clinical flow, and 4) beliefs about the therapeutic value of clinical flow. For the remainder of this paper, 'clinical flow' will be used to specify flow experiences that occur during clinical improvisation.

Table 1.

Themes & Sub-themes

Themes	Therapists' Internal Experiences During Clinical Flow	Therapists' Experiences of the Music During Clinical Flow	Perceived Conditions of Clinical Flow	Beliefs About the Therapeutic Value of Clinical Flow
Sub-Themes	a) Positive internal experience b) Sense of connection c) Acting without thinking	a) Beautiful and aesthetically pleasing music b) Heightened musicality	a) Listening to self and other b) Reciprocity c) Pre-Existing musical skills	a) Belief that clinical flow benefits the client b) Expanded understanding of the client

d) Altered sense of time	c) Musical non-judgment	d) Length of time in music therapy
e) The flow experience transcended description		e) Musical affinity

Theme 1: Therapists' Internal Experiences During Clinical Flow

Participants described the internal experience of clinical flow in several ways. Five sub-themes contributed to the theme of the therapist's internal experiences during clinical flow: a) positive internal experience, b) sense of connection, c) acting without thinking, d) altered sense of time, and e) the flow experience transcended description.

Positive Internal Experience

Both participants described clinical flow as a positive experience. Participant 1 mentioned that the experience of everything 'coming together' during flow felt good and energizing, and that it left him feeling fulfilled:

What does it feel like? Well, first of all, it feels good [smiling and nodding head]. I'll start there. It's a very good feeling when we get into that space where it feels like [holds up a new finger for each example like he's numbering them] listening, playing, responding, being creative, but also being, like, thoughtful and, quote unquote [makes quotation marks with hands] clinical, sort of all just align into one... [clasps hands together and points them forward definitively] into one

action in a way... and, yeah, that coming together of like listening, playing, improvising... yeah, it's very energizing - personally energizing, so I walk away feeling... feeling... yeah, very fulfilled. (Participant 1)

In addition to the satisfying experience of things 'coming together' during flow, Participant 1 reported finding fulfillment in the experience, believing he had provided something positive for his client as well as himself:

I mean, yeah, like I said, I walk away feeling very energized. I walk away... feeling quite fulfilled, in the work that, you know, in, in... in what I was able to help cultivate both for me and for this other person [motions hand]. (Participant 1)

Participant 2 described the flow experience as 'magical', exciting, and awe-inspiring and mentioned that she "couldn't stop smiling" during the flow experience. She recalled sharing these feelings with her co-therapist:

Oh, I would-, I couldn't stop smiling at the beginning knowing that something magical is happening in the moment. I, I have a co-therapist - of course it's Nordoff-Robbins [smiles] - I look at my co-therapist and, we had this expression [moves hand around face] of awe and, and, and excitement and, and again smiling at each other [...] (Participant 2)

Participant 2 recalled finding a sense of discovery and curiosity during the flow experience, which she found to be exciting:

Like I don't know where we were going, I didn't know if for the next second... she's gonna drop the ball so there's that, that excitement of 'I don't know where we're going, is it gonna keep going? I want it to keep going' [...] (Participant 2)

Participant 2's excitement also felt related to a sense of possibility. It seemed like the experience instilled in her a sense of therapeutic potential, which she found exciting:

So well, *immediately* of c-, of course, come out of the session [laughter, smiling], it was like, 'oh my god, like what just happened?' [laughter, smiling]. Yeah... 'where do we go from here?' [laughs] Like, like... not in a bad way but like, 'oh my gosh!' like, like... 'look at that. How can we work with that? What, what do we... [shrugs] yeah, where do we *go* from here?' And, and, and just... again, still probably in awe of seeing what we just saw... relate to one of your earlier questions like, 'oh my..' what, how I describe it is it.. opened up so many doors all of a sudden that, that.. it's, it's, it's the *excitement* of the potential in the moment that we got a glimpse of [nodding]. (Participant 2)

Clinical flow was thought to allow for strong emotional responses for participants and for their co-therapists. Participant 1 relayed an experience wherein his co-therapist felt a strong emotional response following what he believed to be shared clinical flow state:

And, both in positive and in like... mostly in positive ways but like emotional because of, sort of, what emerged and like the... the beauty of what this client offered and... and our *supporting* it musically was very, very meaningful to her. Yeah, there was... like for example, at the end of the clinical year - last year, so

this is last June – [motions hand] we weren't sure if the co-therapist was coming back and so we were offering some closure to the client and, the client improvised this *beautiful* song about what the year *meant* to her and... which included the ways in which the co-therapist was supporting and the co-therapist's role in the process as well, like... and, you know, and the co-therapist was singing as well and I was accompanying and... yeah. It, it very much moved the co-therapist and this person [nods head] and... yeah, it was very moving for them. And we didn't say like, 'oh look, what a great flow state', but, it was... yeah, it was this... very fluid musical experience and... and... yeah (Participant 1)

In contrast to his co-therapist, Participant 1 didn't feel overwhelmed by the intensity of the experience, which he attributed to his great deal of experience working with the client. However, he described the experience as 'beautiful', 'juicy' and 'delicious', and noted that he was grateful for the experience:

Um... [shaking head] Similar to what I've shared, I mean... I, again, I've been working with this client for a very long time, I... I... so... perhaps I'm like... it's not, I'm not as like, *shocked* and *overwhelmed* by like how beautiful it was [laughter, smiling, leaning forward], I mean, I... I'm there, I... of course I still *appreciate* it and... and I... I really do *appreciate* it and... and love it, but it... It's like, I've seen her do things like [smiling, leaning forward], you know, I've... I've been with her and... and experienced her doing things like that before. So, did it like... yeah, it was... it was profound in the, in the sense that, yeah, it was this really beautiful, juicy, delicious [smiling] clinical moment that I'm... that I'm really *grateful* for,

and, you know, I felt... I felt in the moment like, similarly, like super creative, I felt very... you know... sort of filled my *cup* quite a bit, yeah... but you know, also didn't walk away feeling like... 'wow, my, my life has changed' [laughter, smiling].

(Participant 1)

While Participant 2 found clinical flow to be exciting, she found it important that she not let the strong internal experience of awe and excitement distract her from the present moment, lest she lose connection with what was unfolding and therefore lose clinical flow:

If I-, [moving hands] I knew if I got distracted by this - my response in the moment of smiling and being in awe - I would lose that moment, the moment. I need to go away from the internal [turns hand next to head] response to staying back [moves hand down in front of her definitively] to the interaction in the moment, does it make sense? [smiling, laughing] Like the interaction, that's continued to evolve rather than... sitting in it and... feeling excited about it, like... that has to come later, I need to keep *moving* with the time. (Participant 2)

For Participant 1, the positive experience of clinical flow in his work was seen as a motivational force:

Yeah, those moments are like, really juicy moments [slight smile] that sort of sustain me [laughter, smiling], so there's a lot of, you know... our, you know, my, our work... my work can be challenging in some ways and frustrating and, you know... yeah, difficult! In a... in a lot of different ways both clinically and, you know, other... you know, the various other things that I do [motions hand] and so

I, I really appreciate these moments 'cause they really do sustain me... and [make me] want to show up. (Participant 1)

Sense of Connection

Participant 2 recalled feeling a sense of connection during the flow experience. She described a sense of being “interconnected with everything” including the environment:

You said like it, it... When you said like the definition there's, there's, there's no me and environment I think of I, I think I use the word of like very 'connected', '*interconnected*' with everything, centered in the room. (Participant 2)

Participant 2 also recalled feeling a sense of connection moment-to-moment:

And then... how do I feel... It was very, it was definitely 'connected' again is the word... second to second, split second to s.. split second [...] (Participant 2)

This sense of connection also extended to Participant 2's interactions with her client, which she described as a moment of true co-creation:

[...] For some reason there is that... mmm... *truly* co-creating moment I think that... that, feel like we're throwing a ball back and forth [motions hand like she's playing catch with someone] very quickly and... nobody's dropping the ball [...] and as... I, took a new step, she would follow me [motions hands like one is following the other step by step] or if she took a new step, she would... I would follow her like that, *really*... tightly [clasps hands together, interlocking fingers]...

I don't know other than the word '*connecting*', '*relating*' and, and, and.. yeah, together in the moment as we create... Yeah. (Participant 2)

Acting Without Thinking

Participants reported that they seemed to act without thinking during the flow experience, which they both attributed to having some kind of previous knowledge or skill:

Anyway... so I feel like in that role, I feel like my accompaniment, I... I can think about a lot of different elements simultaneously, where, for example, like... thoughts about multiple elements of music, like dynamics, my use of register, my use of texture - meaning like, how thin or thick my voicings are... my use of countermelodies [weaves hands around each other] that go in between the client's singing like, [motioning hand, nodding, smiling] actually I don't have to think about them, they're just happening, but because... [motioning hands] which is, comes back to this thing that I said, which is it's a skill [smiles], like I feel like flow grows out of... discipline [smiles]. (Participant 1)

Like, all my musical resources that I've learned that, it's just, clicked and it actually... put into action. Yeah, without... I don't know, I'm sure there's some kind of thinking but, but it happened very quickly. (Participant 2)

Participant 2 connected the experience of acting without thinking to a sense of being connected to the present moment, which she then related to mindfulness:

I'm trying.. trying to avoid using the word magical? Because I think when flow happens, it could feel like magic? [laughter, smiling] But it's not magic!
 [continued laughter] That, that it's, it's, it's... it's a very mindful process. That's what I.. I guess I'm trying to say before too that I'm sure I'm thinking [nodding], but it feels like I'm not thinking because it's so connected.. to the moment. So I guess mindfulness would be the word... [sighs, furrowed brow] yeah... yeah, I guess that's it. [laughter] (Participant 2)

Altered Sense of Time

Participant 1 mentioned that he experienced time in an altered way during clinical flow. He recalled a 10-to-12-minute improvisation feeling like one moment in time:

And it's like, even though it's over and, like this particular improvisation I think was like well over 10 minutes long or 12 minutes, but thinking back to the moment, it sort of just feels like a flash [smiling, pulls hands outward quickly], like a moment in time - but that has this immense energy [nodding intently].
 (Participant 1)

He clarified that while time didn't feel instantaneous to him during flow states, it felt altered in some way:

But yeah, it doesn't feel, like, instantaneous in the moment, but it feels... yeah, something definitely happens with time [...] (Participant 1)

Participant 1 believed that music played a role in his distorted sense of time:

Yeah, yeah, I mean, I think that's sort of what music does, it connects the beginning, middle and end in a really nice fashi... in a really nice way [nodding].

