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A PHENOMENOLOGICAL STUDY OF A MUSIC THERAPY PEER
SUPPORT GROUP FOR SENIOR MUSIC THERAPY STUDENTS

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**A PHENOMENOLOGICAL STUDY OF A MUSIC THERAPY PEER
SUPPORT GROUP FOR SENIOR MUSIC THERAPY STUDENTS**

By

Joni Milgram-Luterman

A DISSERTATION

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ABSTRACT

A PHENOMENOLOGICAL STUDY OF A MUSIC THERAPY PEER SUPPORT GROUP FOR SENIOR MUSIC THERAPY STUDENTS

By

Joni Milgram-Luterman

The purpose of this study was to examine the integration of personal growth experiences into the undergraduate music therapy education. This was accomplished by observing, describing and analyzing the phenomena of a series of ten Music Therapy Peer Support Group (MTPSG) meetings that I organized and facilitated during a Fall Semester at a large mid-western university.

Data included observations of the MTPSG meetings, participant interviews, participant journals, my research log, feedback from a clinical supervisor and interviews with the professor who was currently teaching the participating student's core music therapy course.

The findings were divided into three sections that emerged from the analysis: (1) The group process, (2) A case study and (3) Myself as participant. Implications for inclusion of groups such as MTPSG in undergraduate music therapy, physical therapy, occupational therapy, music education and performance programs are discussed. Ideas for future research are suggested, including replication, accountability and longitudinal studies.

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This dissertation is dedicated to

Maynard, Sara and Rebecca.

You have challenged me,
supported me and been patient with me
throughout my scholarly endeavors.

For this I am grateful.

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CHAPTER I

INTRODUCTION

Undergraduate music therapy programs must stay abreast of the ever-increasing requirements of modern entry-level music therapy practice. This evolution of the field of music therapy demands more knowledge, skill and experience in musical expression and psychotherapeutic practice (Bruscia, 1989; Maranto, 1989; Tims, 1989). In a report to the American Music Therapy Association, the Commission on Education and Clinical Training (AMTA, 1999) recommended that undergraduate academic programs be responsible for

offering the necessary academic courses to achieve required competency objectives, organizing and overseeing the student's clinical training, integrating the student's academic and clinical learning experiences according to developmental sequences, and evaluating student competence at various stages of the program. (p. 22)

Missing from this recommendation and required of the student beyond mere competence is the development of a disposition of personal and professional growth necessary for expertise in music therapy practice (Milgram-Luterman, 1999a). A disposition of expertise is the recognition that personal and professional growth is a life-long journey. The young age, narrow life experience, and limited self-awareness of most undergraduate students may prevent them from accepting the journey of personal growth and subsequently from developing necessary clinical skills. The above quote also suggests a developmental sequence that integrates "the student's

academic and clinical learning experiences." One way to address this challenge is to integrate personal growth opportunities into the curricula (Milgram-Luterman, 1997).

Offering experiential training groups may facilitate the incorporation of personal growth opportunities into the university curriculum. Among the goals of such groups are changes in self-awareness, behavior, attitudes, values, lifestyle, relationships, and the self (Yalom, 1995). Yalom describes the experiential training group as a weekly personal growth peer group experience for psychotherapy trainees that is considered a valuable teaching technique and an integral part of psychotherapy training. An experiential music therapy training group is a weekly group for graduate music therapy students as an integral part of their training, to give them the opportunity to experience the process of music therapy (usually improvisation) authentically as clients over time for educational and personal growth (Bruscia, 1998).

Music therapy scholars have suggested that experiential music therapy groups are beneficial to training music therapists (Bruscia, 1987b; Clark, 1987; Hesser, 1985; Stephens, 1987; Tims, 1989) and continuing education for professional music therapists (Arnason, 1998). However, to date there is no research to indicate that such groups exist for undergraduate students. There seems to be a perception that younger students cannot benefit from group work and that entry-level jobs they will fill do not require insightful clinicians (Hesser, 1985). However, in my experiences as both a music therapist and a clinical teacher I have recognized that the lack of opportunity

for personal growth experiences is one of the limiting factors in the practical effectiveness of undergraduate students and entry-level music therapists.

In an attempt to bring personal growth experiences to undergraduate students I have developed the concept of Music Therapy Peer Support Groups (MTPSG, Milgram-Luterman, 1999a). Similar to personal training groups (Yalom, 1995) and experiential music therapy training groups (Arnason, 1998; Bruscia, 1998, 1987; Clark, 1987; Hesser, 1985; Priestly, 1975; Stephens, 1987), MTPSG are weekly personal growth group experiences. They are intended to introduce senior undergraduate music therapy students to the idea of peer-support and offer them the opportunity to experience the process of various music therapy interventions for educational and personal growth.

The goals and process of the MTPSG are different from both group supervision and classroom experiences in that there is opportunity to share personal concerns, fears and successes within a group setting. However, as is the case of experiential music therapy training groups, they are also different from psychotherapy groups in that the intention of the MTPSG is personal growth for educational purposes.

In those academic or field programs where this type of training [Experiential Music Therapy Training] is offered, it is most often an augmentative practice. That is, it is not intended to supplant any form of therapy or healing that a student might need. In addition, although the students participate as clients authentically, boundaries or limits are usually placed on the kinds of personal problems they are asked to reveal or explore, and no attempts are made to engage the students in an in-depth therapeutic process. When significant issues are revealed, students are advised to seek counseling or psychotherapy elsewhere while receiving this kind of training. (Bruscia, 1998, p. 188)

Personal growth in MTPSG is motivated by peer support rather than directed by the facilitator. The first objective to help group members toward personal growth is for them to learn to support and be supported by peers. The goal is for group members to develop self-awareness and begin to understand the impact of their personal issues within their clinical practice experiences.

Self-awareness is the discovery and acceptance of previously unknown or unacceptable parts of one's self (Yalom, 1995).

The therapist's self-knowledge plays a role in every aspect of therapy. An inability to perceive countertransference responses, to recognize personal distortions and blind spots, or to use one's own feelings and fantasies in one's work will limit the effectiveness of any therapist. (Yalom, p. 526)

During clinical placement sessions, undergraduate music therapy students are often faced with difficult situations that they have not experienced before. It has been my experience that their limited awareness of self inhibits appropriate responses. Along with the development of new awarenesses may come the ability to be more effective music therapists.

The goals and process of the MTPSGs, like training groups (Yalom, 1995), are also different from psychotherapy groups. In light of the fact that the majority of undergraduate students have never had an experiential group experience and are typically young adults, the facilitation of MTPSGs are initially facilitator directed and structured. However, over time group members learn to support and be supported and they function as a peer-support group. Peer support, not therapy, is the most important training tool towards growth in this setting. However, MTPSGs are also different from training groups in

that training groups train psychotherapists and MTPSGs train entry-level music therapists. Therefore, there is more emphasis on developing new self-awareness and less emphasis on psychotherapeutic process in the MTPSG.

MTPSGs that I have facilitated have usually met on a weekly or bimonthly basis throughout the course of one semester. A ritual is followed each session that includes an opening chant, a musical/verbal check-in, a verbal response to check-in, a musical experience and a closing. A chant consists of a simple melody and a few lyrics repeated many times. There are many uses for chanting, including meditation or stimulation. (Marks, 1993). For the purposes of MTPSG the chant is used to announce the start of a session and bring the focus to the work of the group.

The musical/verbal check-in is an opportunity for individual group members to reflect on feelings and thoughts. A musical instrument is selected and passed around as group members present their reflections verbally, instrumentally or both verbally and instrumentally. They may also pass the instrument without speaking or performing. Other group members must not interrupt the individual with the instrument. The response to check-in is intended as an invitation for group members to respond to others' check-ins or elaborate on their own check-in. The response to check-in is a personal reflection, whereas the check-in is more interactive.

The musical experiences include improvisation, music and imagery, relaxation, songwriting, singing and chanting and are designed to challenge group members towards new awarenesses and promote personal growth.

Group discussions are inspired by the opening, check-ins and/or musical experiences. The intended process of the work is initially leader-facilitated and eventually peer-focussed. Chapter 3 includes for a more detailed description of a typical session.

I had the opportunity to implement and facilitate my first MTPSG during the 1997 Spring Semester at a Canadian music therapy program in which I was teaching part-time. Subsequent to that semester, I began my doctoral work at this university where I served as a graduate assistant. During the 1998 Spring Semester and the 1998-99 academic year I implemented and facilitated several MTPSG as part of my duties as a graduate assistant.

Purpose

The purpose of this study was to examine the integration of personal growth experiences into undergraduate music therapy education. This was accomplished by observing, describing and analyzing the phenomena of a MTPSG from the perspective of both undergraduate seniors and myself as the facilitator during a Fall Semester.

Theoretical Perspective

My approach to music therapy is humanistic/person-centered (Rogers, 1977). Corey (1996) explains that "The humanistic philosophy on which the person-centered approach rests is expressed in attitudes and behaviors that create a growth-producing climate" (p. 200). I believe that music in and as therapy has the power to connect with the client in a genuine, non-threatening way and in the process, the music therapist has the opportunity to

demonstrate empathic understanding. Within the humanistic, person-centered music therapy environment, clients have the opportunity to find their way towards change and healing.

As a music therapy instructor and clinical supervisor, I have tried to maintain the person-centered philosophical concept and have integrated it with an existential philosophy (May & Yalom, 1995). According to Corey (1996), "the existential movement stands for respect for the person, for exploring new aspects of human behavior, and for divergent methods of understanding people" (p. 172). One of the basic premises of the existential approach is that the development of self-awareness is an important dimension of the human condition. I believe that in order for music therapy students to excel in the development of the skills and knowledge necessary for practice, they must adopt a disposition toward personal and professional growth (Milgram-Luterman, 1997). The development of this disposition requires a person-centered approach to education and training that directs students towards continual self-awareness and growth.

In developing the theoretical perspective for this research, I have primarily drawn from phenomenology. Forinash (1995) states that "it is the phenomenologist's job to shed light on aspects of human experience and, by doing so, to provide a more thorough understanding of the experience" (p. 368). Experience as phenomenon could be the researcher's own experience and/or the experience of others (Aigen, 1995). For the purposes of this

research, phenomena to be studied will include both the experiences of the students and the facilitator/researcher as group members.

