

ARTICLE

Profound music experience: Flow, transgression and transcendence in music therapy in psycho-oncology

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ABSTRACT

This paper investigates profound music experience considered in the context of broadly understood spirituality. It focuses on the application of music therapy to people who access psycho-oncological care. The paper is based on a phenomenological study which aimed to explore the patients' experiences, focused on the intrapersonal process in which the impact of music therapy is intended to strengthen the resources and internal forces of persons who are in the process of healing after their oncological treatment. As a result of the horizontal qualitative analysis of patients' autobiographical narratives, three thematic groups of experiences have been identified: i) experiences of a certain unreality and a sense of deep wellbeing – a kind of flow; ii) experiences of a transformational change and transgressive experiences, exceeding the limitations; iii) transcendent experiences. Vertical analysis allowed the creation of a therapeutic profile of every patient which indicated the common path of experiencing therapeutic changes that took place as a result of their participation in music therapy sessions. Horizontal-vertical analysis revealed the relationships between particular groups of experiences and the paths of experiencing therapeutic changes shared by all the patients.

KEYWORDS

music therapy,
psycho-oncology,
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INTRODUCTION

“A cancer diagnosis can be experienced as traumatic and shake the present life situation to its core” (Hertrampf, 2017, p. 7). Cancer, from the perspective of palliative care may also cause suffering, which depending on the nature of changes in the patient's life, may even lead to so-called total pain – a term

coined by Dame Cicely Saunders to capture its multiple dimensions (Clark, 1999). Total pain is characterised by suffering in all spheres of the patient's functioning: physical, mental, social and spiritual (Filipczak-Bryniarska & Wordliczek, 2008).¹ That is why patient care, as Saunders puts it, "carries a great responsibility for strengthening the patients' belief that they still participate in life," and pain relief allows them to remain themselves till the very end (Saunders, 1975, p. 50).

When psycho-oncologists refer to Victor Frankl, they highlight the natural and individual needs of the search for values and the will to discover the meaning of one's own existence. This forms the basis of therapy (that Frankl calls logotherapy) oriented towards spirituality in the broadest sense, which is conducive to increasing the quality of life of cancer patients. Psycho-oncologists report that the sense of having a purpose in life and a strong will to live correlates with a higher quality of life and a higher ability to cope with physical and psychological discomfort (de Walden-Gałuszko & Majkowicz, 1994).

Music therapy literature reveals a wide range of applications of music therapy with oncological patients. According to Gallagher, music therapy "can be used throughout the entire cancer care process, from diagnosis and treatment, through palliation, during hospice care, when the patient is actively dying, and during bereavement" (Gallagher, 2011, p.404). Cochrane reviews (Bradt & Dileo, 2010; Bradt et al., 2016; Whitehead, 2011) regarding the effectiveness of music therapy with cancer patients reveals that music therapy can have a positive influence on patients' anxiety, pain intensity, fatigue, their heart and respiratory rate and blood pressure. The review by Bradt et al. (2016) concludes that music interventions positively affects health and overall quality of life and they recommend considering the inclusion of music therapy and music medicine interventions in psychosocial cancer care. Several types of musical interventions have been documented and these include the following: receptive music therapy (Stańczyk, 2010), the Bonny method of Guided Imagery and Music (Bonde, 2005; Burns, 2001), listening to live music based on the Iso Principle (Lee, 2005), song-writing, listening to or singing songs (Krout, 2003; Magill, 2001, 2002; Weber et al., 1997), mixed methods combining receptive and active elements, such as live listening and improvising or singing (Hilliard, 2003; Horne-Thompson & Grocke, 2008; Łuciuk-Wojczuk, 2010a, 2019; Nakayama et al., 2009; Seidel, 2005; Włodarczyk, 2007), as well as mixed methods and art processing of music-evoked imagery (Rykov, 2008). Furthermore, many music therapists address spirituality in their practice (Aldridge, 2000, 2003; Bonny, 1986; Cook & Silverman, 2013; Lipe, 2002; Łuciuk-Wojczuk, 2019; Magill, 2002, 2005; McClean et al., 2012; Sutton, 2007; Tsiris, 2017; Włodarczyk, 2007).

This paper investigates profound music experience considered in the context of broadly understood spirituality. It focuses on the application of music therapy to people who are provided with psycho-oncological care. The study, which is focused on the intrapersonal process initiated by music in the context of broadly understood spiritual resources, demonstrates the possibilities of music therapy in meeting the spiritual needs of patients who are provided with psycho-oncological care and are in the process of healing following treatment. This is particularly important because music therapy

¹ Physical pain can be the cause of total pain when pain management treatment is ineffective or the patient does not believe in its effectiveness. Social suffering results from the disruption of professional or family functioning (dependence on others can increase rebellion and anger). Psychological suffering is connected with fear of pain, dying, feelings of helplessness, disruption of family ties and a lack of forgiveness to oneself and others. In the spiritual area, the source of the greatest suffering is the loss of the meaning of life and the ineffective search for answers to questions about the meaning of illness and suffering (Filipczak-Bryniarska & Wordliczek, 2008).

makes it possible to experience spiritual wellbeing, a kind of flow which is considered to be a therapeutic agent (Silverman & Baker, 2018).

This article consists of four sections. The theoretical section discusses selected aspects of musical experience and the main theoretical and practical assumptions of my model of work with patients, considering both flow and spirituality in its broadest sense. The study section presents methodological assumptions and research procedures of the analysis. The results section presents the findings of the horizontal, vertical and horizontal-vertical analyses, and this leads to a discussion of two implications of the results. The first implication considers the essence of profound music experience while the second one the essence of the therapeutic paths of change, which may provide an interesting area for further research.

THEORETICAL BACKGROUND

Music experience

Music has become ubiquitous and accompanies modern man in various situations, functioning as a significant element of social and personal events (Czerniawska, 2012). However, hearing music in the background, when it accompanies us in our daily activities is not the same as purposefully listening to it. Focused attention while listening to it is necessary to initiate a deep music experience. Such contact with music can bring listeners special pleasure, a kind of deep satisfaction (Csikszentmihalyi, 2005) and can also exert a therapeutic effect.

The character of the music experience during a music therapy session and its dynamics is determined by the listeners' involvement because every kind of experience (e.g. listening, playing (performing), improvising, and composing) – as Bruscia (2014) claims – triggers different behaviours and activates different perceptive and cognitive skills. These experiences also evoke different emotions and different interpersonal processes and may involve different aspects: physical, emotional, mental, relational, and spiritual. These aspects permeate one another, and the therapist focuses his or her attention on the specific therapeutic goals and the patients' needs (Bruscia, 2014). Specific goals determine the direction of change – effectiveness of activities – and it is this change that is stimulated by the intervention of the music therapist (Bonde, 2019).

There is one more category that frequently appears in discussions and can affect all music experiences. It is beauty which can appear while people experience or create music, both in music itself, inside a person, in various interpersonal and sociocultural relationships, and in the universe (Bruscia, 2014).

Description of the music therapy model and its theoretical background

In my practice with oncological patients from the Psychooncology Centre Unicorn in Krakow, Poland, I follow the original holistic Music - Body - Spirit model (Łuciuk-Wojczuk, 2019), which encompasses – from a psycho-oncological perspective – the entire human being simultaneously in several dimensions. This model draws on receptive music therapy, creative music therapy, relaxation

techniques, and music meditation. My work is inspired by Simonton's ideas², who – by referring to the patients' life wisdom and spirituality – aims to increase their involvement in the treatment process. It is also connected with building somaesthetic body awareness in the way proposed by Shusterman (2010), with the use of elements of mindfulness listed by Kabat-Zinn (2009). Reflexive work with the body serves as a preparation to exploring the elements of the spiritual space in relation to manifestations of spirituality, which is the concept of Heszen-Niejodek (2003), and to working with emotions based on selected elements of the aforementioned therapy (Simonton et al., 2003); these form the theoretical basis of the model (Łuciuk-Wojczuk, 2019). All theoretical assumptions organise the common goal of working through music to strengthen the resources and internal forces of persons who are in the process of healing during or after their oncological treatment.

Using a wide range of music activities (including movement and therapeutic touch), I try to reach the part of a human being that Nordoff and Robbins (1977) call the "Music Child" which is a space, a "seed of personality," that is not affected by disease and can be reached by music, regardless of age (Bryndal & Procter, 2012). Work based on the relationship between humans and music enables the encounter with music during which, while listening, listeners identify with music and their participation in various music activities requires the involvement of the whole personality (Nordoff & Robbins, 2008). That is why in a state of deep direct music engagement, the abilities of the "self" can be stimulated in different areas of functioning (Guerrero et al., 2015), and – by developing one's own initiative and musical creativity – can strengthen the belief in one's own abilities (Nordoff & Robbins, 2008).

