So many lifetimes locked inside: reflecting on the use of music and songs to enhance learning through emotional and social connection in Trainee Clinical Psychologists

Abstract

Music is universal; it can provide a common language that speaks from the heart enabling others to connect with the private felt experiences of others regardless of differences within or between people. This ability to empathise with, and understand, the position of others from differing backgrounds is an important competency within the therapeutic work of Clinical Psychologists. There are many facets to diversity just as there are many facets to music. Diversity in music genres can reflect diversity in people. Indeed, there is music to cater for all tastes, cultural/ethnic backgrounds, gender, age and generations with listening often being guided by individual preferences.

In the United Kingdom training to become a Clinical Psychologist consists of a university based 3 year full time professional research doctorate funded through the National Health Service. Trainees work on placements 3 days a week and attend university for academic and research teaching 2 days a week. As part of the academic programme, Trainees undertake experiential learning through workshops and methods such as Problem-Based Learning (PBL). One of the PBL exercises is based on a typical referral within an Adult Mental Health (AMH) service. For the AMH PBL exercise music is used to enhance trainees' ability to connect emotionally with the personhood of referrals, consider associated complexities, and to reflect on personal and professional boundaries and reflective practice during training and beyond. This paper reflects on the utility of music and songs to enhance the learning experience.

Keywords

Introduction

A primary function of music is communication (Miell et al., 2005) and given music's universality (MacDonald et al., 2014), regardless of differences within or between people it can provide a common language that speaks from the heart enabling others to connect with the private felt experiences of others, sometimes 'locked inside'* individuals. This ability to empathise with, and understand, the position of others from differing backgrounds is an important competency within the therapeutic work of Clinical Psychologists (CPs; BPS, 2014). Yet, whilst the interest in music for health and well-being crosses disciplines and research methodologies (MacDonald et al., 2014) it is relatively unexplored in Clinical Psychology. Further, it is rarely explicitly used as an educational tool in these training contexts.

'So many lifetimes locked inside' is from 'Song for Molly' by Lucy Kaplansky*

As a means of accessing emotional understanding, this paper reflects on the utility of music in training CPs to facilitate learning on interpersonal and intrapersonal levels. This is not about being musical or a musician, this is about listening to music to enable the accessing of a felt sense (Gendlin, 1969) of one's own or another person's experience and with this enhance reflective practice through experiential learning (Jordi, 2011). Before we explore this, we will first explore the facets of music in general, considering how it enhances wellbeing and how we might be able to utilise music in a training context.

The use and function of music

Exploring the use of music for health and wellbeing, with a particular focus on its positive benefits, Macdonald et al. (2014) highlight a number of functions. Firstly, it is pervasive and due to technology can be with us everywhere. Secondly, they highlight the physicality of music as it is often interlinked with dance where it can serve a social function linking people individually or collectively in large gatherings. This can give music special meaning according to how it is defined by the social context. Thirdly, given listening to music involves different levels of processing, producing neurological effects in the brain, they also highlight how music is known to produce positive emotions and this self-regulatory function is often a driver for musical choices. This makes music both engaging and distracting. Finally, they highlight the ambiguous nature of music, this enables it to evoke strong emotions especially as listeners can filter what is heard through their own histories, experiences and preferences. Thus, underpinning many aspects of music is its communicative nature (Hargreaves et al., 2005) where it can form a means through which emotions and ideas are expressed, communicated and shared even when there are language barriers. This forms a rationale for music therapy used in mental health and social care settings; and a rationale for the use of music in community based contexts emphasising its social function (MacDonald et al., 2014).