My particular phenomenological paradigm is hermeneutical in nature. Whereas phenomenologists are interested in the meaning of an experience, those who engage in hermeneutical inquiry are also interested in the interpretation of that experience (Patton, 1990). Aigen (1995) describes the goal of hermeneutic research as deep engagement "in the circle of understanding in order to develop insightful and plausible interpretations of events" (p. 292). The focus of this study was to engage in the hermeneutic "circle" in order to interpret the experiences of group members.

The phenomena of group process include the interactions between group members. For the purposes of studying these interactions, a symbolic interactionist approach was used. Symbolic interactionism is derived from the field of social psychology (Mead, 1934; Blumer, 1969). As such, it seeks to understand the meaning of the experience of interactions in terms of the shared symbols of a particular social culture (Patton, 1990). In the present study, the verbal, non-verbal and musical interactions inherent in the MTPSG group process will act as symbols. Also, the interpretations of those interactions will be made in the context of the undergraduate student culture.

Personal Context

The literature review of a research study traditionally functions to establish its *professional* context. Qualitative researchers also seek to establish the *personal* context of their work, believing in the importance of forging a common ground with readers on both levels of discourse. This information is offered because of a fundamental epistemological

belief that all knowledge results from an interaction between the knower and the known. (Aigen, 1995, p. 293)

The following fairy tale is intended as a creative presentation of my personal and professional experience in terms of how it has affected my approach to music therapy education and research.

Once upon a time there was a little princess who wanted to be a music therapist, because she thought that it would be a "neat" profession. She knew that she was musically talented, but she had not applied herself because she could, at a very young age, get by with sight-reading and not much practicing. Later, she was led to perceive that she was a mediocre musician, based on certain experiences with certain music teachers. She knew that she was a people person and that she was sensitive and caring. But she could not understand the theories of psychology as she could not relate, in her protected world to the horrors of people's lives – they seemed so remote. Still, she persevered and traveled to the land of the kings to pursue a music therapy education. She did well but was constantly haunted by the "shadow-of-the-fear-of-not-knowing-what-everybody-else-seemed-to-know." She was fine when she was performing what she thought people thought of as elementary tasks like motivating a child with cerebral palsy to move with fluidity to her music or putting a smile on an angry old man's face with a song. Nobody bothered to tell her that those skills were the essence of her life's chosen field. She did not talk to anybody about her strengths, needs and fears, because if she did, she would be revealing that she lived in the land of "not-knowing-what-everybody-else-seemed-to-know." She became frozen

and stuck at her violin lessons, and often cried in the bathroom next to that studio, so conveniently situated. She could not grasp the concepts of the psychology of music and often wondered why everyone was so interested in why something beautiful happens. That just seemed to make the extraordinary simplicity of a small response to music seem ordinary. And she could not tell anyone.

She went on to her internship and learned that she did not have the knowledge required to function as a music therapist. "Although she seems to empathize with the clients," the wicked stepsisters said half way through the training, "she lacks the theoretical knowledge and is not yet aware of the impact that she has in music therapy sessions." And there was nobody to talk to. She completed her training, with a mediocre evaluation and set out into the real world to become, what she then believed, a mediocre music therapist (MMT) who eventually, by the end of her clinical training could write well enough to pass.

The little princess' first real job as a music therapist was at a day center for ex-psychiatric patients. Two hours a week was fine. The rest of the time she worked at a store in the local mall. That was safe. That was comfortable. She was good at it – being nice to people – and selling things that she did not know much about. The two-hour-a-week job was a wonderful, empowering experience. Nobody there knew what music therapy was supposed to be, nor did they suspect that she was an MMT. The clients were responsive and the multidisciplinary team was supportive. She realized that

she could sing with, to and for people, she could help people to relax, she could stimulate self-expression, she could assess need, she could set goals and most of all, she felt that she was doing music therapy. Why didn't she see this before? Why didn't any of her teachers or supervisors ever bother to help her to see her strengths?

She went on to develop a freelance private practice, honing her skills and continuing to grow as a therapist. She worked with many different people in a variety of settings. She eventually had the opportunity to create and develop a music therapy department in a large geriatric hospital. Life was good. She was doing good work with and for people. She was helping many angry old men to smile. Yes, the powers that be in that institution recognized her good work, but now they were the ones saying, "Yes, you do good work – why bother explaining why to us, just do it." Ironically, this angered her, as she felt that they did not take the power of her work seriously. Regardless of the hospital politics, which she eventually learned to ignore, the little girl had grown to be an adolescent music therapist (AMT), in that she did what she needed to do to share her music to help people and was convincing at selling her craft to others. But she still feared that other music therapists had knowledge beyond her grasp.

One day, this AMT was strutting her stuff at a conference. A wise crone attended her workshop and invited her to teach music therapy in a university. What? Was this woman crazy? Didn't she know that this AMT didn't know what she was supposed to know? What could she possibly teach

others about real music therapy? After all, she still didn't know what she was supposed to know that all other music therapists knew. The wise woman told her that she was a talented music therapist, and that she would like her students to learn the "doing" clinical skills of this AMT.

And so, the adolescent growing music therapist (AGMT) set out to teach others what she did know and hoped that nobody would find out that she didn't know why she did what she did. The AGMT grew like a wild weed in this fertile music therapy greenhouse. Because she could finally talk to her peers and share her experiences and concerns, she realized that what she could do was unique, special and important. She had to figure out a way to teach others how to do it. The only way she could teach others what she did so well, she discovered, was to do it with them and for them. And then, she became a young adult music therapist (YAMT), finally realizing that she knew all along why and how she did what she did. She only thought she didn't know what she knew.

The quest for knowledge grew and grew. She began to develop strategies for teaching instinctive skills, now hoping that the powers that be wouldn't find out that she was only teaching others what she knew, and not teaching them what she thought she was supposed to teach them (which was what all music therapists knew, but she didn't). Further along her journey she met a wizard from another kingdom who told her that most students think that there is a big secret that they do not know that everyone else knows, and that a good teacher must recognize this and teach accordingly. Whew! A theory

that she understood! A big weight was lifted off her shoulders, and she began to grow into an adult music therapist (this is not the end of the story – it actually continues throughout her adult music therapy life).

With the help of the wizard, the crone, her students and her clients, this music therapy adult (MTA) finally realized that she possessed a vast amount of knowledge and skills. She was musical and knew how to use the powers of music towards healing. She had worked with a variety of populations in many settings, having developed many music therapy job opportunities. She was motivated by opportunities to understand herself and others, and she had courage all these years to go after the unattainable and reach her goals. She realized that in order for anyone to grow, they must be willing to admit what they do not know, ask questions and take some risks. She needed to stop blaming others for the missing pieces in her education and take control of her own learning experiences. And now, this music therapy clinical instructor woman set out to discover how to teach people what she knew about teaching music therapy, that nobody else knew!

She moved to the land of academia, where she met several wise spirits who challenged her to make three wishes. Her first wish was for music therapy students to begin the journey of personal growth early in their education and training. Her second wish was for university music therapy programs to include opportunities to further develop students' awareness of self so that they can begin the journey earlier and develop into more well-rounded, depth-oriented, expert music therapists. Her third wish was for

recognition of MTPSG as a vehicle for personal growth and the development of self-awareness. It is said that the spirits could not grant her these wishes. Instead, they gave her scholarly tools and challenged her to examine the possibilities.

Research Questions

Based on the results of a pilot study, the review of literature and my experiences as a music therapy student, clinician, instructor, clinical supervisor and scholar the following research questions were developed:

1. How do senior music therapy students describe their experiences as members in the music therapy peer-support group?
2. How does the music therapy professor describe the relationship of individual students' understanding of music therapy skills and process to involvement in peer-support group?
3. Does the experience of individual participants affect their developmental level of self-awareness as demonstrated through scores on the Washington University Sentence Completion Test of Ego Development (Hy & Loevinger, 1996)?
4. How does the experience of individual participants relate to their adoption and/or development of a disposition of expertise? (Milgram-Luterman, 1997)?
5. What is the relationship that develops between group members, and do they perceive this as helpful to their education and training?

6. What is the experience of the facilitator/music therapist/instructor/researcher in this music therapy peer-support group?
7. Does the experience of the researcher-as-facilitator affect her teaching skills?
8. Does the experience of the researcher-as-facilitator affect her clinical practice?

Final Research Questions

Bruscia (1995) writes that “a qualitative focus is not a truth question or cause-effect outcome to be tested; it is the starting place from which an open inquiry will emerge” (p. 403). This suggests that it is possible for research questions to change. During the analysis phase of this study, I grappled with the vast amount of data, initially trying to address these eight questions. As will be discussed, three main themes emerged that will be explored in Chapters 5, 6 and 7. The emergence of these themes helped me to organize the findings and identify three major research questions for this study.

1. What are the perceived benefits of the MTPSG to music therapy education?
2. What is the experience of a MTPSG member over the course of ten sessions?
3. What is the role of and what are the qualities specific to a facilitator of MTPSG?

CHAPTER II

REVIEW OF LITERATURE

The purpose of this chapter is to review the literature that provided the philosophical and practical context for the methodology and analysis of this study. The first section describes the current status of undergraduate music therapy education including the debate regarding the suitability of undergraduate education and training for therapists. The second section defines self-awareness and its implications for undergraduate music therapy education and training. The third section describes experiential music therapy training including three case studies. Finally, the fourth section examines the skills of group facilitation.

Undergraduate Music Therapy Education

Undergraduate music therapy education involves study and experience in music therapy, music foundations and clinical (therapeutic) foundations (AMTA, 1999, September, see Appendix A). Music therapy core courses include music therapy principles, psychology of music and practical experience (clinical training). Music courses include music history and theory, performance on a major instrument as well as functional skills in guitar, voice, piano, improvisation and accompaniment, and music leadership. Behavioral/health/natural science courses must include psychology/sociology, human science, exceptional children and research methods.