(Participant 1)

Participant 1 also recalled that listening back to a recording of the experience felt a lot longer than the actual experience:

[...] for example, I had this experience where I was really sort of inspired by this particular improvisation, this particular moment, and I was doing... [moves hand as he speaks] in my current role I do a lot of teaching and training and I wanted to use this moment to teach, in two different sort of training situations that I was in and... I was trying to cut the excerpt because, like this improvisation was really long and like you can't really show a fifteen-minute excerpt - It's just not really, like it doesn't really translate well for like teaching and training, like things need to be cut shorter. And, you know, when you're in the moment, when I'm playing at this moment of like time is... time doesn't matter in that kind of way, but then like, I'm trying to, you know, cut this excerpt and I'm like - I remember showing it and watching it with these particular students and or trainees and, yeah, it felt much longer being out of the moment [smiling and nodding, looking at the camera] than it did doing the actual thing. (Participant 1)

The Flow Experience Transcended Description

Participants mentioned that flow was a difficult experience to describe to others, due to the personal, 'felt' nature of the experience. Participant 2 mentioned that this is partially because each flow experience is unique:

Yeah, and... [furrows brow] being able to feel it is a big thing, [nods] I think... being in a flow you cannot, that's why I think I'm having a difficult time right now too [points downward], It's not something you can... [motions hand away from mouth] talk about and help another person understand it if you've never experienced it? It's something very hard to describe, that's, I think I guess that's why the word magical come up too. [Smiles] It's unique? It's every, like, ok that like every.. every flow moment is unique, I think... [furrows brow] [shaking head] You cannot recreate it? [slight laughter] (Participant 2)

Participant 1 recalled that when showing students a clip of a session in which he had experienced clinical flow, he believed that they weren't able to connect with it in the same way that he was, because had not 'felt what he felt':

[...] well, I was more aware... I was like sort of like hyper aware of how I was perceiving it versus how they were perceiving it or understanding it or experiencing it [slight smile, moves hand as he speaks]. Now, yeah, I'm out of the moment, but I also was there too, so it's sort of like I could recollect the feelings like I could... It means something different to me because I was there and had felt what I had felt. And so, watching back, like it's sort of like an important

memory in a way to me. But they were... but these people weren't there. And so, I could see where they might... like... are interested in it and might be, like, engaged in watching it but, they don't have the same emotional connection to it as I did [points to self]. Because I was there. (Participant 1)

Participant 1 further clarified this belief that flow is unique by qualifying that he didn't feel like he could speak for anyone else with his experience:

[...] For me. May not for somebody else. (Participant 1)

In summary, five sub-themes contributed to the theme of therapists' internal experiences during clinical flow. Clinical flow was described positively, and it was seen as involving a sense of connection, acting without thinking and an altered sense of time. Additionally, participants reported having a hard time fully capturing their internal experiences of clinical flow when describing it to others.

Theme 2: Therapists' Experiences of the Music During Clinical Flow

For both participants, the experience of the co-created music during clinical flow states differed from that of typical clinical improvisation. Three sub-themes contributed to the theme of therapists' experiences of the music during clinical flow: a) beautiful and aesthetically pleasing music, b) heightened musicality, and c) musical nonjudgment.

Beautiful and Aesthetically Pleasing Music

Both participants reported that the music that they were co-creating with their client and co-therapist during flow states was experienced as beautiful and aesthetically pleasing:

I feel like I experience the music as very beautiful [nodding], like there's a real appreciation for the aesthetics of the experience... like walking away feeling like... you know, [motioning hand, smiling, leaning forward] cause there are sometimes when we play with clients and, you know, we can sort of like what we do, but it's not really... you know, I wouldn't go back and listen to it and, you know, and... in a way that... I'd listen to it like for clinical reasons, but not necessarily because I want to hear that music again because that music was... so beautiful necessarily; but often flow states result in, like music that I could, I could *listen* to that that like sort of meets my... what I'm looking for aesthetically in... in listening. So yeah, so I really experience the music as something very beautiful and I really enjoy, uh... I enjoy what... the things that we're creating... (Participant 1)

[...] the music was... *beautiful*, I think that's another thing too, there is such... such aes-... aesthetics in, [nodding] in and of itself in that moment even when... if, if and when it's not... like I don't see it as a clinical moment, there was *beauty* in the music [...] (Participant 2)

Heightened Musicality

Participants described experiencing a heightened degree of musicality during clinical flow state. They alluded to an experience of 'performing' at a better level than they usually would, during clinical flow:

I, I, often looking back... at that excerpt, I was like, [furrows brow] 'wow, how did I play it like that? I don't know if I can play like that again' [...] (Participant 2)

Yeah, I find that... uh... I can like sort of simultaneously hold a lot of... because I'm so tuned in [puts hand near his head], listening, I feel like I can really think about and execute things music... [motioning hands, nodding] like, multiple things musically simultaneously [...] (Participant 1)

Both participants described a sense of preparation being put into action, when their musical experience came into play in a way that supported the emergence of clinical flow:

Yeah, something clicked in the moment as if like, [moves hand in front of face, then laughing, smiling] this is.. this is dramatic, like... I prepared my whole life for this moment [laughs]. (Participant 2)

[...] And I've done this so many times with her [smiling], and, you know, hundreds and hundreds of other sessions that I've done where I've had to accompany... you know, and now I... now all these things just sort of come out naturally and yeah. The music feels easy. That's a, that's... that's a good thing, like if there's no... there's no pushing, there's no pulling... there... [nodding] there's an ease in which things, the next thing emerges musically [...] (Participant 1)

Musical Non-Judgment

Participant 1 spoke about how during clinical flow, he stops judging the music that he's playing:

Music feels like... I'm trying to think of some of the conditions... Judgment [touches head with hand and then points hand behind him] out the window [shaking head]... you know, I feel like there are times where... even at this point where I've been working for, you know, about 15 years, like [nodding head] there's still sometimes like that voice [raises eyebrows] that says... judging... judging the quality of the music that I'm playing, [smiling, nodding, moving in chair] which is also a very Nordoff-Robbins thing, like we're so focused on the music and like 'oh this chord progression again' or like 'this is so unoriginal', like, you know, that those kinds of things, like those kinds of judgments sort of cease [motions hand]... you know, that kind of internal dialogue ceases and... and the music really just [nodding] happens without judgment. The music comes forth without judgment, which is... [smiling, nodding] a satisfying experience.

(Participant 1)

These musical experiences of non-judgment, heightened musicality, and beautiful and aesthetically pleasing music highlight the musical dimensions of clinical flow experiences described by participants. Overall, participants' experiences of the music during clinical flow seemed to differ from normal clinical musical experiences in positive ways.

Participants discussed many factors that they believed to have made clinical flow possible. These emerged within four sub-themes: a) listening to self and other, b) reciprocity, c) pre-existing musical skills d) length of time in music therapy, and e) musical affinity.

Listening to Self and Other

Both participants talked extensively about the importance of listening as a condition of clinical flow. This included listening to both self and other:

Okay, sorry. [shakes head and leans forward with emphatic hand gesture] Major condition. Listening [opens hands] is like an essential condition of musical flow... at least [nods head]. Yeah. Yeah, listening to yourself, listening to another [motions hands]. (Participant 1)

I think it comes back to... listening, deep listening... I think that's definitely required for flow to happen... Deep listening, I think, not just to the other person, but to.. *myself* [nodding]. (Participant 2)

Participant 2 mentioned that listening to herself had to happen first, as without it, listening to her client would not have been possible:

So, in that moment first I was not able to... reflect and identify my frustration of... her not doing what I wanna do [laughs]. If I didn't have that reflection in the session in the moment, I would not be able to get over that. That's first, that, I

have to listen to myself first, what was my frustration about? Or what was I trying to do? (Participant 2)

This process of listening to oneself was thought to be related to authenticity:

So I think it.. allows and it requires everybody... being... being... *real* and *true* and... [nodding head] in that moment to ourselves in order to establish that? Yeah, something about, something about... being *authentic* with each other I think also is... is... somehow this conversation make me think about that - if I were not able... to be *true* to my [slight laughter, slight smile, nodding]... my *frustration*, I wouldn't be able to get over it in a moment, I think. (Participant 2)

Participant 1 discussed listening to self in terms of self-awareness. He mentioned how indexing (an important part of Nordoff-Robbins training wherein students and therapists watch video recordings of their sessions) helped him to become more self-aware, which supported his ability be aware of (listen to) his client. This awareness was believed to have made flow possible:

Oh, it's... I think it's... I think it's very much connected, I mean the indexing is all about becoming aware... of a lot of different things, not just our patterns, but of who our clients are. And the more aware we are... I, I feel like what the way that indexing has helped me, for example is... yeah [nodding], is at this level of awareness and when I am more aware of who I am, what are my patterns? I am more aware of who this person is and I'm more aware musically, and I am more aware of, what are the conditions – the musical conditions, the clinical musical

conditions that support this person's engagement – then we can get to that place much more easily [motions hands]. It's never easy [leaning forward, shaking head slightly] but, but we can get there because I'm more aware.

(Participant 1)

Relinquishing control was identified as another important aspect of listening in sessions. Participant 2 spoke extensively about the importance of relinquishing control in order to listen to her client:

[Smiling, laughter] Good question. *I* had to let go of *my* control [laughter, continues to smile]. So the story, is... [nodding] that day we had a different piano in the room. It's an upright piano that has a very shiny [moves hand up and down] finishing. She looked into it right away as she walked into the room and she's like... [furrows brow] 'What do you think if we jump into the mirror?' I'm like, 'what are you talking about?' [smiling slightly] Like this is just another tactic, another thing that you're trying to [throws up arms, shaking head, smiling]... [shrugs] distract us, like not.. so that you don't have to *play* or like do what *I* am asking you to do [points to self, laughter, smiling]. We have the *drum*, we have the *cymbal*, we have other, other instruments like [motions hand as if pointing out instruments] 'how about this? How about that? How about that?' like for the whole session... Nothing worked. It was just me and my co therapist chasing her around like, like not.. not literally but like.. musically in, in.. in the room. Nothing worked. I guess after fifteen, twenty minutes of that, I'm like, [shakes head], 'forget it.' [laughter, smiling] What are we doing here? I, I am at a loss, I guess,

like, I don't know what else to try, probably feeling frustrated, after months of like trying to *chase* her musically and not, not.. seeing... not finding anything that would work. So finally I'm like, 'oh, fine, I'll just go with your idea. What do you think if we can jump into the mirror?' (Participant 2)

For Participant 2, an important part of relinquishing control was letting go of her 'agenda' and instead 'opening' herself to her client:

[...] I think it was that, me allowing myself to... [motions hand] put aside that agenda and that's, that, that, that... what I think I *wanna* see happen, what I think I *need* to see happen or what I think... playing together, creating together looks like. That openness in my *mind* to.. allowed *her* to open her mind to us. I said mind, I guess that includes heart. Me opening my *heart* so that *she* could have her heart open. (Participant 2)

Participant 2 highlighted the importance of encouragement in the listening process:

It took a few tries, I guess like for her to... like for somebody to actually *hear* her [nodding, smiling, laughing] and, and... coming *back* to her with her own curiosity maybe is something new for her? [shrugs] So it took her a few moments to actually get into that... telling us about this wonderland [...] (Participant 2)

Actively listening to her client was thought to encourage the client to listen to herself, which was seen as another element of listening that is important for clinical flow:

So, after being able to hear what [points to head] my internal struggle was, I make a conscious decision to say 'let's listen to *her*' [points away from her]. And so I think that's the first step of... finding each other, and then... and then *her* allowing herself to listen to herself, right? Cause I think, as I said like at the beginning when I brought that back... she wasn't sure, she hesitated, she like, have a little nervous chuckle and like is... still trying to point to different things in the room [smiling slightly], but we... in a way, in that moment we insist because like 'wait, that's her idea', like 'tell us.. tell us more'. In he-, then *her* allowing herself... *her* listening to herself... that thought to come through, that's also another step. (Participant 2)