The desire for life and the strength to fight for oneself and one's life involves moving beyond suffering and finding meaning in life. Suffering, treated as an extreme, border situation (Romanowska-Łakomy, 2000), awakens in a person his abilities to transcend what restricts and enslaves, to transcend himself. Transgression³ makes it possible to transform and move beyond what is a pattern and stereotype (Romanowska-Łakomy, 2000). The next step is to make an internal, conscious decision to take actions focused on oneself, which is particularly important for people with type C personality, i.e. a cancer prone personality (Kubacka-Jasiecka, 2006). Activities consisting of in "intentional moving beyond what a person is, what he possesses," which Koziellecki calls transgression (Koziellecki, 1987, p.11), are beyond the typical boundaries of action and can lead to internal freedom. Koziellecki observes: "Freedom is a necessary condition for going beyond what a person is and what he possesses. One could say that transgression is freedom realized" (Koziellecki, 1987, p.78). In order to face such challenges, it seems important to resort to and support spiritual resources, as "what is sick is the psychophysical organism, not the spirit" (Frankl, 1998, p. 232) to realise one's freedom (Koziellecki, 1987), which, according to Frankl, allows a person to give meaning to his life and

² This therapy supports patients to: raise their energy level and support vitality, handle emotional pain, increase awareness of "healthy" thinking, how to modify their way of thinking, their beliefs and attitudes, how to identify the source of both positive and negative emotions and build their emotional competences, how to handle everyday stress, how to build trust and fortify their hope, how to analyse changes which took place two years before the illness occurred, how to find benefits related to their illness and become aware of their own needs in the effort of integrating the state of healthiness and illness. Patients also investigate the phenomenon of death to form healthy beliefs about it and to increase their energy levels as well as to create a structure of meeting their own needs and a personal, two-year recovery plan concerning six arbitrary areas of life (Simonton & Wirga, 2012, as cited in Łuciuk-Wojczuk, 2010a).

³ Józef Koziellecki has written about the transgressive concept according to which people are capable of making positive changes by crossing their barriers and limitations. That is why he calls this phenomenon 'transgression,' and the Polish authors use this term in such contexts.

consequently to intentionally undertake actions (spiritual acts) to realise this meaning (Frankl, 1962, 1998; Łuciuk-Wojczuk, 2010a). Therefore, important goals of systematic meetings with patients are to search together for their inner potential and to move their internal forces, thus following Frankl's thinking. Other goals include transcending their limitations and striving for inner freedom, which are addressed by Koziński (1987) and Romanowska-Łakomy (1996, 2000). Guided by such an attitude, while looking for inspiration to work within the spiritual space, I refer to broadly understood spirituality described in the concept of Heszen-Niejodek (2003), in which the author leaves the definition of the phenomenon to theology and philosophy (she does not define it) and addresses it from a psychological perspective. This allows me to discover the multidimensionality of spirituality inside each of my patients (together with them) and to follow their individual needs in an idiosyncratic way.

During a music therapy session, patients remain in the space of sounds they create themselves by playing simple instruments, listening to music, and working with their bodies in motion or through touch to the accompaniment of music. Working with the body is an important starting point during a music therapy session because patients are often unaware of their emotional state and the body tension stemming from it. They often have tense bodies. Body relaxation also releases emotional tension, which facilitates a state of wellbeing on many levels, as a deepened awareness of contact with one's own body, emotional relaxation, and an insight into the mechanism that connects the body to emotions develops (Łuciuk-Wojczuk, 2019, 2020). I use a wide range of exercises which draw patients' attention to their inner sensations, including:

- breathing, as a starting and ending point
- grounding exercises aimed at feeling the external and the internal space of one's body
- meditating on the way we move to shape one's posture and find innate grace (after Lowen, 1992)
- working with touch and scanning the body through relaxation, which releases tension and evokes a sense of wellbeing (Łuciuk-Wojczuk, 2019).

For breathing techniques I use Baroque music, which helps to stabilise breathing, for grounding exercises I use energizing rhythmic ethnic music, while for meditation of the body in motion I often use smooth jazz, which implies lightness of movement, being carefree and relaxed. I use slow parts of masterpieces of symphonic music or instrumental concerts from different periods for body scanning and working with touch (patients work in pairs offering each other touch while "painting the music on the body" of the other person while listening to music – contemplation of music through the body is intensified by touch) (Łuciuk-Wojczuk, 2020).

During a session there is no clear boundary indicating the end of work with the body and the beginning of work in the spiritual area because reflexive work with body awareness is based on techniques which require internal activity and are related to meditation. At the beginning, patients interact with music on the physical level, through their bodies and by stopping mental processes they get the sensation of being in the "here and now." The state of mindfulness enhanced by music allows them to move on to the level of perception which is free from emotions and opinions and facilitates becoming influenced by music on its energetic level. Then, it makes it possible to gain a state of wellbeing, which – by becoming aware – enables them to make contact with their selves on the deepest level. According to Simonton and Wirga (2012), this is the moment when patients can practice

inner unconditioned awareness. This is important for patients because, due to repetition, it can be evoked at any moment, in order to distance themselves from pain (Łuciuk-Wojczuk, 2019). John Kabat-Zinn treats mindfulness as the essence of Buddhist meditation and compares it to a lens that concentrates the diffuse and reactive energy of the mind “into a coherent source of energy necessary for living, problem solving and healing” (Kabat-Zinn, 2009, p. 38). Hence, reaching the aforementioned space of the Music Child, the space that is free from disease, is achieved by building mindfulness, which is facilitated by music. This allows the work of the mind to be stopped and to practice “doing nothing,” that is “existing,” which John Kabat-Zinn calls the creation of an “island of existence at sea of continuously doing something” (Kabat-Zinn, 2009, p. 49). Discovering this state of consciousness through breathing and music (whether listening or improvised) leads to identification with one’s own inner self and provides an opportunity to build inner strength and, as Kabat-Zinn (2009) suggests, to learn how to reach for energy and how to focus it. It also allows patients to model “contact with one’s own body and emotions related with the ill organ or body area, contact with one’s own beliefs and thoughts which generate negative emotions” (Łuciuk-Wojczuk, 2019, p. 125).

After working with their bodies, patients listen to masterpieces of classical music, and next engage in thematic improvisation based on elements of Simonton’s Program (Simonton et al., 2005), manifestations of spirituality according to Heszen-Niejodek (2003), and a topic matched to each patient’s individual needs. Exploring the spiritual dimension of human existence makes it possible, especially in the context of the needs revealed while listening, to seek, through improvisation, answers to the constantly emerging existential questions about the meaning of life and illness. Improvising over such themes allows patients to get in touch through “musical contact with his/her own feelings and to let the ‘inner music’ flow” (Bruscia, 1988, p. 7) and to discuss these difficult but crucial topics, including the positive aspects of their illness following Simonton’s therapy (Simonton & Wirga, 2012). Every individual or group improvisation is discussed together, patients report their experiences which, depending on their individual needs, are subject to musical intervention, improvisation, co-improvisation with a music therapist, or are left to end without words on their own (Łuciuk-Wojczuk, 2019).

Music is selected according to the objectives, the themes of particular sessions, or patients’ individual needs. Sometimes, when difficult emotions appear, music is selected, following the ISO principle, to adjust the selection of interactions to the current state of a person (Stachyra, 2012, 2017). This is especially important when choosing music, because “musical entrainment is a process of connecting together the feelings conveyed through the music and feeling a sense of commonality with it” (Lee, 2005, p. 23). Altschuler (1948) was the first to discover the mood-changing principle and coined the phrase “iso-moodic” to describe it. According to Lee (2005, p. 23), “[he] found that playing music that first matched the mood of the patient could easily alter the patient’s depressed or anxious state.” That is why consecutively selected music “would change the mood of the music to entrain the patient in the desired direction.”

The content of music is also an important element of the selection and its proper matching because it can carry a deep intentional message of its creator, who wanted to convey it using the language of music. For example, Bach intentionally directed his works towards God, but Dvorak’s *Requiem* or Mahler’s pieces were a kind of epitaph composed after the death of their relatives, which is particularly important when we explore the meaning of illness, suffering, or life in a broad

perspective. When patients listen to a piece of music without prior information about its content, they often intuitively read its message, which is the starting point for discussion. Sometimes, despite various ideas that composers convey in their music, listeners may also experience sensations whose source is extrinsic to music (Atkins & Schubert, 2014). According to Meyer (1974, p. 317), music can be received with the “referential meaning” (extrinsic versus intrinsic as an absolute meaning), because music can refer to something outside music. An opposite process is also possible, when music initiates the feeling of communion with God, “even if it does not inherently possess that intentionality” (Atkins & Schubert, 2014, p. 181). Therefore, each planned topic and session objectives are implemented in a way that frequently opens up only a certain area, which allows patients to discover their own needs. During the sessions, however, the therapist follows patients in an individualised way.

