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Clinical Improvisation and its effect on Anxiety: A Multiple Single Subject Design

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ABSTRACT

Individual responses to music psychotherapy and vocal psychotherapy were examined to evaluate effects on anxiety symptoms. The study sought to explore if co-created improvised music between therapist and client was effective in the treatment of anxiety. The study used a multiple single subject design (SSD). Repeated measures with a convenience sample of 16 participants were conducted. The Beck Anxiety Inventory (BAI) was administered weekly for 12 consecutive weeks in one-hour individual weekly music therapy sessions. Data were analyzed and presented through visual representation and in aggregate form to supplement the SSD analysis. The BAI items with the highest baseline frequencies were: unable to relax, nervous, heart pounding, terrified or afraid, and fear of the worst happening. Results indicated that after clinical instrumental and vocal improvisation, participants' anxiety symptoms significantly decreased by week 6 of treatment. Results also revealed decreased symptoms from initial baseline to end of treatment. Additional studies are required to support these results which provide partial support for the use of co-created improvised music as an appropriate method to address anxiety symptoms.

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Introduction

A large body of research has helped clinicians identify key anxiety features of painful uneasiness of mind, states of somatic or dysphoric arousal, phobias, and fearful overwhelming concern of an anticipated event (APA, 2013; Beck, 2010; Beck et al., 1985; 2005, Goisman et al., 1999; Olatunji et al., 2010; Pacheco-Unguetti et al., 2011). There are also a number of studies in the music therapy field that address anxiety (Akombo, 2007; Choi et al., 2008; Ferrer, 2007; Gadberry, 2011; Gutierrez & Camarena, 2015; Hernandez-Ruiz, 2005; Smith, 2008; Horne–Thompson and Grocke, 2008). However, all of the studies include clinical samples, and none of these studies address the problem of anxiety's presence and disruption in society empirically with community samples and individual music psychotherapy improvisation methods.

There is a tacit assumption that anxiety in the collective community is a product of stress and an overall understanding of anxiety as an accepted and present construct in society (DeNora, 2004; Tone, 2009). Anxiety is an intrinsic part of modern American social psyche, and there have been on-going explorations and discussions about whether anxiety is a social construct or biological factor (e.g., state versus trait theories) since the 1700s. Modern social science ideas support the theory that anxiety is socially constructed and biological (Beck, 2010). According to data from the World Health Organization (WHO, 2004), anxiety has become the most prevalent mental health issue in the world; the United States leads with the highest percentage of anxious people. Furthermore, anxiety is ranked as the number one mental health problem among amongst American women and a close second to substance abuse among men (Chambala, 2008).

The variety of symptomatology associated with anxiety makes it extremely difficult to identify and distinguish healthy and unhealthy responses to situational fear and danger. The emotional and affective response to danger supports Beck's (2010) theory that an emotional state can be incurred from certain internal and external/environmental factors. In these circumstances, the environmental stressor and sense of danger may or may not be real. This is the underlying major feature that defines anxiety. In addition, there are theories that support predispositions to conditions based on genetics and subsequently, trait via state qualities (Ridley, 2003).

The Impact of Anxiety

For some individuals, anxiety is a minor and brief experience; for others, anxiety can be a life-long debilitating struggle. According

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to Beck, Emery, and Greenberg (1985, 2005), who are pioneers of anxiety research, an important operational device unique for anxiety is the presence of themes. Examples of such themes would be, "heightened arousal," "moving through space" or "certain [fears] or phobias" (Beck et al., 1985, p. 289). In an effort to further understand such themes, certain key behaviors related to anxiety have been coined, such as experiential avoidance or cognitive avoidance. The intrapersonal and interpersonal impact of experiential avoidance has the potential to cause severe depletion of self-esteem. For example, according to Beck (2010), the social impact of anxiety leads to confusing emotional environments in relationships, and the WHO (2004) reported how the results of anxiety can be devastating and may include divorce or loss of employment.

The presence of other illnesses can accompany anxiety, otherwise known as *comorbidity*. Examples of this can run the gamut of diagnoses from personality disorders, such as borderline personality, body dysmorphic disorder, and eating disorder to mood disorders, including bipolar disorder and depression (DSM-5). According to Goisman, Steketee, Warshaw, Cuneo, and Keller (1993) and Goisman, Warshaw, and Keller (1999), most people with identified anxiety disorders fail to obtain evidence-based psychotherapies for their condition. Possibly compounding the issue is the high prevalence of co-morbidity of either another anxiety disorder or depression (*DSM-5*, 2013). Olatunji et al. (2010) uncovered certain clinical issues during their research. For example, there is evidence showing that in some cases in post treatment, comorbidity is associated with higher levels of anxiety. This literature also shows that certain combinations of an anxiety disorder and a co-occurring condition, such as a personality disorder, have worse outcomes, increasing the treatment dilemma further. The findings such as these exemplify the complicated and immense impact anxiety has on individuals and the communities within which they live and are treated in. This particular study also sheds light on the need for a different kind of clinical approach to the treatment of anxiety in certain cases.