Participants connected listening to presence or interacting with the client in each moment. Participant 1 suggested that listening is one of the most important conditions of musical flow since presence in music is built upon listening:

But I think it's that level of attention, and I think about what flow is, it's about presence [smiles]. And it's, and we offer our presence in music through how we listen. And how we respond to the things that we hear when we're listening on that level [leaning forward, nodding head and smiling]. So, yeah, yeah, musical presence is, is about listening. And so it's a... yeah, it's a major condition, it's such an... it's such an important condition for getting to that state. If we're not listening, we're not flowing! [Laughs] (Participant 1)

Participant 2 described how once she listened to herself, the listening process became focused on sustaining moment-to-moment attention to client, coupled with sustained moment-to-moment interaction:

So yeah, how we... decide to listen to what we really are thinking and feeling in the moment in order to get there and then as we started to process that too, then the deep listening now is about... [crosses hands in front of her] *really* hear what the other person, where the other person is *going*, and then, and then, and then responding in the moment. That, that is a different kind of deep listening, I think once the process begin. (Participant 2)

She suggested that this process of attending to the moment-to-moment interaction with the client requires a high degree of self-awareness and comfortability with oneself, coupled with a relinquishing of self-judgment:

That... also... I think that requires a lot of self-knowledge? and... how do I say it? [Nodding] Really being, that's a moment of somebody being *comfortable* in their own skin. Like you need to be able to really be there and sit there and turn off that... [points to head] voice or voices in your head, whatever it's saying is not.. 'it's not good enough, it's not right' or like 'you're not doing this, da da da'. All these judgmental critical voices, you *really* have to turn that off [...] (Participant 2)

According to Participant 2, it is important to let go of positive reactions as well as self-critical thoughts, as even these can become a distraction to present-moment connection:

[...] even, *even* when it's not critical, like I said [slight smile], like when I turned to my co-therapist and smiled at each other when this moment first happened I had to turn that *off* also [motions hands away from head] so that I could *really* listen to what's happening in the moment [clasps hands downward in front of her]. Any, any of that *reaction* become a distraction for me to connecting to myself and connecting to the other person. Yeah, so that kind of... [furrowed brow] being ok and true to where I am [points to self] so that I can receive [motions hand toward herself] and respond? I think that's, that's what I'm trying to get to. (Participant 2)

Participant 2 suggested that there was a difference between 'hearing' and 'listening':

And then... deep listening in a way that even though in the beginning she said that [slight smile] 'let's jump into the mirror', I didn't follow what she said she wanted to do, but I heard it. I heard it but I didn't listen. [laughs, smiles]
(Participant 2)

While listening and staying present in the moment was seen as an important clinical flow condition, participants mentioned that it was not without its challenges. For instance, Participant 1 described true listening as a challenging and exhausting process:

Ah, sure... Yeah, I feel like true listening (and that's not very descriptive)...
[animated] like when I'm *really* tuned in and I'm *really, really* just, *really* trying to listen, which is not easy to do – it's exhausting actually because it's so, it's so... it

takes so much of us to listen on that level, to hear not just what but how somebody is doing something... (Participant 1)

Participant 2 didn't mention that the process was exhausting but similarly found sustained present-moment attention to be challenging, especially after having experienced clinical flow with her client. She found, again, that she needed to let go in order for flow to happen – which included letting go to an attachment to flow as an outcome:

And, and I think so, so that is the challenge... that was the challenge for me and my co-therapist is how do we hold onto that [motions hand] and not try... not wanting that to distract us from whatever she brings in... that *day* and knowing that... that's not gonna happen *every time* she's in the music room... now... [motioning hands] I had to let go to have this moment happen, now I have to [laughing, smiling] *let go* of this *moment* so that we can move on. Because if I keep holding onto *this*... [motions hands] it will become another box and another pressure for her and we will never... I believe if I held onto that we would never [have] had another moment like that. So that I think that's the challenge and that's how, we need to talk about. We knew that there's the potential there but how not to... [sigh] to be blind [shrugs], by *that* and still see... other possibilities [furrows brow] and, and see *her*, really. (Participant 2)

She further stressed the importance of focusing on cultivating connection, and focusing on the process over the product, to lay the groundwork for clinical flow experiences:

I think it, it, *that* moment happened because we saw her. So rather than... letting the high of that moment take over, it was the *connection* [motions hands in front of her] that allowed it to happen in the first place so we need to go back to the connection [motions hands in front of her] rather than thinking of [motions hand near her head]... now I'm thinking 'oh, th-, the *product*' like, like we need to go back to... [motions hands in front of her] the dynamics in the room, the... the *process* in the room rather than thinking, [motions hand near head] 'oh, we can get to this...' (Participant 2)

Reciprocity

Participant 1 mentioned that reciprocity between him and the client was a condition for clinical flow:

Yeah, well, I feel like... I feel like I, I could get into flow when there's reciprocity... like you know when, you know, in a clinical situation - like I have experienced flow by myself, like in other kinds of things that I do [motions hand], personally - but clinically when I'm working with somebody I feel like flow... flow, I feel like I can enter the flow state when... yeah, [motions hand] when there's something more reciprocal that's happening musically or interactively. (Participant 1)

Participant 1 mentioned that the reciprocal condition of clinical flow provided meaning for him as a clinician, since clinical flow implied engagement by the client:

And, I guess because of that... because that, I think is a condition, at least for me... yeah, it becomes meaningful to me because I intuit or I sense or I believe

that it is also musically meaningful for this person [slight smile, nodding, motioning hand] so it's sort of like this feedback, like... [circles finger in a loop] It's like a feedback loop for everybody, like I'm inviting or I'm offering [motions hand], or this person is just showing up [leaning forward, slightly smiling, motioning hands] and ready to engage musically and do their thing; I'm responding to them or they're responding to me and we get into this interactive or musically reciprocal [clasps hands together] situation or... experience and... yeah, it's meeting... part of the meaning is the fact that it is joined [clasps hands together]; that it is mutual, it is interactive, I mean, especially, you know, I work with a lot of neurodivergent children, adolescents, young adults where interactiveness or relating... um, relating musically or communicating and collaborating around musical elements [motions hand] isn't always a given, so... yeah, so when those moments occur... yeah, the, the, the... the joint effort, the collaboration is, is... is an important condition. (Participant 1)

Participant 2 alluded to this as well, discussing how flow occurred when she and her client were mutually engaged, with 'nobody letting go':

Nobody's letting go [smiling] and, and still holding on and keep going, I'm... I'm having that image right now that is very exciting [slight smile]... that nobody's letting go as we continue to find out something *new* again (...) (Participant 2)

Pre-Existing Musical Skills

Participants discussed how cultivating a level of musical skill could make clinical flow states more likely to occur. Participant 1 connected his experience with Csikszentmihalyi's (1975, 1990) writings, identifying flow as skill-based:

[...] and you know, I think as you know, having read – [motions to the camera] I'm sure you've read flow and Csikszentmihalyi – like, it's a skill! [smiling, nodding head] It's something that we can practice and cultivate and like it's not, you know, it's not always a given that beings enter these states like there are certain conditions that need to happen and there's certain skills that we can cultivate in ourselves to *get* to those places. [continues to smile and nod head as he speaks]
 [...] (Participant 1)

He described musical skill as essential to musical motivation, which is essential for musical flow:

[...] I mean, when we're talking about musical flow, it does require some level of skill, *musical* skill, I think to meet those conditions where we are totally invested and motivated to... [motions his hands in a wide arc] to play and to continue and to create this... to create this *piece* of music even if we're improvising [...]
 (Participant 1)

Participant 1 believed that his clients' musical skills also allowed for clinical flow to occur in sessions. He reflected that his client's musical skills made it easier for flow to happen because the therapist didn't need to do as much 'pushing' or 'pulling'. In part, this lack of 'pushing' and

'pulling' seemed predicated on clearly defined roles, evidence of a developed therapeutic relationship:

So, for example, like with this client, this other client that I'm talking about who I've been working with for a very long time... a lot of our flow states come from them singing [motions hand], improvising songs, and I'm sort of... become an accompanist [motions hands]. And that's all I have to do. I mean, that wasn't like what our work looked like in the beginning, like they needed a lot more support, but now they're so, they're just so much more apt at improvising and... and creating and... and engaging in music in this way, so I really just sort of take a back seat. I don't have to do as much like pulling [motions hands like he's pulling a rope] and... and inviting, they're just... they're ready to go and I'm just there to... accompany! (Participant 1)

Participant 2 spoke about skill as a flow condition in a more general sense. She believed that flow, inside and outside of music therapy sessions, is predicated on ability and understanding:

So one is, [furrows brow] maybe that I haven't touched on is like I need to know... the tools, the craft that I'm using first. That I have to have a certain... mm... [motions hand like grasping at something] understanding and ability to engage in the thing that I'm engaging in before I can get into flow. (Participant 2)

However, Participant 2 believed that acquiring skills was not enough to create flow. She described how the skill needed to be 'integrated' first, and discussed how she needed to combine knowledge-seeking with 'letting go':

And then, and then instead allowing myself to now... think about singing, like... then... after knowing [motions hand towards her head] I have to let the knowing go [motions hand away from her head]. Then I can be in the flow. Yeah, something, something has to in-, be *integrated* first [points to herself]. I guess that's the word. (Participant 2)

Because there is an element of letting go involved, Participant 2 believed that you cannot 'make' flow happen with skills alone:

You cannot *make* it happen either. You can get yourself *ready* in approaching that moment, but you cannot *plan* it... And so, [motions hand] to answer your question, I think a big part from the clinical moment to real life is.. [nodding] learning to let go and, and, and, and *trust* after... after... after spending so much time in a craft that, now I have to let go and *jump* and that flow *might* happen [nods]... Yeah. (Participant 2)

Length of Time in Music Therapy

Participant 1 mentioned that with a particular client, he experiences clinical flow often, and he attributed this to the development of their therapeutic relationship over a long period of time:

Yeah, sure! Well I feel like that... I, I guess I'm trying to... I want to think of like a different situation just to like give you variety too [leaning forward, smiling slightly, motioning hands]. Yeah, I feel... I'm thinking about, I'm thinking about a different client right now that I feel like we, at least I get into a flow state.

[Leaning forward] We're really, we've been working together for a very long time and... we've gotten... we've gotten really good! [laughter, smiling] You know, like, good in terms of... yeah, creating these really rich, fluid musical improvisations together [nodding head, shaking head] and in that... yeah, in that I, I feel like [we've] gotten really good at, [motions hands] for me to get into a flow state in, in playing with this particular client. (Participant 1)

Musical Affinity

Participant 2 believed that a particular clinical flow experience occurred partially because of a musical affinity that she shared with the client. The participant mentioned that in order for this musical connection to occur, she first had to become comfortable with her own music:

And so feeling, the feeling part is... I really... starting to enjoy what I *play* more that connect to who I *am* [points to self], and it also happened that this client, right? Like that's *her* music too, and so in that moment the topic and all that I was able to create... the music, that... is a synergy of all that, I guess. Me coming to terms with myself and... in that, at that period of time there was a lot of interest in that music [motions hand]. *Her* affinity [brings second hand near first]

to and, and, and familiar... *familiarity* with that genre of music... I think *all* that coming together [motions hands]... that allowed that to happen. (Participant 2)

Overall, participants discussed many conditions that they believed were important to clinical flow, including listening to self and other, reciprocity, pre-existing musical skills, length of time in music therapy, and musical affinity. All these conditions were thought to make clinical flow more likely to occur.

