

2012

# Undergraduate Music Therapy Students' Experiences as Clients in Short-Term Group Music Therapy


Nancy A. Jackson

*Indiana University - Purdue University Fort Wayne*

Susan Gardstrom

*University of Dayton, [sgardstrom1@udayton.edu](mailto:sgardstrom1@udayton.edu)*

Follow this and additional works at: [https://ecommons.udayton.edu/mus\\_fac\\_pub](https://ecommons.udayton.edu/mus_fac_pub)

 Part of the [Music Education Commons](#), [Music Pedagogy Commons](#), [Music Performance Commons](#), and the [Music Therapy Commons](#)

---

## eCommons Citation

Jackson, Nancy A. and Gardstrom, Susan, "Undergraduate Music Therapy Students' Experiences as Clients in Short-Term Group Music Therapy" (2012). *Music Faculty Publications*. 7.

[https://ecommons.udayton.edu/mus\\_fac\\_pub/7](https://ecommons.udayton.edu/mus_fac_pub/7)

This Article is brought to you for free and open access by the Department of Music at eCommons. It has been accepted for inclusion in Music Faculty Publications by an authorized administrator of eCommons. For more information, please contact [frice1@udayton.edu](mailto:frice1@udayton.edu), [mschlangen1@udayton.edu](mailto:mschlangen1@udayton.edu).

Undergraduate Music Therapy Students' Experiences as Clients in Short-Term Group Music  
Therapy

Dr. Nancy A. Jackson, MT-BC

Indiana University – Purdue University Fort Wayne

Dr. Susan C. Gardstrom, MT-BC

University of Dayton

## Undergraduate Music Therapy Students' Experiences as Clients in Short-term Group Music Therapy

This report highlights a collaborative undertaking of two faculty researchers from undergraduate music therapy training programs in the Midwest. A total of nine junior and senior music therapy students from both programs were involved in short-term group music therapy, participating in three two-hour sessions during the course of an academic semester. Sessions were led by the researchers, both of whom were board certified music therapists. In these sessions, the participants were involved in several variations of the four music therapy methods of improvisation, recreation, composition, and listening (Bruscia, 1989). After each session and in between sessions, participants reflected in writing on their immediate and reflective experiences of self, others, and the therapeutic process in which they were involved. A final, online questionnaire was distributed at the end of the project to gather further input about the students' perceptions. Data were analyzed using qualitative methods. Students grew in self-awareness and identified greater empathy as a key learning outcome. Specific results are presented herein.

Undergraduate Music Therapy Students' Experiences as Clients in Short-Term Group Music  
Therapy

**Purpose of the Study and Background**

The overarching purpose of the present study was to contribute to the knowledge base about the use of personal therapy in music therapy training, a particular interest of ours. More specifically, we aimed to learn about the experiences of our own undergraduate students in short-term group music therapy. Students' experiences of self, others, and the therapeutic process were the three primary foci. Specific sub-questions of the research were as follows:

As a result of their participation in short-term group music therapy,

- (1) What do students learn about themselves? (i.e., what personal insights are gained?)
- (2) What do students learn about other student clients? (i.e., what insights about others are gained?)
- (3) What do students learn about therapeutic processes? (i.e., what do they learn about group process, facilitation of music therapy, etc.?)
- (4) What do students find most meaningful about their involvement as a client?

Because the American Music Therapy Association (AMTA) does not mandate personal therapy for undergraduate or graduate students, the inclusion of therapy in music therapy training programs is a decision that each program coordinator makes. Data from our recent survey study (Gardstrom & Jackson, in press) indicate that a very small percentage of undergraduate program coordinators actually require students to engage in personal therapy. However, nearly half (46.3%) of those surveyed indicated that they encourage students to seek therapy. Some of these individuals promote therapy only when students have an obvious crisis or psychopathology that interferes with their academic and clinical success (a stance that aligns with arguments for

mandated therapy for students in counselor training), whereas others believe that therapy is useful for all students toward building professional skills, increasing understanding of the therapy process, and developing empathy for clients.

Narrative data from this same survey suggested that there is a fair amount of confusion among coordinators between personal music therapy and experiential learning tactics, such as role playing, peer support groups, and supervision involving experiential methods (Gardstrom & Jackson, in press). (Further information about such distinctions can be found in our survey study and in Murphy, 2007.) For purposes of the present report, we thus thought it critical to define as clearly as possible our conceptualization of *personal music therapy* in student training as distinct from *experiential instruction*. Our definition is as follows: *Personal music therapy in undergraduate training is a music-assisted process in which students participate genuinely as clients in private (unobserved) individual or group sessions that are facilitated consistently by a credentialed therapist and that aim at cognitive, emotional, intuitional, and/or behavioral exploration and change.*

Numerous authors have speculated about the benefits of personal music therapy and advocated for its inclusion in undergraduate and graduate training (Bonde, 2007; Bradt, 1997; Bruscia, 1998b; Chong, 2007; Goldberg, 1989; Hesser, 1985; Loewy, 2003; McGuire, 2006; Munro, 1985; Pedersen, 2002; Préfontaine, 2006; Tims, 1989), but none of these individuals appears to have systematically studied their speculations and reported on findings, with the exception of Scheiby (1998). There is, quite simply, a paucity of information about music therapy students' experiences in therapy; we do not have access to publications about what music therapy students respond to and learn in personal therapy, if and how they assimilate their own

experiences, and whether such experiences assist in their development as music therapists. The present study was designed as a way to partially fill this knowledge gap.

## **Method**

### **Participant Recruitment and Selection**

Once we received IRB approval, we invited junior- and senior-level, undergraduate music therapy majors at our universities (U-1 and U-2) to participate in the study. We each held a brief informational session with our own students and answered preliminary questions about the upcoming study. At this meeting, we made it clear to the students that the program coordinator at the other university (not their own) would serve as facilitator for the sessions in which they would participate. We designed the study this way in order to protect confidentiality and avoid dual relationships, as well as alleviate any potential concerns about exposure and censure.

A second verbal announcement/invitation to participate was made to all students about a week after the initial face-to-face meetings, and a third was circulated via electronic mail some weeks later. Each of us—henceforth referred to as the “facilitator(s)” —then invited interested students to read and sign a letter of informed consent (see Appendix A). Students who gave consent were contacted by the appropriate facilitator to arrange specific dates and times for the sessions.

Only those students who were in their third or fourth years of university study were contacted as potential participants, because it was presumed that upper-level students would possess prior experience and a level of maturity necessary to write with authenticity and clarity about their experiences in the group. Because all of the potential participants had completed at least one supervised, pre-clinical course involving the provision of music therapy services for

actual clients, it was assumed that they had already been “screened” for acceptable physical and emotional health.

Participant gender, age, and ethnic background were not relevant to this particular study and thus were not used as criteria for subject selection. Of the students originally contacted, none who wished to participate was excluded from the study.

### **Participants**

A total of nine students participated, five from U-1 (a public university) and four from U-2 (a private university). All participants were women between the ages of 20 and 24. (Although one male student was eligible to participate and was recruited as a viable candidate, he expressed no interest in the study.) Five were seniors and four were juniors. None of the participants had been a client in music therapy prior to the study, although one young woman revealed after the study began that she had been involved in extensive verbal psychotherapy at some previous time. All of the students—henceforth referred to as “clients” or “participants”—were accustomed to writing reflective journals in conjunction with courses and practica at their respective universities.

### **Sessions**

Sessions were held in a closed classroom at each university and were spaced approximately two weeks apart. Each of the three sessions lasted roughly two hours, with a short break as needed and 15 to 20 minutes allotted at the end of the session for client journaling. Client participation was somewhat erratic, due to scheduling conflicts. Thus, while there were five and four clients from U-1 and U-2 respectively, the actual number of clients attending any given session ranged from one to four, with an average of three during the testing period.

In the first session, participants were given confidentiality forms and group ground rules (see Appendix B). All participants signed the form and immediately returned it to their facilitator. Following this, each participant was asked to introduce herself using music in some way. Some used recorded music, some performed a live musical example, and some improvised in some way that revealed a current and significant aspect of their lives.