Thus, in therapeutic contexts it is understandable for interventions to focus on enhancing wellbeing and positive experiences and, given the potential for music to work across multiple areas involving emotional, social and communicative domains, it has potential to improve efficacy in interventions through those positive benefits. Considering the use of music in therapeutic contexts, the profession of Music Therapy is dedicated to this. As a therapeutic profession it differs from Clinical Psychology in its focus and it is important to acknowledge this difference. Defining the function and use of music in this profession, Pavlicevic (2014, p.197) stated:

> 'Music therapists use music's communicative, aesthetic and therapeutic qualities to transform people's experiences of themselves and of one another; offering an experience of coherence and connection whose impact continues beyond the time, the people and the place of the session.'

Here, music is directly created with musical instruments led by proficient musicians. Through this process it is easy to see how connections can be made through the creation of music using melody and rhythm; and also in the process of working together with another person or other people. This has been achieved in many different relational contexts ranging from the individual to community settings (Murray and Lamont, 2014) creating the potential for vast relational networks both within and between people.

The value of music for health and wellbeing

There is now a large evidence base for the importance of music for wellbeing (Macdonald et al., 2014). Evidence comes from the benefits of music through playing instruments; but there is also evidence for the benefits of listening to music (Västfjäll et al., 2014). Numerous physiological health benefits have been identified, including decreasing stress-related arousal (Davis and Thaut 1989), promoting relaxation (Pelletier 2004) and reducing blood pressure (Chafin et al., 2004).

As CPs are trained to 'reduce psychological distress and to enhance and promote psychological well-being by the systematic application of knowledge derived from psychological theory and research' (British Psychological Society (BPS), 2016, p.18), one can see the applicability of the indirect use of music in this profession within the interventions they might offer. Due to music's direct experiential nature there is also potential to use music and songs in professional learning processes to enable therapeutic emotional and social connection and enhance understanding within people and between colleagues and those accessing services.

Incorporating music into learning

Clinical Psychologists in the United Kingdom (UK) gain their professional qualifications via National Health Service (NHS) funded 3 year full-time university based doctoral programmes. They work on placements for 3 days a week and attend university for academic and research teaching 2 days a week. The NHS is the public health service of the UK established in 1948 with the founding principles of care being comprehensive, universal and free at the point of delivery (Department of Health, 2015). Other countries have different health contexts involving the employment of people from similar professional training programmes. The university that is the subject of this paper uses a variety of learning techniques to simulate clinical work and contexts the Trainees will work within. For example, Problem-Based Learning (PBL) wherein trainees learn in groups of 5-6 completing 5 exercises over their first two years of training (Nel et al., 2008). These techniques also enable the development of reflective practice skills, an important competency for CPs (BPS, 2014). Within PBL Trainees often use music to convey understanding and meaning in their PBL work (Keville et al., 2013), this also seems to serve a communicative and social function, drawing people together within their group and with the audience.

Given CPs work with those in distress, in training CPs there is scope to use music in a different way than one that enhances wellbeing and positivity (Keville, 2017). Struck by the emotional honesty of some songwriters SK and ET utilise songs within the construction of the Adult Mental Health (AMH) PBL exercise undertaken by the trainees in year 1. Our aim is to enhance trainees' ability to connect emotionally with the personhood within the vignette material, to consider associated complexities involved and to enhance reflective practice skills by considering personal and professional boundaries. Vignettes are typically constructed using General Practitioner (GP) referral letters and a longer CP assessment letter. We then connect these letters with a song to convey the person's lived experience and emotional story. In 2009 our first vignette told the story of loss in early life and disconnection in later life; we then connected this with Lucy Kaplansky's 'For once in your life'.

Thus, music is used to generate and enable connection with emotional experiences that might be distressing and evoke more negative and typically avoided emotions, such as sadness, anger,

frustration, disgust or shame. Here, the positive outcomes may be indirect as its function in these contexts is to enable the expression of any emotion, to embrace them and to enhance the compassion and empathy of Trainee CPs for themselves and others increasing their ability to see beyond the printed words of a referral letter to the emotional real-life context of the person referred.

Our aim in the current article is to consider trainees experiences of listening to a song connected to a typical CP referral and the impact this might have on their own, and their group's, learning process. It also aims to identify if there is value in eliciting more difficult emotional experiences to enhance learning.

