

**Exploring Music Therapists' Engagement in Personal Musicking**

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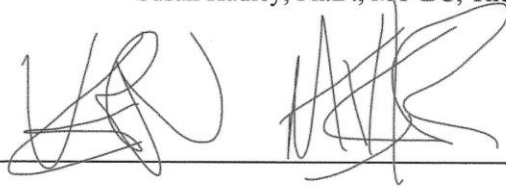
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Presented to the  
Slippery Rock University  
Music Therapy Program



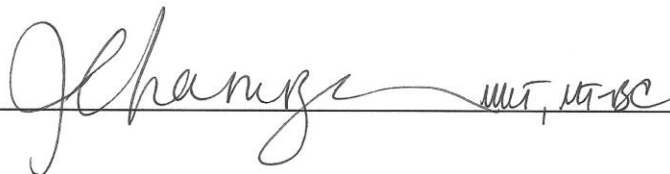
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### **Abstract**

This study explores music therapists' experiences of personal musicking. The research question is: What role does personal musicking play in the music therapist's life? Data was collected using individual, semi-structured interviews with five music therapists in the United States. Interviews were transcribed and coded for themes using reflexive thematic analysis. Seven themes emerged from the participant transcripts, which were (1) facets of positive musical relationship; (2) personal and professional connections; (3) ways of musicking; (4) music aspirations; (5) hindrances to musical relationship; (6) emotions; and (7) barriers to musicking. Within each theme, three to six subthemes were also identified, totaling 30 subthemes. Participants described a variety of music experiences which contribute to a positive musical relationship though many internal and external factors inhibited their actual ability to engage in musicking as much as they would like or desire. Participants compared their experiences of musicking in clinical spaces with that of their personal musicking, and the boundaries drawn between clinical and personal music were unique to each participant. Implications for the music therapy profession include: considerations of thinking styles and values around different types of musicking; a call for curricula adaptation in music therapy training to encourage musical identity formation via many ways of musicking; and encouragement for practicing clinicians to continue exploring their sense of musicianship to maintain ethical practice and recognize the ways that musicking influences their own health and wellness.

*Keywords:* musicking, resilience, clinification, music therapist, wellness

### Acknowledgements

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### **Introduction**

A question often asked of music therapists by their clients, co-workers, and families is: “Why did you become a music therapist?” Among my cohort of music therapist graduate students, I recognized that my own relationship to music was a primary influence in choosing such a career path, and my situation was not unique. Several of my peers also cited their developing musical identities at critical times in their lives as important factors in their career choices to become music therapists.

My first instrument was the French horn, and during my music therapy training I also had to develop proficiency on piano, guitar, and voice. I enjoy making music in these ways, both with clients and in my personal life. As I evaluated my own levels of burnout, though, I began to notice a contradiction in my own life. When practicing self-care as burnout prevention and preservation of my personal health and wellness, I had frequently turned to physical activity, spiritual practices, or other enjoyable hobbies. In times when I was the most stressed, I often avoided music, including music listening and actively playing / singing, and with that, I avoided the emotional response that musicking could elicit.

The intellectual and emotional demands placed on me during my graduate studies, which involved several music-based assignments related to the coursework, led me to begin personal therapy. I wanted to further explore my own mental health, and although my circumstances did not allow me to see a music therapist personally, I chose to integrate more music-based experiences as I had previously explored in my graduate program, as a part of my own wellness. Through this process, I re-discovered the ways that music helped elicit and express emotions, grew more connected to my sense of creativity and self-expression, and began to deepen my insights about who I am personally, as well as the work that I was doing as a music therapist.



The more I used music in my personal life, the more resilient I felt as a music therapist, and I wondered whether this experience could be true of others.

### **Review of Literature**

#### **Burnout**

Given my experience, I wondered whether burnout could be the result of music therapists neglecting their own musical selves, and failing to nurture the parts of their musicianship that caused them to become music therapists in the first place. It is quite common for music therapists to experience burnout after only a few years of practice. In my first few years of practice I would oscillate between a sense of professional competence when a “good” session occurred and feelings of failure and questioning my career choice in a single day. These feelings of failure can lead to burnout. The topics of music therapist burnout, self-care development, and resiliency have become popular in recent literature (Branson, 2023; Chambers, 2019; Chang, 2014; Gooding, 2019; Kim, 2012, 2016; Moore & Wilhelm, 2019; Moran, 2018; Oh, n.d.; Richardson-Delgado, 2006) as researchers attempt to understand the unique experiences of music therapists who are no longer excited to do what they once loved.

Chambers (2019) proposed “clinification” (first coined in this manner by Allen, 1992, to explain burnout experiences of art therapists) as a unique experience contributing to burnout in the careers of creative arts therapists (music therapists, dance / movement therapists etc.). Clinification is the shift from a creative arts therapist’s artistic identity, to solely that of a clinician (Allen, 1992). Music therapists engage with music daily as a part of their work. In my practice, I began to identify artistically with piano, voice, and guitar more so than I did with my first instrument, the French horn. Despite identifying musically with instruments used in clinical spaces, music therapists may still experience clinification of music as a whole. There can be an

emotional distancing from the artform, as the intention of the musical experiences is focused on the client. Losing touch with ways of musicking that the clinician finds personally meaningful, combined with potential isolation in the profession and a constant need to self-advocate in the workplace, can propel this clinification process to the extent that a music therapist may no longer view themselves as a musician, leading to even greater potential for burnout (Chambers, 2019).

### **Musicking in Music Therapy Training and Research**

Professional and personal musicking may appear as dichotomous experiences. Music therapy literature, however, indicates that non-clinical music experiences for professional pursuits, e.g., music therapy training and education, has meaningful impacts on clinicians' whole selves. MacRae (2021) interviewed music therapists participating in inter music therapy<sup>1</sup>, as a part of their advanced training to become analytical music therapists. Among the findings, MacRae noted that participation in such intensely personal, music-based experiences was highly influential on participants' clinical experiences, including expanding musical creativity, developing empathy, and renewed perspectives on the roles / boundaries in the therapeutic process (p. 255).

Arts-based methods of research have also piqued the interest of many researchers in the creative arts therapies for their use of an artistic media as ways of knowing and making meaning of their clinical work. One such example is Faire's 2012 paper, which describes the significance found through art-making experiences with graduate students over the course of a semester.

After engaging with students' art (music, visual, movement, writing and the like) and reflections

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<sup>1</sup> To become an analytical music therapist, trainees engage in four stages of advanced training. Inter music therapy is the second stage during which trainees are paired to alternate experiencing the role of both client and therapist for 30 minutes each. This is followed by 30 minutes of supervision based on each trainee's role as therapist (MacRae, 2021, p. 240).

on their experiences, Faire describes the educational outcomes for the students involved. These included students' emerging desire to balance previous reliance on evidence-based practice through a scientific model with inquiry-based practice and ways of knowing. "Alongside knowing (gathering 'evidence' that music therapy 'works'), we can also value the significant role that Not-Knowing plays in our practice" (Faire, 2012, Discussion / Inquiry-based Music Therapy Practice section, para. 2). Fox (2019) conducted a qualitative study on music therapists' experiences of work with actively dying hospice patients, which included arts-based methods of data collection. In addition to participant interviews, Fox included music improvisation and visual art through mandala drawing as a means of data collection. New themes emerged after the artistic experiences took place, and "deeper levels" of music therapists' personal experiences as they related to death of their clients was explored, that had not been elicited by verbal interview alone (Fox, 2019).

### **Music Professions and Personal Musicking**

Research in music professions other than music therapy, including music research and music education, have explored and compared professionals' use of music in their work and personal lives. Woody (2011) surveyed music majors at the University of Nebraska - Lincoln, in the following degree programs: Bachelor of Music Education, Bachelor of Music, and Bachelor of Arts. This study was conducted to understand music students' patterns of and motives for music listening. He found that participants' music listening tastes and activities associated with music listening (e.g. driving, exercising) were no different than "regular people" (p. 24) as they mostly listened to music to connect emotionally with it. However, music majors in this study related to music somewhat differently than the general public, with over one-third of the time spent listening to music motivated by reasons other than personal interest or enjoyment. This

may be an early indication of potential division between one's personal and professional music experiences when pursuing a career in music.