Theme 4: Beliefs About the Therapeutic Value of Clinical Flow

Both participants shared many beliefs about how clinical flow experiences impact the therapeutic process. Two sub-themes contributed to this theme: a) belief that clinical flow benefits the client and b) expanded understanding of the client. Apparent in these themes was the general belief that clinical flow is a shared experience.

Belief that Clinical Flow Benefits the Client

Both participants seemed to share the belief that their clients benefited during what they saw as clinical flow experiences. Participants mentioned positive qualities of clinical flow experiences that they believed were shared between them and their client. They described the experiences as 'meaningful', 'enjoyable', and as 'peak experiences':

I walk away feeling like... I walk away thinking like, 'oh, that was really meaningful both for me and for this person' [nods head and furrows eyebrows].
(Participant 1)

[...] it's a... a another word for flow, I guess is 'peak experience', I would describe that as a peak experience for... [shrugs] all three of us in the room... for her definitely that was a turning point in our.. in our work together [...] (Participant 2)

[...] it was very a very enjoyable process, I believe, for the both of us, for me, for sure, as we.. as it continued to evolve. (Participant 2)

Participant 2 also mentioned a sense of discovery that she believed was shared between her and her client:

I think we both find... as we're creating we don't know where it's going, but at the same time as [turns hand]... as it happens I think we both find... well, the sense of discovery, right? [nodding] (Participant 2)

Participant 2 believed that her client experienced 'everything aligning' during what she believed was a shared clinical flow experience. She believed that the experience gave her client the opportunity to know her own strengths in ways that might not have been possible before the experience:

Then for... *me* as a therapist in that moment is like, 'that was so exciting', 'that was so... *beautiful* just in and of itself and for her to be able to experience that moment of every[thing] aligning and focus[ing] [puts one hand on top of other], I want her to experience again like so that, it helps her *eventually* right? - as we move on, like really help her with her confidence knowing that she actually has a *strength* and, and that she could *do* something very well, *despite* all these

challenges that she's facing in school because of her challenges and, and... that's why, one of the reason why her parents started to look at alternative... ways to help her too is she started to... fail at school because she's having a hard time focusing, and having a... difficult relationship with peers all that, right? But while here, she has something that she *excels* in, so, in the therapist's mindset, 'let's, let's build on that, let's do that again! How can we...' [laughing, smiling, motioning hands] 'conjure that and *make* it happen again', right? (Participant 2)

Participant 1 described a loose belief that his clients can feel his increased presence when he is in flow:

You know, I like to think that they feel... [nodding, moving in chair] like, very much *held*, and like, *attended* to in a way just cause, you know, I think when I get into this flow state like I've talked about like attunement and listening and like that quality of listening and being present with and so, I... with another, I feel like... I hope, I think that they would *feel* that. They would *feel* my presence, they would *feel* my... they would feel me *listening* to them and being... Yeah, I... I like to think they probably feel cared for - and not like... not necessarily always in this *nurturing* way, like, 'aww', like, you know, like... you know, sort of like *that*, but like, you know, I can care for... you know, other flow states happen when things are like super playful[...] (Participant 1)

He believes that when he is in flow, his clients feel more cared for and appreciated, and experience him as an enjoyable person to be around:

And super exciting and, you know, I feel like they can feel cared for in that way like 'wow, this, this person is really lending them... *lending* their entire self to me. [Smiling] I don't know if that's a thought though that they have though ('this person is lending...'), you know, especially, this thing about working with kids, like that's... that's not language that they're thinking about. If I had to say it as like, a kid... 'wow, he's fun!' [laughter, smiling] [...] Yeah! 'Wow, he's fun' [smiling]. I feel like that's what he would say or 'wow, he...' or 'wow, he likes me'. (Participant 1)

Expanded Understanding of the Client

Another belief shared between participants was that clinical flow experiences expanded their understanding of their clients. Experiencing flow in a musical experience with the client was thought to demonstrate the client's ability to enter into a flow state as well:

So, for example, with this client that I just shared, you know, about... Yeah [nods head], I understood something different about him [raised eyebrows]. I, I... I understood that... at least my perception was that, 'oh, he's... he can enter into a flow state too' [...] (Participant 1)

Clinical flow states gave participants new understanding of what their clients were capable of, as well as what they found to be meaningful:

Did my perception of the clients change? Yeah! [nods head] Maybe not in the moment, like I'm not I'm not like... but afterwards. I feel like, yeah, it's new information about what they can do or what they find meaningful or, what...

[shrugs shoulder] yeah, yeah, I, I think, [nods head] yeah, I think my perception changes, you know. (Participant 1)

Clinical flow states gave participants several insights into their client's capabilities.

Participants recounted an expanded awareness of the client's musical skills:

[...] and so, yeah, so I'm like... like that particular improvisation involved so many different... [shaking his head and moving back and forth in his swivel chair in an animated way] involved so many different musical skills in terms of listening, playing, following, initiating around a lot of different *tempo* and *dynamics* around different kinds of *moods* and *affective modulations* that were happening in the music. The... what was so interesting about this particular improvisation was how we were playing with *time* and *anticipation* and you know... all of these things are *skills* [smiling, hand motions], like their actual musical *skills* and... and the fact that, he would... he was able to participate and contribute [smiling, hand motions] and collaborate around all these things *leading* to this flow state I was like, 'oh wow, he's got a lot... he understands a lot about music, a lot more about music than I... than I previously *knew*. (Participant 1)

Participant 2 found that a clinical flow experience demonstrated not only her client's musical ability but also what conditions might lead to her client's engagement:

Oh yes, I, I was surprised we worked together for a few months at that point and I was trying... so very hard to have her [motions hands] quote unquote 'make music' with me in the way that I perceive making music is [smiles].. and I felt

really challenged in, trying to incorporate her.. scatteredness into.. into an *interaction*. So that moment told me that she actually has the *capacity* to do it... when the condition is right. (Participant 2)

Clinical flow was seen to demonstrate clients' ability to let go and be in the moment:

And so, yeah, so I learned that, 'oh, this is somebody that can really surrender to the moment here' and, you know, letting go isn't always easy to do in that kind of way. (Participant 1)

It was also seen to demonstrate a client's trust:

And then I think that... her trust with *us* like that... *if* this is the first time ever that she had... she shared this land with somebody else, I think that that says a lot, of how... of her trust of us, of her, how comfortable she felt with us [...]
(Participant 2)

For one participant, a clinical flow experience helped her to gain a new perspective on her client's suspected diagnosis through an increased appreciation of her client's strengths:

And there's so much creativity in her that.. well, she was suspected, she didn't get diagnosis but the family suspects she has ADHD. Well, yes, in that moment... none of that distractibility was there as we are in this [motions hand forward] flow of time... *no* trace of ADHD within that three, four minutes and then... And as I start to learn more about ADHD because of her, like... this is before the whole neurodiversity movement too, that people haven't... come to see ADHD

differently or from a strength-based perspective, a whole lot. But I found this psychiatrist actually talking about that, the flip side [turns hand] of all that like talking about... distractibility is actually like, *attentive to details* or, how, how to... he, he basically took the... defining characteristic ADHD and from this [turns hand]... seeing it from this... resource perspective that is, is actually, creativity, is spontaneity, is attention to details, which... I was able to *see* in this moment of flow, how her so called quote unquote [makes quotation marks with fingers] disability was channeled and harnessed [moves hand forward in front of her] into... [shrugs] yeah, a moment of connection. Yeah. (Participant 2)

This expanded understanding of the client sometimes led to major shifts in the therapeutic process. Participant 2 described how a clinical flow experience alerted her to new therapeutic possibilities for her client:

Uh-huh. Well, one is, my perspective like I described it before is like really trying to get her into... *focusing* because focusing was the quote unquote issue that was brought to the table in the first place, right? So a lot of the times like, 'ok, let's focus, let's *do* this [laughing], let's... in my own way, in my own... *definition* of focusing, while, after that moment I think I *see* her differently in realizing that 'wait hold on... there's something that, that we're not tapping into yet,' she actually could do it, then how can we help her tap into that? (Participant 2)

After the clinical flow experience, the work with Participant 2's client shifted in such a way that the role of music was fundamentally changed:

So that completely shift our work into trying to help, let her... [shrugs] get her to *make* music. We, we would in-, *incorporate* music in that land [nodding], but that's not necessarily the... *My* focus anymore, in just like making music, we still, we still have... instruments and things but like... music become... [furrowed brow] has a different role in this land [smiling, nodding]. (Participant 2)

For Participant 2, the increase in understanding gleaned from clinical flow provided a major insight for Participant 2 into her client's inner world, as well as to how her client showed up in the rest of her life. She shared these insights with her client's mother:

[...] after sharing with [her] mom, mom was.. She used the word 'enlightened', seeing them after watching the, the video. Because this... in this *song*, this young lady talk about her wonderland. [Smiling, moving head side to side as she speaks] Where there's fairies and all these frogs and toads and like all these... magical beings [nodding], which is very rich, and... mom was like, 'I've *never* heard her talk about *any* of this'. So I was like, 'wait, hold on a second.' Her images were so rich that there's... I don't think she just created that land... in a moment with us. I think this has been a land that she... [laughing and smiling] *lived* in for a long time... which provide me with a whole other understanding because there was worries about her being in class spacing out, not paying attention... when she's supposed to learn, so I'm like [smiling slightly] 'wait hold on, is this the land where she has been going to, all the time when to the outside world [makes quotation marks with fingers] she's not listening?'. So that opened a door, a *huge* door for us in to understand her inside world. I think that was the

very first time she get to *share* that inside world [nodding]. Like her mom said 'I don't.. I didn't know that'. (Participant 2)

These insights significantly impacted the course of the client's therapy:

So for the next year or so in our work together, we travel to that land every single week [nodding]. (Participant 2)

Participant 2 believed that this shift in the work following the clinical flow experience was based on the client's vulnerability during the experience, which was made possible by the client's trust in the therapists:

So yes, the work shift hugely after that I think mostly because, after that moment, how she felt safe and trust and allowing us into a place where... it has not been touched before by... other people. Yeah. (Participant 2)

This shift in the client's therapy following a clinical flow experience was thought to further demonstrate the client's trust and creativity, as well as provide opportunities for the client to experience autonomy and experimentation:

[...] and since then the... the *way* she used this wonderland, in... I see it as working through a lot of the... challenges she faced, in her real life? speaks volume of, of... One, again like her creativity and then *allowing* me and my co-therapist in that land with her, [slight smile] even though a lot of the time was like her telling us what to do and what not to do, she's pretty much the.. the, the... *owner* of the land that we are, [laughter, smiling] we are very... yeah, it's,

it's, it's a lot about, about, about... *controlling* and testing out and, and, and...

and, almost like for her to put on different roles that she... does not get to do in her real life [raises eyebrows, nodding], maybe. That's, that's my guess.

(Participant 2)

Clinical flow was thought to hold therapeutic value through benefiting clients as well as expanding therapists' understanding of their clients. Overall, Clinical flow was seen as valuable to a client's therapy.