Method

Having used music for a number of years witnessing the anecdotal value of this, a cohort of 15 Trainees was approached to write independent reflections about their experiences when given a particularly evocative song. At this point, 7 trainees expressed an interest and 3 trainees submitted a reflective piece; all trainees were in their second year of training. They had already completed 3 reflective assignments in PBL receiving feedback for these so they were aware of the process of reflective writing. They were explicitly asked to consider how they experienced the use of music within the PBL exercise.

The Vignette:

This particular PBL learning task simulated a referral process with a group of trainees receiving a typical GP referral letter; this was then discussed and, a week or so later, the group received the assessment letter, again simulating a typical assessment made by CPs in clinical practice. After receiving these, the cohort was played a song that was interlinked with the vignette; this was 'Song for Molly' by Lucy Kaplansky. In constructing the vignette, it is crucial that the song communicates with the referral letter, with details from the song being matched in the vignette. This song talks about experiences of aging and dementia from intergenerational perspectives. It is a deeply personal song and names 'Lucy' as the young person experiencing this within her family, and so, the vignette incorporated these elements. In working with adults, it is important to consider adults in the context of their lives; thus, it gave the opportunity to discuss issues across the lifespan from child, to adult, to older person, also giving opportunities to consider a broad range of personal, psychological, neurological and societal issues.

The Trainee reflective narratives

Each Trainee author independently agreed to participate. We followed this procedure to ensure they retained control over what was voiced and to celebrate each unique and diverse position. We are aware that reflections were influenced by the audience they were written for and represent a small portion of the thoughts and feelings that were experienced during, or after the vignette both for the authors and those that did not submit an account. Therefore, these narratives remain partial, incomplete and open to further elaboration and/or reinterpretation by any reader including the authors.

Katherine

'During our AMH PBL task we had received the first bit of information, a referral requesting an assessment of a client. This detailed a client who had suffered a recent bereavement in addition to losing their mother at a young age following a long battle with dementia. On paper it was an emotive history and on later reflection there were quite a few connections with personal stories within the group. However, it seemed easy to disconnect and to consider the referral from a purely theoretical perspective.

In our next session our tutors presented the group with a song detailing memories of a young girl visiting her mother, who does not recognise her. Whilst the song played the whole group was quiet and I was able to listen to the lyrics and experience the music. I was not thinking about questions I wanted to ask, diagnoses or intervention possibilities I was just imagining another human experience. In this moment I did not feel like a professional, or a trainee or a student, I just felt.

Following the session when we listened to 'Song for Molly' it became apparent that the group had shifted and we were suddenly sharing some extremely personal connections to the material. The group had all connected to different parts of the song which allowed us to think about the client's story in a much more rounded way debating different emotional experiences she might be having. However, we did notice that this still seemed to only occur when we felt it furthered the group task we were undertaking. Following this we had a reflective session where we were able to think about what had been happening during the session and we described a culture of oscillating between exposure and withdrawal.

I shared with the group the vulnerabilities I felt both around sharing if not everyone is willing and being able to define the boundary between my personal and professional self. The group appeared to share some of these fears around how to connect and be authentic whilst remaining professional, getting a task done and not getting lost in our own connections rather than experiencing the client's story. It seemed essential to us to be able to acknowledge our humanity and experience to assist with connecting to the client's story but much harder to know how to do this and negotiating this within a group and a professional context will I expect be an ongoing battle.

However, it felt that the music had given us the permission and enabled us to connect on a different level where we could feel before the censorship of our thoughts kicked in. The music had also reminded us that we work with individuals by bringing a situation to life rather than it remaining a one-dimensional referral sheet. It reminded us of the shared humanity between our emotional experiences and the reasons that we chose to sit with another person's pain.'