In a study of music educators' experiences of flow while teaching and performing, Kang (2023) found an important connection between experiences of musical skill and challenge during performances for participants. This was different from the flow qualities noted as important for teaching settings. Kang speculated that the perception of flow for music educators during music performances reinforces a sense of musical competence, thus helping them maintain passion for their careers in music education. Music educators in Davis's 2014 study demonstrated a correlation between their area of teaching and music listening choices, e.g., choral teachers listening to vocal art music. The researcher proposed the question "which came first?" regarding the educators' personal musical interest or their professional interest in such music. Regardless of the cause, a correlation between the two is clear. In their survey of music researchers, Wöllner et al. (2011) sought to understand the musical backgrounds, music listening, and other musical engagement of doctoral students, professors, and independent music researchers. Among their findings, they discussed the influence that participants' music making had on participants' own research endeavors. They also found that the majority of participants continued to play at least one instrument or sing regularly, even if other former instruments or musical pursuits, e.g., composing, were currently not being practiced. Music therapists' experiences of personal musicking and their relationships to music have been explored in several interpretivist studies (Bell, 2018; Hadar & Amir, 2018; Warren & Rickson, 2016). In Bell's (2018) heuristic self-inquiry she participated in self-exploration through Indigenous healing practices and instrumental improvisation as means of data collection. This led to increased self-awareness of

her music therapy work, and reflections about the ways music connected her to various parts of herself beyond that of her work as a clinician:

I have not fully acknowledged how vital playing music is to me; I so often play music for others and to others, and not for myself... The data revealed that one way of [taking care of myself] is for me to make time to improvise. (2018, p. 69)

I resonated deeply with this statement. My work as a music therapist requires me to play music with, for, and to others. This is why I became a music therapist – because I knew how “vital” musicking had been in my life. Due to many reasons, I began experiencing the greatest degree of burnout after working for three to four years. This was also when my personal musicking was the least active, and as I engage more regularly with music outside of work, as Bell described, I feel that I am taking better care of myself, as well as the clients with whom I work.

Some music therapists are able to effectively join the love of their primary instrument with their clinical practice. In their qualitative study, Hadar and Amir (2018) interviewed three music therapists on their relationships to the flute as their primary instruments, including its use in their music therapy practices. Participants, identified as “Flutist Music Therapists,” explained the flute’s distinctive role throughout their lives prior to their professional careers. They also explained how their mastery of the flute in music therapy sessions allowed them to be more present and connected within the therapeutic relationship, further suggesting that playing the flute in a chamber music setting outside of work allowed participants to engage in an evolving relationship to their instruments and connect with their “musicians’ selves.” This caused the researchers to conclude that playing one’s primary instrument can become a distinctive and meaningful component in therapy (Hadar & Amir, 2018).

In a study of music therapists' identity development in New Zealand, Warren and Rickson (2016) noted that many cultural factors, including participants' musicianship, influenced their identity development. Six of the eight interviewed music therapists identified most strongly with the identity of "musician." In my professional world, I would likely identify with "health-care worker" or "clinician" more strongly than musician. However, Warren and Rickson also contextualize the typical nature of a music therapy career in New Zealand, reporting that many music therapists work part time and need to find additional employment in such roles as instrumental teachers or performers. Rather than this being a burden to their careers, participants indicated that these additional roles as musicians outside of the clinical setting sustained them – especially as it relates to clinical competence (Warren & Rickson, 2016). While I am grateful to earn a full-time income as a music therapist, I have lacked such accountability to maintain my own musical identity with little time and availability to engage musically with people who are not clients.

Some music therapists may maintain connection to their musician selves using their primary instrument, be it with clients or in other music experiences. Connecting with my own musician self has included use of instrumental improvisation, listening to music, music-facilitated spiritual experiences like prayer, songwriting, and recording original / re-creative music.

One of the most meaningful musicking experiences I have had since undertaking this research project was writing a lullaby for my son, who was born during the data collection phase of this project. I was taking my final course in music psychotherapy, and one of our assignments was to use at least one music-based experience to uncover and understand potential countertransferences (Bruscia, 1998). One of the ways Bruscia advises music therapists to do this

is through “nurturing the musical self” (1998, p.117). In his description of music therapy as the intersection of the therapist’s and client’s musical worlds, and the importance of music therapists’ taking care of themselves from a musical standpoint in order for this intersection to occur, I finally found language to explain the source of my previous sense of burnout. I also better understood, at least from this theoretical perspective, why I felt more energized to work as a music therapist as a result of my personal musical experiences, despite other career-related difficulties that continued to emerge, and feeling mentally unprepared and emotionally unpredictable in my first several months’ return to work post-partum. Though I had been concerned about being able to hold space for the emotions and stressors of my clients, I was bolstered by a new-found joy in musical play and self-expression from my first weeks at home with my baby. As Bruscia further explains:

It is essential for us to do this – not only to protect our clients from exposure to an atrophied musical self but also for our own good, to keep the very part of ourselves that brought us to music therapy alive, healthy, and growing. (Bruscia, 1998, p. 117)

Apart from the studies cited above, little is known about the ways in which music therapists experience their own identities as musicians throughout their clinical careers. Further research is needed to discover the connections that may exist between personal musicking, musical identity, and professional resiliency for music therapists.

### **Statement of Purpose and Research Questions**

The purpose of this qualitative study was to explore music therapists’ experiences of personal musicking, and the connections that may exist between music therapists’ resiliency and personal musicking. Personal musicking is defined as engaging with music, including but not limited to: receptive, compositional, re-creative, and improvisatory music experience which are

not directly focused on the music therapist's professional pursuits. The research question to be explored is: *What role does personal musicking play in the music therapist's life?*

## **Method**

### **Ontology and Epistemology**

This study falls within a subjectivist framework. Subjectivism assumes that rather than knowledge, meaning, and truth existing as objective truth outside of human consciousness, that human beings impose those meanings onto objects (Matney, 2019). Matney (2019) states that "general subjectivist research will . . . emphasize subjects' specific or collective meanings" (p. 16). As such, the design of this study, which seeks music therapists' perspectives on their experiences of personal musicking, fits well within this framework.

### **Research Design**

For this study, I utilized reflexive thematic analysis of semi-structured interviews (Braun & Clarke, 2021). Thematic analysis involves immersing oneself in the data and identifying and analyzing meaningful patterns that emerge from the data. It involves reflexivity and the researcher's own subjective experience influences interpretations of what is meaningful.

### **Statement of Personal Constraints**

This research was proposed during an unpredictable and personally challenging time in my life, as I became a parent within a few weeks of completing participant interviews. Various phases of the research incurred significant delays which resulted in a 10-month period between the first participant interview and final interview transcription. This length of time likely influenced a lack of response by participants with whom I had previously discussed member checking, but none of whom responded when their transcripts were offered for review.



After consultation with the research advisor, the difficult decision was made to eliminate one of the six participant's transcripts from the study. This reduced the data analysis to a manageable amount for the researcher. All participants' experiences contributed meaningfully to the data, but as two of the participants shared similar intersections of race, gender, and age, one was chosen to be removed from the data set. This was necessary in order to complete the research within a reasonable timeframe and to honor the majority of participants by ensuring the time and effort they volunteered was not in vain. Per the approved protocol, a minimum of five participants was specified, and this was maintained with the remaining five participants.

### **Participants**

Eligible participants for this study were at least 18 years of age and were qualified music therapists in their country of residence and practice (for example, board-certified in the US) with at least three years of clinical experience. Participants were also required to be able to recall and reflect on a time in their career, even if currently, when they engaged in personal musicking. Due to the researcher's limitations, participants were required to have access to the internet and speak English. Participants were asked to share their pronouns, gender, and racial identities, as well as any other salient aspects of their sociocultural location to aid in selecting a diverse group of participants for the study.