Content and procedures for subsequent sessions were determined according to the immediate needs of the clients as perceived by the facilitators and/or as articulated by the clients. Examples of music experiences in which clients were engaged include song communication (Bruscia, 1998a), song discussion (Gardstrom & Hiller, 2010), individual instrumental improvisation, dyadic piano improvisation, group instrumental improvisation, music-assisted relaxation, storytelling, and music-assisted imagery. The creation of art work, open discussion, and facilitator-led verbal processing were also components of certain sessions.

### **Data Collection**

Data were collected from two sources: (a) immediate and remote personal journals provided by the participants during the 6-week study period, and (b) a summative online questionnaire.

*Personal Journaling.* Client journaling was an integral aspect of the research protocol as the primary means by which data for the project were gathered. Journals, or logs, can serve several purposes, such as reflecting experiences as a client, containing intense personal reactions, and “venting” about subjective responses to an experience (Murphy, 2007). It should be noted that the journals in this study were *personal* journals, not *dialogue* or interactive journals; in the latter, feedback is provided by the journal reader (instructor, supervisor, etc.) as a way to help the



writer examine and challenge personal beliefs (Hubbs & Brand, 2005). There was no feedback provided to the clients about their journal entries.

Two types of personal journaling occurred. The first was immediate journaling, which occurred during the last 15 to 20 minutes of each session. Participants were asked to write about whatever seemed important to them at the time. The clients determined both length and content of their entries; however, each client was given a list of Musical, Structural, Interpersonal, and Intrapersonal topics about which they could write (*see* Appendix C). Journal entries resulting from immediate journaling were given to the facilitator by the participants at the end of each session. Participants again wrote remote journals approximately halfway between sessions and sent these to their facilitator via electronic mail. As with the immediate reflections, the clients were guided toward the topical ideas presented in Appendix C, as well as any thoughts, feelings, or insights that had arisen in the interim between the last session and the journaling process.

*Online Questionnaire.* Once both groups had terminated therapy, the facilitator from U-1 sent all clients a 4-question, anonymous questionnaire using Survey Monkey®. All clients returned the completed questionnaire to the investigators, but not all answered all questions.

### **Data Analysis**

Once the data collection period was over, each facilitator created an electronic journal file for each of her clients and assigned each with a single, alphabetical initial to protect anonymity (i.e., Client A, Client B, etc.). Handwritten journal entries were typed by the participants' own facilitator, who removed all identifying information. The researcher from U-1 then shared her clients' files with the researcher from U-2 and vice versa, so that both researchers had access to all journal entries. The anonymous data resulting from the computer questionnaire was shared among the researchers in the same fashion.

The data analysis consisted of a series of steps designed to elucidate meaning units from the data. Both researchers first read the journals and questionnaires start to finish to get an overall sense of this data. From here, each researcher began the process of analysis independently before a face-to-face, collaborative analytic process was undertaken. The analytic processes, both independent and collaborative, are thoroughly outlined in the sections that follow.

*U-1's Analysis.* The researcher from U-1 read all data a second time and began identifying general topics about which the participants chose to write. During this step, she identified the topics of *therapy process*, *professional development*, and *personal process*. She then re-read Client A's journal and began to segment phrases, sentences, and paragraphs according to these three topics. Taking the same approach with Client B's journal, this researcher was then able to compare Client B's topics with Client A's topics and make adjustments to groupings as segmented meanings became clearer. At this point, she added the fourth topic of *music process*. This analysis continued for each client, with topics from one client being compared with all previously analyzed data. Topics were redefined, and new topics were added as the data revealed them. When all clients' data had been segmented, grouped into topics and compared with all other clients, the following topics had emerged: *music process*, *therapy process*, *personal process* and *general comments*. The researcher from U-1 then grouped segments from all clients into these topics, resulting in four groupings that were advanced to collaborative analysis.

*U-2's Analysis.* The researcher from U-2 began with Client A's journal, culling unrelated and redundant data. The remaining document was considered Client A's *journal data set*. From this set, the researcher began to extract, verbatim, what appeared to be essential material (e.g.,

“Tonight’s improvisation was very different. I was able to play ‘in-the-moment’ and expressively.”). She then read Client A’s extracted statements and, from these, discerned emerging descriptive codes, such as *novelty*, *resistance/ambivalence*, *connection to others*, etc. Open coding such as this is a key qualitative method of analysis through which data are fractured, conceptualized, and integrated to form theory and assist interpretation (Corbin & Strauss, 2007). The codes accounted for all key segments, and some statements appeared in more than one descriptive code. This coding process was repeated for Clients B through I, with unprecedented descriptive codes being added as needed to accommodate key statements in subsequent journal data sets. At this point, the descriptive codes with all representative statements were advanced to collaborative analysis.

*Collaborative Analysis.* During collaborative analysis, we compared our individual analytic processes and began to merge our separate interpretations of the data. We culled pieces of data that we could not bracket—that is, statements that we could not code without making a personal interpretation (such as commentary that seemed inauthentic or that suggested unconscious resistance on the part of the client). We also excluded from further analysis most of the *general comments* identified by researcher U-1, as these segments tended not to provide novel or relevant information about the nature of the participants’ experiences.

Data segments in the music, therapy, and personal topics were then coded using the descriptive codes that the U-2 researcher had gleaned from the data as a starting point. We discussed the coding, revising the codes as necessary to reflect the data, and added new codes as they emerged. This process continued until the researchers reached a consensus on both the list of descriptive codes and the proper placement of the data segments (see Appendix D). The document with these coded data segments was then submitted to a qualitative research consultant

for verification that the assigned codes seemed to embody the meanings of the data segments found in each. One segment was re-assigned upon the recommendation of the consultant. In the final step of the collaborative analysis of the journal entries, we extracted from the total list the coded data segments for each client.

We coded the responses from the first three questions of the questionnaire using the same descriptive codes identified for the journal entries. This was easily accomplished, using the established codes without alteration and without needing to review previously coded data. Responses to the fourth question were simply tallied since the question focused on suggestions for improving the experience and resulted in responses that were of a more utilitarian nature (*see Appendix E*).

### **Results**

Although the participants were given suggestions for topical areas to address in their journals, they were not given specific instructions about what to include; they were free to write what and how they wanted to write. And, while it is not uncommon that a student would want to “say the right things, or to seek validation of his or her feelings, thoughts, and values” from a teacher (Hubbs & Brand, 2005, p. 66), the fact that the participants were not working with their own instructor/supervisor was thought to minimize this tendency. Therefore, although it is impossible to know for sure, it seems an appropriate assumption that most of the journal statements were authentic and reflected the aspects of the experiences that were most important to the clients as they scribed.

The journal and questionnaire data revealed 16 groups of coded segments that represent the themes of the participants' experiences as the clients in music therapy. Table 1 describes the

codes that were assigned to the data and gives the frequency with which participants made statements in their journals or questionnaire that were assigned these various codes.

Insert Table 1 about here.

Codes with the most prevalent comments include Exploration/Insight into Self (36), Emotional Safety/Comfort (28), Musical Self-Expression/Creativity (23), Client Empathy (17), and Connection to Others (15). Although less prevalent in the data, additional codes emerged. Regardless of the incidence of segments within the codes, we view and value all codes as equally revelatory in terms of understanding the students' experiences in personal therapy and have thus chosen to report on all below.