Isabel

'It was an average day. We were in the same room we usually are for lectures. The seats were arranged in the same usual way. The lecturers were dressed in their usual manner. Not even the weather was doing anything out of the ordinary as far as I can remember. I sat at the back of the room, where I usually sit, clutching a vignette about a lady with symptoms of depression and anxiety. The vignette was framed as a referral letter. The

letter was much like any other referral letter. Nothing much about it stood out. I tried to read the letter and connect with the person on the page, but it was hard. Perhaps my mind wasn't in it that day, perhaps I wasn't trying hard enough. I just couldn't seem to get an idea of the lady behind the words, behind the referrer's pen. As I sat there thinking about it, half looking at the vignette, half gazing out of the window for inspiration, the lecture began. We were told that we were going to listen to a piece of music. The music was written by a successful singer songwriter – but we were to imagine it had been written by the lady in the vignette. The lecturer pressed play on the MP3 player. The track started.

In that moment, while the music was playing, something happened. I was no longer in the present. I was no longer in the classroom, and I was no longer surrounded by the same old blank walls, metal chairs and notebooks. I was instead transported back some 15 years. I was once again an undergraduate student. I was outside in the sunshine, sitting by a lake, surrounded by the best friends I've ever had. I could smell the freshly cut grass which tickled my bare feet. I could taste sweet cider on my tongue, and hear the sounds of my friends laughing and chatting while the tape player blared out in the background. I felt warm inside, content, connected. This connection was not only to my past and friends long since gone, but also to the music. The music I used to listen to with those friends, on those rare warm evenings by the Scottish lakes I loved so much, was the kind of music I was listening to now. 0I felt connected to the writer of this music. I felt connected to the lady in the referral letter. What would drive someone to write such music? When did she write it? Did she have days like I used to, when maybe she sat with her guitar and her friends, chatting over the meaning of life, and plotting to change the world for the better? I wanted to know more about her. I wanted to understand where her love of music had come from. Suddenly, I realised that the lady in the referral letter was not just a lady. She was 'Lucy'. She had a name and a personality and I was keen to find out more.'

Carly:

'We were provided with a generic referral for a client 'Lucy' for my first PBL summative exercise at university. Afterwards, my cohort and I were asked to sit in our teaching room. I remember a sense of curiosity swept over me whilst I waited, as we usually separated in our own small PBL groups. I was surprised to be presented with a piece of music. The song was sung by the client 'Lucy'. She sung about her mother who was in a care home.

The use of music allowed me to be more aware of how I process painful emotions. I believe that this level of self-awareness is an essential competency for all clinical psychologists. I have reflected that I block my emotions during times of difficulty. This was evident when I kept looking at my colleague to check she was OK when listening to the above-mentioned song in order to avoid my own painful emotions. However, afterwards I became tearful and expressed to my PBL group how I felt a huge sense of empathy for 'Lucy'. This was because 'Lucy's' mother reminded me of my grandfather who has Dementia and is in the transition of going into a care home. I also felt a sense of sadness when reminiscing how the country music reminded me of the music my grandmother enjoyed, who died from cancer a year ago, like 'Lucy's' grandmother. The use of music during the PBL exercise also led me to emotionally connect to each group member as well as to 'Lucy' more. When

reflecting on our group process, it was clear that Lucy's song was the catalyst for the group forming. Tuckman's stages of group development (1965) explains that this first stage is where feelings are avoided which was reflected in our group process.

I remember feeling irritated when reflecting on the generic referral letter after listening to the song. I connected to 'Lucy' on a human level after listening to her song and I recall reflecting on how it was a stark contrast to the referral letter. The irritation that was sparked off inside me made me wonder why isn't music incorporated into therapy? It is interesting to reflect on how collectively as a group we all felt like the referral came to life through the use of the client's own way of communicating, namely her song.