Of the 12 respondents to the call for participants, eight were selected to participate in the study. This group of participants was selected based upon current working context, type(s) of personal musicking used, number of years working as a music therapist, theoretical model / philosophy of music therapy, geographical location, and sociocultural location (e.g. intersections of race, gender, sexuality, class, age, language, education, and ability), which are noted in Table 1. I emailed selected participants a consent form (see Appendix A) and answered any questions

Race	White, 2 Chinese-American, 1 Biracial (Black / white), 1 Asian American / South Asian, 1
Gender	Ciswoman, 4 Transmasculine / nonbinary, 1
Number of years working as a music therapist	3-5 years, 2 6-10 years, 2 15+ years, 1
Working context	Not currently working as MT, 1 Private practice, 1 Children's rehabilitation hospital, 1 Community arts center, 1 Contractor for nonprofit, 1
Theoretical orientation	Humanistic, 2 Eclectic, 1 Behavioral, 1 Culture-centered, 1 Person-centered, 1
Types of personal musicking used	Receptive music experiences, 5 Playing / singing music alone, 4 Performing, 2 Teaching music lessons, 1 Playing / singing in a group / ensemble, 1 Taking lessons, 1 Informal music skill development, 1
Region of AMTA	Great Lakes, 3 Southwestern, 1 Western, 1

the participants had about the study. Six of the eight selected participants returned consent forms and corresponded via email to schedule individual interviews. One participant's data was removed from the final set due to personal constraints of the researcher as described above.

The remaining five participants represented a variety of sociocultural identities, experiences with music, and professional pursuits. To aid in the readers' understanding of the results, each participant, as identified by their pseudonym, is described briefly.

***Austen***

Austen identified as a white, transmasculine / nonbinary person who has been a music therapist for 5 years. They also identified the following salient aspects of their sociocultural location as aromantic/asexual, middle class, in their late-twenties, and non-religious. Austen was working at a community arts center and in telehealth while completing a master's degree at the time of the study. Austen's primary instrument is piano, and they had recently begun revisiting the piano and playing some undergraduate repertoire. They also noted that they engage in receptive music experiences like personal music listening and live performances, as well as "jamming" with friends, though this is something that has not happened often since completing their undergraduate degree. Austen also liked to research pop music history.

***Wendy***

Wendy identified as a white, ciswoman, middle-aged music therapist who has been practicing for 18 years. She was doing contract music therapy work for a nonprofit at the time of the interview, after having lost her ideal job at a hospital due to her position being eliminated. Her primary instrument is percussion, and some of the ways she engaged in musicking included playing in ensembles, teaching and taking lessons, attending live performances, and listening to recorded music, though she later shared in the interview that this last way of musicking was very difficult for her at present.

***Mazie***

Mazie identified as a Chinese-American ciswoman who had practiced music therapy for three years. She was working as a graphic designer at the time of the interview, but had previously held a music therapy position in memory care. Her primary instrument was violin,

and she most frequently played music solitarily, either with violin, ukulele, or guitar. She also engaged in music receptively through music listening, attending concerts, and dancing.

### *Kayla*

Kayla identified as a biracial (Black / white) ciswoman. She also shared some salient parts of her culture including being middle class, in her early 30s, and being raised Catholic though not currently practicing a religion. She had been working as a music therapist for seven years, currently at a private practice primarily with autistic school-aged children. Her primary instrument was the flute, though she estimated she had not played it in approximately three years. Kayla noted performing and attending live performances, namely instrumental groups (e.g., band / orchestra rather than pop concerts), as the most important ways she engages musically outside of clinical work. She reported a lack of interest around listening to music on her own, though recalled times in her life when this was enjoyable. Over the course of our interview, Kayla spoke most passionately about the spontaneous nature of musical preparation for work, and the snowball effect it has on her personal motivation to engage in music.

### *Ananya*

Ananya identified as a heterosexual, Asian American / South Asian, middle-class ciswoman. She also shared that she is bilingual in Hindi and English, she is able-bodied, and her religious identity is agnostic / Jains. Ananya has been a music therapist for 6 years and was currently working at a Children's Hospital. Her primary instrument was the Saxophone. Ananya engaged musically in playing / singing music alone and with others, going to concerts, and generally listening to music. Among other topics, Ananya explored the value of music listening and considered the pressure that she felt in her music therapy training to make music in certain ways.

## **Data Collection**

### ***Recruitment***

Participants for this study were recruited using purposive sampling, with the target sample being a diverse group of music therapists. An invitation to participate in the study was posted on various music therapy Facebook pages, which were Music Therapists for Social Justice, Music Therapists Unite!, and Music Therapy Leaders. Prospective participants completed a google form which determined eligibility for the study and gathered demographic information designed to assist in having a diverse pool of participants.

### ***Interview Preparation***

Participants who met all criteria and consented to the research were asked to commit to approximately 15-20 minutes of interview preparation, and a subsequent 45-60 minute interview with the co-investigator. Interview preparation was encouraged to take place at any time prior to the scheduled interview, but not required to occur directly before the interview. Participants were provided with interview preparation instructions. These included directions for two self-guided activities: 1) Read the guidelines for the Wellness Self-Assessment for Music Therapists and complete your self-assessment for the section "Relationship with Music" and 2) Write down any reflections or comments about these experiences for reference during the interview. I independently engaged in the same interview preparation self-guided activities before the initial interview, and intermittently in preparation for interviews with subsequent participants as needed.

### ***Semi-structured Interviews***

Semi-structured interviews were conducted using an interview schedule as a guide. Interview questions (see Appendix B) were written to elicit open-ended responses that are unique

to participant experiences, but were often re-phrased or re-structured as the interview progressed based upon the participant's responses and the unique opportunities that occurred to explore the meaning of the particular experiences that they discussed. I recorded the interviews and made notes during and after each interview with any immediate impressions. Interviews ranged from 37 to 69 minutes in length and were transcribed using Zoom's automatic transcription feature. The transcripts were later edited to correct any portions that were mis transcribed.

### **Data Analysis**

I utilized Braun and Clarke's (2021) method for data engagement, coding, and theme development. (1) Data familiarization occurred through revising auto-generated transcripts, re-reading transcripts, writing reflexive comments, and comparing participant ideas with my own experiences. (2) Systematic data coding took place after the transcripts were uploaded to Atlas.ti software. I began identifying codes as they emerged in the transcripts. I then consulted with my thesis advisor to identify code groups, thus phase (3) generating initial themes from coded and collated data. (4) My advisor and I spent time developing and reviewing these themes. I further organized the codes and condensed related ideas into more succinct categories for sub-themes, which was phase (5) refining, defining, and naming themes. (6) Writing a report of the findings was the last phase.

Participants were contacted again for member checking of their descriptive paragraphs and to review an initial draft of the research findings. One participant responded with a minor adjustment of their descriptive paragraph in an effort to best protect confidentiality but had no questions or noted incongruences with the results.

### **Ethical Considerations**

The study protocol was approved by the Institutional Review Board of Slippery Rock University (2023-021-56-A). Participants were not deceived in the course of this study and were aware of the purpose and rationale throughout the process. The risk of breach of confidentiality was mitigated by deleting interview recordings upon completion of interview transcription. To protect participant anonymity, participants were invited to choose a pseudonym, though most preferred one be selected for them. As all the participants were professional music therapists who regularly navigate emotional responses and coping as a part of their clinical work, they were not considered a vulnerable population. However, the potential risk of emotional discomfort was noted in the consent process, and additional resources were prepared to share if needed. This was not necessary as the conversational space established in the semi-structured interview allowed for varied degrees of expression, both for pleasant and difficult emotion. Several participants experienced emerging insight into their emotions and experiences during the interviews, yet did not blur the ethical and professional boundaries of purpose of the study with the scope of personal therapy.

Several respondents to the initial call for participants were known to me personally. After discussion with the research advisor, the prioritization of seeking a diverse range of experiences outweighed the potential concern for dual relationships between researcher and participant, and one of said respondents was selected for and participated in the study.