### **Insight/Exploration Into Self (INS)**

Participants wrote several statements that reflected some aspect of increased insight into themselves. Some of these involved increased insight into how the participant responds to situations in daily life:

*Maybe I am more of an 'active' stress reliever.*

*I realize now that having a support system would help me to cope with all the stressors in my life.*

Other statements reflected increased internal awareness:

*I guess what I'm looking for out of these music therapy sessions is for someone to acknowledge that it's okay to be in a place of questioning & uncertainty.*

*...one thing I was made more aware of tonight is that I'm becoming very resistant to being directed what to do.*

Some participants wrote specifically about how the process of the session was increasing awareness of self. For example, in response to the experiences in one session, participants wrote the following:

*Frustration is what I experience when I cannot be the tree [that I drew], when I don't meet my aspirations.*

*I think being pushed out of my safe zone has made me more comfortable by seeing how much I can actually do.*

### **Emotional Safety/Comfort (COM)**

Participants made statements that reflected the extent to which they felt safe within the music therapy sessions. Some of these were statements about how the experiences and structure of the sessions provided safe opportunities:

*I really enjoy having an outlet in a safe and secure group and I really felt that security right away.*

*It was refreshing... just to be present in an environment where everyone is comfortable sharing ideas.*

Some participants wrote about the safety and comfort they found in the music process of the sessions:

*Once the therapist started playing on the piano it allowed me to feel more expressive...*

*Having structure (by playing on the black keys) made me feel comfortable in knowing that I couldn't mess up...*

Other statements made by participants, however, reflected an awareness of discomfort or a feeling of lack of safety:

*I was nervous about putting myself out there for someone I don't really know.*

*... there is much resistance and feelings of being uncomfortable before I come to these realizations.*

Related to comments in this code were client perceptions that the sessions offered a Low Pressure Learning Environment (LPE):

*I feel that I am learning more about music therapy in a much less stressful environment.*

*Because I am working with someone I do not know outside of the session, I feel like there's less pressure to do things the 'right way' but rather to be able to open up more in discussion and be creative.*

### **Musical Self-Expression/Creativity (MXC)**

Twenty-three statements referred to how the clients perceived their own musical expression and creativity. Some were thoughts about how the sessions enabled this aspect:

*I think the freedom to play whatever I want and not conform to any specific form was really good for me. School ties me down so much and I feel like it really limits my creative self.*

*Overall, I felt like I was able to relax & focus on myself & be more "loose & free."*

*...I think the music therapy group helps because it seems less invasive when I express my feelings through music.*

However, some participants wrote about feeling restricted in their expression, with statements like the following:

*The improvisation was a great experience, however I don't think I was able to completely let go and truly express my feelings of stress/chaos/uncertainty to calm/still/tranquil.*

One client mentioned feeling "constricted" by the group's pulse during instrumental improvisation.

### **Client Empathy (CEM)**

Four journal statements and thirteen statements from the online questionnaire related to the participants' increased sensitivity to how clients might feel in therapy, as in the following examples:

*Being familiar with playing and what goes into therapy, I probably wasn't as nervous as someone who has never played an instrument or been in any therapy.*

*...we get to know how it feels to be a client which in turn allows us to understand how our clients feel when we are the therapist.*

*I'll definitely be keeping in mind how I felt to be in a new situation when working with clients who are new to therapy as well. It's given me an idea of how to better deal with this concept.*

### **Connection To Others (CON)**

Fifteen statements about connecting with other group members appeared in the data.

Most of these referred to the positive aspects of bonding, sharing and discussing feelings with one another, and feeling an unprecedented sense of intimacy outside of the sessions:

*I felt that I made a connection or bond with the other girls in the group that I might not otherwise have made.*

*It really feels to me that those of us that were in the session together are more friendly and caring towards one another. We say 'hi' more often throughout the day and we inquire about how the other is doing more often as well. I also feel that we take more time to listen to each other and to offer empathy too.*

One client commented on the benefits of sharing her feelings with the other clients:

*To be able to tell people who really seem to care and are interested in hearing about my life and what I've gone through or am going through is really freeing and relieving.*

The balance of the statements pointed to difficulties that people had making connections with others:

*Some of the girls have had experiences that I have nothing to compare to.*

*The music everyone else was making sounded really cool and exciting so I didn't want to mess that up [by playing along].*

### **Clinical Methods/Techniques/Structures (CMT)**

Some of the clients referred to various music therapy methods, in-the-moment techniques, and session structures:

*I really enjoy the combination of art and music together...*

*One thing I really liked about the session is that we were able to talk back and forth in a discussion as opposed to the discussion being focused on whoever was sharing their song at the moment.*



*I also think it would be interesting to participate in some advanced level music therapy experiences. Because I only know about these techniques from class lectures or class examples, I do not quite understand how all of them work.*

### **Validation/Acknowledgement (VAL)**

Certain clients wrote about the sense that their feelings had been validated by the other clients:

*I felt that I was listened to and that my feelings were validated.*

*It was also validating to know that the other girls in the group had gone through similar experiences with school and stress as well as uncertainty toward the future.*

*Some of these discussions have provided me with a sense of validation by hearing the other students talk about going through some of the same feelings and emotions that I have experienced or currently am experiencing.*

One comment concerned musical validation:

*I appreciated hearing someone else play my part back to me because it reassured me that was what I was trying to convey.*

### **Self-Care (SLF)**

Some of the participants came to the realization that therapy provides a level of self-care that had been missing from their lives:

*I did not expect to get emotional tonight, however I do feel like it was a good thing because I do not always have the time to "check-in" with myself and my own thoughts and feelings (even though I ask my own practicum clients to do this every week).*

*I would like to implement some similar techniques on my own time when I am feeling stressed, anxious, tense, etc. Although I have not done so yet, it has made me realize that I need to take more time out for myself, especially during stressful times.*

### **Novelty (NOV)**

Multiple statements in the journals and questionnaire pertained to the newness of the experiences and the associated feelings:

*Right now I still feel excited that I had my first 'real' imagery experience.*

*It was such an enjoyable experience to be in a group music therapy session rather than be the one conducting it.*

### **Resistance/Ambivalence (RES)**

Some of the client's statements related to feelings of resistance and/or mixed feelings about what they were experiencing:

*I'm not sure that I am convinced yet that opening up and not internalizing is best for me, but this experience helped put the ideas into perspective.*

*While it felt good to talk about my problems, my heart was pounding and I didn't think that I would properly be able to go into my reason for my song selection any more than I did today.*

One individual penned this particularly poignant admission:

*I find myself both enjoying and dreading sessions because although it teaches me something, there is much resistance and feelings of being uncomfortable before I come to these realizations. There is a type of resistance in me that not only does not want to let others into my feelings, but also does not want myself to tap into my deep feelings, because I know there are so many things hidden in there that are devastating and emotionally excruciating.*

### **Emotional/Physiological Shifts (SHF)**

All of the comments pertaining to changes in emotions and/or bodily sensations experienced during the session went in a beneficial direction; that is, all statements indicated a movement away from tension and toward resolution and relaxation, as with the following:

*When I first arrived I was a little anxious because I had been running around all day until I came to the session, but now I feel more relaxed. I had some tension in my back when I arrived, but it has now passed. I also noticed that my breathing has slowed down.*

Interestingly, the statements in this code referred exclusively to music-assisted imagery and instrumental improvisation.

### **Insight Into Others (INO)**

Some participants referenced a better understanding of their peers in the therapy group:

*I think after our first session I realized how much most of us in the group are in need of help.*

This detailed comment was made after the second session:

*The session was not only informative about myself but about my peers as well. [XX] pulls away when she feels too alone or afraid. [YY] has low self-esteem and doesn't see herself as something graceful and beautiful. [ZZ] keeps her anger and frustration inside hoping it will just go away on its own or "soak it up."*

### **Musical Motivation (MUS)**

While not the focus of the personal therapy, three statements revealed the clients' interest in and motivation to improve their clinical musicianship:

*Because I have passed this barrier, I would like to work on some more melodic improv on my own.*

*I'm really glad I was pushed to improvise at the piano.*

*I've also found myself wondering how I might improvise with my guitar in our next session. I think about how I might play to portray a stressed mood or a mellow mood depending on the moment.*

### **Professional Identity (PRI)**

A few participants wrote comments specifically suggesting that they had gained new insight into their own development as a music therapist:

*As a music therapist, it's so important to me to convey to the client that I really do care about them...*

*I hope that when doing my own sessions I can transfer this feeling & be able to use more creativity and openness. I also hope that I can use this to find ways to make any of my clients who are resistant feel more comfortable in expressing themselves.*

### **Personal Imperative**

Two statements seemed to reflect an imperative of the author, and struck us as a "necessary and/or compelling truth about the importance of therapy":

*I'm realizing how important it is for therapists or student therapists to be a client in music therapy.*

*All I know is I gotta find a way to keep having music therapy in my life.*

### **Discussion**

The purpose of this study was to learn about the experiences of undergraduate music therapy students who were involved in short-term group music therapy. More specifically, we were interested in understanding what students learn about themselves, about others, and about the therapeutic process through their involvement. We also wanted to know what, if anything, they find meaningful about their participation as a client in music therapy.