Chapter 5

Discussion

The purpose of this study was to explore how Nordoff-Robbins Music Therapists' experience and talk about flow during clinical improvisation. Four themes emerged with a total of 15 accompanying sub-themes: 1) therapists' internal experiences during clinical flow (sub-themes: positive internal experience, sense of connection, acting without thinking, altered sense of time, and the flow experience transcended description), 2) therapists' experiences of the music during clinical flow (sub-themes: beautiful and aesthetically pleasing music, heightened musicality, and musical non-judgment), 3) perceived conditions of clinical flow (sub-themes: listening to self and other, reciprocity, pre-existing musical skills, length of time in music therapy, and musical affinity), and 4) beliefs about the therapeutic value of clinical flow (sub-themes: belief that clinical flow benefits the client and expanded understanding of the client).

As a phenomenon, flow has been studied in many contexts, and there has been some debate over how to measure it (Engeser & Schiepe-Tiska, 2012). Like all theories, flow theory is not without its flaws, which have been explored in the literature (e.g. Abuhamdeh, 2020). With this acknowledgement, flow theory will be used extensively to interpret the interview results, as part of the aim of this study is to explore ways in which flow theory might be useful in helping researchers and clinicians understand what occurs during meaningful moments of clinical improvisation.

Phenomenology of Clinical Flow

As a phenomenon, the clinical flow experiences examined in this study bear many similarities to Csikszentmihalyi's (1975, 1990) flow theory, as well as the more recent description of flow by Csikszentmihalyi et al. (2018). However, there were also some features of clinical flow that differed from or expanded upon flow's tenets as laid out by its original theorist. This section will begin with a comparison between the characteristics and conditions of clinical flow as evidenced in the present study and those laid out by Csikszentmihalyi et al. (2018).

Clinical Flow Characteristics

Participants in the present study identified many characteristics of clinical flow, which were organized by the researcher into eight sub-themes: a) positive internal experience, b) sense of connection, c) acting without thinking, d) altered sense of time, e) the flow experience transcended description, f) beautiful and aesthetically pleasing music, g) heightened musicality, and h) musical non-judgment. The last three of these sub-themes related specifically to the participants' experiences of the music during clinical flow. These sub-themes bear many similarities to the flow characteristics outlined by Csikszentmihalyi et al. (2018), with some slight variations. These six characteristics are a) "merging of action and awareness", b) "total concentration on the present moment", c) "loss of self-consciousness", d) "no fear of failure", e) "sense that time is either speeding up or slowing down", and f) "autotelic motivation" (p. 220).

Table 2*Flow Characteristics*

Csikszentmihalyi et al. (2018)	Present Study
Merging of Action and Awareness	Positive Internal Experience
Total Concentration on the Present Moment	Sense of Connection
Loss of Self-Consciousness	Acting Without Thinking
No Fear of Failure	Altered Sense of Time
Sense that Time is either Speeding Up or Slowing Down	The Flow Experience Transcended Description
Autotelic Motivation	Beautiful and Aesthetically Pleasing Music Heightened Musicality Musical Non-Judgment

Merging of Action and Awareness. This involves “a sense of knowing exactly what needs to be done and how to do it” (Csikszentmihalyi et al., 2018, p. 220). Participants described similar experiences during clinical flow. They reported experiences of 'acting without thinking', wherein their actions seemed to 'happen' without the participants needing to 'think' about every step. They described a sense of heightened musicality wherein the music flowed 'naturally', and they played with a degree of skill that surpassed what they believed they would be able to consciously re-create. Participants linked these aspects of clinical flow to discipline, believing that their pre-existing musical skills allowed them to rise to the occasion of acting spontaneously during clinical flow. In addition, participants' descriptions of this merging of

awareness and action seemed related to a connection to the present moment, which will be discussed later in this chapter.

Total Concentration on the Present Moment. The ‘sense of connection’ described by Participant 2 contained elements of ‘total concentration on the present moment’ described by Csikszentmihalyi et al. (2018). Participant 2 recalled feeling ‘centered in the room’ and experiencing a sense of connection ‘split second to split second to split second’. She further recalled feeling like she was connected fully to her interaction with her client, describing them as being ‘together in the moment’. ‘Total concentration on the present moment’ was also evident in other areas of the participants’ responses, such as in their discussions of listening as a clinical flow condition. For instance, Participant 1 saw presence as a key characteristic of flow but saw listening as the condition that led there. Participant 2 saw presence as a key aspect of listening (thought to be a condition of clinical flow), and she reported a belief that this sustained focus on the present moment was sometimes hard to sustain due to the potential for distraction. Participant 2 further connected this sense of presence with her experience of ‘acting without thinking’ during clinical flow.

Loss of Self-Consciousness. Csikszentmihalyi et al. (2018) identified this characteristic as “an absence of critical self-talk and social comparison” (p. 220). Both participants in the present study mentioned a foregoing of internal critical voices as part of the clinical flow experience. Participant 1 mentioned musical nonjudgment as a characteristic of clinical flow, and Participant 2 believed that letting go of self-critical voices was an important part of listening, which was seen as a condition for flow. Csikszentmihalyi (1990) also connected loss of self-consciousness to ‘self-transcendence’, which will be discussed later in this chapter.

No Fear of Failure. Participant 2 mentioned an awareness that if she didn't stay focused on the present moment, she might lose the flow experience. This could indicate a variation between her experience of clinical flow and 'flow' as laid out by Csikszentmihalyi et al. (2018). Perhaps Participant 2 was focused more on what she perceived as her client's experience of flow, and didn't actually experience flow in that moment, though it is unclear. It is also unclear whether this awareness constitutes a 'fear of failure' or whether it is a simple awareness that she needed to stay focused on the moment. Csikszentmihalyi (1990) labeled this characteristic as "the paradox of control" and connected a lack of worry about failure with a sense of being in control (pp. 59-60). He further connected this characteristic to the employment of "sufficient skills to reduce the margin of error to as close to zero as possible" (p. 60). It is possible that this flow characteristic is thus reflected in the participants' descriptions of 'acting without thinking', 'heightened degree of musicality', and 'musical non-judgment'. These three flow characteristics described by participants point to a sense of increased control in the moment, coupled with a lack of 'second-guessing' whether the music they were creating was adequate to meet their clients' needs ('no fear of failure').

Sense that Time is either Speeding Up or Slowing Down. The 'altered sense of time' described by Participant 1 matches the similar flow characteristic laid out by Csikszentmihalyi et al. (2018). It was clear that Participant 1 experienced time as passing quicker during clinical flow, as he described how the experience felt like one 'moment' even though it was 10 to 12 minutes long. Participant 1's descriptions of being able to "think about and execute" many aspects of music at the same time might also allude to a sense of time slowing down at times during the experience.

Autotelic Motivation. This relates to “the desire to engage in an activity for the joy of doing so, rather than to obtain extrinsic rewards or fulfill obligations” (Csikszentmihalyi et al., 2018, p. 220). While participants didn’t explicitly mention finding intrinsic motivation in the clinical flow experience, they described the flow experience using positive descriptors such as ‘exciting’, ‘magical’, and ‘fulfilling’. Participant 1 also mentioned that clinical flow motivated him to show up to work, which suggests that the experience might carry some intrinsic or ‘autotelic’ value for him. Musically, participants mentioned experiencing the music as beautiful and aesthetically pleasing during clinical flow, providing an additional level of intrinsic value to the experience. The music was described as beautiful “in and of itself” beyond its clinical value.

Clinical Flow Conditions

According to Csikszentmihalyi et al. (2018), flow has three conditions that make it possible: a) "clear and proximate goals", b) "immediate and unambiguous feedback" related to these goals, and c) "a perceived balance of challenge and skill" (p. 220). Participants in the present study described what they believed to be conditions of clinical flow, organized by the researcher into five sub-themes: a) listening to self and other, b) reciprocity, c) pre-existing musical skills, d) length of time in music therapy, and e) musical affinity. Comparing the conditions identified in the present study to those described by Csikszentmihalyi et al. (2018) may offer some insight into why clinical flow might occur.

Table 3*Flow Conditions*

Csikszentmihalyi et al. (2018)	Present Study
Clear and Proximate Goals	Listening to Self and Other
Immediate and Unambiguous Feedback	Reciprocity
Perceived Balance of Challenge and Skill	Pre-Existing Musical Skills
	Length of Time in Music Therapy
	Musical Affinity

Clear and Proximate Goals. The first flow condition outlined by Csikszentmihalyi et al. (2018) was “clear and proximate goals which provide a clear indication as to what a job well done would look like and feel like” (p. 220). In clinical improvisation, it is possible that a ‘job well done’ has a somewhat unclear set of characteristics, due to the improvisational nature of the activity. However, for participants in the present study, flow seemed to occur when they understood what they were looking for. Participant 2 described how listening to herself allowed her to refocus her goal from ‘getting’ the client to play music to *connecting* with the client, and this clarity of goals led into a clinical flow state.

Participant 2 also mentioned how musical affinity between the client and herself helped to create clinical flow. Perhaps the shared musical language of the participant and the client allowed both to engage with the music in such a way that they had a clear and aligned sense of what they were trying to create together (i.e. ‘clear and proximate goals’).

Length of time in music therapy, which was described as a clinical flow condition by Participant 1, could also contribute to clear and proximate goals. Participant 1 believed that the length of time a particular client and he had spent in therapy allowed them to get “really good” at “creating these really rich, fluid musical improvisations together”. The length of time may have led to musical familiarity between Participant 1 and his client, as well as a collective understanding of how to occupy complimentary musical roles. Supported by familiarity and understanding, Participant 1 and his client likely had a clearer sense of what they desired to experience musically than a new therapeutic partnership would have, and these clear goals would be supportive of flow.

Immediate and Unambiguous Feedback. In addition to clear goals, Csikszentmihalyi et al. (2018) wrote that “immediate and unambiguous feedback on how well the individual is doing with respect to these goals” was a condition of flow (p.220). In the present study, this flow condition is evident in all sub-themes of clinical flow conditions.

Listening to self and other might make feedback clearer and more immediate because it focuses therapists’ attention onto what matters in the session. Listening to self (self-awareness) might allow therapists to challenge patterns of relating that could prevent them from meeting clients where they are. In turn, when therapists are able to meet clients where they are (“listen’ to the clients), they may be better attuned to clients’ relational and musical needs and therefore more aware of feedback related to their clinical goals.

Reciprocity, by its very definition, creates clear and immediate feedback. Reciprocity, as described by Participant 1, was the experience of the therapist and the client responding to each other in the moment and was characterized in part by the client being “ready to engage

musically and do their thing". If a therapist and client are interacting and responding to each other spontaneously and continuously, then both are receiving immediate feedback that might be related to their musical goals (what they are trying to create musically). The existence of reciprocity could itself provide feedback for the therapist on their clinical goals, especially if connection is a goal of the therapeutic interaction. Reciprocity *implies* connection.

Pre-Existing musical skills can contribute to a therapist's understanding of how they are doing with regards to their moment-to-moment musical goals in sessions. The more experienced someone is at an aspect of music, the better they may be able to understand how well they are effectively utilizing that music in a clinical setting. While this is likely true for pre-existing musical skills, it is also likely to be true for clinical music therapy skills: the more clinically experienced therapists are, the better they may be at understanding immediately how effectively they are employing their clinical skills in a session.

Length of time in therapy might contribute to 'immediate and unambiguous feedback' because the longer a therapist works with a client, the more likely they are to be able to pick up on the client's communication. Therefore, therapists who have spent more time in sessions with their clients may have a clearer and more immediate understanding of how well they are 'reaching' their client.