In a study to identify specific skills and knowledge for music therapy students entering the internship (clinical training) phase of the undergraduate

music therapy degree (Petrie, 1989), professional music therapists identified 85 ideal learning outcomes listed hierarchically. Whereas most of the learning outcomes were measurable musical and therapeutic skills and knowledge, only a few described behaviors that are more subjective in nature. Of interest to this study was number 75 that stated "The student will understand and demonstrate the techniques involving self as a therapeutic tool." In a later study using the same data (Petrie, 1993), twenty-two of the original eighty-five learning outcomes were found to be perceived as ideal internship intended learning outcomes and the demonstration of techniques involving self as a therapeutic tool emerged as number 13. This seems to indicate that professional music therapists view the internship and not the university as the environment for adopting higher level therapeutic behaviors such as awareness of self.

There has been much debate regarding bachelor level music therapy training and its effectiveness in providing the appropriate skills and knowledge competencies of a therapist (Bruscia, 1989; McNiff, 1986; Scartelli, 1987). There has been a shift in the way music therapy is practiced resulting in the need to add new core courses, and at the same time, universities continue to increase liberal arts requirements (Bruscia, 1989). A distinction has developed between undergraduate entry-level practice and graduate level advanced practice (Bruscia, 1987b & 1989; Maranto, 1993; Wheeler, 1983). Bruscia (1998) summarizes the results of these studies into four levels of practice:

- (1) Auxiliary Level where music is used for non-therapeutic yet useful purposes
- (2) Augmentative Level where music or music therapy is used to support treatment
- (3) Intensive Level where music therapy serves the central role toward client growth
- (4) Primary Level where music therapy serves the primary role towards growth and leads to important changes for the client.

This scheme poses implications for the training of music therapists in terms of the undergraduate and graduate programs. Bruscia (1998) believes that, in light of the diversity and complexity of the field of music therapy, it is not possible to train undergraduate students to practice at the higher levels. He proposes that undergraduate music therapy education and training should provide students with an eclectic introduction to the many areas (various populations and settings) of music therapy practice, while preparing them to practice each area only at the augmentative level. In contrast to that, graduate music therapy education and training should prepare students to practice at least one area at the intensive level, while also imparting basic skills in research and theory.

Another criticism of the bachelor degree education is the high level of maturity and insight required to practice therapy that young undergraduate students may not possess. Still others view a problem with the accountability of the profession of music therapy as the only creative arts therapy that does

not require at least a master's degree entry level (McNiff, 1985; Scartelli, 1989).

I believe that with the appropriate music therapy education and clinical training, undergraduates can begin to develop the skills necessary for a higher level of music therapy practice. My master's thesis (Milgram-Luterman, 1997) developed a theory of undergraduate music therapy student development based on adult developmental theories (Belenky, Clinchy, Goldberger and Tarule, 1986; Perry, 1970) integrated with the process of reflective practice (Schon 1983, 1987). Skillful professional practice depends on reflective practice that is described as the ability of an individual to reflect on action and integrate knowledge into practice. I proposed that the conception of reflective music therapy thinking and practice depicts the expansion of the Self through experience that causes growth in six realms of music therapy: (1) music therapy, (2) music, (3) therapy, (4) scholarship, (5) professionalism and (6) life experience. The Self (upper case S) refers to Jung's (1934) theory of personality. The Self is an energy force from which the personality evolves. "The Self is the goal of personal growth" (Douglas, 1995).

I proposed five phases of development that music therapy students experience over the four to five years of undergraduate study. Each successive phase of development leads to new levels of self-awareness if an environment of reflective practice is provided and maintained. Common characteristics inherent in each phase are listed in Figure 1.

Figure 1.

Student Developmental Characteristics (Milgram-Luterman, 1997)

<u>Phase I. Novice Music Therapy Student:</u>
Dedicated to how to get good grades and please the teacher; Does not perceive his/herself as having a voice; Adapts views of others; Is not aware, or does not believe in her own intuitive knowledge; Does not perceive benefits of observation or experience; Does not see big picture; Limited competencies in music, theoretical knowledge, common sense, intuition; Unaware of limits.
<u>Phase II. Immersion through Observation:</u>
May not yet recognize the university setting as an environment for personal growth; Feels capable of learning (defined here as receiving and reproducing knowledge; Feels she cannot create knowledge; Has just begun to consider motivation to become a music therapist; Does not yet recognize the scope of knowledge and skills required to become a music therapist; May begin to recognize the real challenges involved in music therapy in terms of specific skills and knowledge to meet clients' needs.
<u>Phase III. Immersion through Experience:</u>
Can easily become discouraged with the realization of little promise, terrible illnesses and/or lack of means for communication of some music therapy clients; May be anxious and discouraged; Not really connected yet with the power and beauty of the music as a means for communication and growth; New awarenesses (may be painful or exciting); Begins to understand implications of various theoretical orientations of music therapy; Begins to recognize that commitment to learning is important; Begins to recognize her own personal truths and knowledge; Begins to define herself in terms of a group; Begins to recognize existence of relativistic thinking; New feelings of uncertainty.
<u>Phase IV. Immersion through Reflection:</u>
Begins to develop an ability to identify and communicate self-knowledge; Commits to finding and applying more concrete ways to learn and express knowledge; Begins to take responsibility for own growth; Begins to observe music therapy on a deeper level; Can identify clinical problems and respond to the situation with some certainty; A new ability to identify and communicate self-knowledge and knowledge of others; More independent, yet still does not yet actively search for opportunities to develop her own clinical and musical expression.
<u>Phase V. Integration of Experience into Self:</u>
Begins to contemplate how she will succeed in attaining his/her goals; Begins to formulate personal philosophy of music therapy; Commits to finding and applying more objective, concrete ways to learn and express her knowledge; Considers herself a thinker, and endeavors to expand the Self; Adopts an attitude of excitement of discovery or flow and a disposition of expertise.

Phase I is labeled *Novice Music Therapy Student*. Students operating in this phase learn best by immersing themselves into the university and music department communities. Phase II is called *Immersion through Observation*. Students operating in this phase learn best through exposure to

the music therapy community and learning to effectively observe music therapists at work using specific music therapy techniques with a variety of populations. Phase III is labeled *Immersion through Experience*. Here students learn best through immersion into the music therapy community through clinical practice. Phase IV is labeled *Immersion through Reflection*, in which students begin to develop an ability to identify and communicate self-knowledge through reflection on their clinical and other experiences. Finally, Phase V is labeled *Integration of Experience into Self*, in which students begin to commit to finding and applying more objective, concrete ways to learn and express their knowledge and skills, and apply them to the entire spectrum of music therapy practice. At this stage, they are on the road to becoming *expert music therapists* in so much as they endeavor to expand the Self.

The challenges inherent in accepting this theoretical conception are to address the needs of the students at the appropriate time throughout the process and offer opportunities to observe, experience and reflect on all aspects of the music therapy curriculum. Opportunities to observe and experience music therapy practice are currently the norm in undergraduate music therapy programs. However, opportunities to reflect on music therapy, music, therapy, scholarship, professionalism, life experience and particularly on the Self are not as easily integrated into the undergraduate curriculum.

Reflection is a skill that I learned through experience and not during my undergraduate years. An example of scholarly reflection is evident in the

recent publication of the expertise piece of my thesis (Milgram-Luterman, 1999). As I was reviewing my theory of a disposition of expertise, I realized that spirituality and relationship more accurately represented what I viewed as the part of life experience that we bring to our work as music therapists. Therefore, the theory published as a journal article has seven realms: (1) Music, (2) music therapy, (3) therapy, (4) professionalism, (5) scholarship, (6) spirituality, and (7) relationship (see Figure 2).

More recently, as I was preparing to present my theory as the stimulus for a music therapy educator's panel at the Canadian Association for Music Therapy Conference 2000 in Toronto, I realized that science should be included as a realm of music therapy expertise. This realization was due to a course that I had attended on Medical Music Therapy that I reflected on and integrated into my theory. Although I had worked in medical settings for most of my clinical career, I never perceived what I was doing as science. With the opportunity to study the science of music therapy, new awarenesses emerged. It is this process of constant growth and development as a result of new awarenesses that I perceive as operating within Phase V: Integration of Experience into Self.

Jensen and McKinney (1990) examined the current status of undergraduate music therapy education and clinical training and made suggestions for identifying competencies that reflect the developing field of music therapy practice. They found that the many attempts to develop competency lists were infected by the already existing curriculum. They

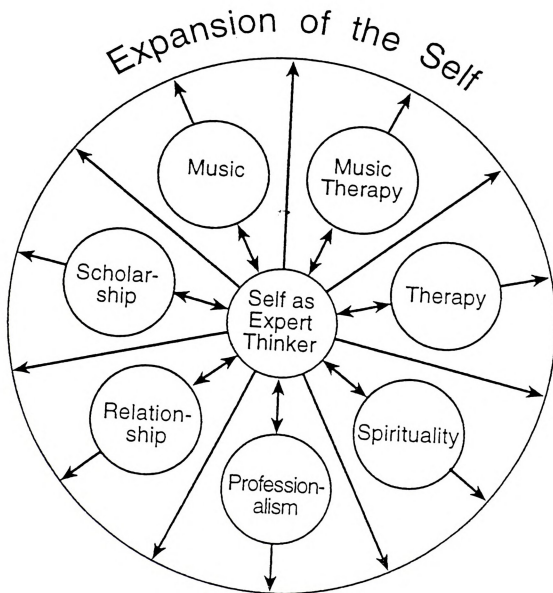


Figure 2. Expert Music Therapy Thinking as Expansion of the Self

suggested identifying and studying music therapy experts in terms of what their competencies are and how and where they developed them. Of interest to this study is one of the questions they would ask of these experts: "What therapies or growth processes have they themselves experienced and how do they relate them to their work?" As Jensen and McKinney suggest, the answers to this and other similar questions may identify important competencies as well as expand the scope of practice. The implication of this question to the present study is the recognition of personal growth experiences as important to the development of music therapists.