Spirituality as a background of profound music experience

The main reference point of the model within which I work is the theoretical construct of Heszen-Niejodek (Heszen-Niejodek, 2003; Heszen-Niejodek & Gruszczyńska, 2004), which addresses spirituality from a psychological perspective. The notion of spirituality is increasingly present in psychological concepts of a human being, and it is also considered in the developmental aspect as spiritual development throughout life, and is particularly appreciated within health psychology. The most vital significance of spirituality as a dimension of health is expressed within this branch of psychology, alongside the three previously distinguished ones: somatic, mental, and social, which are included in the World Health Organisation (2020) definition of health and the biopsychosocial model of health. From this perspective, assuming the interdisciplinary nature of the concept of spirituality, spirituality acquires the status of a multi-layered theoretical construct. It is responsible for the specific scope of functioning of the human person, including both observable activity and internal experience. Spirituality as a psychological concept is not defined but treated as a person’s attribute and individual disposition, thus as human potential which can be developed. This means that the specific nature of spirituality is based on the possibility of development throughout one’s whole life, even at an older age. The development of the spiritual dimension does not consist in its systematic growth, and a distinct growth of spirituality is observed under certain conditions. A situation particularly conducive to the development of spirituality is a life crisis or a serious illness. With reference to the achievements of other disciplines in which spirituality is conceptualised, including theology and philosophy, the psychological perspective assumes that its essence is transcendence, and therefore the spiritual dimension of a human being can actualise itself in the process of transcendence. In psychological terms, transcendence consists of an activity that goes beyond the currently experienced *self* or its current image. Such an approach is relational in nature – transcendence consists in the specific, dynamic relationship of the current *self* with the object it is directed at. It is understood as growth, development, or figuratively as ‘movement upwards.’ Transcendence can take place both within the person (self-actualisation, self-perfection, personal development) and outside the person (towards a higher being, energy). Transcendence can also be directed at the wellbeing of another person, which is valued more than our own wellbeing, and also at the universe. The construct of spirituality is intended to explain specific activity that consist of transcendence (Heszen-Niejodek, 2003; Heszen-Niejodek & Gruszczyńska, 2004).

The manifestations of spirituality, which are available in inner experiences, listed by Heszen-Niejodek (2003) include the main notion of spirituality in the absence of any ontological presuppositions: a manifestation of the search for the purpose of life, being active, having a sense of remaining in harmony with the world, aesthetic sensitivity, involvement, personal growth, the sense of inner freedom, objection to evil, an attitude towards other people, and religiousness. The pilot study conducted by Heszen-Niejodek (2003) among people who suffered from cancer and asthma revealed that patients with a higher level of spirituality enjoyed a stronger sense of well-being, a higher level of control over their illness and often declared optimism in predicting the progression of their disease.

The abovementioned manifestations of spirituality became an inspiration to address selected thematic categories during music therapy sessions and for a common search for their musical reflection. The manifestations of spirituality addressed to the "I" seem to be particularly important in music therapy work aimed at supporting the patients' healing processes. Their choice was dictated by the conviction that working through music, can, on the one hand, confront one with the inner potential that can be subdued by the illness. On the other hand, it can strengthen this potential and at the same time inspire spiritual development taking into account its dynamism in terms of broadly understood health (the main assumptions of the model).

In music therapy spirituality can be defined in different ways. According to Aldridge (2006, p. 163), "spirituality lends meaning and purpose to our lives, these purposes help us transcend what we are." For Bonny (2001, p. 60), spirituality "is a means of transformation, a change of attitude, a search for answers for life and death; a deeper knowing of self which leads to relinquishing self in acceptance of others." Tsiris (2017) explores the topic of spirituality in a broader context which accounts for the role of music therapists' spirituality, their individual views, the importance of the spiritual aspect of their personal life and the influence it exerts on their work with patients on a spiritual level. Tsiris' study demonstrates how 358 professional music therapists from 29 countries understand spirituality and its role in their individual education and practice. Referring to their views, Tsiris concludes that "spirituality is a multilevel phenomenon with varying and conflicting appearances depending on the context within which people live, act, relate, and form their personal and collective identities" (Tsiris, 2017, p. 315).

Some authors indicate that "the notion of spirituality is a complex one, sometimes contested because of its associations with religion and religiosity" (McClellan et al., 2012, p.19). Some authors also include "faith" and "hope" into spirituality (Magill, 2002, 2005; McClellan et al., 2012), and Cook and Silverman (2013), following Puchalski, treat spirituality as "the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred" (Cook & Silverman, 2013, p. 239, as cited in Puchalski et al., 2009, p. 3). They also emphasise that "music therapy can cater to the idiosyncratic spiritual needs" (Cook & Silverman, 2013, p. 240).

The perspective of broadly understood spirituality covers a diverse spectrum of patients' spiritual needs, which are revealed during music therapy. I use the phrase "working in the spiritual space" to denote following and exploring these needs. In my understanding, this is the space where the human potential can be activated, especially by music as a medium.

In the context of spirituality approached from a psychological perspective (and without defining it), music occupies a special place in relation to transcendence treated as a core of the construct of spirituality (Heszen-Niejodek, 2003; Heszen-Niejodek & Gruszczyńska, 2004). Musical intervention referring to the spiritual dimension of health amongst patients who are still undergoing or completed oncological treatment and are in the process of recovery, has a deep justification. On the one hand, it can play a role in facilitating patients' access to their spiritual dimension under special circumstances such as a life-threatening illness. On the other hand, by initiating a musical experience, it opens patients' up to the energy of music, which offers many opportunities to inspire and realise this potential, especially within the framework of a specific activity (e.g. psychologically understood transcendence). As Aldridge claims, the "dynamic process of transcendence is animated by forces or subtle energies, and music is a primary example, in some contexts, of such subtlety" (Aldridge, 2006, p. 163).

Flow and its place in the music therapy

One of the inspirations of my music therapy practice is the search for the experience of *flow* in my own performance of music on stage, music therapy work, and contacts with creators and performers of music (Łuciuk-Wojczuk, 2010b). The experience of flow, according to Silverman and Baker (2018), is considered to be an important experience and is often present in music therapy leading to therapeutic change. This is a condition that is associated with a sense of being involved with music. When music is experienced live or when one is directly involved in a musical activity, we can talk of direct involvement in music, which Leman described as "corporeal immersion in sound energy" and a direct way of feeling musical reality (Leman, 2008, p. 4).

The concept of flow, which originated in Mihaly Csikszentmihalyi's (2005) idea of an optimal experience, is based on a conscious experience of gratifying sensations, which are the result of activities that produce flow. It is a kind of wellbeing when a person totally immerses himself in an activity, to the extent that nothing else matters. Csikszentmihalyi (2005) lists nine factors that affect the experience of flow, each of which represents a different conceptual element of flow. Silverman and Baker (2018) observe that nine flow dimensions and their construct validity are confirmed by other researchers (Csikszentmihalyi, 1993; Jackson, 1996; Jackson & Marsh, 1996; Martin & Culter, 2002) and list the following of them: challenge-skill balance; action-awareness merging; clear goals; unambiguous and immediate feedback; concentration on the task; sense of control; loss of self-consciousness; time transformation and autotelic experience (Silverman & Baker, 2018).

The flow experience triggered by music can be experienced by professional musicians and composers (Łuciuk-Wojczuk, 2010b) during their peak experiences (Panzarella, 1980), by jazz musicians while they are improvising on stage (Sawyer, 2006), by patients (Addessi et al., 2015; Baker et al., 2015; Grocke, 1999; Silverman et al., 2016), by music teachers and their students (Bakker, 2005), and also in classrooms as a result of therapeutic teaching practices (Tarr & Addessi, 2017).

In Polish, the experience of flow is often referred to using the word *uskrzydłony*, which literally means *winged*, or *with wings*, thus being able to fly. What Csikszentmihalyi (2005) emphasises with reference to the experience of flow, and even considers a condition for it, is an ordered and focused consciousness, which – through the focus of attention – plays the role of mental energy and also integrates the self. It is particularly important in Simonton's therapy (Simonton & Wirga, 2012), the

elements of which I use in my work with patients, by arousing a state of unconditioned consciousness, but also a state of mindfulness, which Kabat-Zinn (2009, p. 38) calls “a lens that focuses the dispersed and reactive energy of the mind into a coherent source of energy necessary for living.” Patients search for this energy through body and breath work and relaxation techniques, as well as musical meditation, which strengthens their sense of involvement in the healing process, which is one of the elements of Simonton’s therapy (Simonton et al., 2003, 2005).