In order to ensure trustworthiness of the data, each participant was sent their transcribed interview to review for accuracy. Furthermore, quotes of participants exact words were used to illustrate the themes and subthemes that emerged. I also maintained a reflexive journal

throughout the process and met with the research advisor throughout the process of data analysis in order to maintain integrity of the data.

### Findings

Seven themes emerged from the participant transcripts, which were (1) facets of positive musical relationship; (2) personal and professional connections; (3) ways of musicking; (4) music aspirations; (5) hindrances to musical relationship; (6) emotions; and (7) barriers to musicking. Themes and subthemes will be discussed with illustrative quotes to aid in the reader's understanding of the themes' origins. See Table 2 for a full depiction of themes and subthemes.

Themes	Subthemes
Facets of positive musical relationship	Enjoying musicking Professional experiences Feasibility Depth of musical relationship Relationships Generativity
Personal and professional connections	Shared musical taste Boundaries Musician vs. clinician Clinical focus Clients influence personal musicking
Ways of musicking	Primary instrument Solitary musicianship Musicking with others Intellectualizing music Receptive music
Music aspirations	Desiring more active music making Desiring musical reflection Desiring music with others Desire to learn or maintain skills
Hindrances to musical relationship	Others' perceptions Career stressors Self-judgement Fatigue
Emotions	Negative Emotional pain Positive



Barriers to musicking	Others Resources Time and priorities
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### **Facets of Positive Musical Relationship**

Participants shared a variety of experiences regarding their relationships with music. In the process of discussing one's relationship to music, many complex emotions and experiences were shared, as expressed in themes to follow. Several participants shared experiences and qualities which contributed to a positive, healthy, or otherwise ideal relationship to music at some point in their life, even if not currently.

#### ***Enjoying Musicking***

Several participants commented on pleasurable experiences with musicking. One contrasted this with the pressure of her previous classical training, which was quite competitive.

Just quietly playing like my ukulele, or a guitar or a violin... not to have like expectations. Just to have fun. (Mazie)

Another participant shared a deep sense of pleasure in exercising her music theory knowledge.

Tom T. Hall's *Sneaky Snake* really only needs three chords, and I think I can add in like six or seven... to do the same song. And so I really enjoy doing that. And I *do* do that whenever... I kind of sit down and play by myself. Especially because if I'm key-changing... I enjoy just transposing on the spot for myself. (Kayla)

#### ***Professional Experiences***

Several participants explained that the music they make with clients plays a role in the health of their relationship to music. There is a compounded positive impact on their relationship to music as a result of participating in the music therapy space.

I don't know if the right word is life changing or something like that. But it definitely was something that will always stay with me for a really long time. And especially with witnessing how you know you have these residents dealing with Alzheimer's, or something else going on in their life suddenly react to a song that they held so dearly.

(Mazie)

Kayla noted "I pull a lot of joy from the music making that we do in a session, and I think that really... contributes to it."

### *Feasibility*

Though many barriers to musicking were noted throughout the interviews, which are discussed as another theme entirely, participants illustrated situations in which music was more accessible, such as attending live local performances.

I still keep up with like live music performances. It's, it's getting more and more tiring, which I think means I'm getting older, but I'm still kickin' and like I've been getting into a lot of like smaller local groups lately, rather than you know, breaking my neck, trying to get tickets to the latest live master... big tour. (Austen)

Another participant explained that engaging in music listening is often more feasible for her schedule than sitting down to play an instrument or compose music.

I think music making has been harder... to find time for. Music listening is easier to just... do whenever I'm driving around... for work I would drive around all the time. But even here, if I'm going to work, or if I'm just at home sometimes I just listen to music.

(Ananya)

### *Depth of Musical Relationship*

Other participants cited the length of time and overall involvement with music over the course of their lives as important factors that maintain a positive relationship with music. Wendy noted, "I love it. I just, I don't know how to not do it. It's one of those things like I don't know how to not be [a musician]. So I just do it. I don't know how to be in the world without doing music." Similarly, Austen stated:

For better or worse, a lot of myself, like my identity, relates to the type of music I listened to when I was a teenager, the type of music I'm listening to now as an adult... music therapy positions come and go, but I'm always going to be like the emo kid at the at heart. You know, I'm always going to be at home at a heavy metal show... I'm always going to know the history... from the Sex Pistols to the Riot Girl movement... all of those things are still part of me whether or not I'm practicing music therapy, or if I'm using music therapeutically at all.

### *Relationships*

Several participants identified the importance of relationships with other musicians who have encouraged collaborative musicking.

A friend and I even like did that... after I moved... we just... hung out over Zoom, and we're like, we're just gonna play these songs that we really like, and just going to hang out. And so it's really fun to make music sometimes with people, and you know, they know the songs. (Ananya)

Another participant discussed several supportive relationships with other musicians that have impacted her emotional health, and likewise, her relationship with music after the loss of a job.

My guitar teacher is a person who called and checked on me and said, “No, I know I can't come teach you at the hospital anymore. But come to my house, you know, come on over.” He and his wife are both musicians, and they kind of carried me through. (Wendy)

### *Generativity*

Participants described using music experiences, whether intentionally or by happenstance, for particular outcomes, e.g. improving mood, exercising, learning a new skill. One shared about the use of music as an emotional release.

There were some instances of grief in the last few years, and so like listening to music, really helped release that, those feelings of grief. (Ananya)

Another participant reflected on a snowball effect that occurred. She was more likely to engage in musicking for herself as a result of practicing to learn / adapt clients' music.

Okay, I'm already here at the piano... Let me pull up chord charts for this song and, and do something, or oh, I already have this out. Let me see what else I can play on it...

(Kayla)

### **Personal and Professional Connections**

Participants had many reflections on the ways in which their clinical work was connected to the overall function of music in their lives.

### *Shared Musical Taste*

Some participants discussed the ways that sharing musical interests with clients impacts their work, or clients' musical interest spurred on personal musicking experiences. Ananya stated:

I see why this song, like relates to your, this particular emotion, like when we're making playlists or something. I see why you would put the song down. It's more understandable... I can empathize more if I know a song, or if I know an artist.

Likewise, Kayla noted:

It would be something where somebody recommended a song. Or said that they wanted to learn the song, and by listening to that one, it would lead me somewhere else, which would lead me somewhere else, which would lead me somewhere else. But usually it stems from somebody else's song first.

### ***Boundaries***

For others, particular boundaries between their personal music and the music they use in session were important.

Maybe boundaries are a salient aspect here in terms of like, this is music for me. This is music for my work. And because I keep them separate. I don't find myself burning out as quickly. (Austen)

My classical percussion stuff really doesn't ever go into my clinical setting, and my clinical stuff doesn't come to work with me when I'm on stage. So, kind of at every level, there's a divider. (Wendy)

### ***Musician vs. Clinician***

These participants also recognized the differences between their identities as musicians and music therapists. Austen stated:

I'd say [musical identities are] separate things, but they're connected by the fact that I am one person having all of these experiences... I am both a musician and a music therapist, and they meet in the middle, because I'm the person having them.

Whereas, Wendy shared that “The main difference that I’m aware of, and I’m sure there are others that... I’m [oblivious] to... the main difference I'm aware of is the anxiety.”

### *Clinical Focus*

Participants also discussed a unique perspective on their musical identities as music therapists when focusing on clients, and how being in a clinical context diminished the feelings of performance anxiety that usually occurred for them when playing or singing in spaces other than music therapy. One participant who was typically self-conscious about her singing voice outside of clinical spaces shared her feelings around role playing as a voice student for one of her clients.

I have been a voice student for a couple weeks which has really made me sweat, but it's not for me, it's for them. (Kayla)

Another participant, comparing her experiences with clients to that of a performing musician, felt less anxious in sessions due to lack of perceived judgement upon her musicianship by clients.