Participants most frequently wrote about exploring and gaining insight into aspects of self. This included increased understanding of the ways that they responded to situations in daily life, as well as increased emotional and psychological self-awareness. Additionally, they wrote about increased awareness of how they connect to others, and the specific emotional and environmental states that facilitated interactions with others. This particular type of self-learning is what some might view as an essential aspect of the development of one's identity as a helping professional.

In terms of what they learned about others, participants wrote in their journals about shared experiences and understandings with other group members. In the final questionnaire, they wrote about their increased empathy toward the experience of the clients with whom they would work as music therapists. In fact, a majority of the participants made it clear in the questionnaire that their increased empathy toward "the client" was the most meaningful aspect of their experience, or that they felt it had positively impacted their future development as a music therapist. As one respondent put it:

*Being able to experience the role of the client helped me to fully realize how beneficial music therapy is. I think it's important to experience the position of the client and to have an understanding of how they could be feeling during a session. What better way to learn this than to experience it for oneself.*

It seems remarkable that, in their journals, the participants wrote more about insight into self than any other topic, and yet in the questionnaire they identified their increase of empathy toward the client as such an important part of their experience. This calls to mind the connection between therapist self-awareness and effective therapeutic interaction in the clinical setting.

Participants made a number of comments that were related to the structures and processes of the various therapy experiences and sessions, but most of these comments identified a preference for the chosen structure, not what was learned from it. One participant did indicate that she had learned about how music therapy can be used, but did not specify exactly what lesson she had internalized. It was a shortcoming of our final questionnaire that we did not specifically ask participants to explicate what they had learned about the therapeutic process, especially because this type of information was not readily gleaned from their journal entries.

Although we took great care during data analysis to identify distinct meaning units, we recognize that there are undeniable interrelationships among statements in the coded categories. For instance, a sense of safety and comfort (COM) in the presence of the therapist and other clients seemed to have enabled some participants to engage in new experiences (NOV) and, through these, to experience heightened levels of musical expressivity and creativity (MXC) as well as increased musical motivation (MUS). For some clients, the musical and verbal processes in which they partook apparently led to meaningful connections to others (CON); then, in hearing others' "stories" and concomitant feelings, these clients heard their own "stories" and thus felt validated (VAL) in their personal struggles. Yet another example of this

interconnectedness seems evident in one participant's statement from the questionnaire: When asked whether or not she would recommend personal therapy to other music therapy students in training, she wrote,

*Yes, because not only do you learn more about yourself (INO) to be a better therapist, but you learn what it is like to be a client (CEM), which helps you pick the right techniques to help your clients (CMT).*

It is interesting that the undergraduate participants in this study found their self-learning to be of paramount importance, and yet coordinators of music therapy programs in the United States do not agree that such learning is useful or appropriate at an undergraduate level of training (Gardstrom & Jackson, in press). Is this lack of agreement based on well-founded concerns about the content of the curriculum or legal and ethical issues (as some coordinators indicated), or does it in some way reflect notable discomfort on the part of music therapy faculty with being required to address topics related to in-depth personal processes? As Forinash points out, some people

find the focus on personal development too difficult. Using 'self as instrument' requires a willingness to self examine and modify how we relate in the world. As we all know, this can be a challenging process and certainly not everyone wants to do this (Forinash, 2007, "What 'Makes' a Music Therapist?", para. 6).

In future research, then, it may be helpful to explore more fully whether or not music therapy faculty have participated in music therapy as a client, and the extent to which their participation or lack of participation informs the ways in which they educate and train their undergraduate students.

Additional inquiry into the risks and benefits of personal therapy for music therapy students is warranted. What, if any, are the hazards of such therapy for undergraduate students? Are the benefits sufficient enough to support the inclusion of personal therapy into the

undergraduate music therapy curriculum? Or is personal therapy more advantageous for graduate students who are, perhaps, more developmentally ready to learn the advanced-level clinical skills required to assist clients who are particularly emotionally and psychologically vulnerable or who have serious mental health diagnoses? And for both undergraduate and graduate students, is the need for the kind of self-awareness that our students obviously gained through participation as a client in music therapy related to the level of practice at which they are prepared (or planning) to practice?

As it may be apparent at this juncture, our personal biases align with those of Novack, Epstein, and Paulsen (1999), who write the following (as pertaining to medical education and training):

Critical, and often neglected, aspects of healing, though, are the personal development and well-being of the healer. Healing involves physicians' using themselves as diagnostic and therapeutic instruments, and self-awareness facilitates this process by making available to the physician 'tacit knowledge' tapped from personal emotions, experience, and perceptions. . . . Through a process of personal growth and the development of self-awareness physicians can realize their full potential for healing. When they have thoroughly (often with help) overcome certain biases and fears, they can then use their emotional responses to a patient for the patient's benefit. Optimally, physician-healers also have a certain sense of inner peace, self-regard, and security. Physicians who are unconscious of or distracted by self-doubts and stressful work and family lives are less available to their patients. To develop physician-healers, then, medical education needs to promote trainees' and practitioners' self-awareness, personal growth, and well-being (p. 517).

In the end, then, we might ask the following fundamental question: Does personal music therapy for music therapy students (and professionals) contribute to the level of self-awareness, personal growth, and well-being that is requisite for effective and ethical clinical practice? It is our hope that the present study will motivate our colleagues to explore this and other critical and timely questions, with the aim of gaining a more complete picture of and eventual advancement within undergraduate and graduate music therapy education and training.

## References

- Bonde, L. (2007). Music therapy in Denmark. *Voices: A World Forum for Music Therapy*. Retrieved on July 20, 2010, from [http://www.voices.no/country/monthdenmark\\_january2007.html](http://www.voices.no/country/monthdenmark_january2007.html)
- Bradt, J. (1997). Ethical issues in multicultural counseling: Implications for the field of music therapy. *Arts in Psychotherapy, 24*(2) 137-143.
- Bruscia, K. (1998a). *Defining music therapy* (2<sup>nd</sup> ed.). Gilsum, NH: Barcelona.
- Bruscia, K. (1998b). *The dynamics of music psychotherapy*. Gilsum, NH: Barcelona.
- Chong, H. (2007). Music therapist's therapeutic relationship with music. *Voices: A World Forum for Music Therapy*, retrieved on July 20, 2010 from <http://www.voices.no/columnist/colchong240907.php>
- Corbin, J. & Strauss, A. (2007). Basics of qualitative research: Techniques and procedures for developing grounded theory. Sage Publications, Inc.
- Gardstrom, S. & Hiller, J. (2010). Song as music psychotherapy. *Music Therapy Perspectives*.
- Gardstrom, S. & Jackson, N. (2010). Personal therapy for undergraduate music therapy students: A survey of AMTA program coordinators. (In press.)
- Goldberg, F. (1989). Music psychotherapy in acute psychiatric inpatient and private practice settings. *Music Therapy Perspectives, 6*, 40-43.
- Hesser, B. (1985). Advanced clinical training in music therapy. *Music Therapy: The Journal of the American Music Therapy Association, 5*, 66-73.
- Hubbs, D. & Brand, C. The paper mirror: Understanding reflective journaling. *Journal of Experiential Education, 28*(1), 60-71.