THE STUDY

Research aim

The deep level of work in various aspects of spirituality, according to the concept of spirituality of Heszen-Niejodek (2003), informed the conduction of this study. The study aim is to discover the essence of the patients’ experiences, focused on the intrapersonal process in which the impact of music is intended to strengthen the resources and internal forces of persons who are in the process of healing after their oncological treatment. The study focused on the respondents’ inner experiences of music, which allowed me to clarify the research question: *What kind of experiences accompany the moments when music moves the inner world of a person exposed to music’s therapeutic influence during a music therapy session?*

Participants

The study was conducted with five middle-aged women (aged 35-50) who underwent traditional oncological treatment and – as part of their recovery process – for three months systematically participated in music therapy sessions at the Psychooncology Centre Unicorn. In order to allow patients to reach the depths of their experiences, they were asked to describe their most meaningful experiences from the sessions. The five women kept a personal diary, in which they verbalised their own perception of each session with emphasis on their individual experience. Extensive fragments of their descriptions were analysed from a phenomenological perspective. The Psychooncology Centre granted permission for the conduction of the study, and individual patients voluntarily agreed to participate in it by means of describing their experiences from our sessions as well as to quote selected fragments of their narratives in the article.

Methodological perspective

The phenomenological research perspective allowed me to examine what is called the *lived experience* (Wheeler, 2016, p. 728). Assuming that a phenomenological study is not limited to what is happening in the observable reality, it may also cover the full spectrum of experiences related to a given phenomenon. This makes it possible to “study intuition, emotion, kinaesthetic sensation” as part of the music therapy experience (Forinash & Gonzalez, 1989, p. 37).

Since the phenomenological process aims to clarify and distinguish different meanings (Husserl, 1990), it requires the researcher to adopt an *epoche* investigative attitude in order to see what is directly given. This attitude involves the suspension of prior knowledge and beliefs, as well as the

researcher's expectations, i.e. *bracketing* in order to consciously refer to what appears in "pure consciousness" as it is (Husserl, 1990, p. 57). This attitude allows an interpretation based on the actual experience described by participants and prevents them from being influenced by the researcher's position (McFerran & Grocke, 2007), thus revealing the essence of the phenomenon under investigation.

In my study, qualitative data (participants' descriptions) have been investigated from a phenomenological perspective (Moustakas, 1994) and analysed thematically from the perspective of interpretative phenomenological analysis (Pietkiewicz & Smith, 2012). The data were analysed horizontally, vertically, and horizontally-vertically.

Horizontal analysis

The qualitative analysis of patients' descriptions, which were repeatedly read and re-read, consisted of a three-stage process. In the first stage, the units of meaning concerning the general elements of experiences were identified. In the second stage, after eliminating the units of meaning that were repeated, particular units of meaning (codes) were grouped into broader units, i.e. categories of sensations in different areas of functioning: emotional, bodily, spiritual, and cognitive (insight). The third stage revealed three thematic groups of experiences of a similar character from all the resulting categories. These three stages constituted the study's horizontal analysis.

Vertical analysis

A horizontal analysis focused on the search for the meaning and essence of patients' experiences, revealing a broad spectrum. Exploring these experiences and noticing their diversity stimulated my research curiosity. At this stage of the study, I noticed the need to look at how the therapeutic process of individual patients manifested in relation to the thematic groups of experiences. A sub-question emerged: *In which ways did the patients experience change during music therapy?*

This perspective enabled me to see each patient in the context of their individual process as a whole but from the perspective of horizontal analysis, i.e. all their specific experiences within each of the three thematic groups of experiences. The search for answers to the sub-question took place in four stages, the first of which consisted of another process of immersion in the data, which at this stage of the analysis was the essence of all individual experiences, as found in the horizontal analysis. This essence of the patients' experiences, sometimes together with significant fragments of their statements, formed their individual profiles. This was the first stage of the vertical analysis. Naming each profile which represented the essence of the individual therapeutic path was the second stage. The third stage was a description of the way in which individual patients experienced changes. The fourth stage consisted in selecting two common categories for all patients as two paths of experiencing therapeutic changes.

Horizontal-vertical analysis

Vertical analysis and identification of two common paths of experiencing therapeutic changes informed the next step – tracing how each of path was shaped. Here the second sub-question emerged: *Which experiences that were revealed in the horizontal analysis shaped each of the common paths of experiencing therapeutic changes that were revealed in the vertical analysis?*

This question motivated me to search for the relationship between the parts, i.e. the groups of experiences, and the superordinate whole (i.e. the paths of experiencing therapeutic changes shared by all the patients). Each individual process was treated as a subordinate to the superordinate whole.

The search for answers to the second sub-question took place in two stages. In the first stage, the criteria for each common path of experiencing changes were selected and adopted on the basis of multiple readings of the descriptions of the individual paths of experiencing changes (the third stage of vertical analysis) as well as the context of the experience revealed by the patients' narratives. In the second stage, based on the adopted criteria, the experiences that shaped each of the two common paths of experiencing therapeutic changes were identified.

RESULTS

Results of horizontal analysis

The descriptions of experiences from music therapy sessions reported by participants were organised into three thematic groups of experiences:

- i) Experiences of a certain unreality and a sense of deep wellbeing – a kind of flow
- ii) Experiences of a transformational change and transgressive experiences, exceeding the limitations
- iii) Transcendent experiences

i) Experiences of a certain unreality and a sense of deep wellbeing – a kind of flow

The first thematic group is represented by experiences of a more static character which transfer a person into a different state of consciousness. They have a contemplative character. They concern the experience of being immersed into one's own interior, in music.

These were the experiences of a certain unreality and a sense of deep wellbeing, which were connected with the state of consciousness going beyond being in the "here and now," and which pointed to the sense of detachment from reality, even forgetting about the existence of the external world (e.g. "When I am playing, the sounds and their power carry me into the space of sounds, completely cutting me off from reality," Participant 1); immersing into the inner world (e.g. "I experience my inner space when I am deeply moved by music," Participant 3); a sense of sinking into the music (e.g. "I happened to sink into music, to the point where I lost my sense of reality," Participant 2); "I only heard sounds as if they were carrying me above the clouds," Participant 5). It's also a feeling of pleasure, wellbeing, and energy flow in the body:

Music gives me pleasure, I feel perfectly relaxed, energy appears in my body – I can feel heat in my chest, sometimes tingling. I can feel that something is opening inside me, in my heart to be exact, and I can feel energy spreading all the way to my toes. I can feel it especially when my body is tense, under the influence of stress and negative emotions. Music releases me, helps me break free. During music therapy sessions I experience new, positive emotions which give me strength, release my energy and leave a strong, unforgettable impression (Participant 3).

ii) Experiences of a transformational change and transgressive experiences, exceeding the limitations

Phenomenological observation revealed that the experiences from the second thematic group expressed a certain movement but also an inner activity that can go beyond the new experience. There appeared a change in the perception of oneself, others and the world, focusing the mind on the present, an attitude of appreciation of the widening of consciousness, a change in perception, new experiences, a sense of liberation, forgetting about one's disease, as well as synesthetic impressions. Transgressive experiences sometimes evolved from one level to another. For example, broadening consciousness, or going beyond one's own limitations (which are described as new abilities), imply transcendent experiences that involve the whole person and, through the feeling of one's inner strength, give one the imperative to change perception at a deeper level.

In the second thematic group these were the experiences of transformational change, and transgressive experiences, understood as crossing the borders of one's own experiences (Kozielecki, 1987), were accompanied by the sense of "I can." This included the sense of new skills, a transforming change, exceeding one's limits, in terms of broadening one's awareness and experiencing new experiences, but also a sense of liberation.