...there's a whole structure there, and that's what it is in music therapy. I'm going in, there are pretty clear goals and objectives. It's going to last this long. We kind of know how it's going to go. The listener or the client is there to be a part of it for really specific reasons. Not to just receive it and judge it, or critique it, or value it in that way. (Wendy)

### *Clients Influence Personal Musicking*

There were several instances of music therapy work with clients influencing participants' personal use of music. Kayla noted, “I get really excited about sharing [music] and using it as a motivator for others, which then motivates myself.” And Mazie shared, “I had to pay attention like, is it for the client, or is it for me, or what if it's for both? ...what if you end up genuinely liking the song that was supposed to be meant for your client?”

### **Ways of Musicking**

All participants shared experiences of engaging with music in their personal lives, which often included early life experience with music, during their collegiate musical study, throughout their careers, and recent experiences.

#### ***Primary Instrument***

Some participants had remained connected to their primary instrument and found satisfaction out of revisiting it at times.

It's been a minute since I played... classical piano, which was my primary instrument.

But I recently like pulled out some of my like earlier high school repertoire... I was pleasantly surprised that I could still pretty much sight-read everything because it's been a while. But you know that, that's cool. It's cool to see that even if I'm not like actively working toward being the best ever, I can still call upon skills that I've had in the past, and they haven't atrophied too much... (Austen)

Others identified less with the instrument that had been their primary during college due to lack of use.

It's hard to say that, like flute's, my primary anymore, because I haven't practiced very hard the last, or like been involved with it as much in the last three years. I would consider myself a flutist, though. (Kayla)

*Solitary musicianship.* Whether using their primary instrument or other utilizing other musical skills, many participants reported musicking alone, though with mixed feelings and levels of significance. Mazie stated, “[It was] when the pandemic happened that I started to have a better relationship with music like, I just find that I’m starting to enjoy having moments to myself.”

Whereas Austen shared, “I do enough on my own to try to build my own skills, but it is kind of just you at a piano, or you in a room alone, if you're not working with a supervisor, or like even... a peer supervision group.”

### *Musicking with Others*

Musicking with others was an experience discussed by the majority of participants, only one of whom described currently participating in a formally organized ensemble that rehearsed / performed on a regular basis. Most discussed more casual encounters with family and friends. One participant shared about the pleasure she took from extemporaneous song writing with her children and spouse.

We used to have a lot of fun in the car... we would make up just random songs together. Like the three and a half of us, because the three-year-old has no idea what we're doing. But we would make up, like a piggy backing, and then we would give a topic and just kind of song write over it. Yep. Having boys, it always centers around poop. And farts. But it was always just a lot of fun doing that. (Kayla)

Another recalled an occasion when she and several musician friends held an impromptu jam session.

She just like got on the drum set, and a couple of us were just playing the guitar and singing. And it was just really fun... I love doing things like that. (Ananya)

### *Intellectualizing Music*

Some participants recalled ways of musical engagement that were experiential, but more concentrated on an intellectual or cognitive experience. This included analyzing music from a theoretical framework, expanding or reducing harmonic structure, and researching music. Kayla shared:



You gotta be able to understand the foundation of music, (laughter) to be able to manipulate it, to use it in therapeutic scenarios... I love music theory. I wouldn't consider myself a composer. I can't write but I love, I enjoy analyzing.

And Austen noted:

I've done a lot of like reading of what might pass for an academic text on any of these genres and part of doing that research is listening to the music.

### ***Receptive Music***

All participants discussed some experience related to music listening. Some expressed complicated feelings related to this way of musicking, which is explored further under the theme of emotions. Among those who found receptive music of current significance, this often involved going to concerts, listening to playlists they had created for themselves, and being exposed to new bands by word of mouth. Austen stated:

But as far as like informal music goes, I've always been a big like live music person... both in terms of like popular music concerts and, like classical music concerts for one reason or another. So that's always been a part of my life as being part of the audience.

And Ananya shared:

I feel like I've developed more of a taste for, like Indie music, Indie Rock. I've gone to all these concerts. I've learned about artists that I had never heard of. Like after college that I really got into that related to Indie Rock. And so that's been really fun to explore.

### **Music Aspirations**

In discussing how they evaluated their relationship with music on the Wellness Self-assessment for Music Therapists (Chambers, 2019), all participants expressed a desire for more musicking in some way.

### *Desiring More Active Music Making*

Several participants expressed a desire to use active music making experiences in their lives more often.

I do enjoy learning to play new instruments. But I don't do it as often as I'd like. (Kayla)

Reflecting on past experiences of learning new music on her guitar, one participant shared:

I think that's something I want to make more time for. (Ananya)

### *Desiring Musical Reflection*

As participants reflected on their relationship with music, some participants desired to use active music making experiences as a part of further personal self-reflection, and also considered the ways that this may impact their sense of resilience vs. burnout. Austen stated:

I do a lot of...active music making in my life as part of my job, I don't do a ton for fun.

Which is something I've been aware of, like in the back of my mind, but I think [the self-assessment] really brought to the forefront that like oh, this is coming up in more than one axis on this questionnaire. So maybe that's something to look into, as far as... self-reflection goes.

Similarly, Ananya shared:

I really would like to spend some time... maybe at least once during the week to just like reflect using music, like making music. Whether it's just... playing the guitar for a little bit or just playing the keyboard for a little bit. But yeah, I do want to start doing that more. But I'm just reflecting. And maybe that could help reflect some of the burnout that I might experience at work.

### *Desiring Music with Others*

Most participants had experience playing or singing in ensembles prior to and during their music therapy training, though only one was currently engaged in any regular musicking with other people and several desired to engage musically with others outside of work.

I thought that I found more solitude and peace with like trying to do things by myself, but it would be nice to try to do more social outreach... it'll just be nice to just be engaged with others who are into music, and just to be able to just have the familiarity of unity again. (Mazie)

Music group experiences... I think I would love to do more of it. I just need to like... make the time, and also find the people. Or just... make a group of people. It's like you guys should just come over and make music. (Ananya)

### *Desire to Learn or Maintain Skills*

Several participants wished for more opportunities for developing or maintaining musical skills, either through private lessons, personal exploration, practicing, or music-based supervision. Mazie reflected:

I had thought about it... I was even encouraged by my partner to maybe think about trying to do private lessons again... build my comfort back into playing... my music instruments. But I also thought about other genres of music like something a little bit less traditional. And by that I meant... music producing like making my own beats through a music program like GarageBand or other programs like Ableton.

And Austen stated:

I think what I'd like to see more of is more peer supervision period, but also like a little more supportiveness for developing music skills. (Austen)

### **Hindrances to Musical Relationship**

Among participants, there were many factors that inhibited their musicking and their relationship to music. While external barriers to musicking was identified as a separate theme, hindrances to musical relationship were connected to factors emerging from the participants themselves and their overall sense of musicianship.

### ***Others' Perceptions***

Some participants expressed concern regarding others' perceptions of their musicianship. One participant was concerned about her musicianship, especially her voice, being judged by others in her office, should she choose to practice outside of sessions at work.

There's not very often where I have like alone time... even right now - it's Monday, and it's really like our lightest workday, but, like my boss and my other team members are over there, and these walls are thin, so I know that I'd be heard. (Kayla)

Coming from a family of professional musicians, another participant expressed the tension felt around musicking due to high expectations and a rigid practice routine.

Your father, who has this high expectation of, I don't know if I would say perfection, but just always this strong expectation of... you have to practice like every single day in order to sound good, etc., etc., like, you know, master this piece and what not. So for me... it caused a bit of an interesting dynamic of how I would react to anything with music.

(Mazie)

### ***Career Stressors***

As music therapists, some participants expressed the ways that work-related stress like lack of supervision, compassion fatigue, and poor administrative support impacted their

relationship with music. This participant shared about the impact of losing her job on her ability to listen to music.

I'm not likely to find that again. Especially living here. If I were to move, that would be different. But losing that position was huge because I knew when that happened that was kind of it. Unless I can move to another part of the country. And so, it's still very painful to listen to music. (Wendy)

### *Self-judgement*

In addition to concern for others' perceptions of their musicianship, several participants expressed self-judgement of their musical skills, which also seemed to inhibit their musical relationship. One participant noted her own musical expectations as a barrier for considering engaging in music therapy as a client.