- Loewy, J. (2003). Caring for the caregiver: How do we nurture ourselves? *Voices: A World Forum for Music Therapy*, retrieved on July 20, 2010 from [http://www.voices.no/discussions/discm15\\_03.html](http://www.voices.no/discussions/discm15_03.html)
- McGuire, M. (July, 2006). In S. Sundar, How to introduce standards for competent music therapy, education and training in countries where music therapy is in an early stage of development: An interview with Michael G. McGuire. *Voices: A World Forum for Music Therapy*. Retrieved on July 10, 2009 from <http://www.voices.no/mainissues/mi40006000212.html>
- Munro, S. (1985). Epilogue. *Music Therapy*, 5(1), 74-76.
- Murphy, K. (2007). Experiential learning in music therapy: Faculty and student perspectives. In A. Meadows (Ed.), *Qualitative Inquiries in Music Therapy: A Monograph Series* (pp. 31-59). Gilsum, NH: Barcelona.
- Novack, D., Epstein, R., & Paulsen, R. (1999). Toward creating physician-healers: Fostering medical students' self-awareness, personal growth, and well-being. *Humanism and Medicine*, 74(5), 516-520.
- Pedersen, I. (2002). Self-experience for music therapy students—experiential training in music therapy as a methodology—A mandatory part of the music therapy programme at Aalborg university. In J. T. Eschen (Ed.), *Analytical Music Therapy* (pp. 168-189). London: Jessica Kingsley.
- Préfontaine, J. (2006). On becoming a music therapist. *Voices: A World Forum for Music Therapy*, 6(2). Retrieved on July 5, 2009 from <http://www.voices.no/mainissues/mi40006000213.html#note8>

Tims, F. (1989). Experiential learning in the music therapy curriculum. *Music Therapy Perspectives*, 7, 91-92.

Table 1.

*Descriptive Codes Assigned to Statements in Participant Journals and Questionnaire*

Code	Description—Statements related to the following:	<i>N</i> (journals)	<i>N</i> (questionnaire)
Exploration/Insight Into Self (INS)	Self exploration and/or increased insight	34	2
Emotional Safety/Comfort (COM)	Level of comfort with taking risks and/or exploring feelings	28	0
Musical Self-Expression/Creativity (MXC)	Expression of thoughts and feelings with and through music; unleashing creative potentials	22	1
Client Empathy (CEM)	Understanding of and/or appreciation for the position and perspective of the music therapy client	4	13
Connection To Others (CON)	Meaningful emotional connections to other group members	14	1
Clinical Methods/Techniques/Structures (CMT)	Learning about music therapy methods, in-the-moment techniques, and/or session structures	8	4
Novelty (NOV)	Degree to which something has never been experienced before	6	5
Validation/Acknowledgement (VAL)	Confirmation of needs and/or feelings	9	1
Self-Care (SLF)	Importance of taking care of one's personal needs and/or the opportunity to do so	6	3
Resistance/Ambivalence (RES)	Personal opposition to a certain force/dynamic and/or the experience of conflicting emotions	7	0
Emotional/Physiological Shifts (SHF)	Shifts in feeling states and/or physiological functioning	6	0
Insight Into Others (INO)	Gaining into others' thoughts, feelings, and actions	4	0
Musical Interest/Motivation (MUS)	Interest in/motivation to explore and/or develop clinical musicianship	3	0
Professional Identity (PRI)	Sense of identity as a music therapist	3	0
Low Pressure Learning Environment (LPE)	Learning in a less demanding and/or stressful environment	3	0
Personal Imperative (PIM)	Necessary and/or compelling truth about the importance of therapy	1	1

*Note.* This table represents the descriptive codes assigned to segmented data from participants' journals and summative questionnaires. *N* is the number of segments within all the data that were assigned to each specific code.

*Appendix A—Informed Consent Letter*Undergraduate Music Therapy Students' Experiences as Clients  
in Short-term Music TherapyResearch Participant Consent FormIPFW Primary Investigator:

Nancy A. Jackson, MMT, MT-BC  
Director of Music Therapy  
IPFW Department of Music  
2101 E. Coliseum Blvd.  
Fort Wayne, IN 46805  
260-481-6716  
[jacksonn@ipfw.edu](mailto:jacksonn@ipfw.edu)

University of Dayton Primary Investigator:

Susan C. Gardstrom, Ph.D., MT-BC  
Coordinator of Music Therapy  
University of Dayton  
300 College Park  
Dayton, OH 45469  
937-229-3908  
[susan.gardstrom@notes.udayton.edu](mailto:susan.gardstrom@notes.udayton.edu)

Purpose of Research

You are being invited to participate in a pilot study focusing the experiences of music therapy students who participate as clients in short-term group music therapy. Specifically, this study seeks to gather information about students' immediate and reflective experiences of self, others, and the therapeutic process. The study is being conducted by music therapy faculty at University of Dayton (UD) and at Indiana University – Purdue University Fort Wayne (IPFW), and will involve students from both programs. Participation in the study is completely voluntary, and your decision either to participate or not to participate will have no bearing whatsoever upon your academic progress; nor will your decision to discontinue as a participant.

Specific Procedures to be Used

If you agree to be a part of this pilot study, you will be asked to participate in three 2-hour group music therapy sessions, and to provide written data about your experience in the form of journals and surveys. Each session will be facilitated by at least one music therapy faculty from either UD or IPFW; all faculty are board-certified music therapists. Groups will consist of 6 – 8 student participants. Your facilitator will ask for your involvement in a number of specific ways, as listed below:

1. Musical participation, which may include playing various instruments and singing
2. Verbal participation, which may include self-disclosure through group discussion
3. Creative writing to music, and/or written reflections
4. Other forms of non-verbal self-expression, which may include movement to music, drawing, and/or other creative arts

Immediately after each session and at an established interval after each session, you will be asked to journal in written form about your thoughts, feelings, and discoveries based on the previous session. The length of your journal entry will be entirely up to you. After the first session and after the last session, you will be asked to complete a survey created by the researchers, which will explore different aspects of your experience as a client in the therapy groups.

### Risks to the Individual

As a participant in group therapy, you may risk increased awareness of thoughts or feelings that you may find uncomfortable. The music therapists leading the groups in this study all have sufficient training and clinical experience to assist you and other participants to resolve these thoughts and feelings, should this occur. If you should require and/or desire more assistance or intervention than can be given within the group session, you will be referred to a therapist in counseling services on your campus who can provide you with longer term intervention and support.

### Benefits to the Individual or Others

It is possible that you may receive benefits from your participation in this study. You may find that you develop self-awareness that may help you to function more effectively in your daily life, personally and/or academically. You may find that you have an increased understanding of and ability to integrate course work into your clinical practice as a music therapy student. You may also find that you further develop certain personal characteristics, such as empathy or caring for example, or certain skills, such as active listening or patience, which may assist in your overall development as a music therapist. Additionally, the results of this pilot study may lead to further research, which could facilitate the continued development of methods of educating and training future music therapists.

### Compensation

You will receive no monetary or material benefit from your participation in this study.

### Extra Costs to Participate

No monetary or material costs are associated with your participation in this study.

### Confidentiality

The project's research records may be inspected by the University of Dayton and/or Purdue University Institutional Review Board or its designees and by any potential funding source to ensure that participants' rights are being protected.

Your participation in the therapy groups and your written journals and surveys will be kept strictly confidential. Additionally, as a participant in group therapy, there is a risk that the confidentiality of your personal disclosures and actions in the therapy groups might be

compromised by other group participants. To mitigate this risk as much as possible, all participants in the study will be expected to agree to group ground rules (including those pertaining to confidentiality), and will sign a statement agreeing to strict confidentiality regarding all aspects of the group therapy.

You may also have concerns about the risk of dual relationships with faculty who teach courses in your music therapy program and about their awareness of personal information about you. To mitigate this risk as fully as possible, the music therapy group facilitator(s) for the UD students will be faculty from IPFW, and the group facilitator(s) for the IPFW students will be faculty from UD. All faculty will sign the same confidentiality statement that participants will be requested to sign. Anonymity will be protected in all communication between the group facilitators: no identifying information from the group processes and no identifying information from participant data will be shared between facilitators of the two groups.

The written data that you provide in the form of journals and surveys will be kept strictly confidential, and will be stored in a secure and private drawer in the office of your group facilitator(s). Your group facilitator(s) will segment and compile the data and remove all identifying information before submitting it as data for the final analysis. Your identity will be fully protected in the final research report through use of aggregate data and assignment of pseudonyms.