Musical affinity between therapist and client might also help to make feedback more immediate and less ambiguous, as a shared musical frame of reference could create a context wherein a therapist has a sense of how to musically respond to their client and vice versa. Therapists in this situation may have a more immediate sense of what is working musically and a sense of what they need to change about the music to meet the desired aesthetic.

Perceived Balance of Challenge and Skill. The final condition described by Csikszentmihalyi et al. (2018) was “a perceived balance of challenge and skill, such that the individual perceives that their abilities are being stretched to their full capacity by challenges in the environment” (p. 220). Participants in the present study alluded to this as a characteristic of the clinical flow phenomenon, describing how they felt their musical and clinical abilities to be employed at their highest capacity. Participant 1 described a sense of all his musical and clinical skills ‘coming together’ during the flow experience, and Participant 2 said it felt like she “prepared [her] whole life for this moment”. ‘Prior musical skills’ likely contributed to a perceived balance of challenge and skill for participants, as did ‘musical affinity’, as familiarity with a shared musical language between therapist and client would likely lead to a clearer sense of being able to meet the clinical ‘challenge’ with one’s musical skills.

This concludes the comparison between clinical flow as evidenced in the present study and the flow characteristics and conditions as outlined by Csikszentmihalyi et al. (2018).

Letting Go and Clinical Flow

Beyond the characteristics and conditions of clinical flow, the present study’s data suggest additional phenomenological aspects of clinical flow that are worth mentioning. For instance, while participants mentioned many conditions that they believed to be required for clinical flow, Participant 2 expressed that she didn’t believe that flow was something that you can plan. Instead, she believed that it was important to do one’s best to create the conditions for flow and then “let go”, and that flow (including clinical flow) may or may not occur. Participant 2 further suggested that having an ‘agenda’ of what she wanted to ‘make’ happen in

a session was antithetical to clinical flow. For Participant 2, it seems that clinical flow was only possible when she stopped trying to 'make' it happen. The importance of not 'thinking too much' about the flow experience is reflected in Wilhelmsen's (2012) findings, wherein participants mentioned that focusing too much on the flow experience could prevent flow from occurring (p. 50). This suggests an interesting paradox for achieving clinical flow, wherein the therapist may do their best to lay the groundwork for flow, but it may not happen unless the therapist 'lets go' of their plans to some level, and even then, clinical flow might not occur. Clinically, this would suggest an approach that focuses on the therapist-client interaction rather than trying to 'make' clinical flow states happen. The focus on 'letting go' without being attached to an outcome might bear some similarities to mindfulness as well as presence, which will be discussed later in this chapter.

'Self-Transcendence' and Clinical Flow

Csikszentmihalyi (1975) compared flow experiences to 'peak experiences' as described by Maslow (1962) as well as to religious experiences and those cultivated through meditation. This link implies that flow experiences might have elements of a transcendent nature, wherein the individual experiences a sense of 'going beyond' what is 'normal' to their experience. When describing the flow characteristic 'loss of self-consciousness' Csikszentmihalyi (1990) discussed how it can "lead to self-transcendence, to a feeling that the boundaries of our being have been pushed forward" (p. 64).

Participants in the present study alluded to the potential transcendent nature of the clinical flow experience through their discussion of how the experience was hard to describe to

others. Additionally, Participant 2 directly linked flow with the phrase 'peak experience' and discussed experiences of 'awe' which she shared with her co-therapist. She also used the word 'magic' to describe the experience multiple times. Participant 1 described how clinical flow experiences differed from non-flow experiences during clinical work in such a way that he felt fulfilled and inspired to show up to work. He also mentioned that clinical flow experiences had 'immense energy'. Participant 1 described how one of his co-therapists had a profound emotional experience during what he believed was a (shared) clinical flow experience, wherein the co-therapist was deeply moved by witnessing the client improvise a meaningful song. Participant 1 mentioned that he did not share the same level of overwhelm with his co-therapist, though he experienced the moment as profound. All these examples suggest that flow states in clinical improvisation may have the potential to take those involved beyond what they believe to be 'normal.'

The connection between flow in clinical improvisation and transcendent experiences is supported by both Fidelibus (2004) and Wilhelmsen (2012). Though he initially set out to study flow states during clinical improvisation, Fidelibus' (2004) research evolved into a multi-faceted exploration of therapists' processes within clinical improvisation, incorporating elements from other theoretical frameworks to examine his participants' experiences. Fidelibus (2004) found flow to be an "entry point" into studying "therapeutic presence, mindfulness, meditation and spiritual tenets in clinical improvisation" (p. 19). Fidelibus's (2004) study participants recalled experiences of 'wholeness', 'magic', 'symmetry', and a sense that the moment reflects the whole of existence (pp. 110-111). Similarly, Wilhelmsen's (2012) participants indicated that

they experienced a connection to something greater than themselves during flow, as well as an experience of observing themselves from the outside (pp. 43-44, 50).

Csikszentmihalyi (1990) proposed that the element of flow in which self-consciousness, or a 'self-concept', is lost – allows the self to “emerge stronger afterward” (p. 65).

Csikszentmihalyi argued that part of this shift in the self occurs because the person in flow “becomes part of a system of action greater than what the individual self had been before” (p. 65). 'Loss of self-concept' and its accompanying expansion of the self is evident in Participant 2's sense of connection during clinical flow, wherein she mentioned feeling like there was 'no me and environment' and like she was 'interconnected with everything'. Participant 2's experience of surprising herself with her heightened musicality during flow also suggests an expanded sense of self reminiscent of Csikszentmihalyi's (1990) concept of 'self-transcendence'. Flow's connection with self-growth is further reflected in participants' understanding of clinical flow as a therapeutic agent in which they believe the client experiences growth of the self.

Presence, Mindfulness, and Clinical Flow

Participants in the present study made connections between flow and both mindfulness and presence that are reminiscent of Fidelibus' (2004) findings, as well as Csikszentmihalyi's (1975) early writings wherein he alludes to a similarity between flow and meditation. The American Psychological Association (APA) defines mindfulness as "awareness of one's internal states and surroundings" that “can help people avoid destructive or automatic habits and responses by learning to observe their thoughts, emotions, and other present-moment experiences without judging or reacting to them” (APA 2025). Fidelibus (2004) wrote that

“mindfulness embraces collateral aspects of meditative practice: bare attention, concentration and inquiry” (p. 210) and later connected mindfulness to a focus on the present moment and therefore the ‘present musical moment’ (pp. 211-212). The connection between flow and present-moment awareness is evident in the flow characteristic ‘total concentration on the present moment’ (Csikszentmihalyi et al., 2018). In the present study, both participants extensively connected flow to presence as both a characteristic and a condition of the clinical flow experience. They described feeling ‘tuned in’, ‘being present with’ the client, and ‘responding in the moment’. Participant 2 connected her sense of ‘acting without thinking’ to mindfulness “because it’s so connected.. to the moment”. The clinical flow experience was also connected to non-judgment as both a characteristic and condition. As mentioned above, non-judgment with regards to ‘present-moment experiences’ is thought to be related to mindfulness (APA, 2025).

The present-moment or ‘mindful’ aspect of the clinical flow phenomenon seemed to bear some connection to experiences of ‘self-transcendence’ in the present study. Though Participant 2 used the word ‘magic’ to describe the flow experience multiple times, at one point she expressed hesitation with using the word ‘magic’, instead describing the flow experience as a ‘very mindful process’. Participant 2’s words echo those of Csikszentmihalyi (1990), when he wrote:

There is nothing mysterious or mystical about them [reported experiences of loss of self-consciousness during flow]. When a person invests all her psychic energy into an interaction – whether it is with another person, a boat, a mountain, or a piece of music – she in effect becomes part of a system of action greater than what the individual self

had been before. This system takes its form from the rules of the activity; its energy comes from the person's attention. (p. 65)

In both Csikszentmihalyi's (1990) argument and Participant 2's reflection, there is an agreement that flow (and perhaps the accompanying 'self-transcendence') is not simply a 'magic' or 'mystical' phenomenon. Instead, according to Csikszentmihalyi (1990), it seems to rely upon one's investment of attention. In the present study, this is reflected in participants' accounts of listening as an essential condition of flow. 'Listening' seemed to imply directing one's attention to the present-moment interaction with a client, grounded first in the present-moment awareness of one's internal experience. In this way, it could be said that participants' experiences of clinical flow may have been predicated on the mindful directing of attention to the present moment.

Clinical Flow as a Shared, Co-Created Experience

It is impossible to know whether participants' clients experienced flow at the same time as the participants as no clients were interviewed during this study. However, the therapists involved in this study seemed to share a strong belief that clinical flow experiences were shared between them and the client (as well as sometimes the co-therapist). The belief that clinical flow experiences are shared is reflected in findings by both Fidelibus (2004) and Wilhelmsen (2012), whose participants reported similar beliefs. Some participants in Wilhelmsen's (2012) study believed that there may be times when only one person is in flow (therapist or client) and the other is not. However, this was not apparent in the present study's data.

Csikszentmihalyi et al. (2018) wrote that “flow occurs privately, in consciousness” (p. 220). It is perhaps reasonable to say that the flow states described by participants were experienced internally, and if clients or co-therapists experienced flow simultaneously, they also experienced this privately. However, there seemed to be an element of the clinical flow phenomenon where the experience itself was predicated on musical interaction between the client and the therapist. Additionally, participants reported instances of their co-therapists sharing their sense of awe, excitement or aesthetic appreciation to varying degrees during the experiences. When participants were experiencing flow, they also reported observing an increase in engagement from their clients. All these characteristics point to a shared nature of the phenomenon of flow in clinical improvisation.

According to the group flow taxonomy proposed by Hackert et al. (2023), the experience of clinical flow described by participants suggests elements of both ‘shared interactive flow’ (pp. 110-111) and ‘group flow’ (pp. 112-114). Hackert et al. (2023) described ‘shared interactive flow’ as “an (individual) experience of a *shared* flow state” that requires “interaction among individuals” as well as “a common goal of a certain task” (p. 110). Hackert et al. (2023) proposed that ‘shared interactive flow’ is synonymous with ‘team flow’ as proposed by van den Hout et al. (2018), which was thought to have additional characteristics beyond those of individual flow states. Van den Hout et al. (2018) labeled these characteristics as ‘sense of unity’, ‘sense of joint progress’, ‘mutual trust’, and ‘holistic focus’ (van den Hout et al., 2018, pp. 408-411). These elements were evident in the present study participants’ reports of clinical flow experiences, wherein participants described their experiences of connection and collaboration as well as their beliefs that clinical flow states reflected their clients’ trust in

them. These elements are related to the therapeutic relationship, which seems to have been essential to clinical flow for study participants.