Self-awareness

Petrie (1993) identified three taxonomic levels of music therapy student learning that were gleaned from his survey study of undergraduate academic curriculum intended learning outcomes. Although the taxonomic levels are interesting, Petrie neglected to describe how he developed them and did not provide any references to support this aspect of his work. The first level is conceptual knowledge and the second level is the application of conceptual knowledge and the student's own ideas. Petrie refers to the third level as "affective understanding" that is defined as the student's awareness of self and social interaction. Undergraduate music therapy educators and clinical directors perceived the curriculum as meeting the needs of level one learning primarily with a balance of level two and three learning. Most important to the present study, the educators and clinical directors indicated level three higher levels of learning were being taught or how they were being evaluated.

The American Music Therapy Association's Standards of Clinical Practice (AMTA, April 1998) provides a measurement of quality of music therapy practice. The document indicates that continuing education is indicated across all specialties and may include courses in psychopharmacology, neurology, psychology, physiology, and special education. Of interest to this study, the standards specific to music therapists working in mental health recommend some form of personal counseling that is explained as "opportunities for personal growth, awareness, and self-care" (p. x/viii)

The National Association for Music Therapy's Professional Competencies (1996 [currently recognized by the AMTA], see Appendix B) list (A) Musical Foundations, (B) Clinical Foundations and (C) Music Therapy Skills and Knowledge, as essential to the practice of music therapy at the entry level. Of interest to this study are the competencies related to the Therapeutic Relationship (B13). In particular, (B13.1) "Recognize the impact of one's own feelings, attitudes and actions on the client in the therapy process," (B13.3) "Use oneself effectively in the therapist role in both individual and group therapy e.g., appropriate self-disclosure, authenticity, empathy, etc. toward affecting desirable behavioral outcomes."

As mentioned above, I have described the process of developing a disposition of expertise in music therapy as the expansion of the Self (Milgram-Luterman, 1999). Inherent in this process is the development of self-awareness. Yalom (1995) describes self-awareness as the discovery and

acceptance of previously unknown or unacceptable parts of one's self and cites it as important to clients' growth in therapy. Loevinger (1976, 1987) and Hy & Loevinger (1996) describe self-awareness as the middle level of ego development that is the transition from the conformist stage to the conscientious stage. An individual at this level demonstrates an increase in self-understanding and begins to appreciate multiple possibilities and alternatives in situations. However, this understanding is still dependent on stereotypes rather than individual differences in traits and needs (Loevinger, 1976). The ego levels that succeed the self-aware level seem to be a continuous journey of new awarenesses of the Self.

Loevinger's concept of ego development is based on Sullivan's (1953) theory of ego stability that he describes as "anxiety gating" in which maturation is motivated by an awareness of anxiety and the subsequent movement to overcome that anxiety. Loevinger describes ego development as a developmental sequence and a dimension of individual differences in any age cohort. There is no ultimate stage but only an opening to new possibilities at each new level. Her levels of ego development are (1) Presocial Symbiotic, or the stage of the infant; (2) Impulsive, or the stage where the young child is governed by her impulses and characterized by a dualistic view of "good-guy/bad-guy;" (3) Self-Protective, where the impulsive child is now aware of the existence of rules and is motivated by the concept of not getting 'caught;' (4) Self-Aware, as described above; (5) Conscientious, in which major elements of an adult conscience is present (long-term self-

evaluated goals and ideals, differentiated self-criticism, sense of responsibility); (6) Individualistic as the transition from 'Conscientious' to 'Autonomous,' in which moralism is replaced by an awareness of inner conflict, but only as partly internal. New awarenesses in this level appear as the discrepancies between inner reality and outward appearances, between psychological and physiological responses and between process and outcome. Within this level, psychological causality and development are natural modes of thought; (7) Autonomous, in which the person has the capacity to acknowledge and to cope with inner conflict in the form of and between conflicting needs and duties. The final level is the Integrated level in which there is a transcendence of the conflicts identified in the previous level and the consolidation of a sense of identity. This level is rarely attained and can be likened to Maslow's (1954) Self-Actualizing stage of development.

Yalom (1995) identifies self-awareness or self-knowledge as one of twelve therapeutic factors for group members. Magden and Shostrom (1974) developed a rating sheet for groups that examined Yalom's (1975) eight dimensions of group effectiveness: (a) catharsis, (b) group as a second family, (c) awareness, (d) group cohesiveness, (e) receiving information, (f) imitative behavior, (g) faith in the process and (h) giving and receiving help. Yalom also listed universality and altruism as important in the group process. Subsequent to the development of the rating sheet, many researchers used similar rating sheets in various forms to study particular group cultures.

Yalom (1975) listed twelve general categories that ranked in importance for group members in group therapy:

1. Interpersonal input
2. Catharsis
3. Cohesiveness
4. Self-Understanding
5. Interpersonal output
6. Existential factors
7. Universality
8. Instillation of hope
9. Altruism
10. Family reenactment
11. Guidance
12. Identification

In an early study of personal growth groups Lieberman, Yalom and Miles (1973) found that group members selected interpersonal input, self-understanding and catharsis as the most valued.

More recently, Yalom (1995) organized the group therapeutic experience into eleven primary factors that vary in importance depending on the type of group, the members and the leadership:

Instillation of hope
Universality
Imparting information
Altruism
The corrective recapitulation of the primary family group
Development of socializing techniques
Imitative behavior
Interpersonal learning
Group cohesiveness
Catharsis
Existential factors

Although this list does not list self-understanding or awareness as a curative element, it seems that self-awareness is a necessary factor to each element. It addresses the existential question of "who am I?" Yalom (1995) believes

that self-understanding promotes change by encouraging group members to recognize, integrate and offer freedom of expression to previously unknown or denied parts of themselves. He views this as liberating. However, he sees therapeutic growth as more important than the pursuit of self-understanding.

If the therapist is to be effective in helping the client towards growth, she must be self-aware. Yalom (1995) believes that "the therapist's self-knowledge plays a role in every aspect of therapy (p. 526)." If the therapist is unable to recognize her own issues, motivations and fears and the impact they have with the issues of her client then she will not be an effective therapist. He cites life experience, supervision, co-therapy and video-recording analysis as helpful feedback for the student therapist to identify new awarenesses. However, he suggests personal psychotherapy and/or training group experiences as necessary for deeper understanding and growth.

The capacity for self-awareness is the first of six basic dimensions of the human condition described in Corey's (1996) interpretation of key concepts of the existential approach to therapy.

As human beings we can reflect and make choices because we are capable of self-awareness. The greater our awareness, the greater our possibilities for freedom. Thus, to expand our awareness is to increase our capacity to live fully. (p. 173)

Experiential Music Therapy Training

Tims (1989) proposes that experiential learning is a necessary component of contemporary undergraduate curriculum to prepare students for modern practice and that music therapy students must be active learners. He suggests participation in music psychotherapy groups --organized as a

separate entity from academic classes -- as a way to help music therapy students to increase self-awareness and grapple with personal issues, as well as explore their connections with music in therapy. He believes that the academic setting is an appropriate venue for personal growth.

Bruscia (1998) defined the concept of experiential music therapy training. He describes it as an augmentative, didactic growth oriented practice. Didactic practice is one area of music therapy practice. The other five areas of practice are medical, healing, psychotherapeutic, recreational and ecological practices. Didactic practice refers to the therapist helping clients to "gain knowledge, behaviors, and skills needed for functional, independent living, and social adaptation" (p. 175). This implies that learning is a function of the process, as in using music therapy experiences with a goal towards educating, training, and supervising students and practicing therapists.

Augmentative is the term that Bruscia uses for the second of four levels of practice, where a level "describes the breadth, depth, and significance of therapeutic intervention and change accomplished through music and music therapy" (p. 162-163). Augmentative practice is supportive in which the music therapy takes on a supportive role. This does not imply that music therapy treatment is not important at this level. It does imply that music used as therapy is a unique enhancement to the client's overall treatment.

Augmentative practice is not auxiliary (the first level) in that the goals are therapeutic in nature. It is not intensive (the third level) in that the therapy is not central to the client's major treatment goals. Finally, augmentative practice is not primary (the fourth level), in that it is not the singular therapeutic intervention that facilitates changes in the client's life.

Experiential music therapy training is usually considered augmentative practice because it does not replace other types of therapy or healing that the client – in this case the student – may be involved in. The students are participating in the group as actual clients representing themselves and not role-playing as they would in class. There are goals and objectives that are formulated with the needs of the group-members in mind, and the interventions are carefully planned in a meaningful sequence.

Bruscia makes the distinction between therapy and growth, in which the latter refers to self-improvement and self-actualization and the focus is not necessarily on health issues. Also, a growth situation may or may not involve a therapist as facilitator, and the relationships formed are not therapeutic in nature. He limits the particular goal area to personal growth that meets the educational and personal needs of the students. He does not indicate any other goal area such as interpersonal: peer-support or physiological: relaxation/stress reduction.

Although he does not discuss the reason, Bruscia points out that there are usually set boundaries regarding the depth of the therapeutic process within experiential music therapy groups. Self-disclosure of significant

personal issues is not a requirement, and the facilitator does not generally attend to them within the group session. If and when an issue arises that is beyond the limitations of the group, the particular student is directed to seek outside counseling or psychotherapy. Bruscia's discussion of experiential music therapy groups is based on the limited existing literature on the subject.

Corey and Corey (1997) differentiate group counseling from group therapy. Group therapy is generally for people who seek to alleviate psychological problems, such as depression or anxiety, and is considered remedial treatment rather than developmental or preventive. The methods used are designed to encourage regression to childhood experiences, work within the unconscious realm and help group members to relive traumatic situations for the purposes of catharsis.

The particular problems found in a counseling group typically focus on personal, educational, social or vocational areas and are organized in schools, university counseling centers and community mental-health clinics with relatively healthy individuals. The goal of counseling groups is typically personal growth and the group usually determines the focus.

In a scholarly paper Hesser (1985) presents her own philosophy of teaching music therapy and describes a graduate music therapy program in relation to that philosophy. Her philosophy seems to reflect a collaborative learning environment, although she does not use the term. She views the development of music therapists as a life-long, in-depth process and

describes the environment of the university setting as an immersion into the world of music therapy.