Experiences indicating discovery of new skills and exceeding one's limits:

Discovering my abilities and overcoming my limitations make me feel more self-confident, especially in contacts with other people. It gives me a sense of inner security and positively affects my wellbeing. (Participant 3)

A sense of new possibilities: I heard a voice in my head saying, "I will manage!" (Participant 3)

Experiencing mindfulness while listening to music sensitises one to the present:

Thanks to music therapy classes I can focus on being "here and now," the only thing that matters is the current moment, I don't think about the future, I close my eyes and listen to the sounds around me, even the birds singing outside, the murmur of rain, and the sound of raindrops hitting the windows. (Participant 4)

Experiencing relaxation initiates positive attitude towards oneself and others (e.g. "After a music therapy session I feel relaxed, purified and I have a positive attitude towards myself and other people. I feel light," Participant 2); broadens the perception of the world (e.g. "Thanks to music you can remember that in the world there isn't only evil, misery and darkness, but there is also light and beauty," Participant 4) and also triggers appreciation of the world (e.g. "The world was originally designed as a wonderful place. I think that music was created to remind us of that wonderfulness and sensitivity," Participant 3). It is also an experience that broadens self-consciousness in the area of gaining bodily self-reflection (e.g. "Energy appears in my body – I can feel heat in my chest sometimes tingling, in my heart to be exact," Participant 3); sensitising to the perception of beauty in oneself and thus in others:

When it comes to being able to see beauty in other people and in myself, I can say that I can partially see it, but I can't feel it strongly enough yet. It is more of a glimmer which I yet have to become aware of (Participant 3).

It also changes perceptions (e.g. "as life has shown me, changes are not always as difficult as one may think," Participant 3) and is an experience of positive emotions (e.g. "I experience new, positive emotions," Participant 5).

Other comments on transformative work included the following ones: when a patient reported her own process which consisted in understanding her emotions, i.e. gaining self-awareness and experiencing positive emotions: relief and hope (Participant 1); discovering new pleasures and, at the same time, incorporating them into one's life – admiring and contemplating nature ("I have discovered that listening to birds singing gives me real pleasure," Participant 5); and totally new experiences, being moved by music to tears ("It was an incredibly strong sensation and it moved me so much that I started crying," Participant 5).

The group of transgressive experiences also included synesthetic experiences:

That pain was the darkness responding to the words I heard, and which were like a strong, shining argument. I imagined a bright light dominating the dark area. It was something absolutely incredible. (Participant 4)

I felt that that freedom is like a fresh breeze and the movement of the wings of a flying bird. (Participant 5)

Along with a sense of liberation (e.g. "Music releases me, helps me break free," Participant 3), but also a sense of forgetting about the disease (e.g. "I felt like I did before the disease," Participant 5) emerged.

iii) Transcendent experiences

The transcendent aspect of music experience in the third thematic group reveals moving beyond the previous view of the world and forming new attitudes to the world, to others, and to oneself. The experiences evoked under the influence of music are also transferred to the external world and integrated into everyday life. It is also sensitisation to beauty, which initiates an attitude of appreciation and gratitude, and a spiritual appetite for the inner world, a religious aspect through meeting God or establishing another form of contact with God – through sounds – and with the world of angels important for the narrator. Deep relationship with music implies musical actions taken in everyday life, which enable relaxation also outside the sessions. An important aspect of the music experience is experiencing a sense of one's own inner strength and potential.

The third thematic group includes transcendent experiences which led to establishing contact with one's internal world at the level of potential, especially in the area of feeling one's own inner strength, including sensations that were a consequence of broadening one's consciousness (located in the group of transgressive sensations), and establishing a deep relationship with music through experiencing its beauty.

These experiences were manifested by the following inner movements and activities: the experience of the inflow of inner forces, which manifested in external life as a feeling of increased self-esteem in the context of everyday life (e.g. "I have a feeling of being more aware and more potent as far as my everyday life and my emotional life are concerned," Participant 2; "I have truly experienced my internal strength," Participant 3); the experience of the growth of potential (e.g. "I know that my potential is growing," Participant 5); the experience of one's own potential as a source of inner peace and belief in one's strength:

It is a source of my internal peace and the belief that I will manage regardless of the circumstances which, as life has shown me, are not always as difficult as one may think (Participant 4).

The experience of the inner struggle also appeared (e.g. "I realised that the light part of my soul is trying to fight the dark, deeply rooted one and that the bright one is prevailing," Participant 4); and the experience of inner liberation, which strengthened one's resources (creative writing):

The therapist asked me to play freedom. After a while of playing I felt that that freedom is like a fresh breeze and the movement of the wings of a flying bird. The question was about defining what that movement of wings is, it must be some kind of an activity which brings freedom. I didn't have to think long: creative inspiration gives me freedom and for me it is an activity because I write (Participant 5).

Another transcendent experience is revealed in the description that indicates the transfer of the meaning of the experience to the real world and the initiation of activities that derive from music experience such as contemplation of beauty during a session, including contemplation of nature; contemplation of the sounds of nature (e.g. birds' voices, which also has its source in perceiving the beauty of sounds); as well as arousing a sense of gratitude, which emanates to myself and others:

I contemplate the beauty of nature: the pure green of trees, flowers, warm sun soaking through the branches. (Participation 5)

I can say that music therapy has opened my ears to sounds. (Participant 5)

I appreciate sounds, not only those in a musical piece, but also the everyday ones. When it comes to being able to see beauty in other people and in myself, I can say that I can partially see it, but I can't feel it strongly enough yet. It is more of a glimmer which I yet have to become aware of. (Participant 2)

Music opens the door to the spiritual aspect of the inner world, and allows contact with one's own soul:

It touches the invisible strings of my soul. I experience it when I am fully open to impressions evoked by music. I have confronted it when I felt strength in me. (Participant 1)

It also enables a specific kind of an encounter with God (“It was an extraordinary moment in my life, I never thought you could pray with sounds,” Participant 1); and the encounter with – important for the narrator – the world of angels (e.g. “Music reminds me of angels, it makes me think about them when I hear delicate bells,” Participant 1). Building a relationship with music shows an evaluative attitude to sounds (e.g. “I can say which sounds are wonderful to me,” Participant 3), it builds a sense of special closeness to music (e.g. “I feel the beauty of music much stronger than before,” Participant 3); and arouses the need for music in everyday life. Music also shapes attitudes towards others:

Music awakens noble feelings in me which positively affect my wellbeing and my attitude towards other people. When I’m open to music, I am open to other people and to supporting them. (Participant 1)

Results of vertical analysis

Vertical analysis allowed the creation of the patients’ individual therapeutic profiles based on the results of the horizontal analysis of the essence of their experiences, assigned to the appropriate fragments of the descriptions of experiences in their narratives and significant fragments of these narratives. In each profile, the essence was also selected. The name and title of the profile indicate the path on which each patient experienced change during music therapy.

The essence of the patient profiles – description of the path of therapeutic changes

On the basis of the patients’ profiles, which were developed during the first stage of the vertical analysis, the following main points of the paths of the experienced changes were identified and the names of the profiles were identified in the second stage.

Patient I – “A meeting with opening and strengthening”

Patient II – “Relief-bringing purification with opening and strengthening”

Patient III – “An opening with the release, discovery and strengthening”

Patient IV – “A break with opening, strengthening and illumination”

Patient V – “A discovery with opening, the release and strengthening”

Each person, in their individuality, has experienced the process of therapeutic changes in their own way and its own dynamics. Despite their diversity, the paths of patients’ changes had some common aspects and areas.

Patient I – the profile called “A meeting with opening and strengthening” exhibits the aspect of the meeting. The meeting was associated with an intense state of being completely cut off from reality, an emotional transformation and it generated a state of relief and hope. The meeting took place within the patient, she experienced it as contact with her own soul, but also in a spiritual sense, and perhaps more in the “spiritual world” with the world of angels and with God through the discovery of a new form of prayer – sounds. It opened up a new perspective in several areas. The encounter with music broadened the patient’s consciousness and revealed a new area of openness – to other people. The power of experiences evoked by music gave her a sense of strengthened self-esteem and at the same time aroused a desire to help other people facing an illness, and thus the world.

Patient II – the profile called “Relief-bringing purification with opening and strengthening” exhibits the aspect of purification and letting go of emotions and relief – the feeling of lightness which generated a positive attitude. It was associated with a state of immersion in music. Relief also played a strengthening role as it allowed the patient to experience a sense of her inner strength, greater self-confidence, and also opened her to accept her life with illness, which helped her better cope with emotions. The strengthening element concerned not only the area of inner forces but also her relations with music and beauty – as the enhancement of sensitivity. The experience of the beauty of sounds stimulated sensitivity; it opened her to the beauty of everyday sounds and thus aroused gratitude that patient II felt towards herself and others.

Patient III – the profile called “An opening with the release, discovery and strengthening” reveals several aspects. The opening aspect was connected with the state of deep immersion in her inner world during profound music experience. It manifested itself at the level of the heart, as a kind of release that made it possible for her to feel positive emotions giving inner strength. This strength, felt especially through the body as energy, resulted in the widening of the patient’s self-awareness and a more intense feeling of the body. This opening and a sense of liberation helped her to discover new skills and a sense of exceeding her limits, it gave her a sense of greater self-confidence, especially in contact with others. This discovery of new possibilities was achieved through the strong feeling of “I will manage,” which also had a strengthening effect as a feeling of inner strength. The strengthening was also revealed in the aspect of relationships with music, which significantly increased sensitivity to beauty. Her closeness to music also translated into her perception of the world.