The experience from the PBL exercise at university has influenced me to use music as a therapeutic tool with my clients. One client from my 'older people' placement 'Ann' is an 85-year-old lady who was referred to psychology from her GP. Her sister, nephew, and cousin died two years ago. She had to stop taking Prozac, due to a Potassium /Sodium issue one year ago, which she started after her husband died in 1993. 'Ann' was clearly grieving for her losses and ruminating about the past. We worked together using Narrative Therapy. In the reconstruction stage of therapy, 'Ann' and I played old records on her record player of music that allowed her to reminisce and celebrate the positive memories of her loved ones. After listening to the music, I remember seeing her face soften and her frown turn into a smile when she told me positive stories of her and her family. This left me feeling warm inside and comforted.

From both PBL and my clinical practice, I am more mindful of how therapy should be creative. I have learned that in clinical practice clients can communicate their story in many different ways through the obvious ways like words or in the less obvious mediums such as music. I believe that music can help me to emotionally connect from the heart not only with myself but to colleagues and clients as well.'

Understanding the trainees' narratives

Although it was respected that some description of what happened may be important, the focus of the analysis was on the process of how people made sense of their experiences. Braun and Clarke (2006) suggest that thematic analysis is used to uncover themes across data sources so this seemed an appropriate choice to help uncover primary themes across these 3 reflective accounts. In order to ensure each voice remained independent, themes were elicited by the trainer (SK). An open-minded inductive data-driven approach was used. The analytic process involved a progression from description, where the data simply was organised to show patterns in semantic content and summarized, to interpretation, where an attempt was made to theorize the significance of the patterns and their broader meanings and implications (Patton, 1990). These themes were then individually shared and confirmed with each author to ensure they resonated with their experience. The trainer then shared the paper with the other authors who ratified it. It should be noted that the perspective of the trainer may have influenced the elicitation and interpretation of themes and the focus of the paper; other themes and a differing focus could have been identified and elicited. The themes will be presented through the discussion, incorporating links to the literature.

Discussion

These reflective narrative accounts highlighted several recurrent and significant themes in explaining Trainees' experience of the use of music to enhance the learning process. There were two parts to this process – connection and understanding of a referral *prior to* and *following* hearing a song. The themes elicited were: 'The personal professional dilemma: 'Censorship of our thoughts''; 'Oscillating between exposure and withdrawal'; and 'From negative emotions to positive outcomes'. Through this we will consider how music enhanced the learning process in the moment and beyond. Let us first consider theme one - the context for training and, therein, the personal and professional boundaries that were intertwined with Trainee development.

The personal professional dilemma: 'Censorship of our thoughts'

Within the NHS professionals are exposed to referral meetings where referrals are discussed and presented often within multidisciplinary teams. At these meetings decisions are made about the appropriateness of the referral for the service and, if deemed appropriate, decisions made about who might assess or work with the individual or family referred. On receiving the written material all the Trainees talked about the disconnection that can occur through these written presentations of peoples' stories and Katherine reflected on her own group process at this stage: '*it seemed easy to disconnect and to consider the referral from a purely theoretical perspective*'.

There was a clear division between the usual learning process of simulating a typical referral process in these experiential learning groups and this shifting when the song was played. Playing the song opened up new connections, both emotionally and socially, enabling communication of the written material. This communication occurred on multiple levels: when reading it, on hearing it in the way it accessed personally relevant experiences (both positive and negative), and relationally with members of their learning group. All trainees implied this connection occurred *because* of the song. What became evident on reflection was the Trainees' ability to connect with the personhood of 'Lucy' which had not been possible before.

Thus, as music enables communication and social connection (Macdonald et al., 2014), clearly within these reflective accounts this was an experience the trainees had within themselves and between each other enhancing the learning process. As Carly described, the music was a 'catalyst' for the group forming; and for Isabel was a means for unlocking inner experiences. Yet, the experience of connection or 'exposure' can be overwhelming and, at times, withdrawal may occur as Katherine highlighted. This dynamic of exposure, connection and withdrawal will now be considered further in theme 2.