### Voluntary Nature of Participation

As a participant in this study, you have the right to withdraw from participation at any time during the course of the study. You also have the right to decline to complete the written journals or the surveys. Should you withdraw your consent to participate in the study, all data you have provided until the time of your withdrawal will be removed and destroyed to protect your privacy.

### Contact Information

If you have any further questions about your rights as a research subject, please contact either of the investigators at the contact information listed above, or the Office of Research at your respective university. The contact information for each of these offices is listed immediately below.

#### IPFW

Committee on the Use of Human Research Subjects at Purdue University  
610 Purdue Mall, Hovde Hall Room 300  
West Lafayette, IN 47907-204  
(765) 494-5942  
[irb@purdue.edu](mailto:irb@purdue.edu)

#### University of Dayton

Jon Nieberding, Chair  
Committee for the Protection of Human Subjects  
Office of Research Administration

300 College Park  
Dayton, OH 45469-0104  
(765) 494-6840  
[jon.nieberding@udri.udayton.edu](mailto:jon.nieberding@udri.udayton.edu)

I HAVE HAD THE OPPORTUNITY TO READ THIS CONSENT FORM, ASK QUESTIONS ABOUT THE RESEARCH PROJECT AND AM PREPARED TO PARTICIPATE IN THIS PROJECT.

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

Date \_\_\_\_\_

*Appendix B—Group Rules*

**GROUND RULES FOR GROUP WORK**

(Adapted from K. Bruscia)

1. What I see and hear in this group stays here in this group. I will not reveal anything about the group or its members to anyone outside of the group. I understand this as basic professional confidentiality.
2. When outside of the group I will discourage any discussion of the group's work among the other group members, but rather share my thoughts and ideas when the group is convened.
3. I understand that what happens in this group is addressed here in this group. Problems or conflicts that may arise in the group will be resolved in the group—not privately!
4. Feelings that may be aroused during the group (my own) will be shared in the group to the best of my ability- not stored away or ignored.
5. I will take full responsibility for what I do within the group's process, what I fail to do for the group's process, and any consequences. I understand that the richness of the group experience is what I make it.
6. I will be authentic with and respectful of others.
7. \_\_\_\_\_  
\_\_\_\_\_

---

**Participant Signature**

---

**Date**



*Appendix C— Journal Topics*Potential Journal Topics

## Musical Issues

1. personal musicianship
2. peer musicianship
3. methods, procedures, techniques
4. musical processes
5. musical outcomes
6. session content

## Structural Issues

1. environmental conditions and factors
2. sequencing
3. pacing
4. strategies and techniques

## Interpersonal

1. relationship/dynamics with peers
2. relationship/dynamics between peers
3. relationship/dynamics with facilitator(s)

## Intrapersonal

1. inner thoughts/feelings about self
2. inner thoughts/feelings about peers
3. inner thoughts/feelings about facilitator(s)
4. meaning of experience

*Appendix D—Coded Data Segments***MXC Musical Self-Expression/Creativity**

1. Tonight's improvisation was very different. I liked being able to play "in-the-moment" and expressively.
2. Once the therapist started playing on the piano it allowed me to feel more expressive & I was able to play off of what she presented. When we both moved to the piano, I first was timid, but after I felt comfortable, I was able to be more expressive.
3. The improvisation was a great experience, however I don't think I was able to completely let go and truly express my feelings of stress, chaos, uncertainty to calm, still, and tranquil.
4. So I would probably say I'm looking forward to the next improvisation and a chance to play my feelings or emotions of the moment.
5. I tried to play clave rhythms to get away from the pulsating, driving beat, but without ruining the sound, but I still felt constricted. With the second improvisation I tried to play things that wouldn't need a steady rhythm.
6. I felt like the steady beat was necessary for my creativity because it gave me some place to work from.
7. I felt like the music allowed me to form some images in my head.
8. I think the freedom to play whatever I want and not conform to any specific form was really good for me. School ties me down so much and I feel like it really limits my creative self.
9. I picked the claves because I feel what better way to portray a tree than to use instruments made out of wood.
10. Even though it's sometimes hard for me to find the right words or right instrument to play, I am benefitting from it.
11. I feel good about my playing and am gaining great benefits from it.
12. I enjoy the combination of art and music together because many times it is very difficult/frustrating for me to really vocalize what I mean and my true feelings.
13. But through the arts, I can really get my clear thoughts out there to the point that the music therapist understands me probably more than I even understand myself.
14. I was able to be more open & expressive & I explored some new areas that I thought was uncomfortable.
15. Overall, I felt like I was able to relax & focus on myself & be more "loose & free."
16. I felt free to express the way I was feeling...
17. I felt like I was able to express my feelings, granted none of my feelings at the moment are incredibly deep.
18. The therapy sessions have been a great outlet for me.
19. ...I think the music therapy group helps because it seems less invasive when I express my feelings through music.
20. I liked the imagery experience because it gave us an opportunity to express what we were feeling without necessarily talking about ourselves.
21. Not only is it giving us an outlet for our problems, fears, stressors, etc....
22. During the improv, I had stopped focusing on my thoughts & was able to just be in the moment.

**RES Resistance/Ambivalence**

1. While I am excited about being able to receive music therapy, I also get frustrated thinking about it since everything related to the profession I now pick apart & analyze.
2. My thoughts are not flowing well tonight. I don't really know how I'm feeling.
3. I guess one thing I was made more aware of tonight is that I'm becoming very resistant to being directed what to do. I know what I want to learn, but I can't because I have to learn what people tell me to.
4. While it felt good to talk about my problems, my heart was pounding and I didn't think that I would properly be able to go into my reason for my song selection any more than I did today.
5. I find myself both enjoying and dreading sessions because although it teaches me something, there is much resistance and feelings of being uncomfortable before I come to these realizations. There is a type of resistance in me that not only does not want to let others into my feelings, but also does not want myself to

tap into my deep feelings, because I know there are so many things hidden in there that are devastating and emotionally excruciating.

6. I'm not sure that I am convinced yet that opening up and not internalizing is best for me, but this experience helped put the ideas into perspective.
7. Ugh, I cannot think at all. I used to be a profuse writer & now my thoughts are blocked up by all the things that I am forced to learn.

### **CON Connection To Others**

1. The music everyone else was making sounded really cool and exciting so I didn't want to mess that up.
2. ...I was getting slightly annoyed that I couldn't even hear the instrument I was playing and I still could feel too much of other people's rhythms.
3. Tonight I came into the session in a stressful state of mind, and although I tried to set it aside, it came back overwhelmingly when another group member brought up stress and being busy, etc.
4. Being in this type of setting has also made me feel like I was able to become a little closer with some of the students and open up and talk to them about more things outside of class and the sessions.
5. I know we're all in this boat together – dealing with stress & all.
6. I felt that I made a connection or bond with the other girls in the group that I might not otherwise have made.
7. Overall, this was a...bonding experience.
8. It really feels to me that those of us that were in the session together are more friendly and caring towards one another. We say "hi" more often throughout the day and we inquire about how the other is doing more often as well. I also feel that we take more time to listen to each other and to offer empathy too.
9. To be able to tell people who really seem to care and are interested in hearing about my life and what I've gone through or am going through is really freeing and relieving.
10. Some of the girls have had experiences that I have nothing to compare to.
11. XX and YY seemed to have trouble coming up with what to add to my tree musically. It was disappointing that no one mentioned the pinecones.
12. I really appreciate the opportunity to come in to listen to the others and have discussions about feelings.
13. It was refreshing to learn things about the other girls...
14. I also felt that I'm not alone in how I feel at times such as stressed or overwhelmed.

### **INO Insight Into Others**

1. Although there have only been two meetings, I think my participation in the sessions has helped to give me a better understanding of my fellow students.
2. The session was not only informative about myself but about my peers as well. XX pulls away when she feels too alone or afraid. YY has low self-esteem and doesn't see herself as something graceful and beautiful. ZZ keeps her anger and frustration inside hoping it will just go away on its own or "soak it up."
3. I think after our first session I realized how much most of in the group are in need of help.
4. ...I am really surprised at how deeply I went into the experiences and how much I learned about myself and my peers.