I don't think I'll necessarily use music as a therapy for myself in a way where someone else is leading it. Just because I do have high expectations... of myself. As well as I overthink all the things. So if I'm going to... do this, I'm going to do it right, and so I need this, and I need to be aware of this, and I need to have this. So then I got to think about this. While I'm also planning this all in one go. And then I'm like- I'm done. (Kayla)

Another participant's self-judgement was compounded by lack of experience making spontaneous music with others.

That's the thing... I feel so intimidated when I see others who are like breaking out of their comfort zone like, oh, let's just... have a band night, like, you know, just a jam session. I never actually had that kind of experience. (Mazie)

***Fatigue***

Participants shared about the emotional and physical fatigue that they experience as a barrier for maintaining their personal relationship to music.

But the physical part. I'm just like actually exhausted after work sometimes. So maybe it's that combination like at the end of the day. I'm like, okay. I'm just done for the day.

(Austen)

**Emotions**

Many emotions arose around participants' relationships to music, either explicitly stated by participants or as they were interpreted .

***Negative***

Some of the negative emotions that participants experienced included disappointment, regret, shame, stress, and overwhelmed. This participant seemed to have experienced shame and embarrassment in recalling a memory of sharing her aspirations to pursue a career in music with her violin teacher.

...they actually laughed at me... Believe it or not.. it just feels like it, isn't it kind of strange? It feels like a surreal experience where it's like- Oh, you just got laughed at, because apparently you don't practice enough, so you're not good enough to get to any conservatory. (Mazie)

Another participant spoke more generally about influences in her undergraduate training that caused a sense of guilt when she did not engage in active music making.

It's like this guilt from like school like going to school... you have to. You have to be making music on your own time. You have to... actually be working on your instruments

and things on your own time. So I think, like partially, it's that pressure that I still have mentally from school. (Ananya)

This participant recalled their collegiate active musicking more fondly, and felt disappointed with others' lack of interest in their workplace.

It happened up more in college because you're around more people more often. It hasn't happened so much in the workplace, and I think that's been kind of disappointing for me in that, like, you know, I, I work at these places with multiple other music therapists, but we never have the opportunity to get together, and when we do nobody wants to do like live music. (Austen)

### ***Emotional Pain***

Participants also expressed emotions of grief and loss that they experience with relation to music experiences.

When you get to be middle-aged, things just happen. So we've had a lot of deaths in the last two years, and there's a lot of music attached to that, because most of my friends are musicians, you know. They've been a part of that life with me. And so, as a self-protective measure, as you know, as I kind of wade through all that. I'm just not [listening to music]. Like I know I'm not doing it. And I'll get back to it. But right now... I've got to be able to walk around in the world. (Wendy)

Referring to the repertoire she had learned during internship, another participant shared the ways in which revisiting such music helped her process the death of clients, as well as how she felt about the ending of such an intense period of her professional growth.

I would just play those songs all the time that I had learned. And it just, I don't know. I just helped to express the grief, but also express like that longing for that kind of experience again. (Ananya)

### *Positive*

As participants discussed meaningful experiences with music, positive emotions were also evident, including peace, satisfaction, happy, and energized. Mazie shared:

It just feels so nice to play again in general. Just to be able to go through segments of maybe this notes, or a really tricky part. I, I think, at the moment, and I don't really say this often. I felt a moment of calm... Calm, and satisfaction, which never enters my terminology ever as a musician, because it never happens!

And Ananya stated:

And it's all Spanish music. And it's really good. And it's like, okay, this is great to listen to while like working out or driving. So, yeah, definitely, I guess more energy based or happy emotions.

### **Barriers to musicking**

Participants discussed several external factors that inhibited their experiences with musicking.

### *Others*

While most participants shared experiences of solitary musicking, several also discussed times when they had benefitted from a sense of connection to others in and through music. For these people, lacking opportunities to meet with others and engage musically together was a barrier. Speaking again of their coworkers the following participant shared:



We never have the opportunity to get together, and when we do nobody wants to do like live music, because we've been doing live music all day. And you know nobody wants to take their work home with them. (Austen)

### *Resources*

Another participant shared several different ways that financial resources can be a barrier to musicking.

I would love to learn how to play the cello or something, you know? But I just need to, first find a cello, then make the time, then find the money to take lessons or something. [Buying tickets for orchestra concerts] now feels very expensive to go to as an adult, as a professional. (Ananya)

### *Time and Priorities*

The majority of participants referenced lacking time for musicking, which was also influenced by priorities of being a parent or caregiver, working to earn an income, and the consuming nature of life transitions like having a child, relocating, or finding work. Kayla said:

After college I got involved in the [city name] Community Band and participated with them for about 2 and a half years, I think. And I really enjoyed that until some politics kind of got involved, and I was simultaneously pregnant at the same time and going to have to kind of leave, anyway. So I was like- I'm out.

And Mazie commented:

Sometimes I still stare at my instruments. I'm like I'll make time for you one day. It's just this year has felt a little crazy. That's all.

### Discussion

Music therapists in this study described a full range of experiences related to their personal and professional relationships to music. Though they often thrived on experiences contributing to a positive musical relationship, many internal and external factors inhibited their actual ability to engage in musicking as much as they would like or desire, for personal or professional reasons. Participants compared and contrasted their experiences of musicking in clinical spaces with that of their personal musicking. There was no uniform set of musical boundaries among participants, but rather an awareness of where the boundary fell for each individual seemed important.

Similar to Warren and Rickson's 2016 study of New Zealand music therapists and identity, the present findings highlight complex feelings toward music among music therapists. Just as the New Zealand music therapists felt alienated from the music therapy community when their musical competence was challenged, participants in this study shared experiences of self-judgement and judgement of others that negatively impacted their own relationships with music.

In terms of navigating both one's professional and personal musicianship, there were similarities with Hadar and Amir's (2018) findings regarding the music therapists' personal musicianship as a meaningful component in therapy that is implied whether or not the music therapist is exercising their personal musicianship within a session, and Warren and Rickson's (2016) findings that suggest an ever-changing ebb and flow of music therapists' personal and professional identities throughout the course of one's life and career. Likewise, in this study, Austen expressed the nuance between their identities as a musician and music therapist, "I am

both a musician and a music therapist, and they meet in the middle, because I'm the person having them.”

Emotionally motivated music listening has been found as common practice for music students and music researchers (Wöllner et al., 2011; Woody, 2011). Several participants in the present study also identified music listening (live or recorded) as significant ways of musicking for emotional validation or expression. Despite this importance in their lives, some participants felt that music listening was a lower standard of musicking, and considered playing instruments or composing music as more related to a musician's identity. Mazie even questioned whether she qualified as a musician if she never composed her own music.

“...it kind of impacts my confidence about whether I can even call myself a musician... am I really a musician if I don't make my own music from scratch? Am I really a musician if I'm just covering songs?”

All participants shared their musical history related to studying a primary instrument, though not all identified themselves currently as “musicians” because they had discontinued playing their primary instrument at some point in their career. However, making music alone using instruments other than their identified primary instrument, musicking with others, and receptive music were all important in the lives of participants. Some participants expressed negative emotions around decreases in musicking with their primary instrument, including guilt and regret. This finding is similar to what Wöllner et al. (2011) found in the experiences of music researchers. While they had learned four or more instruments in their training and careers, most only maintained practice on one or two instruments, including voice. Time and other interests or priorities in life are barriers to musicking for music therapists and researchers alike. Similar to participants in Hadar and Amir's 2018 study with flutist music therapists, some

participants found it emotionally necessary to cease a certain type of musicking, be that playing their primary instrument or certain types music listening for a season of their life “in order to embrace it once again.” (Hadar & Amir, 2018, p. 387)

All participants recalled complex feelings related to their musical history that still impact their ability to engage with music and their overall relationship with music. In Wöllner et al. (2011) listening to personal music in an active way, i.e., not doing anything else while listening, was distressing to many of the music researchers. This was also true in this study for Wendy in her personal life, and at times for Austen who set boundaries around personal music listening after a personally preferred song was requested for use in therapy sessions by a client.