Patient IV – the profile called “A break with opening, strengthening and illumination” exhibits the aspect of a break, which also opened the patient to something new – the discovery of a state of mindfulness. This state of mindfulness sensitised the patient to the present moment and the sounds of that moment coming from the world and also broadened her perception of the world by adding to it the aspect of its beauty and brightness – through the feeling of light. Strengthening was connected with experiencing her potential as a source of inner peace and belief in her strength. The intensity of this experience – which she described as “absolutely incredible” – strengthened her feeling of inner strength during her desperate inner struggle, which made it possible to change the perception of the world from dark to illuminated, and thus easier than before.

Patient V – the profile called “A discovery with opening, the release and strengthening” was associated with a state of the sense of immersing into music and revealed the aspect of openness to new sensations, especially pleasant ones, and to positive emotions. It was the discovery of the pleasure of listening to the singing of birds, a discovery that originated from experiencing the beauty of sounds. It was also the discovery of the pleasure of touch, which turned out to be a very strong sensation, which confronted the patient with the feeling of self from before the illness. The intense experience of inner freedom also freed her inner forces directed at their own resources – writing. This discovery also manifested itself in the area of her relationship with music, which was particularly strong, and also activated the contemplative experiences connected with nature. The relationship with music allowed the patient to discover the need to listen to music every day and play the kalimba – to be in a personally created sound space.

On the basis of the descriptions of individual paths of experiencing therapeutic changes, two of their categories which were shared by all the patients, were identified: “opening” and “strengthening.”

Results of horizontal-vertical analysis

The criteria used in the horizontal-vertical analysis were selected on the basis of descriptions of individual paths (the third stage of vertical analysis) and reading the context of experiences from the patients' narratives. The adoption of the criteria allowed the reflection on all the identified experiences and the discovery of the relationship in which they remain with the paths "opening" and "strengthening." The qualities that characterised the experiences were treated as criteria. The criterion of the "opening" path was "novelty," i.e. all experiences that brought an element of novelty. The criterion for the "strengthening" path were experiences that contributed to change, broadening, exceeding limits and establishing relationships.

The novelty criterion

The "novelty" criterion was identified in experiences representing all groups of experiences. Since the new qualities appeared in different contexts, a distinction was made between new experiences functioning as a starting point – those from the first group – and experiences in which novelty initiated new qualities. Therefore, contact with music was considered the main opening element; this contact initiated profound music experience from the first group of experiences, which were associated with experiencing a new state of consciousness, a new experience in the body, as a strong reaction to music, including: "completely cutting me off from reality" (Participant 1); "I am deeply moved by music" (Participant 3); "I can feel energy spreading all the way to my toes" (Participant 3); "I only heard sounds as if they were carrying me above the clouds" (Participant 5); "I happened to sink into music, to the point where I lost my sense of reality" (Participant 2); "Thanks to music therapy classes I can focus on being "here and now," the only thing that matters is the current moment" (Participant 4).

Next, the context in which new qualities appeared was identified in the second and third group of experiences classified as new. The context referred to: self-awareness; bodily self-reflection; new pleasure; the state of admiring and contemplating nature; synesthetic experiences; arousal of a sense of forgetting about the disease; initiation of a positive attitude towards oneself and others; a specific kind of an encounter with God.

The change criterion

The "change" criterion appeared particularly frequently in the second group of experiences. The context concerned: the change in perception – narrowing the stream of consciousness and focusing attention on "here and now;" the change in perception related to working on oneself (e.g. "as life has shown me, changes are not always as difficult as one may think," Participant 3); the change of perspective towards others – openness to others and willingness to help them (e.g. "When I'm open to music, I am open to other people and to supporting them," Participant 1); the change of perspective towards oneself and others (e.g. "After a music therapy session I feel relaxed, purified and I have a positive attitude towards myself and other people. I feel light," Participant 2)

The expanding criterion

The "expanding" criterion was also observed in the second group of experiences in the following context: broadening the perception of the world; broadening self-consciousness; sensitising to the

perception of beauty in oneself and thus in others; increasing one's self-esteem in the context of everyday life; experiencing the growth of potential; strengthening one's resources.

The transgressing criterion

The "transgressing" criterion appeared in the second group of experiences, especially in the context of initiating new qualities: exceeding one's limits and simultaneous discovering of new skills; experiencing the inner struggle and a sense of victory.

The relationship criterion

The "relationship" criterion appeared mostly in the third group of experiences – transcendent experiences. It concerned the experiences that allowed the patients to discover new qualities or re-discover the ones they possessed but were dormant. The different contexts in which such discoveries took place included:

- facing one's strength as the experience of the inflow of inner forces, which manifested itself in external life as a feeling of increased self-esteem in the context of everyday life;
- facing one's potential: the experience of one's own potential as a source of inner peace and belief in one's strength;
- facing one's inner self by initiating a new attitude – gratitude, which further emanated towards oneself and built a relationship with one's inner self, and with others, which may also form the basis for building relationships with the world outside;
- facing one's spiritual dimension by establishing a relationship with one's soul, with the spiritual world;
- facing music through a sense of closeness, with the more subtle dimension of music – with the beauty of sounds, which also gave rise to deepening the relationship with the outside world in the spiritual dimension, as noticing the beauty of the world;
- facing nature;
- facing one's needs, which manifested in various forms of everyday contact with music.

In summarising the results of the study, it should be emphasised that verbalising and describing their own experiences had a significant therapeutic aspect for the patients, as it allowed them to notice and articulate the benefits of their music therapy sessions. As the patients revealed, they deepened their self-awareness in many aspects, exposed the new qualities that appeared in their lives or began to appreciate the old ones, and helped with negative emotions connected with the feeling of a threat to life and problems generated by their illness. The processes experienced during participation in the sessions help to free one's thinking from focusing on the disease and offers space for development in many areas of functioning which can have a positive impact on the quality of patients' life. Therefore, a holistic approach to cancer patients (i.e. working in all spheres of their functioning) is important as it allows them to reach out to their inner strength through music and initiates their active role in treatment, and thus, as Simonton et al. (2003, 2005) claim, activates natural healing processes.

DISCUSSION

The purpose of this study was the exploration of profound music experience. This exploration was directed at discovering the essence of the patients' experiences during the application of music therapy to people who are provided with psycho-oncological care. The wide spectrum of the experiences revealed in the study demonstrates a wide range of possibilities of music therapy and its importance for cancer patients who are in the process of recovery. As their narratives showed, the patients' experiences evoked by music were deep and varied in nature. Exploration of the depth of music experience during a music therapy session allows formulating two implications: i) the identification of three thematic groups of experiences as the essence of profound music experience, and ii) the identification of the essence of the therapeutic paths of change that the patients underwent. In this discussion section, the patients' experiences are interpreted and the potential for change is delineated; this change covers various perspectives in the context of searching for effective methods of working with patients in the spiritual area, especially those oncological patients who are in the recovery process.

The essence of profound music experience

The first implication, formulated on the basis of three groups of experiences identified in the study, is that profound musical experiences are based on an inner process whose diverse nature includes contemplative experiences as well as experiences based on inner activity. Experiences from the first thematic group can be defined as flow experiences because they reveal a certain similarity to the assumptions of the concept of flow as described by Csikszentmihalyi (2005). The following dimensions of flow listed by Csikszentmihalyi can be identified in the patients' flow experiences: action-awareness merging; a loss of self-consciousness when music absorbed the whole consciousness; concentration on the task; and autotelic experiences which are connected with the pleasure of listening to or playing music, which is accompanied by bodily sensations – the experience of energy flow through the body. Phenomenological exploration of the nature of flow in a therapeutic context indicates a new aspect of the phenomenon of flow, which can be seen not only in terms of satisfaction, as proposed by Csikszentmyhalyi, but also in terms of leading to therapeutic change in music therapy (Silverman & Baker, 2018).

The phenomenological analysis revealed that the experiences from the second thematic group express an inner activity that can go beyond the new experience – transgressive and transforming. The changes that take place while listening to music, especially those stimulated by the intervention of a music therapist, are an important notion of music therapy (Bonde, 2019), where transformation is understood as a process of individual reorganisation (Tsisir, 2008).