Hackert et al. (2023) write that “key elements of group flow are an increased joint attention on a common goal and an increased social interaction, which is specifically characterized by interactional synchrony” (p. 113). These characteristics are evident in participants’ accounts of musical reciprocity, such as when participants mentioned an increase in musical ‘back-and-forth’ during clinical flow. Participant 2 described this using a metaphor of “throwing a ball back and forth” when “no one’s dropping the ball”. ‘Group flow’, as proposed by Hackert et al. (2023), is also characterized by a “collective state of mind” (p. 112) and a “merging of self and other” (p. 113). It is possible that these characteristics were alluded to in participants’ experiences, especially in Participant 2’s account of feeling ‘interconnected with everything’ during flow. This state of being, wherein one feels ‘at one’ with a group process, bears resemblance to ‘self-transcendence’ as described earlier in the chapter. In fact, Csikszentmihalyi (1990) wrote that during the ‘self-transcendence’ associated with flow experiences, people experience a “connection with some Other”, and he uses words such as “kinship” and “unity” to describe this element of the flow experience (p. 64).

The collective, shared, or ‘group’ element of clinical flow experiences is reminiscent of flow events reported in other studies of flow and music (e.g. Bakker, 2005; Forbes, 2020; Hamilton et al., 2019). This suggests that this element of the flow phenomenon as experienced during clinical improvisation might be related to flow in music in a more general sense. This could be because music is often a group activity wherein group members collectively create a cohesive whole.

Therapeutic Implications of Clinical Flow

Based on participants' responses, clinical flow seems to be more than simply a random phenomenon that sometimes occurs during clinical improvisation. Instead, results suggest that it is intimately connected with the therapeutic process as well as the therapeutic relationship, both on causal and effectual levels.

The Therapeutic Relationship as a Clinical Flow Condition

The clinical flow conditions identified in the present study - listening to self and other, reciprocity with the client, pre-existing musical skills, length of time in music therapy, and musical affinity - can all be seen as dimensions of the therapeutic relationship. This suggests that clinical flow may be primarily dependent upon the therapeutic relationship itself. This is not surprising as the therapeutic relationship is essential to the task of clinical improvisation and therefore to any state related to one's engagement in that task. The task of clinical improvisation is built largely upon the therapeutic relationship, and the therapeutic relationship is built in part through clinical improvisation.

Additionally, clinical flow experiences were thought to demonstrate clients' trust in the therapists. Participant 2, specifically, discussed how the clinical flow experience demonstrated her client's trust, as without her trust, the client wouldn't have been as willing to be vulnerable and therefore present in the musical interaction during which a clinical flow experience occurred. In this instance, clinical flow seems to have occurred at the very moment that Participant 2's client let go of her patterns of resistance and agreed to share her inner creative world with the therapists. This occurred at least partially because of the therapists'

commitment to listening to the client on a deep level and encouraging her to listen to herself. This example seems to suggest a clear link between the strength of the therapeutic relationship (built on trust and listening among other factors) and the emergence of clinical flow.

Therapeutic Impacts of Clinical Flow

Study participants believed that their clients benefited when they were in clinical flow. Part of this was due to the belief that clients experienced the flow experience alongside the participants. If true, this implies that clients might experience various benefits of flow during clinical flow experiences, including joy, a sense of order, and a sense of fulfillment (Csikszentmihalyi, 1990). Additionally, Participant 1 mentioned a belief that clinical flow experiences were meaningful to clients, and Participant 2 described how she believed that her client experienced a 'peak experience' during flow. Participant 1 mentioned that he 'likes to think' that his clients could feel his presence and that they felt 'cared for' during clinical flow. Participant 2 believed that her client experienced a sense of discovery during clinical flow.

Participant 2 believed that her client gained an opportunity to experience her own strengths during clinical flow. This reflects Csikszentmihalyi's (1990) notion that flow states provide for the growth or expansion of the self, if indeed the client was experiencing a flow state during the clinical flow experience. Supporting the connection between clinical flow and growth, participants in the present study reported a belief that clinical flow was predicated not only on their musical skills, but on the musical and relational skills of the client. If this is indeed true, then clinical flow could indicate musical growth – the client utilizing their musical skills and expanding upon them within the therapeutic relationship.

Just as clinical flow states were shown to be dependent upon the therapeutic relationship, participants believed that clinical flow states in turn positively impacted the therapeutic relationship. Participants seemed to believe that they showed up at their best during clinical flow both musically and clinically, and Participant 1 believed that his clients felt his presence when he was in flow in a meaningful way. Additionally, participants reported how they believed that clinical flow states expanded their understanding of their clients in many ways. Clinical flow states were thought to increase participants' understanding of their clients' needs, their abilities, their creative capacity, and what clients found to be meaningful. All these levels of understanding reinforce the therapeutic relationship between the client and the therapist(s).

Based on these understandings, clinical flow was seen to significantly impact the course of a client's therapy. In Participant 2's example, the whole therapeutic process shifted following the clinical flow experience and its accompanying revelations for the therapists. The flow experience had highlighted the client's needs as well as an area of strength that wasn't apparent to the therapists before the experience, so following the experience the therapists were able to work in a way that seemed more effective for the client.

Nordoff-Robbins Music Therapy and Clinical Flow

Participants mentioned their Nordoff-Robbins training specifically a few times throughout the interviews. Participant 1 discussed how he believed that indexing, a central part of Nordoff-Robbins training, was useful in developing self-awareness, which he believed to be important to clinical flow due to its connection with listening and presence. Indexing was

thought to help Nordoff-Robbins therapists become more aware of their 'patterns' in a session, such as what kind of musical style or tempo they were likely to default to while playing.

Participant 1 believed that becoming more aware of his own patterns has helped him to become more aware of his clients and in turn, of "the clinical musical conditions that support this person's engagement".

While Nordoff-Robbins training was viewed positively in relation to flow in the above example, Participant 1 also alluded to a focus on the music within Nordoff-Robbins training that can potentially lead music therapists to be judgmental of their music. This could be related to the focus on musical patterns mentioned above, or it could indicate a general focus on various aspects of clinical music within Nordoff-Robbins training. In any case, Participant 1 indicated that this judgment of the music disappeared when he entered into clinical flow.

Additionally, both participants mentioned their co-therapists during their discussions of clinical flow. Participant 1 mentioned the emotionality of his co-therapist following a clinical flow experience and Participant 2 described sharing an experience of awe and excitement through facial expressions during a clinical flow experience. Both participants described accounts of processing clinical flow experiences with their co-therapists following the session. While there was some discrepancy between the level of emotionality experienced by Participant 1 and his co-therapist following clinical flow, both participants alluded to what seemed like a shared understanding of the experience between therapist and co-therapist.

When asked about how her Nordoff-Robbins training influenced her experience and understanding of flow in clinical improvisation, Participant 2 compared clinical flow experiences to other flow experiences throughout everyday life. She believed that the flow states

experienced during a NRMT session are not inherently unique from those that people experience in other areas of life, and she argued that flow is something everyone knows how to do. She proposed that in Nordoff-Robbins Music Therapy, therapists seek the spontaneity that occurs in everyday life within music, which she believes creates unique challenges to achieving flow.

Limitations

Due to time constraints, this study was conducted with two research participants instead of three or four as originally intended. This limited sample size provides obvious limitations to a study exploring the common features of a phenomenon. Additionally, linguistic and individual characteristics in study participants potentially influenced the data in considerable ways. As outlined by Csikszentmihalyi et al. (2018), flow is experienced internally which may imply a certain level of individual variance, and the individualized nature of flow was alluded to by participants in the present study at various points. Each participant in the present study seemed to bring a lot of their own worldview and personality to their descriptions of flow, which seemed to color certain aspects more than others. The complexities of using language to describe a felt experience is inherent to much qualitative research, and this study is no exception.

Implications for Further Research

This study provides a preliminary inquiry into the nature and conditions of flow states experienced by Nordoff-Robbins music therapists (NRMT) during clinical improvisation and adds to the existing body of exploratory research into flow and clinical improvisation including studies by Fidelibus (2004) and Wilhelmsen (2012). Further research could include a similar

study with a larger sample size, which might help to identify the relative prevalence of various sub-themes among NRMTs' experiences of clinical flow. Interviewing clients on their experiences of flow during clinical improvisation could help to illuminate the potential connection between client flow states and therapist flow states during clinical flow, though careful consideration would need to be made to address ethical concerns inherent in interviewing clients. Interviewing clients about their experiences in clinical improvisation might also increase understanding of why clinical improvisation is therapeutically beneficial.

Flow, and certainly clinical flow, seem to be closely related to other theories and concepts such as Maslow's (1962) 'peak experiences' and the concept of mindfulness. Because of this, a hermeneutic study examining the various ways in which clinical flow states are discussed and described linguistically could be very interesting and beneficial to the profession. It is likely that 'flow' is only one word that is used throughout music therapy discourse to describe a certain kind of powerful and transformative experience occurring in clinical improvisation. Exploring variances in discourse regarding these types of experiences could lead to enhanced understanding for both clinicians and researchers.

Finally, more research on flow and music therapy improvisation (and music therapy in general) could help to establish music therapy flow literature in such a way that it can positively inform music therapy clinicians and students. Flow provides a way of understanding significant moments in music therapy that is already connected to a large body of literature and research and is relatively easy to understand on a pragmatic level. There are thought to be conditions for flow, as well as characteristics that can help somebody ascertain that it is occurring, and so it is something that could inform the way that music therapists work within and outside of clinical

improvisation but especially in clinical improvisation – a process that can seem nebulous to the unexperienced. Csikszentmihalyi (1990) believed flow to be linked to enjoyment, happiness, and psychological order, and so it may be a useful type of broad goal for clients. The participants in the present study as well as those interviewed by Fidelibus (2004) and Wilhelmsen (2012) shared the belief that flow is often experienced by the client when it is experienced by the therapist during clinical improvisation. If this is true, this would then provide a way of understanding certain types of significant moments in music therapy clinical improvisation.

Conclusion

Participants reported extensively on their experiences of flow during clinical improvisation. Both participants viewed clinical flow states as positive experiences that benefited the client and positively influenced the course of therapy. Participants' musical experience was thought to be shifted during clinical flow. Participants also reported multiple conditions that they thought were supportive of clinical flow, all of which are related to the therapeutic relationship in music therapy. Based on the results of this study, flow might be a useful construct for understanding what occurs during significant moments of music therapy improvisation, and it might provide a way of understanding how these moments occur. Further research is needed to corroborate this study's findings, to examine whether clients experience flow when therapists do, and to explore the value of flow theory to other types of music therapy. This study provides an exploratory look into how flow states are experienced and conceptualized by Nordoff-Robbins music therapists during clinical improvisation.

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Appendix A: HREB Approval Letter



Human Research Ethics Board
 Sponsored Programs & Research Compliance
 1 Hawk Drive, New Paltz, NY 12561
 Faculty Office Building, Office N2

STUDY EXEMPTION

December 25, 2024

Justin Geyer GeyerJ2@newpaltz.edu

Dear Justin Geyer:

On 12/25/2024, the Human Research Ethics Board (HREB) approved the following submission:

Type of Review:	Initial Study
Title of Study:	Nordoff-Robbins Music Therapists' Experience of Csikszentmihalyi's 'Flow' During Clinical Improvisation – An Interpretative Phenomenological Inquiry
Investigator:	Justin Geyer
IRB ID:	STUDY00005475
Funding:	None
Grant ID:	None
Documents Reviewed:	Justin Geyer Graduate Thesis HREB Proposal, Category: IRB Protocol; Justin Geyer Graduate Thesis Informed Consent Statement.pdf, Category: Consent Form; Justin Geyer Graduate Thesis Recruitment Email.pdf, Category: Recruitment Materials;
Exemption	(2)(ii) Tests, surveys, interviews, or observation (low risk)

The Human Research Ethics Board (HREB) has considered the submission for the project referenced above and determined it to be Exempt under one of the categories specifically waived under Section 104 (d) (1-6) or 101(i) of the Code of Federal Regulations (45 CFR 46).