Similar to Bell's (2018) heuristic self-inquiry through which she realized the value of journaling and making music as a part of her self-care (p. 70), music therapists in the present study found a greater degree of self-awareness as a result of reflecting on their relationship to and experiences with music. Even when barriers to musicking exist in the lives of music therapists, a common trend is found around the value of music in one's personal life, especially as reflected in the theme of music aspirations, as each person identified ways that they desired to engage with music more often. Several participants offered meta-reflective comments about the experience of the qualitative interview as a reckoning for their relationship to music, and hoped that the self-reflection regarding their relationship with music that occurred at the time of interview would help them be accountable to their values and desires to engage musically outside of work.

### **Personal Impact on the Researcher**

One of the benefits of the span of time during which the data analysis took place, was a significant opportunity for personal and professional growth myself as the researcher. As I

reflected upon the experiences that study participants shared with me, I began to explore how some of their ideas and experiences could improve my own relationship with music and how I engage with music in and outside of work.

As Austen had highlighted a lack of musicking among their colleagues, I recognized that when meeting with other music therapists for peer supervision and continuing education, we often shared ideas theoretically rather than experientially. On an occasion when it was my turn to present a session idea to colleagues, I invited them to engage as if they were participating in a session themselves during the music experience. Group members responded positively, and have since encouraged subsequent music experiential learning / presentations into our regular meeting agenda.

In response to Austen's and Ananya's comments about a desire for more music in supervision, I challenged myself to introduce music in supervision with music therapy interns. Although I had expressed a value in music-based supervision in our internship site's philosophy statement, I had rarely used music in supervision with the two previous interns I supervised before this study. I sought consultation from my own professional supervisor, and integrated receptive music listening to build a working alliance through song choices, music improvisation as emotional exploration in response to clinical scenarios, and improvisatory / re-creative instrument playing and singing to teach and reinforce functional musical skills. The intern with whom I implemented these strategies provided feedback on their site evaluation that using music in supervision contributed significantly to their progress during internship.

There have been various points in my career, while dealing with my own personal grief, that I have been uncertain about my potential emotional reactions to music in the presence of clients. After conducting this study, reflecting on the experiences of participants, and continuing

professional supervision, I have found an increased confidence in my ability to make clinical decisions about my own musical boundaries with clients. As I continue to nourish my musical self in my current phase of life, I become more comfortable making decisions, when clinically indicated, of the limits or fullness of my musical self-disclosure with clients.

### **Limitations**

It was most feasible for study participants to be sought through music therapy Facebook groups, limiting the possibility of eligible and interested participants to those who regularly use Facebook. It is also possible that the participants who volunteered for the study did so because of their values around their musical relationship, and may not be representative of music therapists' general experiences.

As participants were asked to complete a portion of the Wellness Self-Assessment for Music Therapists (Chambers, 2019) prior to the qualitative interview, it is possible that the structure of the self-assessment and the questions posed on it may have implied value of certain ways of musicking by the nature of items such as "regular active music-making for fun" and "learning new instruments." Some participants also misunderstood the interview preparation instructions and completed the entire self-assessment. In addition to potentially detracting their focus from the research subject on their relationship with music onto their overall wellness as a music therapist, this may have been mentally and emotionally cumbersome to those who completed it in full and possibly reduced their ability to fully reflect on their relationship to music in particular.

### **Conclusions**

Music therapists in this study represented a diverse range of musical backgrounds and experiences. Depending upon their life experiences and music therapy training, participants

placed different levels of value on certain types of musicking, with performing on one's primary instrument often considered the highest level. All participants were instrumentalists, and three of the five played wind instruments as their primary instrument during music therapy training. These three rarely used or required the skills developed on their primary instrument in their music therapy work, and lacked reasons to practice it as they once did, often leaving said clinicians feeling musically incompetent. Music therapy educators and supervisors should consider the impact of hierarchical thinking when training music therapists. In addition to emphasizing important clinical skills, more emphasis should be placed on meaningful ways of musicking that music therapy students may need to rely upon for their own musical nourishment later in their careers. To prevent professional turnover due to burnout of music therapy clinicians, educators and supervisors may begin to consider adapting curricula for music therapy training so the needed emphasis on clinical skill development does not occur at the expense of students' musical identity formation through other forms of musicking. Students need to be educated on the dangers of clinification of music and be encouraged to nourish their personal relationships with music outside of the clinical space.

Practicing music therapy clinicians may be encouraged by this research to return to any form of musicking that feels accessible and enjoyable during their current phase of life and career. This not only serves as an opportunity for musical enjoyment and self-fulfillment, but also for music therapists' abilities to recall, on a deep and personal level, the ways in which musicking contributes to their own health and wellness. This may support music therapists in working more ethically with clients, and perhaps from a deeper sense of music's influence on the way they experience life's joys and challenges.

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## Appendix A: Consent form



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*Music Therapy Programs Director*  
*Graduate Music Therapy Programs Coordinator*

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### College of Liberal Arts

Art  
 Cognitive Science and Leadership  
 Criminology and Criminal Justice  
 Dance  
 English  
 History  
 Homeland and Corporate Security Studies  
 Interdisciplinary Programs  
 Modern Languages and Cultures  
 Music  
 Philanthropy, Nonprofit Leadership, and Public Affairs  
 Philosophy  
 Political Science  
 Theatre

Programs  
 Asian Studies  
 Gender Studies  
 OSH Public Humanities  
 Writing Center

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### CONSENT TO PARTICIPATE IN RESEARCH

#### Music Therapists' Experiences of Personal Musicking and Professional Resiliency

Susan Hadley, Ph.D, MT-BC | susan.hadley@sru.edu  
 Sarah McLean, MT-BC | sarahkmclean15@gmail.com

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#### Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be at least 18 years-old, a qualified music therapist in your country of residence, with at least three years of clinical experience, and you must also be able to recall and reflect on a time in your career, even if currently, when you engaged in personal music-making. Taking part in this research project is voluntary.

#### Important Information about the Research Study

Things you should know:

- The purpose of this study is to explore music therapists' experiences of personal musicking, and the connections that may exist between music therapists' resiliency and personal music-making. Participants will be asked to complete a 45-60 minute interview with the researcher, and to prepare for the interview with 15-20 minutes worth of self-reflective activities that will be self-guided (not observed by the researcher).
- There is no more than minimal risk or discomfort anticipated from participation in this research. Given that it is an individual interview and is being recorded, there is minimal risk of breach of confidentiality. There is also minimal risk of emotional discomfort. Precautions will be taken to eliminate or reduce these risks.
- The study will potentially benefit the participants by providing further insight and perspective into their own professional practice.
- Taking part in this research project is voluntary. You do not have to participate, and you can stop at any time.

Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

Initials\_\_\_\_\_ \* Every page must be initialed by research participant

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### **What is the Study About and Why are We Doing it?**

The purpose of this study is to explore music therapists' experiences of personal musicking, and the connections that may exist between music therapists' resiliency and personal music-making. Music therapists are highly skilled at designing and implementing music experiences for their clients' health and well-being, but sometimes music therapists lose touch with their relationship with music that may have led them to the profession in the first place. This study seeks to explore 1) what role personal music-making plays in the music therapist's life, and 2) what connections, if any, exist between music therapists' personal music-making and their professional resiliency.

### **What Will Happen if You Take Part in This Study?**

If you agree to take part in this study, you will be asked to prepare for and take part in an interview with the researcher. To prepare for the interview, you will be asked to read the guidelines for *The Wellness Self-Assessment for Music Therapists* and complete the portion of this assessment on "Relationship with Music." You will also be asked to write down any reflections or comments about completing this assessment for reference during the interview. During the interview with the researcher, you will be asked about your relationship with music. You will also be asked to describe personal experiences with music outside the clinical space. The researcher will facilitate the interview with you via Zoom in an individual interview format for a 45-60-minute, one-time session. The researcher will facilitate the interview by asking open-ended questions such as: "How would you describe your musical identity?" and "Describe any connections or disconnections between your personal use of music and music in your clinical work." The interview will be recorded using the recording interface of the Zoom platform. The recorded data will be transcribed and then deleted and destroyed. The transcription will not include your name but may include demographic information about each participant.