The transgressive and transforming experiences, can also imply transcendent experiences that involve the whole person. By experiencing their own inner strength, these experiences give the person an imperative to change the perspective of perception on a deeper level. According to Aldridge,

transcendence is 'going beyond' a current awareness to another level of understanding, that is, a shift in consciousness. This does not necessarily imply

a conventional set of beliefs, it is based upon an innate capacity that we have as human beings to rise above the situation. (Aldridge, 2006, p. 167)

The process of transcendence, within the third thematic group of experiences, can be realised in different areas. According to Heszen-Niejodek (2003), the process of transcending is realised in broadly understood spirituality. As was mentioned above, in this perspective it is assumed that transcendence is the essence of spirituality, which presupposes the presence of the spiritual dimension of health and its actualisation in the process of transcendence. Therefore, both the observable activity as well as the inner experiences that go beyond the current experience of self or its current image, are treated as transcendence. It has a relational character, which means that it relies on a specific, dynamic relationship between the current self and the object at which it is directed (Heszen-Niejodek, 2003). While listening to music, music becomes an object of attention, while in therapy it is treated as a tool (i.e. a stimulus that evokes reactions, or a medium) (Stige & Aaro, 2012) and it facilitates the relationship with different areas of functioning through reactions it evokes. Relations that are created include the ones with one's body, with one's emotions and feelings, and in the spiritual sphere (Łuciuk-Wojczuk, 2019).

When the process of transcendence is accompanied by a deep experience at the body level, it happens by establishing a relationship with one's own body and the mind. It is particularly important because the body acts as a medium between perception and personal knowledge; experience engages the body (Geeves & Sutton, 2014) and is transmitted by the body (Leman, 2012). It is through contact with their body that patients acquire a sense of being in the "here and now," the working of the mind stops and then an opportunity to establish a relationship and face their own self at a very deep level appears. This relationship allows them to deepen their cognition on the one hand, to shape the awareness of their body, as Shusterman (2010) claims, and, on the other hand, to increase sensitivity to signals coming from the body which often helps to notice the symptoms of a disease earlier, but, above all, helps to build a unity between the body and the mind (Łuciuk-Wojczuk, 2019).

In the emotional space, transcendental processes often have their source in catharsis, which is connected with the possibility of giving vent to emotions in a safe environment, and, at the same time, of relaxing on a deep level. The experience of catharsis was not revealed by analysis, but the patients experienced a state of unrealism or immersion in music, which was connected with a state of wellbeing. In this state, new experiences were born which offered patients a sense of relief or liberation, which were categorised as transgressive (Kozielecki, 1987). The boundary between some experiences is difficult to grasp because they move smoothly from state to state. Therefore, separating them in the analysis was intended to reveal the subtle differences between them.

In the spiritual space, transcendental experiences manifested themselves during the work in the spiritual area, and referred to the manifestations of spirituality listed by Heszen-Niejodek (2003), which include (as already mentioned above): a manifestation of the search for the purpose of life, being active, having a sense of remaining in harmony with the world, aesthetic sensitivity, involvement, personal growth, the sense of inner freedom, objection to evil, an attitude towards other people, and religiousness. The transcendental experiences identified during the analysis were linked to different aspects and areas of functioning. These included experiences of the encounter with the inner world, with the spiritual world, with one's own soul, with the world of angels, with God, as well as the

experience of winning an inner struggle, inner peace, believing in one's abilities and changing the perspective of perceiving one's life, an inflow of inner forces, the growth of potential, and forgetting about disease. These were also relational experiences related to a special closeness to music and to beauty, which generated an attitude of gratitude towards oneself, others, and the world.

A special role in the work within the spiritual area is played by music, the content of which is contained and conveyed in the musical message. For there is an art that goes beyond itself – transcends to values other than purely aesthetic ones – such as good, truth, holiness, to affirmation of the apogee of humanity. When an art of this kind absorbs these values, it acquires higher dignity and gains a greater chance to influence human morale. Such art enters the sphere of *sacrum* (opposite to *profanum*) (Gołaszewska, 1985).

The nature of this kind of music, can facilitate experiencing the transcendent character of a music experience which in its essence may bring a person closer to God, or even lead to the establishment of a relationship with God. Similar results are also reported by Cook and Silverman (2013). When music initiates a religious experience, it is accompanied by positive emotions and arouses numerous religious feelings. Patients often enter a contemplative state, which brings relief in their suffering or transcends this suffering, which Aldridge (2003, p. 17) calls “to rise above suffering”.

During the study, the patients reported that their sensitivity to the beauty of music appeared or deepened. When discussing profound music experience, it is necessary to mention the role of an aesthetic experience, because music, from the perspective of music therapy, affects the entire human being, at the level of the body – physiological systems, emotions, at the intellectual and aesthetic level, but also in the spiritual area (Łuciuk-Wojczuk, 2010a). Hence the content conveyed by music – the message – is received by the human being at the energy level, over which the informational and aesthetic layers are built (Klimas-Kuchtowa, 2010). The patients who built a special closeness to music emphasised a strong sense of beauty which changed their perception of themselves, others, and also generated an attitude of gratitude towards themselves, others or the world. There is no clear answer to the question about the meaning and essence of the aesthetic experience. From a psychological perspective, the aesthetic experience is a complex psychophysical process directed at capturing the value of music; it is the emotional feeling and appreciation of this value that is born as a result of experiencing music. Music can evoke an intimate reaction in a person, provides an intense emotional experience. From an aesthetic perspective, it is a state that is a spontaneous experience of aesthetic fascination (Smoleńska-Zielińska, 1991), a state of “being particularly moved” (Ingarden, 1991, p. 71), the gradual opening of imagination to a different, deeper dimension of reality brought to life by sounds (Łuciuk-Wojczuk, 2019; Smoleńska-Zielińska, 1991).

The context of experiencing beauty is also present in the work with the body, which is very important because an aesthetic experience indicates a close relationship between sounds and an experience that is transmitted through the body (Leman, 2008, 2012). Observations of patients working with movement reveal that they can experience the flow of energy. The perception based on movement stimulates internal activity because the biomechanical energy of sound structures activates the energy stream. This involves the sensorimotor system because senses provide the information on how to create action, as motor patterns (Leman, 2008). When energy is directed inwards, and especially when at the same time we experience beauty, it can be felt as a sense of omnipresent harmony. When it is directed outwards and transcends towards the external reality, it can transform

the perception of oneself and others as well as the previous vision of the world (Łuciuk-Wojczuk, 2019). Consequently, the mechanism of embodied simulation is triggered. This mechanism can be experienced during an aesthetic experience as a sense of being totally free, including being free from the image rooted in reality, which ends the 'old' way of understanding the world (thanks to releasing the energy felt in the body), and which allows for opening up to a new image of the world (Gallese, 2011; Łuciuk-Wojczuk, 2019).

From a music therapy perspective, an aesthetic experience, according to Tsiris (2008), has a transformative character; it activates self-development and self-actualisation processes. Both the aesthetic experience and the transformational processes are also connected with relations and the process of creation, so they become an indispensable part of "successful" music therapy (Tsiris, 2008). Konieczna-Nowak (2018) examined the notion of "beauty" among music therapists, and concluded that it is situated primarily in the area outside art, in the experience of closeness and understanding with the client. The experience of beauty, in this context and also as an intense emotional experience, according to Smoleńska-Zielińska (1991), can play the role of a transcending potential and can participate in the process of transition between one state of consciousness and another. This way of understanding can be compared, according to Tournier (1981, as cited in Aldridge, 2003) to the role of love in suffering, because "it is love that has the power to change the sign of suffering from negative to positive."

Each profound music experience described above helps to discover the truth about oneself, about one's own capabilities and about an unknown quality of internal experiences which Bonny (2001, p. 61) calls: "letting go to find out who you are". All the experiences are united by beauty, which emanates above the sound structures, completing the experience and feeding it with its potential.

The essence of the therapeutic paths of change

The second implication is related to the vertical analysis and the essence of the individual profiles of the patients' therapeutic changes and the conceptualisation of the two main therapeutic paths of changes, namely "Opening" and "Strengthening." It is also linked to the vertical-horizontal analysis, which is directed at identifying the experiences that create the individual paths. The multistage analysis undertaken in the study calls for such interpretation of the obtained results that exceeds the assumed research procedures. As the study by Konieczna-Nowak (2018) demonstrates, different approaches and models of music therapy treat the key mechanisms leading to therapeutic changes during music therapy differently. They depend, as she concludes when comparing different therapeutic mechanisms, on the understanding and treatment of music in therapy, shaping relationships, interpretation of the client's expression, and aesthetic elements.