IRB exemption is given with the understanding that the most recently approved procedures will be followed and the most recently approved consenting documents will be used, if applicable. If modifications are needed, those changes may not be initiated

until such modifications have been submitted to the HREB for review and have been granted approval.

As principal investigator for this study involving human participants, you have institutional responsibilities as follows:

1. Ensuring that no subjects are enrolled prior to the study's approval date.
2. Ensuring that the HREB is notified via PACS IRB module of:
 - All Reportable Information in accordance with the "Reportable New Information" Smart Form.
 - Project closure/completion by the "Continuing Review/Modification/Study Closure" Smart Form in PACS.
3. Ensuring that the protocol is followed as approved by the HREB unless minor changes that do not impact the exempt determination are made.
4. Ensuring that the study is conducted in compliance with all HREB decisions, conditions, and requirements.
5. Bearing responsibility for all actions of the staff and sub-investigators with regard to the protocol.
6. Bearing responsibility for securing any other required approvals before research begins.

If you have any questions, please contact the Human Research Ethics Board (HREB) at either (845) 257-3282 or by email:

HREB Chair: hrebchair@newpaltz.edu HREB
Coordinator: hrebcoordinator@newpaltz.edu

Appendix B: Recruitment Email

Dear _____,

My name is Justin Geyer, and I am a graduate student at SUNY New Paltz in the music therapy department. I was given your contact information by _____, who recommended that you might be interested in participating in my qualitative study regarding therapists' experiences of flow states in Nordoff-Robbins music therapy.

Participation will involve participating in a semi-structured interview conducted through Webex, using open-ended questions. Participation will also involve completing a short demographics survey using the anonymized version of Qualtrics that should take about 5 to 7 minutes. The interview will last approximately 45 minutes to 1 hour and will be conducted in January or February of 2025. I will then transcribe the interview and analyze it according to emergent salient themes, organizing the data into a narrative paper that will be submitted as my research thesis. De-identified transcripts will be stored as password-protected files in a password protected folder on a password-protected laptop for up to 3 years in case the study is submitted for publication and the publisher asks for raw data. While the data is being analyzed, data will be stored as password-protected files in a password-protected folder on the secure SUNY New Paltz OneDrive.

To participate in the study, you must:

- Be 18 years of age or older and able to give consent
- Be able to understand and speak English fluently
- Be a Licensed Creative Arts Therapist and Board-Certified Music Therapist with a minimum of 5 years clinical experience

- Hold the MT-BC credential
- Hold the Nordoff-Robbins music therapist professional designation
- Have worked clinically with the Creative Music Therapy approach for at least 3 years

If you meet the inclusion criteria and are interested in participating in this study, please reply directly to this email. Please reach out with any questions or concerns that you have, and I will do my best to answer them.

Best regards,

Justin

Appendix C: Informed Consent Statement

Nordoff-Robbins Music Therapists' Experience of Csikszentmihalyi's 'Flow' During Clinical Improvisation – An Interpretative Phenomenological Inquiry Informed Consent Statement

Invitation to Participate in a Research Study

You are being invited to voluntarily participate in a research study that is exploring the way in which Nordoff-Robbins trained music therapists experience and understand Csikszentmihalyi's 'flow' during sessions. You are eligible to participate if you: 1) are 18 years of age or older and able to give consent 2) are able to understand and speak English fluently 3) are a Licensed Creative Arts Therapist and Board-Certified Music Therapist with a minimum of 5 years clinical experience 4) hold the MT-BC credential 5) hold the Nordoff-Robbins music therapist professional designation 6) have worked clinically with the Creative Music Therapy approach for at least 3 years. Participation in this research study is voluntary, and you can withdraw your participation at any time prior to data analysis. There will not be any compensation for participation in this study.

Research Team

This study is being conducted by the following individual, affiliated with the Music Therapy Graduate Program at the State University of New York at New Paltz, New Paltz, NY

Justin Geyer

Music Therapy Graduate Student

Study Purpose

The purpose of this study is to learn how Nordoff-Robbins-trained music therapists experience and conceptualize flow (Csikszentmihalyi, 1975; 1990) in their work during clinical improvisation.

What this study involves

NRMT's who meet inclusion criteria and agree to participate in the study will be asked to 1) review this consent statement and agree to be a study participant; 2) complete a demographic survey using the anonymized version of Qualtrics preceding the online interview; and 3) participate in a 45-to-60-minute online interview over Webex. During the interview you will be asked questions related to your experience improvising clinically during music therapy sessions. You will be asked questions related to your experience of flow as defined by Csikszentmihalyi (1975; 1990). You will be asked to review the transcript for accuracy prior to data analysis.

Data Collection Method

Interviewees will be audio/video recorded over Webex. You may turn your camera off at any point if it helps you feel comfortable. If you do not want to be audio/video recorded, please

inform the researcher. If you agree to participate in the study, you consent to be audio/video recorded.

Please note that the demographic data you provide may be collected and used by Qualtrics as per its privacy agreement. Please be mindful to respond in a private setting and through a secured Internet connection for your privacy. Your confidentiality will be maintained to the degree permitted by the technology used. Specifically, no guarantees can be made regarding the interception of data sent via the Internet by any third parties.

Confidentiality and Privacy

The following procedures will be in place to protect your confidentiality and privacy to the extent possible when collecting data through an online video conferencing platform:

- a. All interviews will be held and recorded using Webex, which is a secure platform. Transcriptions of the interview will be downloaded from Webex and stored as password protected files in a password protected folder on the researcher's secure SUNY New Paltz OneDrive. The transcription will be compared with the audio-visual recording. Once the transcript has been corrected, the audio-video file will be deleted. This will occur within 7 days of the recorded interview.
- b. All identifying information will be removed from the transcript. Code names will be used to identify participant responses in the data analysis (e.g. Participant 1, Participant 2).
- c. During data analysis, the transcript will be stored as a password protected file, in a password protected folder on the secure SUNY New Paltz OneDrive. Only the researcher and the researcher's thesis advisor will have access to the transcripts.
- d. Following data analysis, each de-identified transcript will be downloaded and stored as a password-protected file in a password-protected folder on a password-protected computer for up to 3 years, in case a journal editor asks for raw data as part of publication.
- e. Demographic data will be collected using the anonymized version of Qualtrics. Your responses to demographic questions will not be tied to your e-mail address.

Use of Data Gathered in this Study

The transcripts will only be reviewed by the researcher and the researcher's thesis advisor. Excerpts from the transcript may be included in the presentation/publication of this study's results. Excerpts will not have any explicitly identifiable information (e.g. my name, work setting, location). De-identified transcripts will be stored as password-protected files in a password-protected folder on a password-protected computer for up to 3 years, in case a journal editor asks for raw data as part of publication. If requested by a journal editor, de-identified transcripts will be uploaded into a data sharing repository for the purpose of publication and possibly made available to the public.

Risks to Participation

There is minimum risk or discomfort due to your participation in this study other than that which would be expected when discussing your clinical work with a colleague.

Expected Benefits

Flow may be a useful construct in understanding therapeutic change in music therapy, which may occur for the therapist, client, or both simultaneously (Silverman & Baker, 2018).

Therefore, this study may provide you, as well as members of the broader music therapy community, with a greater understanding of how therapeutic change occurs in clinical improvisation. In addition, flow is thought to relate to joy and fulfillment (Csikszentmihalyi, 1990). Therefore, this study may provide you, as well as members of the Nordoff-Robbins community, with insight into how or why Nordoff-Robbins Music Therapy is a fulfilling and meaningful occupation.

Contact Information for Questions and Concerns about the Study

Questions or concerns about this study can be forwarded to Justin Geyer at

GeyerJ2@newpaltz.edu. If you have questions about your rights as a research participant or concerns which you do not feel you can discuss with the researcher, you may contact Maryalice Citeria, PhD, Chair, SUNY New Paltz Human Research & Ethics Board at hrebchair@newpaltz.edu

Appendix D: Interview Protocol

- Interviews will be conducted via Webex
- Interviews will last around between 45 minutes to 1 hour.
- Interviews will be audio and video-recorded using Webex's meeting recording software
- The recordings will be transcribed within 7 days of the interview and then they will be destroyed.
- At the beginning of the interview, the researcher will establish rapport with the interviewees by introducing themselves as a music therapy graduate student at SUNY New Paltz. They will ask the participant if they have read and understand the consent statement. They will ask the participant if they have any questions and remind them that they are free to stop the interview process at any time or refuse to answer any questions to which they do not consent. They will notify the participants that they are welcome to turn their camera off at any time if they so choose. They will turn on the recording and ask the participant to confirm they meet the inclusion criteria and if they give consent to participate.
- The researcher will re-introduce the topic of the study, stating that *the purpose of this study is to explore how Nordoff-Robbins music therapists experience and conceptualize Csikszentmihalyi's 'flow' in their improvisational clinical work.* The researcher will share the following definition of flow to the participant:
 - ... the holistic sensation... [experienced] as a unified flowing from one moment to the next, in which [one] is in control of [their] actions, and in which there is

little distinction between self and environment, between stimulus and response, or between past, present, and future. (Csikszentmihalyi, 1975, p. 36)

- After reading Csikszentmihalyi's (1975) definition of flow, the researcher will ask questions based on the semi-structured interview guide found in Appendix E
- The researcher will provide the interviewees sufficient time for them to fully express and communicate their thoughts
- The researcher will ask follow-up questions or prompts as they deem useful for clarification or for expansion upon emerging topics
- The researcher will follow the semi-structured interview guide (Appendix D), as they deem useful, to help the interviewees present a description of their experience that is as clear and complete as possible
- The researcher will deviate from the semi-structured interview guide as they deem useful to the study
- At the end of the interview, the researcher will relay any notes they have taken to the interviewees to ensure that they have adequately understood what the participants have communicated
- Before concluding the Webex meeting, the researcher will thank participants and notify them of when to expect an email with a transcript of the interview for their review.

Appendix E: Semi-Structured Interview Guide

1. Can you think of a recent instance when you felt this type of experience during a session?
 - a. *Potential Prompts:* Can you describe the experience?
 - b. Was your perception of the session altered in any way?
 - c. Did it feel meaningful?
2. Can you think of any salient experiences throughout your career where you've experienced something like 'flow' during a session?
 - a. Did your perception of the client(s) change when you were experiencing this 'flow'-like state?
 - b. How did you experience the music during this experience?
3. Have you experienced flow in group sessions?
 - a. Can you describe the experience?
4. Have you experienced flow in individual sessions?
 - a. Can you describe the experience?
5. Can you think of a time when you experienced flow when working with a co-therapist?
 - a. What was that experience like for you?
 - b. Did you and your co-therapist discuss the experience afterwards? If so, do you remember what they said about their experience?
6. How do you think 'flow' states impact the therapy session (if at all)?
7. How do you think your clients experience you when you are in a state of flow?
 - a. What informs your thoughts on this?

8. Do you see any patterns in the times in which you've experienced flow in sessions?
 - a. Patterns in the space?
 - b. Patterns in the music?
 - c. Patterns in the client(s)?
 - d. Patterns in your mindset?