Oscillating between exposure and withdrawal

Music in educational and therapeutic contexts has traditionally been used to connect with and enhance positive emotions and experiences and this was Isabel's experience. Individuals naturally use music as a way of self-regulating and distracting from difficult experiences (MacDonald et al., 2014). Distraction has a useful and helpful function as it can enable people to move forward through difficult times. Yet distraction, aka avoidance, can be unhelpful if done habitually; this is akin to the process of

experiential avoidance, a known maintainer of psychological distress via the unhelpful process of suppression (Hayes et al., 2003). For learning this may be particularly unhelpful as valuable learning opportunities may be missed.

Indeed, to state the obvious, not all songs are happy, there are many that tell difficult stories and arouse a wide range of emotional experiences. There are genres of music that focus more on difficulties than happiness, and clearly people take value in listening to music that does not always evoke positive emotions. Music can enable the processing of difficult experiences, thus, whilst it might evoke distress, there can sometimes be a positive outcome, wherein people may gain greater understanding of their inner 'locked inside' experiences, process them and develop a wider, less personalised, experience. It is within this spirit that music was incorporated into the learning process of trainees. CPs work with people in distress; to enhance the ability to empathise, it is important they connect with emotional experiences, as Carly highlighted. Yet, those working in this field are not immune to the common tendency to avoid negative experiences and emotions in the learning and training process (Nel et al., 2008; Keville et al., 2013). This creates a natural tension between exposure, connecting with difficult experiences/emotions and wanting to disconnect from them as Katherine, in particular, highlighted. It can often be entwined with concerns about personal and professional boundaries as Katherine's reflections demonstrated; yet, the realm of the personal is often the key to understanding others' distress. It is our own personal processes that build depth and breadth to our knowledge and as a profession we should embrace this (Keville, 2017). By writing about this, we hope to enable people to reflect on the explicit value of directly connecting with difficult emotions through experiential learning (Jordi, 2011) and the use of music in particular. This is particularly important for those experiences Trainees and clinicians have not directly experienced themselves but may work with in a clinical setting. This is crucial in enabling clinicians to understand and empathise with the multiplicity of lived experiences they may work with (Keville, 2017) and what it might mean to open up 'lifetimes locked inside' for the people they may see. All these accounts demonstrated the value of connecting emotionally in this way, and this will now be discussed in the final theme.

From difficult emotions to positive outcomes

In the relatively safe environment of a training context, the purpose of using music to connect with the personhood of a simulated referral is to enable trainees to notice avoided emotions. The song sought to enable the trainees to 'unlock' difficult emotional experiences, such as the sadness and irritation described, and to connect and empathise with the referral and each other more deeply than they had before. Indeed, as North and Hargreaves (2002) note, music can affect behaviour in sophisticated ways, it can also influence friendship groups (Zillman and Gan, 1997), and in this context, learning groups. This learning has far reaching consequences, for example, Isabel was curious to find out more, and in Carly's account she described the learning accrued from experiencing emotions she normally avoided and then used this to access a positive experience with 'Ann' in a therapeutic context. In therapy this use of music replicates the way music is used in educational and therapeutic settings – to access positive emotions; indeed 'the communicative potential of music is undoubtedly linked to its therapeutic potential (MacDonald et al., 2014, p6). For Katherine, her hope was to continually reflect on the challenge of crossing the personal and professional divide. As Keville (2017) states, this is crucial in breaking down 'them and us' barriers, shifting power differentials and reducing the stigma associated with mental health – particularly clinicians' willingness to acknowledge their personal histories. Given our knowledge of suppression and experiential avoidance (Hayes et al.,

2003), if properly scaffolded extending this beyond training for CPs to other professional training programmes may be fruitful. Further, within clinical work listening to preferred music could be used to unlock the emotions of those whose avoidance is pervasive and this may be of particular therapeutic value for CPs working in mental health services.