### **INS Insight/Exploration Into Self**

1. The session was not only informative about myself but about my peers as well.
2. I think being pushed out of my safe zone has made me more comfortable by seeing how much I can actually do.
3. But I really did learn a lot about myself already because the music really brought some new emotions out of me.
4. [Using the arts] gives me time to process what I put forth so that I can speak about it more clearly.
5. I felt very exposed during the improv of what was least like me.
6. The interesting thing was that I made my "upset" playing better by adding another instrument.

7. I have come to do some more thinking of who I am & want to be. I felt like I was able to learn some music skills & learn a few things about myself.
8. I think after our first session I realized how much most of us in the group are in need of help.
9. I guess what I'm looking for out of these music therapy sessions is for someone to acknowledge that it's okay to be in a place of questioning & uncertainty.
10. Maybe I'm more of an "active" stress reliever.
11. I guess one thing I was made more aware of tonight is that I'm becoming very resistant to being directed what to do.
12. Listening to everyone share information about why they are stressed/not stressed and about their support systems helped me to even look at myself.
13. I feel I can learn a lot from how others cope with things.
14. After the last session I thought about some of the things we addressed. One thing that really struck me was the discussion about support systems. I realized how much I really need one.
15. I realize now that having a support system would help me to cope with all the stressors in my life.
16. This time I need to just stop and take some time to breathe. Part of the problem is that it seems I don't have time for a support system.
17. I noticed some tension & anxiety that I hadn't been aware of before.
18. But then I guess [the pinecones I drew] didn't really stand out very well from the branches.
19. Frustration is what I experience when I cannot be the pine tree, when I don't meet my aspirations. However, the majority of the time the pine tree is the ideal, the peaceful, calm center that only recently I seem to have lost.
20. Comparing my tree then and now gives me a good physical representation of how I have changed as a person since then.
21. My present tree is older, more flexible and more worn. It's bearing pinecones, something the pine trees do to prepare for winter.
22. I guess I really have been a spy all my life, making sure both parties are at peace, no war, and solving problems by playing up both sides to help them see things each other's way. While being a double agent is trying sometimes, a spy without a mission isn't anyone at all.
23. But spies are also all about danger, intrigue, and passion, the things that I am attracted to in some way. Perhaps this is also because I don't have enough of those things in my own life.
24. This may well be the case, for people in general are often attracted to those things that are parts of themselves that don't see the light very often.
25. And when there are no words to describe all of the things that you have learned about life, the universe, and everything, but mostly about yourself...[just] sound like a fortune cookie.
26. Today I discovered that there are parts of me I reject or say "That's not me" but there are so many aspects of what I reject that ARE like me. It was an insightful discovery because it made me think about other things I reject about myself that are very much like me and make up a big part of who I am. It felt really nice to play those things I reject about myself and notice the things about my playing that are like me.
27. The experiences today helped me to look at myself in another way. It's allowed me to open new doors and discover new things that can change the way I see myself and the way others see me.
28. It's been awhile since I've been a client in a sort of therapy, so I thought I couldn't get any more from therapy considering the large amount of therapy I have received in my lifetime. But I found that it was extremely helpful, and I learned things about myself that I never knew before.
29. I really did not think I would have anything to learn from this and I am really surprised at how deeply I went into the experiences and how much I learned about myself and my peers.
30. ...while everyone can live without these types of experiences, living with them makes the rest of life a heck of a lot easier.
31. In any case, I think the art forms are helping my mind to really wrap around what's in there. I see and hear what comes out of me in different mediums and I realize what's really in there, things I never realized before.
32. And perhaps knowing what's really in my brain will help me to think more clearly and faster so I do not get so frustrated. Maybe then I could be a real leader.
33. I'm not sure that I am convinced yet that opening up and not internalizing is best for me, but this experience helped put the ideas into perspective.

34. Although I have not done so yet, it has made me realize that I need to take more time out for myself, especially during stressful times.

**COM Emotional Safety/Comfort**

1. The atmosphere of the room was open and inviting and it was helpful that the other group members are friends that I know and trust.
2. It was a very comforting and calming feeling.
3. Overall, I think the atmosphere of this room makes the difference of my prior (in class) experiences with the interventions and experiences during these sessions. It is a very relaxed and safe environment.
4. Tonight the atmosphere felt very open.
5. It was refreshing to learn things about the other girls and even just to be present in an environment where everyone is comfortable sharing ideas.
6. Luckily, I am very familiar and comfortable with the other peer members since I have known and worked with them for awhile.
7. I felt very comfortable in the group both with my peers and [the therapist].
8. During XX's improvisation and verbal processing later, I felt a little uncomfortable, because I related to what she was saying. I did not speak up, though, because I was hesitant to interrupt the dialogue going on between her and [the therapist].
9. Even though I was nervous at first, [the therapist] made up feel comfortable in the experiences she planned, questions she asked, and her general presence.
10. I felt free to express the way I was feeling...
11. It felt very safe...
12. Overall I felt comfortable with my peers & the facilitator.
13. I am comfortable with my peers that were here today...
14. I was nervous about putting myself out there for someone I don't really know.
15. I was comfortable in doing this and didn't have to go deep within myself to explain why I picked this song.
16. I felt comfortable when playing and talking in this group and I think this could be a very beneficial therapy for me.
17. I really enjoy having an outlet in a safe and secure group and I really felt that security right away.
18. Even though at times I feel like I am still in a class and that my work will be given feedback, I know I can express myself anyway I'd like, participate as I'd like and tell others as much as I want.
19. I am able to explore myself and everything about me in a safe and enclosed environment.
20. I have always had trouble with group therapy because I absolutely hate it when other people judge me, but I think the music therapy group helps because it seems less invasive when I express my feelings through music.
21. Once the therapist started playing on the piano it allowed me to feel more expressive & I was able to play off of what she presented. When we both moved to the piano, I first was timid, but after I felt comfortable, I was able to be more expressive.
22. Having structure (by playing on the black keys) made me feel comfortable in knowing that I couldn't mess up, but was not limiting.
23. In a few music therapy classes we've gotten the opportunities to improvise, but this was usually done to demonstrate a point and I always felt reserved in my playing, focusing on playing "right" or what I thought the teacher wanted.
24. I picked [congas] because it wasn't as limiting as some of the other instruments, yet because it wasn't melodic, it felt safe.
25. I think being pushed out of my safe zone has made me more comfortable by seeing how much I can actually do.
26. During the first instrumental improvisation I felt obliged to play in rhythm.
27. I find myself both enjoying and dreading sessions because although it teaches me something, there is much resistance and feelings of being uncomfortable before I come to these realizations.
28. I love drawing after listening to a piece of music. For me, it is a non-threatening way to process my thoughts and feelings.

**SHF Emotional/Physiological Shifts**

1. I found that the experience left me feeling calmer and less anxious.
2. Although I started off a little nervous [information deleted to preserve anonymity], I found it to be comfortable & beneficial. I was able to be more open and expressive & I explored some new areas that I thought was uncomfortable.
3. During the activity I was able to relax and slow down my breathing some.
4. I basically remember leaving the session feeling relaxed and more at peace with myself and what was going on around me.
5. At the end of the improvisation I felt a sense of resolution.
6. When I first arrived I was a little anxious because I had been running around all day until I came to the session, but now I feel more relaxed. I had some tension in my back when I arrived, but it has now passed. I also noticed that my breathing has slowed down.

**VAL Validation/Acknowledgment**

1. I appreciated hearing someone else play my part back to me because it reassured me that was what I was trying to convey.
2. It felt validating to hear that many of us are or have gone through the same things. (Many, if not all, topics related to dealing with being a student in the music therapy program.)
3. Some of these discussions have provided me with a sense of validation by hearing the other students talk about going through some of the same feelings and emotions that I have experienced or currently am experiencing.
4. I felt that I was listened to and that my feelings were validated.
5. It was also validating to know that the other girls in the group had gone through similar experiences with school and stress as well as uncertainty toward the future.
6. During the session, I also felt like I had a voice and that I was listened to.
7. I really felt like the girls in the group cared about and thought what I was saying was important.
8. Overall, this was a validating...experience. I felt valued and cared about. I also felt that I'm not alone in how I feel at times such as stressed or overwhelmed.
9. To be able to tell people who really seem to care and are interested in hearing about my life and what I've gone through or am going through is really freeing and relieving.