Our community believes that continued growth – psychological, physical, mental, and spiritual – is essential for a good therapist. We see our lives as journeys of personal growth and change and believe that only in this way can we help others in their journeys and with their problems. (p. 68)

Hesser believes that opportunities for personal growth should be included in the academic program, including opportunities for self-exploration and that students must perceive peers as supportive rather than competitive. Each student's education should address his or her particular strengths and needs and instructors should be instrumental in assessing students' strengths and needs as well as facilitating the process of growth. Music making amongst peers is an integral part of the process of learning to be a music therapist. It seems that Hesser's philosophy of music therapy education and training parallels the music therapy relationship and process.

Hesser describes her program as advanced-level music therapy training that serves only graduate students. She views entry-level graduates of Bachelor programs as beginners who work at the adjunctive level (Bruscia's auxiliary level) with a limited scope of practice and "unable to practice in-depth" (p. 67).

Hesser cites three stages to her graduate music therapy program. She includes the experiential music therapy group along with music therapy, music and psychology coursework in all three stages. The content and

context of these experiences develops with the needs of the students. Clinical training also follows a developmental path from observation to practice.

Participation in what Hesser calls the “music therapy group” facilitated by a trained music therapist begins in the first stage. It is an integral aspect of this stage because students are just beginning to understand the concept of self-growth on a deeper level. Hesser attributes much of the personal growth within this stage to the group. “Music therapy groups can significantly change a student’s insights into the process and power of music therapy” (p. 71). My study sought to explore this phenomenon in terms of undergraduate education.

Personal growth groups continue into Hesser’s Stage II with an emphasis on the identification of issues including perceived limits and blocks regarding working with the problems and needs of clients. Hesser’s program involves selecting a specialized population within this stage where all of the clinical practice for a specific student will be with the client population that he or she chooses. The intermingling of personal and professional issues may surface during this process. “Since music therapy group continues during this very important Stage, the student begins to understand the process of music therapy in a much more meaningful way because of his or her own personal experience” (p. 71).

Hesser’s Stage III is intended to help the student to develop his or her personal style. There is no mention of a group experience during this stage. However, the supervision relationship is mentioned as an opportunity to

encourage “a relationship in which the student can deeply explore personal issues which arise in the clinical work” (p. 72). Although this article provides a philosophical context and briefly describes the coursework, group work and supervision experiences, there is no attention given to process.

Bruscia (1987a) describes Adult Improvisational Music Therapy (AIMT) as an approach to psychotherapy developed by Stephens (1987). Stephens initiated AIMT in the early 1970's in a psychiatric institution and continues to practice it in private practice and for student training and professional supervision in music therapy. In general, the goals of AIMT are the expansion of self-awareness and self-understanding, the opening of blocked self-expression, the expansion of coping skills, the acceptance of creativity into their lives, and the discovery of self-healing capacities. Goals specific to music therapy training also include the expansion of musical sensitivity and the development of an awareness and understanding of others' musical and nonverbal expressions.

AIMT has three stages of process. The first is developing a connection through playing music and discussion. The second is finding connections in the group members' experience with various aspects of their lives. Here the music, silence and discussions may lead to self-healing. There is a connection between group members and therapist that allows the music improvisations to lead them towards change. The last stage is the development of autonomy, in which the specific goal is to help the client to discover and continue to discover new awarenesses. Each session proceeds

from a musical warm-up to a verbal discussion. This is followed by a music improvisation intervention and discussion and ends with an appropriate closure.

Stephens (1987) describes the music therapy group as a method of training at New York University that Hesser (1985) refers to in the article mentioned above. Stephens justifies the experiential music therapy group as a method of training and supervision within a music therapy program. She cites the complexity and unpredictability of the process of music therapy, the power of the music, the individuality of the clients and therapists as typical challenges for music therapy students. With that in mind, she views the group sessions as an opportunity for students to experience music therapy for themselves resulting in improved empathy. Her approach is derived from Adult Improvisational Music Therapy (Bruscia, 1987) described above.

In order to learn the 'ways' of music in therapy, the music therapist must experience in an intimate manner, not only the elements of music but also the therapy process that emerges through and with them. (Stephens, p. 169)

Stephens mentions two types of experiential music therapy groups possible within an academic setting: the training group and the supervision group. The supervision group is more clinically and professionally oriented than the training group. However, both types of groups can be experiential in nature. For the purposes of the present study, only the information pertaining to the training group will be discussed.

The training group as experiential music therapy can "enrich learning and bring a more mature vision to the student in training" (p. 169). Although

Stephens recommends that training groups best serve the graduate student, she mentions that it may be possible for mature undergraduates to participate. She also recommends that the group parallel coursework and training so that there is opportunity to integrate the learning into the knowledge base. Group members who receive personal therapy during their tenure in the training group fare better, giving them an outlet for more personal in-depth exploration of issues that surface during the group sessions.

The training group meets weekly for one-hour sessions throughout the course of each semester and the facilitator attempts to keep the membership and leadership constant for purposes of continuity. Appropriate boundaries must be respected in terms of the limited amount of meeting times. There are usually six to eight members in the group according to class size. Group members keep logs describing their experiences that is initially more structured and later has a more open format. Within the log, they describe interventions, musical development and growth and their interpretations and reflections of the meaning of what transpires. The facilitator reviews the logs and provides the group members with feedback. Group members also write summaries two times per semester.

The content of group sessions is briefly described as having a 'here-and-now' focus, as is the case in most process groups. The issue of boundaries between learning and personal exploration is the responsibility of the facilitator. The media used is common music therapy instruments

(percussion, melodic-percussion, voice, guitar and piano) that offer opportunities for improvisation and less threatening opportunities for self-expression.

The only music therapy technique described by Stephens is improvisation. Stephens believes that improvisation is the best means of musical self-expression and interaction. The improvisation is initiated either by group members or the facilitator and is based on a theme or issue. Improvisations may be processed verbally, musically, verbally and then musically or musically and then verbally. The primary focus is on the process, which develops through typical group stages. The goal is delimited as offering students personal, first-hand experience with the process of music therapy through musical and verbal modes.

Priestly's (1975,1994) Analytical Music Therapy (AMT) is an advanced insight oriented therapy that originated in the 1970's in Britain (Bruscia, 1987). It is described as the "analytically-informed symbolic use of improvised music by the music therapist and client" (1994, p. 3). The training involves the trainee as client of an experienced analytical music therapist. In this situation, the trainee learns about the process of AMT and has the opportunity to explore his or her own issues and responses to the music and AMT. This part of the training is experienced as individual therapy, and the trainee may need anywhere from twenty to one hundred and twenty such sessions.

The second part of the AMT training is known as Intertherapy. Bruscia (1987a) reports that Priestly applied her Intertherapy approach to the training,

personal development and supervision of music therapy students and professionals. Trainees or other students work in dyads with a supervisor and practice analytical music therapy with each other. This experience is intended to provide opportunities to examine the personal issues involved in being a music therapist.

A larger Intertherapy group experience provides group members with opportunities identify and explore individual and group issues. The process begins when a group member offers an issue to discuss. The therapist formulates a title and assigns group members specific roles to improvise. Role relationships are explored through the resulting improvisation.

Like Analytic Music Therapy, the Bonny Method of Guided Imagery and Music (GIM) is an advanced music therapy model (Bonny, 1978). Unlike any of the other models and interventions described above, GIM therapists do not use improvisation. Clients listen to classical music as prescribed by the therapist in a relaxed state of mind and body with the purposes of evoking imagery. The major goal is self-actualization. The goals of GIM are generally the development of self-understanding and spiritual insight.

Clark (1987) describes a specific program that has evolved for training in Guided Imagery and Music that resembles the process of GIM. The training ultimately results in the trainee becoming a Fellow of GIM. The training involves personal experience as a client, practice sessions, readings, lectures of case studies and demonstrations to learn about the process and eventually practice the craft.

There are three phases that provide a developmental evolution to the learning. Of interest to the present study is the residential intensive training seminars. Among the many training techniques used to teach students to adopt the skills and knowledge necessary to practice is the environment of peer support as well as nurturing from the trainers. "The didactic and the experiential components weave together throughout the GIM training, providing a rich fabric of information for the GIM student" (p. 192).

Clark reports that in 1987 GIM training was offered in two graduate music therapy programs as well as through various non-academic institutes throughout North America. She states that the training is intended for mature students with more clinical or life experience because of the depth work involved. However, undergraduate students and entry-level music therapy practitioners have participated in introductory sessions.

Experiential Music Therapy Case Studies

Scheiby (1991) defines her concept of "training-therapy" as an essential part of educating master's level music therapy students. She describes the goals of this experiential music therapy work – both group and individual as an opportunity

to enable the student to experience the deepest potential of music therapy in addressing childhood traumas and other formative experiences crucial to the development of the personality, as well as more current personal issues; to provide the student with a deep understanding of the meaning of a client-therapist relationship in music therapy; to help the student discover the different ways music can be used as a tool in therapy; to reveal "blind spots" in students' self-awareness; and to help the student develop his/her own musical language, along with a framework for making musical and verbal interventions. (p. 273)

The work that she describes in this individual case study is with a music therapy student in training. Scheiby was a student of Priestly and describes her music therapy as psychodynamically based, using free improvisation in the spirit of Priestly's Analytic Music Therapy (described above). The writer as therapist/teacher identified areas of growth in the realms of personal issues, ability to use music for self-expression and clinical skills.

The client/student was described as a 27-year old woman with some personal issues (particularly her relationship with her boyfriend) and physical problems (due to an abortion) which did not appear to interfere with her academic achievement and daily life. She selected Scheiby as her therapist for this required treatment because they had a good prior relationship as student/supervisor.