Conclusion: From training to therapeutic contexts - the value of music

As a means of connecting musical experiences to wider psychological principles of healing, Pothoulaki at al., (2014) hypothesise that theories of musical communication, emotional engagement with music, and perceived control can provide a framework to contextualize and explain why music can produce beneficial effects for those with chronic illnesses (Pothoulaki et al., 2014). They conclude that the psychological and social variables underpinning health and wellbeing makes it timely to investigate the relationship between music, health and wellbeing. Given the clear benefits of using music in therapeutic contexts, it is heartening that, for Carly, the learning accrued in a training context opened up the potential to use music more fully in her clinical context. There is huge scope to increase the use of music as a therapeutic tool in Clinical Psychology. As CPs may not be proficient musicians nor trained in music therapy, rather than playing music, this could be through listening to it. Traditionally, Clinical Psychology has a tendency to utilise language-based interventions which form many of the recommendations for psychological interventions in National Institute for Health and Care Excellence (NICE) guidelines (for example, Common Mental Health Problems (NICE, 2011) and Eating Disorders (NICE, 2017)). Yet with increasing diversity and changing cultural dynamics it seems crucial that CPs increase their understanding and use of alternative therapeutic modalities particularly those that can step beyond language towards universal forms of communication in the way that music and songs can.

Considering the more usual contexts of music use, there are a number of studies using music to improve mood and wellbeing in hospital contexts. For example, musical interventions have been shown to be effective in modifying the perception of pain and increasing the ability to cope (Brown et al., 1989). These could be extended into the domains and research of CPs, alongside the use of music in the learning process evoking different, perhaps more avoided emotions, to enhance reflective practice.

Further, there are nuances in when and how to use music to enhance wellbeing or to enable the processing of difficult experiences and emotions. Just as Carly used music in her work with older people, there is positive research on the benefits of listening to music for those aged 65 years plus; indeed, their music use was rated significantly higher than in their earlier decades of life (Laukka, 2007); so clearly it is something they turn more towards perhaps as a means of increasing wellbeing. Laukka (2007) identifies that agency and identity along with mood regulating properties are the most important predictors of wellbeing. Given the increasing stressors older people face with cumulative losses and physical health issues, enhancing self-regulatory capacities seems crucial and the use of music, particularly preferred music, could be utilised more fully (Laukka, 2007).

There are additional contexts where CPs can use music more routinely and explicitly, and which are repeatedly used in engaging children in everyday settings. As music shares common roots with verbal language in early development (Powers and Trevarthen 2009) and beyond, it is used to promote communication in children and young people and those with communication issues – all areas CPs

train and work within. For example, Ockelford (2005) stated that music can provide the motivation to use language, and it can help to structure it, through its characteristic use of repetition. Consequently, this has been advocated for children who have intellectual difficulties:

> 'Music sessions can offer a unique and secure framework through which many of the skills and disciplines of social interaction (such as listening to others, turn taking, and making a relevant contribution) can be experienced and developed. This is especially true for pupils and students with severe or profound learning difficulties, for whom the intricacies of verbal language and the subtle visual cueing that typically inform face-to-face communication may prove particularly challenging to discern and comprehend.'

> (Ockelford and Markou, 2014, p.396)

Future directions

As MacDonald et al. (2014) highlight, the beauty of music is its ambiguity. Katherine reflected how her group connected with different parts of the story depending on the way the song touched them. This enables individuals to freely interpret what they hear in infinite ways (Mitchell and MacDonald, 2011). For the purposes of training described in this paper, this enhances reflective practice (Jordi, 2011) and enables music to be meaningfully used in infinite ways across infinite possibilities and people. It holds such scope and could provide a means to retain individuality across training programmes and professions so that Trainees continue to bring their novelty of experiences and freshness into their professions. It is also open to other interested trainers bringing their own passion for music into learning. Naturally these will differ from the music chosen here and that is what makes this boundless. Unlocking 'those lifetimes' of clinicians and those they see will enhance the equality and inclusion the CP profession advocates (BPS, 2016; Keville, 2017).

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