Music therapy conducted according to the original model Music - Body - Spirit assumes working with the body as a preparation for working in the spiritual area. As the horizontal analysis of the experiences described in the patients' narratives revealed, they can be classified as belonging to the area of broadly understood spirituality, which is treated as a dimension of health and a person's disposition. The patients' experiences allowed them to develop the relations directed at transcendence described by Heszen-Niejodek and Gruszczyńska (2004): with oneself, with other people, with the world, with God, or another individually significant point of reference, or – in case of some patients –

with music or beauty. This means that in special circumstances, such as in a life-threatening disease, music can facilitate access to the person's spiritual dimension. During profound music experience, the subtle energy of music can offer many opportunities to inspire various experiences especially within the framework of a specific activity, that is the psychological understanding of transcendence. This claim is supported by the results of the vertical analysis, which has indicated two paths of experiencing therapeutic change. Their presence can be considered in terms of two mechanisms of therapeutic change: opening patients and strengthening them. Opening should be perceived in a broad context because it follows the patients' current state in an individual way, especially in terms of the multifaceted tension they experience, sometimes even total pain (Filipczak-Bryniarska & Wordliczek, 2008; Saunders, 1999). The second mechanism, which could be considered, i.e. strengthening, is often associated with exceeding (transgressing) one's limitations, which also played a strengthening role. As horizontal-vertical analysis demonstrated, the opening process was most intensive when patients experienced altered states of consciousness, especially at the beginning of the therapeutic process, but was also connected with the emergence of new possibilities and perspectives through the implication of experiences from the second and third groups. However, the strengthening processes were accompanied by transgressive, transforming, and transcending experiences. This suggests that flow experiences from the first thematic group, accompanied by a deep engagement in the process of experiencing music, may have an opening character, while the transformative, transgressive, and transcendent experiences may have a strengthening character.

The last element considered as a potential mechanism of change in the paths of the examined changes is the creative dimension. This was not considered during the analysis, but it is the element that connects all these music-initiated experiences. As Bruscia (2014) observes, the very participation in music therapy engages creative attitudes towards sounds both when listening to and when creating music, which can be experienced in different ways. The way sounds become beautiful and meaningful happens through the creative process. Therapists often consider it parallel to the therapeutic process because a creative way of resolving musical problems is treated as similar to the process of resolving life problems; it is believed that skills learned through musical solutions are generalised to life situations (Bruscia 2014).

Limitations

The study demonstrates the uniqueness of profound music experience among cancer patients. As such, the phenomenological approach seems to be the most appropriate research approach, as it is "a study of the lived experience of a phenomenon" (Grocke, 1999, p. 51). However, the phenomenological method used in this study has some limitations.

From my perspective, immersing in the data required great concentration in order to recognise and avoid bias. It concerned the need to separate my personal experiences and from those resulting from participating in the experiences of patients evoked by our frequent musical interactions during our improvisations. This is an important process because identifying the beliefs that the researcher holds by clearly expressing them allows him to reconcile rather than ignore them during the analysis. Suspension of one's own beliefs allows one to adopt an *epoche* attitude. According to Moustakas,

The challenge of the epoche is to be transparent to ourselves, to allow whatever is before us in consciousness to disclose itself so that we may see with new eyes in a naive and completely open manner. (Moustakas, 1994, pp. 100-101)

The task of the phenomenologist, as Walulik (2011) states, is to reawaken the sensitivity to what is directly and visually given in experience (through analysis of one's own consciousness). Therefore, in the process of understanding the perspective of my patients, I was as honest as possible, so that the term "understanding," which refers to the essence of the phenomenon (Maxwell, 1992), can be considered to be a term:

more suitable than validity in qualitative research. We, as researchers, are part of the world that we are researching, and we cannot be completely objective about that, hence other people's perspectives are equally as valid as our own, and the task of research is to uncover these, (Maxwell, 1992, as cited in Cohen et al., 2007, p. 134)

CONCLUSION

This phenomenological study, focused on the intrapersonal process initiated by music, allowed for distinguishing three thematic groups of experiences. The first group is represented by experiences of a more static character, which transfer a person into a different state of consciousness, a state of wellbeing and have a contemplative character, which is accompanied by the flow of energy felt intensely in the body – a kind of flow. Experiences from the second and third group are characterised by a certain inner activity. The dynamics of these experiences is expressed by transformational and transgressive processes as well as transcending processes.

This study also allowed, on the basis of the therapeutic profiles of each patient, identification of the individual paths of experiencing therapeutic change and their core: "opening" and "strengthening." The qualities which generated the feeling of strengthening in the patients were connected with the change and extending criteria, and their transgression was represented by the experiences from the second group, i.e. transformative and transcendent experiences. They manifested themselves as broadening the horizon of thinking, perceiving oneself, the others, the world, as well as transgressing their limitations which offered them a new perspective of their abilities. The qualities stemming from the relationship criterion were related to transcendent experiences from the third group, which revealed the establishment of a relationship with oneself, one's inner self, inner forces, potential, soul, the spiritual world, God, nature, music and beauty. The element that linked the therapeutic process of all patients was the "opening" path, because many of their experiences which represented all the groups initiated new qualities. The discussion also included the search for a possible mechanism of change in the context of the identified groups of experiences and paths of experiencing therapeutic change.

Although music experience takes us into the world of the imagined reality – the world of art – it "reaches beyond words and bodily touch, builds bridges of communication and helps people be back in touch with self and others" (Magill, 2002, p. 2). At the same time, music reveals the truth about ourselves, for example, our previously unknown possibilities, new attitudes, understanding ourselves,

others, the world, even if this world is created by sounds. Sharing profound musical experiences with others also makes me aware of how important my own understanding and experiencing of spirituality is for my work with patients. The need to explore one's own relationship with spirituality, according to Bonny (2001), is the part of our work as music therapists. It is because whenever music therapy involves the client's spirituality, it also involves the music therapist's spirituality (Sutton, 2007), which always happens in idiosyncratic ways. Therefore, I argue that if a patient experiences the power of music and deep movement once, he will never remain indifferent to the world of sounds and he will unceasingly continue the search for experiences which will 'fill' his inner space.

In my view, the topic of the depth of a music experience and its connection with spirituality especially in the process of recovery in psycho-oncology, has not been exhausted and is open for further research and scientific reflection. The attempt undertaken in this study to explore profound music experience present in experiences of oncological patients and the paths of their therapeutic change has allowed me to describe its nature in the context of the potential therapeutic mechanism leading to changes, which might be a starting point for further studies in this area.

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Ελληνική περίληψη | Greek abstract

Βαθιά μουσική εμπειρία: Ροή, παρέκβαση και υπέρβαση στη μουσικοθεραπεία στην ψυχο-ογκολογία

Agnieszka Łuciuk-Wojczuk

ΠΕΡΙΛΗΨΗ

Το παρόν άρθρο διερευνά την βαθιά μουσική εμπειρία μέσα από το πρίσμα μιας ευρύτερης κατανόησης της πνευματικότητας. Επικεντρώνεται στην εφαρμογή της μουσικοθεραπείας σε άτομα που λαμβάνουν ψυχο-ογκολογική φροντίδα. Το άρθρο βασίζεται σε μία φαινομενολογική μελέτη που είχε ως σκοπό τη διερεύνηση των εμπειριών των ασθενών με επίκεντρο την ενδοπροσωπική διαδικασία όπου η επίδραση της μουσικοθεραπείας αποσκοπεί στην ενίσχυση των πόρων και των εσωτερικών δυνάμεων των ατόμων που βρίσκονται σε ανάρρωση μετά από ογκολογική θεραπευτική αγωγή. Από την οριζόντια ποιοτική ανάλυση των αυτοβιογραφικών αφηγήσεων των ασθενών προέκυψαν τρεις θεματικές ομάδες εμπειριών: i) εμπειρίες μιας συγκεκριμένης ανυπαρξίας και αίσθημα βαθιάς ευεξίας – ένα είδος ροής, ii) εμπειρίες μίας μεταμορφωτικής αλλαγής και εμπειρίες παρέκβασης που ξεπερνάνε τους περιορισμούς, και iii) υπερβατικές εμπειρίες. Η κάθετη ανάλυση επέτρεψε τη δημιουργία ενός θεραπευτικού προφίλ για κάθε ασθενή δείχνοντας την κοινή πορεία που επήλθε ως αποτέλεσμα της συμμετοχής του σε συνεδρίες μουσικοθεραπείας. Η οριζόντια και κάθετη ανάλυση ανέδειξαν τις σχέσεις ανάμεσα σε συγκεκριμένες ομάδες εμπειριών και στις πορείες του βιώματος θεραπευτικών αλλαγών που ήταν κοινές σε όλους τους ασθενείς.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, ψυχο-ογκολογία, πνευματικές ανάγκες, βαθιά μουσική εμπειρία, ροή, παρέκβαση, υπέρβαση