**SEL Self-Care**

1. I did not expect to get emotional tonight, however I do feel like it was a good thing because I do not always have the time to "check-in" with myself and my own thoughts and feelings (even though I ask my own practicum clients to do this every week).
2. Sometimes I get so caught up in everything else (school, work, practicing, etc.) that I forget to take some time out for myself.
3. I would like to implement some similar techniques on my own time when I am feeling stressed, anxious, tense, etc. Although I have not done so yet, it has made me realize that I need to take more time out for myself, especially during stressful times.
4. It reminds me that I do have emotions and I should pay more attention to them.
5. I feel great to be a part of these therapy sessions and [they] have made me think about furthering therapy sessions after this research project is over.
6. It's a great way to get away from things for awhile, and I really need it this week, so I am definitely looking forward to it.

**NOV Novelty**

1. I have not participated in much improvisation, so the final experience was new to me.
2. Right now I still feel excited that I had my first "real" imagery experience.

3. I have never participated in a real music relaxation experience.
4. It was such an enjoyable experience to be in a group music therapy session rather than be the one conducting it.
5. I have done a similar experience before, but never using music to portray what was already on the paper.
6. I have always known that music is therapy and have experienced music as a release of emotions for me, but really had not experienced the particular affects of a music therapy session.

**LPE Low Pressure Learning Environment**

1. I feel that I am learning more about music therapy in a much less stressful environment.
2. ...I have always felt like any personal feelings or imagery was almost forced. However tonight I had a very relaxing feeling & toward the middle I had some imagery.
3. Because I am working with someone I do not know outside of the session, I feel like there's less pressure to do things the "right way" but rather to be able to open up more in discussion and be creative.

**CEM Client Empathy**

1. It was just so nice to switch sides and to feel how the client might feel.
2. Being familiar with playing and what goes into therapy, I probably wasn't as nervous as someone who has never played an instrument or been in any therapy.
3. I now understand a little better of how clients probably feel when they start therapy.
4. ...we get to know how it feels to be a client which in turn allows us to understand how our clients feel when we are the therapist.

**CMT Clinical Methods/Techniques/Structures**

1. I think using all different kinds of experiences but using the same feelings was a great way to really explore things on a deeper level.
2. I really enjoy the combination of art and music together...
3. One thing I really liked about the session is that we were able to talk back and forth in a discussion as opposed to the discussion being focused on whoever was sharing their song at the moment.
4. I don't know what I would want to address in therapy sessions, stress management could be something useful.
5. I like how we transitioned from playing where we are now to where we wanted to be.
6. I liked the way that both times were structured.
7. I really liked the structure of the session and how we took our story from the imagery experience and turned it into an improvisation.
8. I also think it would be interesting to participate in some advanced level music therapy experiences. Because I only know about these techniques from class lectures or class examples, I do not quite understand how all of them work.

**MUS Musical Motivation**

1. I'm really glad I was pushed to improvise at the piano.
2. Because I have passed this barrier, I would like to work on some more melodic improv on my own.
3. I've also found myself wondering how I might improvise with my guitar in our next session. I think about how I might play to portray a stressed mood or a mellow mood depending on the moment.

**PRI Professional Identity**

1. I also hope that I can use this to find ways to make any of my clients who are feeling resistant more comfortable in expressing themselves.

2. As a music therapist, it's so important to me to convey to the client that I really do care about them...
3. I hope that when doing my own sessions I can transfer this feeling & be able to use more creativity and openness. I also hope that I can use this to find ways to make any of my clients who are resistant feel more comfortable in expressing themselves.

**PIM    Personal Imperative**

1. I'm realizing how important it is for therapists or student therapists to be a client in music therapy.
2. All I know is I gotta find a way to keep having music therapy in my life.



*Appendix E—Final Questionnaire: Coded Responses*

1. VAL It was nice to feel as though my thoughts and feelings were valued and listened to during the session.
- CON Being able to connect my experiences of being a student to the other group members.
- CEM I got to feel the open exposure that comes with being the client first hand, having yourself analyzed by the therapist.
- NOV/CEM It was interesting to be in the position of a client, something I have never had the chance to do.
- SLF Being able to relax and participate instead of worrying about providing therapy.
- CEM It was most meaningful to experience what it feels like to be a client. I now can appreciate client's apprehension in group, because I know what it feels like to be asked to share in front of a group.
- INS I learned more about myself then I ever have before
- MXC The feeling that I could be musical in the way that I wanted and the fact that I did not have to play a certain written part.
- NOV/CEM Just to be in a group receiving therapy was a whole new experience for me and I it really gave me an idea of what it feels like for someone who has never had any therapy.
2. **Are there any particular ways in which your experiences as the client have had an impact on your development as a future music therapist? Please elaborate.**
- CEM Being able to experience the role of the client helped me to fully realize how beneficial music therapy is. I think it's important to experience the position of the client and to have an understanding of how they could be feeling during a session. What better way to learn this than to experience it for oneself.
- NOV Not really. I felt like we were involved in experiences that I have witnessed and participated in before.
- CMT I found that asking the right kinds of questions about an experience really determines the outcome in terms of what you understand about the client. Being a student therapist and the client made me think about how my answers would been different if the questions had been different.
- CEM It was nice to experience therapy as a client to see it from that perspective.
- CEM I think I am now more aware of how nerve-racking therapy can be. I think I can be more aware of client body language and knowing when I'm pushing them too far.
- CEM I have learned that it is not easy to be a client, and I now have more insight into what it is to be a client.
- I do not believe that the one session I was able to attend really impacted how I view things from the client's perspective. I do think if I attended more it would have been impacted me more.

CEM I'll definitely be keeping in mind how I felt to be in a new situation when working with clients who are new to therapy as well. It's given me an idea of how to better deal with this concept.

**3. Would you recommend this type of experience to other students who are training to become music therapists? Please elaborate.**

CMT Yes. I feel that if a younger student were training to become a music therapist, this could be concrete evidence as to what exactly happens between therapist and client during a music therapy session.

CEM Yes. It is always good to see music therapy from the other side

CEM Yes, nothing helps us understand how are clients feel, then being a client yourself. It gives a new level of perspective.

CMT It also helped in learning more about the music therapy session and for those who have not observed much, a great chance to see how music therapy can be used (rather than just learning in the classroom and practicum).

SLF and it was great to have a way to relieve stress during hectic times.

NOV This is an experience that we somewhat get in some class training when we try leading experiences on each other, but it's never in a setting where we are actually supposed to divulge real information about ourselves.

INS Yes, because not only do you learn more about yourself to be a better therapist,

CEM but you learn what it is like to be a client,

CMT which helps you pick the right techniques to help your clients.

SEL It was just nice to help de-stress through musical activities. Since our lives are so full of structured music experiences, usually us doing the structuring, it was just nice to play what we wanted and to in a way let loose.

CEM Yes, I believe those who are therapists should be in therapy. Therapists should know how their clients feel about being in therapy and the only way to do that is to be in therapy as well.

Yes, I would.

Yes. It was very interesting, and a great opportunity.

I think I would recommend this experience to others.

I would recommend it because it gives a good perspective

**4. What suggestions do you have for how the experience could have been improved?**

Definitely more sessions. Three sessions is not enough time to build any sort of real trust in my opinion.

I wish the experiment went on longer, I enjoyed being a client of Music Therapy!

It would have been nice to have more sessions throughout the experience

It would have been nice to have more meetings, or even a smaller group. Sometimes it felt like not everyone needs could be addressed because there were so many people participating.

The only thing was out of the therapist's control, which is the inconsistency in group members from week to week

Although I know it was incredibly difficult to schedule sessions, I think this would be the only area to improve. Perhaps having a music therapy class or taking time out of another class to do these sessions would be an idea.