Capturing the subjective perspective of those who experience anxiety beyond the normal range is important in informing current and future practice in music therapy because it may assist in learning more about the individual characteristics and interpersonal etiology of anxiety. According to Pearson (2008), the experience of anxiety can feel "unbearably vivid yet insanely abstract" (p. 11). The lived experience of anxiety was the basis for the current investigation because of the number of individuals who suffer from this at sub-clinical levels, are not in any kind of treatment, or have been in treatment that has not successfully decreased anxiety long-term. The aim of this study was to explore the topic of music therapy and anxiety from the inter-subjective perspective. The study addressed the following question: Can improvised music that is co-created by the therapist and client be a tool for the treatment of anxiety? The research hypothesis is that clinical music psychotherapy improvisation will decrease anxiety.

Treating Anxiety

Resources for anxiety that are readily available to the public appear in the immense self-help literature, on the World Wide Web with personal stories of anxiety, and in television advertisements for anti-anxiety medications, doctors, and therapists. Other reliable resources are the American Psychiatric Association's (2013) *DSM-5*, empirical research, and clinical studies. There is a general consensus in the United States that anxiety is an emotional and affective response to a specific circumstance that is feared to be dangerous (Pacheco-Unguetti et al., 2011).

The current evidence-based treatment approaches for anxiety are psychopharmacology and cognitive behavioral therapy (CBT). The typical medications used in psychopharmacology are antidepressants, known as SSRIs, SNRIs, bupropion (an atypical antidepressant), tricyclics, and MAOIs. Antianxiety medications called benzodiazepines are also used to treat depression. In some cases, beta-blockers are also prescribed.

Since the early 2000s there has been a steady increase in interest in the treatment of stress and anxiety in music therapy (Akombo, 2007; Clark et al., 2006; Ferrer, 2007; Guetin et al., 2009), yet few researchers experimented with specific work that uses active improvisation methods. Related studies included live music during chemotherapy treatment (Ferrer, 2007), live playing in the workplace setting to reduce stress (Smith, 2008), state-trait by using a steady beat to experiment with any changes in anxiety levels (Gadberry, 2011), and most recently, inpatient psychiatry in group settings (Choi et al., 2008; Gutierrez & Camereno, 2015; Silverman & Rosenow, 2013). No studies in music therapy have specifically experimented with music psychotherapy methods with individuals experiencing sub-clinical symptoms of anxiety and who are living and working in their communities.

Experimental single-case research and methodologies capture data that illuminate the individual character of what is being explored and the individual response to the independent variable being tested (Cruz & Berrol, 2012). Certain designs such as the single subject design (SSD) lend more flexibility than other more traditionally accepted models. In essence the individual is his or her own control, and thus addresses internal validity, making it an appropriate choice for investigating individual treatments such as that in this study. The specific design chosen for this study was a multiple single subjects design following an AB format in which anxiety symptom data were checked frequently over time. Designing experimental research that incorporates improvisation in this way requires theoretical grounding.

Music Psychotherapy and Clinical Improvisation

A salient feature of the theory and practice of music psychotherapy is that it relies solely on certain clinical improvisation techniques that are designed to harness the multifaceted unconscious psychological relational environment. It is understood that this environment opens up a contained space for the musical material to emerge that becomes the information, which the therapist works with, to assist in facilitating a transformative environment for their client. It is an advanced music centered method of working within music therapy. There are a number of authors who have influenced this researcher in theory and practice of improvisation in music psychotherapy. All share underpinnings of phenomenological approaches within the relational environment, and have clear operational frameworks from which to anchor the theory.

Kenny (2006) describes how she perceives such an environment in her theory of the field of play. While there are many facets to her theoretical framework that are beyond the scope of this study, the relational nature of her theory is necessary and relevant to highlight. From this perspective, the relational phenomenological environment shared between therapist and client can be described as an intrinsically layered interpersonal and intrapersonal experience. Kenny comments that, "When the door opens everything in the field changes. A field is a dynamic container in which the action of the variables is largely based on their own interaction and relationships" (2006, p. 78).

Ruud (2010) referred to music as potentially fitting the role of self-object. He commented that it could happen "when we turn to music to regulate our moods, indulge in memories, or recollect events and persons" (p. 2348). Such phenomena can be viewed as occurring in a flux of various moments within a single improvisation. Within these moments, a potential to explore and restructure autobiographical narratives can happen, yet the transformations do not happen by chance. There is a context in the field

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