The client/student's personal diary, improvisations, compositions, body language and verbalizations were used to evaluate her development. The twenty-two sessions were organized into twelve phases of treatment process that began with exploration, moved through new awarenesses regarding her musical and feminine self, coming into contact with her own resources and finally accepting the challenges of personal and professional growth yet to come. Scheiby believes that students who undergo music therapy as part of their training "can serve not only as a place for personal development but also as an experiential laboratory for gaining the insights and skills essential to becoming an effective music therapist." (p. 290)

Arnason (1998) studied the process of five professional music therapists in a series of music therapy improvisation group sessions that she facilitated. She used descriptive and interpretive analysis as the means for discovering meaningful and creative aspects of the improvisational experience that emerged from the group members' and her experience. Results included the interpretation of the significant connections between musical improvisations and the use of art as metaphor. Although her initial intention for her study was to focus on the musical experience, the evolution of the group allowed her to expand the study to include important aspects of the group process and dynamics.

Arnason's findings were described in narrative, poetry, songs and artwork and interpreted through the researcher's reflections. The story of the group process and the researcher's thoughts and feelings were used to report the findings. Arnason concluded that both the musical improvisations and the group process were helpful to the participants and to her self. She believes that implementation of music therapy groups for practicing music therapists is an important concept for the field of music therapy.

Bird, Merrill, Mohan, Summers and Woodward (1999) describe their experiences as members of a music-centered peer supervision group over a span of four years. The group was an outgrowth of a music therapy training group that they were involved in as graduate students. They hired an outside consultant, but the sessions were leaderless. They rotated various leadership responsibilities. They described a basic structure to the session organized

according to the designated leader that included a “grounding,” a “check-in” and a musical experience.

The goals of their group were personal and professional growth and they found that the process led to “an increase in professional self esteem, clarity about their workplace roles, and a stronger sense of their clinical strengths” (p. 64). They identified the musical environment and the support of their peers as the vehicle for their growth.

Skills and Qualities of the Group Facilitator

Toseland and Rivas (1984) listed three classifications of group leadership skills: (a) facilitating group processes, (b) data gathering and assessment and (c) action. Of interest to this study are the skills listed as facilitating group processes: (1) attending to others, (2) expressing self, (3) responding to others, (4) focusing group communication, (5) guiding group interaction, and (6) involving group members in the communication pattern.

Attending skills refer to the ways that the facilitator is present with group members, both physically and psychologically. Group facilitators should be able to help group members to express their thoughts and feelings freely. Toseland and Rivas believe that facilitator self-disclosure, used appropriately, may be helpful toward group member freedom of expression.

Responding skills refer to selectively supporting, amplifying or toning down specific group members' responses. Focusing skills include clarifying, repeating or limiting group members' responses to encourage exploration of issues and problems. Guiding group interactions refers to redirecting, such as

limiting or blocking certain communications or encouraging group members to speak or connect with another member. Involving group members refers to the act of facilitating interest in a specific member's issues for the purposes of the other members' identification with that issue, that member's process and solution.

Aveline cites five tasks of the leader of brief training groups for mental health care professionals:

(1) contain the anxieties of the group, (2) quickly establish a therapeutic atmosphere in the group, (3) guide the group toward issues that can be addressed in the time available, (4) guard against damaging self-disclosure and loss of self-esteem, and (5) help the group end well. (p. 197)

Corey and Corey (1997) believe that the personality of the leader influences the success or failure of a group. They list important personal characteristics of an effective group leader: (a) courage, (b) willingness to model, (c) presence, (d) goodwill and caring, (e) belief in group process, (f) openness, (g) becoming aware of your own culture, (h) nondefensiveness in coping with attacks, (i) personal power, (j) stamina, (k) willingness to seek new experiences, (l) self-awareness, (m) sense of humor, (n) inventiveness and (o) personal dedication and commitment.

Borczon (1997) cites the music along with the music therapist's qualities of presence, intuition, knowledge and common sense as the elements of successful group music therapy. He suggests that music therapists ask themselves how well they read the client's nonverbal behaviors

and examine how they modify what the client or group member is saying verbally.

Conclusions

The review of literature in the areas of undergraduate music therapy education and training, self-awareness and experiential music therapy training supports the need for personal growth in music therapy education and training. The review of literature pertaining to experiential music therapy training finds research that is theoretical in nature. Only two studies (Arnason, 1998 and Bird, Merrill, Mohan, Summers and Woodward, 1999) provide the reader with insight into the experience from the participants' perspectives (group member and/or facilitator). Both groups are comprised of professional music therapists. None of the cited studies address the needs of undergraduate students. This study seeks to address the specific needs of undergraduate students and group experiences that may be helpful in addressing those needs.

The final topic of literature in this review considered the qualities of group leaders. As the facilitator of the group being studied, I waited to review this literature area until the data collection was complete. Patton (1990) views the review of literature as an emerging process when he states,

reviewing literature can present a quandary in qualitative inquiry because it may bias the researcher's thinking and reduce openness to whatever emerges in the field. Thus a literature review may not take place until after data collection. Alternatively, the literature review may go on simultaneously with fieldwork, permitting a creative interplay among the processes of data collection, literature review, and researcher introspection. (p. 163)

I have realized over the years that although I possess the personal qualities necessary to facilitate music therapy groups for intellectually challenged clients, I have not had enough training or experience as a group-facilitator with cognitively intact people. This has been an issue for me as I have challenged myself to facilitate groups with physically disabled adults and university students. Perhaps I have blocked my ability to recognize my own leadership qualities in support groups over the years because I did not perceive them to be true music therapy skills. Perhaps not reviewing the material as preparation for the group work was part of that block.

I chose to view this study as a challenge to my own development as both music therapist and music therapy educator and ultimately to define the specific qualities needed to facilitate a MTPSG. As will be evident in Chapter 7, I have learned a lot and further developed my skills as a result of the group experience, clinical supervision and my own reflections on the process integrated with this review of the most current information on training groups and group facilitation.

CHAPTER THREE

METHODOLOGY

The purpose of this study was to examine the phenomena of a music therapy peer-support group within the context of music therapy undergraduate students' penultimate semester. I organized and facilitated ten music therapy peer-support sessions for the group during a Fall Semester at Michigan State University (MSU). This study sought to interpret group members' verbal and musical responses, examine group members' interactions, gain insight into the process from the students' perspective, and explore the development of the skills of the facilitator. These phenomena were examined through music therapy peer support group participation and observations, participant interviews, participant journals, the researcher's log, feedback from a clinical supervisor and interviews with the professor who was currently interacting with the participants. The scores from a measure of self-awareness were intended to be included as data but were not used in the analysis.

Pilot Study

In the fall semester of 1998 I conducted a pilot study to investigate the experience of MTPSG from group members' perspectives. I interviewed four music therapy students and two graduates of an undergraduate program who had been or were attending a MTPSG that I had facilitated. Four major

themes regarding the benefits of the experience emerged: (1) New understandings about music therapy clients; (2) personal and professional growth; (3) improved relationships with peers (connection rather than competition); and (4) a time and place to relax. The pilot study served as my first opportunity to reflect on the concept of music therapy peer-support groups. Previous to that, I had no idea as to how the group members had perceived the experience.

In preparation for the present study, I reviewed the data once again. The conclusions discussed below represent my reflections on that data. As I looked back I realized that all six interviewees described benefits of having participated in a MTPSG and spoke of integrating those benefits into their lives as music therapy students, interns and/or clinicians.

I selected the interviewees so as to provide insight from several different perspectives. The two interviewees who had been members of my first peer-support group and had just completed their internships at the time of the interviews reported the benefits after the experience itself in terms of how it influenced their internship experiences. I learned that they had continued to support each other, along with several of the other group members throughout their internships and beyond. Those group members with internship sites that were in close proximity to the university organized weekly MTPSG. Those who trained further away kept in contact with the group through e-mail chats. They reported that peer-support contributed to successful internship experiences. This was a meaningful finding for me as I

remembered my own internship experience as lonely and difficult without peers for support. They also reported that they would continue to seek out peer support throughout their professional careers.

The two interviewees who had participated in a MTPSG previously and were currently participating as second year seniors seemed to demonstrate increased levels of insight since their first experience. They had become leaders within the current group and seemed more self-aware. The remaining two interviewees were new to the experience and used the interview to disclose personal issues that they had not yet shared with the group. It was apparent that, although the group experience had inspired them to begin to develop new awarenesses, they were reluctant at that time to share their new insights with their peers.

My review of the pilot study findings inspired me to reflect on my own experience as facilitator. My new awareness was that experience in a MTPSG could contribute to undergraduate music therapy student development, but I was unclear as to what my role had been in the process. I became increasingly interested in my own process and the phenomena of the entire experience.

The idea for the current study was born out of my desire to examine the importance of MTPSG for developing a disposition of expertise in music therapy students and my curiosity about group-members' processes. I also recognized the prospect of studying the phenomena of the group as an

opportunity to examine and further develop my own skills and knowledge as clinician and teacher.

The eight research questions posed in Chapter 1 of this study emerged, in part, from the pilot study. The questions center around two main themes: (1) the participants' experience in and resultant effects of the group, and (2) my own process and growth as both researcher and facilitator of the group.

Study Participants

The study participants included the music therapy seniors from MSU who volunteered to attend the MTPSG, their professor (my employer), my clinical supervisor and me. Recruitment for the study was simplified by my role as graduate assistant at MSU. Prospective participants were curious about the concept and expressed an interest in supporting my research.

Senior Music Therapy Students

Eleven senior music therapy students were enrolled in the core music therapy course "Music Therapy: Mental and Behavioral Disabilities" (see Appendix C). All volunteered to participate in the group and the study. However, scheduling the sessions was difficult due to senior music therapy students' heavy academic, clinical and work responsibilities. The time slot that was selected was available to all but one student because of a conflict in his work schedule. Therefore, there were eleven senior music therapy students participating as group members in the MTPSG.

For the purposes of confidentiality, I selected pseudonyms for group members. Of the eleven participants, three were male: Brad, Jack and Peter. The female participants were Betty, Ellen, Hannah, Helen, Mary, Nancy, Sally and Tina. Most participants were in their early twenties, except for one woman who was in her late twenties and one man who was in his thirties.

The students of this senior class were identified as prospective participants because in previous years the peer-support group that I facilitated was assigned as a required activity for the senior music therapy core course. However, because this group was to be the focus of my research project, the students were given the choice as to whether they would participate or not. Senior students at this university are just beginning their clinical placements during this semester.