### **How Could You Benefit from This Study?**

Participating in the experience of reflection and group discussion may provide you further insight and perspective into your own professional practice.

### **What Risks Might Result from Being in This Study?**

Participants will not be deceived in the course of this study and will be aware of the purpose and rationale throughout the process. While there are no anticipated risks or discomforts as a result of participating in this research, when interviews are recorded there is a minimal risk of breach of confidentiality. To mitigate against the risk of breach of confidentiality, recordings will be deleted as soon as the interview is transcribed, and participants will be assigned a pseudonym. There is also minimal chance that the experience may cause emotional discomfort. As professional music therapists, we understand that you have access to resources for professional supervision or therapy services should you experience emotional discomfort as a result of the interview. We can provide additional resources if needed.

**What Will Happen to the Information We Collect About You After the Study is Over?**

We will not keep your research data to use for future research or other purposes. Your name and other information that can directly identify you will be deleted from the research data as part of the project.

**How Will We Compensate You for Being Part of the Study?**

There is no compensation for this study. It is completely voluntary.

**Your Participation in this Research is Voluntary**

It is totally up to you to decide to be in this research study. Participation in this study is voluntary. Even if you decide to be part of the study now, you may change your mind and may withdraw from participation at any time. If you decide to withdraw before this study is completed, any data collected during your participation will be destroyed. You do not have to answer any questions that you do not want to answer.

**Contact Information for the Study Team and Questions about the Research**

You may contact Susan Hadley at [susan.hadley@sru.edu](mailto:susan.hadley@sru.edu), or Sarah McLean at [sarahkmclean15@gmail.com](mailto:sarahkmclean15@gmail.com) if you have questions about this research.

**Contact Information for Questions about Your Rights as a Research Participant**

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

Institutional Review Board  
Slippery Rock University  
104 Maltby, Suite 008  
Slippery Rock, PA 16057  
Phone: (724)738-4846  
Email: [irb@sru.edu](mailto:irb@sru.edu)

### Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. Please print this email attachment, read and initial the bottom of each page, sign, and scan this document and return it via email to the co-researcher, Sarah McLean. You will be given a copy of this document for your records. We will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact us using the information provided above.

*I understand what the study is about and my questions so far have been answered. I agree to take part in this study. I understand that I can withdraw at any time. A copy of this signed Consent Form has been given to me.*

\_\_\_\_\_  
Printed Participant Name

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

By signing below, I indicate that the participant has read and to the best of my knowledge understands the details contained in this document and have been given a copy.

\_\_\_\_\_  
Printed Name of Investigator

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

#### **Audiotape/Videotape Release Form:**

We request the use of audiotape/videotape material of you as part of our study. We specifically ask your consent to use this material during the study, as we deem proper. Regarding the use of your likeness in audiotape/videotape, please check one of the following boxes below:

- I do...  
 I do not...

give unconditional permission for the investigators to utilize audiotapes/videotapes of me.

\_\_\_\_\_  
Printed Participant Name

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

Initials\_\_\_\_\_ \* Every page must be initialed by research participant

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**Appendix B: Excerpts from Chambers (2019) Wellness Self-Assessment for Music Therapists**

*Intention:*

This self-assessment is designed to be a resource to encourage you, the music therapist, to reflect on areas of your personal and professional life that may be positively or negatively influencing sense of wellness. It is based on pre-existing research and literature specific to music therapists and their experiences of burnout and burnout prevention. The intention of this self-assessment is not to measure, label, or diagnosis burnout, but to increase awareness and insight into areas that may be at-risk or need attention. It is designed to be personal, reflective, and subjective. Because wellness is an ethical issue, this self-assessment may also be a helpful resource to take into professional supervision.

*Suggestions & guidelines to completing the self-assessment:*

The assessment is divided into two main sections: professional wellness and personal wellness. Each section is organized into 6-7 categories that explore various areas of professional and personal wellbeing. Each category includes a continuum scale that ranges from an unsatisfactory to a satisfactory to an ideal experience. The continuum allows you, the assessor, to indicate where you believe your experience lies, but does not limit you to a specific box or descriptive word. Therefore, you should feel free to make a mark somewhere in between if you feel that is the most representative of your current experience. For example, someone who experiences their work hours as manageable but less than ideal, may indicate on the continuum as follows:

	<b>Inadequate</b>	<b>Adequate</b>	<b>Excellent</b>
	<b>Unmanageable</b>	<b>Manageable</b>	<b>Ideal</b>
<b>Work hours</b>			

While the wording on each continuum scale is generally similar between categories, they may be interpreted differently depending on the section, category, item, and music therapist completing the assessment. It is important that you carefully read the directional statements of each category, as they prompt you to reflect on each item differently. Additionally, if helpful, you may want to add your own words to best describe your experiences and perceptions in the various areas and sections. If there is an item that does not apply to you, simply skip it or draw a line through it. A space for self-reflection has also been provided at the end of the professional and personal wellness sections to help identify themes, patterns, and/or significant changes that may need to be made.

If you work in multiple settings, you may want to select the place that is causing the most distress and complete the assessment based on that experience. It may be helpful to complete some sections multiple times to reflect on the multiple places in which you work and then compare and contrast your experiences. Or, you could combine your various work settings into one collective experience, meaning that as a whole, how does working in multiple places affect your sense of professional and personal wellness?

If completed in one sitting, this self-assessment could take approximately 30-45 minutes to complete. However, in order for this assessment to be meaningful, you should take your time to reflect and provide thoughtful responses, and therefore you may need more time or may need to complete the assessment in stages. It is encouraged that this self-assessment be completed multiple times throughout your career so as to act as a preventative and proactive tool that promotes personal and professional wellness.



**Relationship with Music:**

*\*Use the continuum to rate the quantity and/or quality of the following areas addressing your personal relationship with music:*

	Inadequate Insufficient Excessive	Adequate Sufficient Moderate	Excellent Ideal Perfect
Use of music as self-care	_____  _____  _____  _____		
Use of music for self-discovery/self-reflection/self-exploration	_____  _____  _____  _____		
Engagement in the arts outside of work	_____  _____  _____  _____		
Regular active music-making for fun	_____  _____  _____  _____		
Regular music listening, music-assisted relaxation	_____  _____  _____  _____		
Participation in musical group experiences outside of professional work	_____  _____  _____  _____		
Development and expansion of skills and repertoire on major instrument	_____  _____  _____  _____		
Learning to play new instruments	_____  _____  _____  _____		
Participation in music therapy as a client	_____  _____  _____  _____		
Utilization of music in music therapy supervision	_____  _____  _____  _____		
Exploration of personal growth and development through music with colleagues	_____  _____  _____  _____		
Engagement in activities that increase your passion for music	_____  _____  _____  _____		
Artistic and professional musical growth	_____  _____  _____  _____		
Management of performance anxiety	_____  _____  _____  _____		

### **Appendix C: Research Instrument – Interview Schedule**

#### **Musical identity and personal musicking**

1. Please tell me about your history and relationship with music

*Prompt: prior to MT career, during MT training, now as a professional*

2. Have you been able to engage in any music experiences for yourself recently? What was that like?

*Prompt: sensations, emotions, thoughts, memories*

3. How would you describe your musical identity?

*Prompt: singer, music teacher, composer, music therapist*

#### **Music therapy work and resiliency**

1. Were you able to evaluate your relationship with music on the wellness self-assessment?  
If so, what did you discover?

*Prompt: consider any feelings of burnout or resilience in your work or personal life*

2. Describe any connections or disconnections between your personal music-making and music in your clinical work.
3. What impact, if any, does your personal use of music have on your clinical work?
4. Is there anything about your relationship with music that you want to change?

#### **Conclusion**

1. Is there anything else important to you about this topic that you wish I had asked or would like to discuss further?