Student clinical placements began during the semester selected for this study as students were assigned first and second (out of three) supervised placements at the on-site music therapy clinic at the University. This new challenge typically has many implications for the need for peer-support. Four of the eleven objectives outlined on the senior core music therapy course outline seem to relate to the peer-support group environment (see Appendix D).

- To encourage greater other and self-awareness through didactic and experiential introductions to the basics of individual and group music therapy.
- To encourage assuming responsibility for one's own behavior.
- To explore and practice group and individual music therapy strategies for adults.

- To provide role-playing experiences both of doing music therapy in a variety of situations and being “done unto” by music therapy. (p. 1)

My intention was that participation in the MTPSG allowed senior music therapy students the opportunity to work toward these goals in an environment that is a separate entity from the classroom. There are no grades for the MTPSG resulting in more opportunity for healthy disclosure and reflection. Whereas classroom practice sessions and role-playing opportunities serve the purposes of learning skills and concepts, peer-support is oriented towards self-discovery and self-reflection.

Clinical supervisor

I secured the services of a music therapist to serve as my clinical supervisor for this study. Ms. Williams (pseudonym) is a music therapy clinician, part-time instructor and clinical supervisor who is not affiliated with this university. She is a Fellow of Guided Imagery in Music (GIM) and my therapist as a requisite for my own training in GIM. Her area of expertise is adult mental health.

I met with Ms. Williams three times and we had three phone meetings over the course of the research semester. My reflections from the supervision were recorded in my own journal. Entries from my own journal served as the data that evolved from our supervision meetings and were analyzed using document analysis techniques. During the analysis phase, I met Ms. Williams two times and had two telephone meetings. During meetings we listened to the session tapes for the purposes of supervision and analysis.

Professor of Music Therapy

Professor Smith (pseudonym), the instructor of the senior music therapy core course is a music therapist who has been teaching at MSU for over twenty years. In fact, he was my professor when I was an undergraduate music therapy student. This professor is also the director of clinical services at MSU and I was serving as his assistant before, during and after the research semester. As such, we had the opportunity to reflect on the progress of the participants both formally and informally.

Professor Smith participated in two interviews exploring his observations of the students regarding changes in skill and knowledge development over the course of the Fall Semester. During these interviews, we discussed how to integrate the MTPSG into the group supervision meetings required of seniors each Spring Semester. We developed a new type of supervision that we named Peer Supervision, and co-facilitated that group during the Spring Semester.

Myself as Participant

"In clinical work, there is action and reflection; in clinical research, there is an added perspective or metareflection" (Bruscia, 1995, p. 22). In that I served as both facilitator and researcher, I was also a participant of this study. In this sense, I consider this study to be action research, in that I was working directly with the group members as facilitator and I was observing my work as it happened to further inform my skill as both a clinician and an

instructor. I also studied my observations of my work as facilitator for research purposes.

It seemed natural for me to engage in this study as action researcher, because of my strong commitment to the inclusion of personal growth experiences into the undergraduate music therapy curriculum. I had already implemented and facilitated MTPSGs at MSU as part of my graduate assistantship, and I was an active member of the music therapy community. My position as assistant administrator of clinical services allowed me insight into the concerns of both music therapy educators and students.

Research Site

The study took place at MSU, a university that is well known for its music therapy program. It has an on-site clinic where undergraduate students have the opportunity to observe professional music therapists and students at work, assist and eventually work with clients. Faculty and graduate assistants who are all Board Certified Music Therapists (MT-BC) provide clinical supervision.

The MTPSG took place in the largest treatment room of this on-site clinic. I secured the space through careful scheduling in my capacity as assistant administrator of the clinic. The treatment area measured 14 feet by 14 feet and was carpeted. The space was somewhat small for twelve adults and so we sat on the floor in an informal manner. Group members often chose to lean against the walls or lie down when they so desired.

This space was convenient for several reasons. It was located in the basement of one of the music buildings so it provided easy access between classes. Music therapy instruments and materials were readily accessible in the attached observation/office area. There was a piano, a stereo system, a blackboard and a “write-on” board. Although the treatment area is traditionally accessible to observers in the observation/office area, privacy was attained by careful scheduling and posting a “keep out” sign. Finally, prospective participants were familiar with the space.

Design/Data Collection Devices

Music Therapy Peer Support Group Observations

As I was immersed in the session process as facilitator, each peer support group session was audio taped and/or video taped. An orientation meeting was held for one half hour before the first session, to describe the study, administer the Washington University Sentence Completion (see page 58 “A Measure of Self-awareness), discuss issues of confidentiality and collect letters of consent.

The orientation meeting was not taped, but the short session that followed that and all subsequent sessions were audio and video taped. All ten sessions including the orientation were held on Tuesday evenings throughout the semester from 7:45 p.m. to 9:00. There were eight consecutive sessions followed by a two-week break and concluding with two consecutive sessions. The final session took place during the last week of classes.

Individual Student Interviews

I interviewed each of the eleven group participants once during the study, using a 'micro-cassette' audio tape recorder. Interview protocols (see Appendix D) were developed after several sessions so that data collected through my logs could contribute to the interview process. I hired the services of a secretarial service to transcribe the tapes verbatim. They provided me with hard copies and floppy disk copies.

Group Interviews

A second interview occurred in the form of a focus group during the last week of classes of the spring semester, one full semester after the research semester. Due to scheduling conflicts, the focus group was divided into two sub-groups. The first focus group session was attended by eight group members and a second focus group was attended by two group members including one who had dropped out of the music therapy program at the end of the research semester. The remaining group member was more difficult to schedule and did not participate in a focus group interview.

Although the individual interviews served to provide insight into group members' experiences, they were also intended to provide group members with opportunities for self-reflection and disclosure. The focus group interviews served to clarify points made during first interviews. Both focus group interviews were audio taped and transcribed verbatim as above.

Student Journals

All 11 participants were asked to keep a journal for reflecting on their experiences, observations and reflections as group members. I requested (but did not require) group members to share their journal reflections with me. One group member (Sally) kept reflective responses and e-mailed them to me after each session. Three group members provided one or two reflective responses mostly during the beginning of the semester. I imported e-mailed journal entries and transcribed handwritten journal entries onto a Microsoft Word file within my dissertation folder.

Researcher's Log

I maintained a log of all relevant observations, interactions and personal reflections before, between and/or after, group sessions. I typed the log directly into a file that was kept in my Microsoft Word dissertation folder.

A Measure of Self-awareness

The proposal for this study included the use of the Washington University Sentence Completion Test (Hy & Loevinger, 1996) was administered before and after the series of ten sessions. The test was developed by Jane Loevinger and based on Sullivan's (1953) theory of ego development, as discussed in the previous chapter. It is a free-response, semi-projective instrument that was developed to assess ego-development level. The results designate an Ego Level score (E-Level) based on Loevinger's stages of ego development (1976).

Although originally proposed as data for this study, I found that the implementation of the test conflicted with my worldviews specific to my work

as a music therapist and to my role as a researcher. As a facilitator with a humanistic/existential perspective, I was concerned that the test would interfere with the natural process of the MTPSG work. As a researcher with a hermeneutic/phenomenological/symbolic interactionist perspective, I was concerned with the effect that the implementation of the test would have on my findings. I felt the test to be an imposition on me, the group members and on the process. Ego-development is a life-long journey and thus more appropriate to be measured in the context of a longitudinal study.

Although results of the test were not used as data for the study, responses were coded and rated by Ms. Williams and I four months after the ten sessions were completed so that this information would not infect the natural process of the group. It must be recognized that the implementation of the test during the first and last MTPSG meetings may have influenced the experience for the group members. Participation in the test may have facilitated a change in their self-awareness. Conversely, I do not believe that the scoring of the test influenced the results due to the confidentiality of the analysis.

Interpersonal Aspects of the Research

My role as researcher was to observe the process of the group. My role as facilitator was to provide an environment of musical and verbal process interventions within which group-members may experience the process of peer-support and personal growth. My goal as participant was to further develop my clinical and teaching skills.

The role of the senior music therapy student participants was to agree to be observed within the process of the MTPSG, to participate in interviews as well as participate in providing data through journal writing and the Sentence Completion Test. The role of the clinical supervisor was to provide clinical supervision regarding the researcher's clinical and teaching skills within the group as well as rate the Sentence Completion Tests. The role of the professor of MUS 470 was to participate in interviews regarding possible changes in students' participation in class.

Chronology

The following chart provides a chronology of the data collection including the sessions themselves with the themes and type of intervention.

Mid September:	_____	Confirmed human subject's consent letter approval (See Appendix F); recruited participants and scheduled session meetings.
September 21:	_____	Session #1: Orientation, Sentence Completion Test and mini-session: What is the work? And individual goal setting.
September 28:	_____	Session #2: Issues of spirituality and "Opening to the experience" improvisation

October 5: _____ Session #3: Affirmations through
 songwriting

October 12: _____ Session #4: The Journey – my song

October 19: _____ Session #5: The Invitation – a poem

October 22: _____ Meeting with Clinical Supervisor

October 26: _____ Session #6: Drumming – support &
 escape

October 27: _____ Phone meeting with Clinical
 Supervisor

November 2: _____ Session #7: Shadow and Light –
 imagery & music

November 9: _____ Session #8: Honoring Each Other
 Ceremony

November 17 – 21: _____ Most participants attended the World
 Congress of Music Therapy.

November 23: _____ No group, break for Thanksgiving

November 27: _____ Individual group members' and
 professor interviews

November 29: _____ Meeting with Clinical Supervisor

November 30: _____ Session #9: Dealing with our
 “judges”

December 7: _____ Session #10: Termination &
 Sentence Completion Test.

1

December 13: _____ Meeting with clinical supervisor

December 16: _____ Follow-up interview with professor

January through May _____ Implementation of Peer Supervision
Group

January, February & March _____ Interviews are transcribed verbatim
by a secretarial service

April 18 _____ Focus group #1 (8 group members)

April 27 _____ Focus group #2 (2 group members)

May _____ Focus group interviews are
transcribed verbatim by a secretarial
service

May 15 _____ Meeting with clinical supervisor

Ethical Review

There are potential conflicts of interest inherent in the situation of researcher as therapist. As stated in the letter to Human Subjects Committee (see Appendix E), participants “will be assured that this is a peer-support group and not a therapy group” during their initial orientation and as part of the process of the group work. The intention of this research study was to describe, not infect the natural process. My clinical supervisor was instrumental in helping me focus my intention to keep research goals from interfering with session interventions.

There are potential conflicts of interest when participants are students. During the initial orientation and consent and as part of the process of the

group work, it was made clear to the participants that there was no grade attached to this particular experience. Furthermore, it was decided that I would not serve as a clinical supervisor during the data collection semester so that I was not responsible for evaluating participants.

As reported at the orientation, the possible benefits were cited as opportunities for self-reflection, personal and professional growth, peer-support and stress reduction.

Trustworthiness

Aigen (1995) believes that carrying out a research study in music therapy is worth doing when its findings are both trustworthy and valuable to music therapists. Trustworthiness in qualitative research is the credibility (internal validity), transferability (external validity), dependability (reliability), and confirmability (objectivity) of data collection and analysis and ultimately the findings (Lincoln & Guba, 1985).

For the purposes of trustworthiness, I used the standards of prolonged engagement and persistent observation to provide the scope and depth of my experience at the research site as well as the techniques of triangulation, member checking, peer debriefing and reflexive journals (Lincoln & Guba, 1985).

Prolonged engagement

The concept of prolonged engagement requires the researcher to spend ample time in the research site to appreciate its cultural intricacies, check for perceptual errors in information and gain the trust of the participants

(Aigen, 1995). My experience with the Music Therapy Clinic at this university goes back twenty years when I was an undergraduate music therapy student here. My subsequent experiences as a music therapist, music therapy educator and music education masters student and then as a Ph.D. graduate assistant back at MSU have provided me with opportunities to reflect on the environment of the undergraduate music therapy student culture.

As undergraduate music therapy education is my research focus and a large part of my responsibilities as a teaching assistant, I have taken every opportunity to reminisce about my own experience as well as to study the present environment. I have tried to be careful not to assume that these students have the same perceptions of the experience as I do. In addition to classroom instruction, clinical supervision, facilitating group supervision and peer-support groups, I had attended some social functions hosted by the campus Student Music Therapy Club and participated in two sessions as a peer in a voluntary improvisation group. My informal and formal study of this population before the onset of the research semester had attempted to reflect each student's unique perspective.

Although I had not taught this particular group, I had met them informally at music therapy club social functions and during their required clinical observation assignments as Juniors. It is important to note that I was not, in any way, responsible for grading these students during the research semester.

Persistent observation

“Persistent observation allows a researcher to identify the most important aspects of a given setting or course of therapy.” (Aigen 1995, p. 306) My desire to enhance the experience for undergraduate music therapy students comes from my own experience as a music therapy student and my fascination with collaborative learning and reflective practice. This has led me to focus on what I perceive to be the most important aspects of the educational environment. I am interested in an education that helps students to construct their own meaning and develop self-awareness and insight. These qualities may enhance learning (Milgram-Luterman, 1997). I view the undergraduate experience as an important part of a whole education and thus chose to study it in more depth.

Triangulation

Qualitative researchers use the practice of triangulation by collecting different kinds of data and/or obtaining data from different sources for the purposes of “a holistic picture of the phenomenon” (Bruscia, 1995, p. 408). In this study, data collection triangulation was addressed through the use of personal logs, session observations, participant journals and interviews, interviews with the professor and clinical supervision.

Member checks

“This sharing of findings initiates a process in which researcher and participant can explore areas of agreement and disagreement” (Aigen, p. 306). I used the focus group interviews as an opportunity to check my

analysis ideas and preliminary inferences with the group members. They confirmed that one or two individual case studies, the process from their perspective and the experience from my perspective were appropriate analysis categories. I listened to participants' feedback and took note of areas of agreement and disagreement. "While it is ultimately the researcher's decision as to which findings are reported, it is important to consider and give weight to the participants' perspectives" (p. 306).

Peer debriefing

For the purposes of formulating new awarenesses about the research I met with a peer. "Because these sessions can also involve a catharsis for the researcher regarding feelings brought up by the research activity, we can see a parallel with the supervision session typically engaged in by therapists" (Aigen, p. 306). My clinical supervisor was helpful in the peer debriefing process. I met with her for the purposes of reflecting on analysis, for professional and personal support and to increase my own self-awareness regarding clinical, ethical and research issues. Another opportunity for peer debriefing was interviews with the professor of the senior music therapy core course regarding students' development of self-awareness.

In my capacity as administrative assistant to the clinical director, I attended staff meetings during which supervisors (my peers) discussed the progress of senior students' clinical practice. As has been the case for past peer-support groups, I was careful not to disclose any information that students presented within the group process. I was grateful for this added

opportunity to listen to issues and progress of the members of the peer-support group.

Reflexive journal

For the purposes of avoiding possible biases or preconceptions, this is a “diary in which the researcher records personal feelings, intuitions, and reactions to the research, as well as considerations that impact on methodological decisions and interpretations of data” (Aigen, p. 306). I kept a reflexive journal in much the same way that I use the subjective/interpretive portion of clinical process notes as a music therapy clinician and supervisor.

CHAPTER IV

ANALYSIS

“Qualitative data analysis is a thorough examination of data in an effort to establish meaning (Amir, 1996). As is common in qualitative research, I had more data than I could analyze and I searched to find different ways to organize it. By allowing several months between data collection and formal analysis I came to the analysis with a fresh perspective.

The structure of the analysis included seven stages:

1. All interviews were taped by me and transcribed verbatim by a secretarial service. I reviewed the transcripts and made some reflective observations in my log.
2. All journal entries were downloaded into my hard-drive. I reviewed them and made some reflective observations in my log.
3. All sessions had been taped. I reviewed the tapes and made some reflective observations in my log.
4. I became more familiar with the data and three main themes emerged:
 - a. Group members reported new awarenesses.
 - b. Sally's case intrigued me because of the contrast between her articulate journals and her participation in MTPSG.
 - c. I was motivated to explore my qualities as facilitator because of group members' perceptions of my role and my reflections of my dissertation committee's feedback regarding therapy versus peer support.

5. I accessed the NUD*IST program, imported my data in the form of interview transcripts and my log.
6. I began to code the imported data. I tried to organize the data into nodes that reflected my realms of music therapy expertise (Milgram-Luterman, 1999) and sub-nodes of the three emerging themes: "Group," "Sally" and "Me." This became confusing and I started again, this time with the nodes as the three emerging themes and the sub-nodes for "Group" and "Sally" as the realms of music therapy expertise.
7. I used my NUD*IST coding nodes, sub-nodes and sub-sub-nodes and began to write. The writing became the sole analysis tool.

The analysis of this study was an ongoing process that began with my own reflections as a result of my pilot study and ended with the last word written in this dissertation. In the analysis phase I became obsessed with the analysis, and wanted to organize yet more interviews. Many more questions arose as the categories were formed.

This chapter describes the journey that I traveled to establish meaning in this study. I began with the organization of the data, the creation of categories and then subcategories and finding links between the data. Next, there was the process of unifying and reshaping the categories. Three data sets emerged: (1) Growth of the group (2) an individual case study, and (3) my own growth. The analysis of these three emergent themes will be presented in Chapters 5, 6 and 7.

Organizing the Data

I listened to some of the tapes with my clinical supervisor during the research semester. These experiences served as opportunities to reflect on my skills as facilitator, the interventions, the topics covered and the process for my own purposes as facilitator as well as analysis for the research. I listened to the tapes again during the spring semester after the research group ended several times.

All interview transcripts, journals and my personal logs of sessions and observations were entered as separate subfolders into a folder in my Microsoft Word processor. Within each of the former subfolders were files of each interview or each journal entry. The review of my personal logs also contributed to reflection on the experience of administering the measure of self-awareness.

Once I had all the data organized in a folder on my hard-drive, I read through all interview transcripts and reviewed several session tapes in order to get a sense of what to cover in the focus group. After the focus group tape was transcribed, I read through that transcript.

I then took some time to read through my dissertation proposal and all of my documents and listen to some of the session tapes. I began to reflect on the group members' perceptions of the experience and integrate that information. Three major themes began to emerge during this phase based on the integration of my research questions and the data:

1. There were many more individual group members' new awarenesses as a result of participation in musical experiences and the whole process than I thought. The MTPSG research group had a major impact on how group supervision was organized and facilitated during the subsequent semester. Focus group reflections that compared the experiences from the two semesters revealed interesting insights into the benefits of the MTPSG. See Chapter 5 for findings regarding group experiences and group member processes.
2. Sally emerged as an interesting case study as she was the only one to provide journals consistently and she was more articulate in her journals than in the sessions. She was also more verbal in the spring semester Peer Supervision group than during the research MTPSG. Her growth emerged as a theme that I became curious about. I interviewed her one more time during the summer, just before her internship was to begin. See Chapter 6 for findings regarding Sally's process.
3. It had been my intention from the onset of this study to improve my own skills as a teacher and a clinician. It became clear as I studied my logs that I had growing pains and anxiety in relation to my skills. See chapter 7 for findings regarding my own process.

Observation of the session tapes as analysis began during the research semester with my clinical supervisor. I did not observe the tapes again until early June after I had identified the three themes described above. Each series of session observations focussed on data that reflected the emerging

themes. The first time I observed the session tapes I focussed on topics, interventions and interpersonal relationships as they related to the seven realms of music therapy expertise (Milgram-Luterman, 1999a). The second series of observations focussed on Sally's participation in the group – as she was selected as the case study example – also in relation to the seven realms. Details regarding the selection of Sally as the case example can be found in Chapter 6. The final observation focussed on my skill as facilitator concentrating on Toseland and Rivas' (1984) six facilitation skills and Corey and Corey's (1997) list of fifteen personal characteristics of an effective group leader.

Qualitative Solutions and Research's (QSR) "Non numerical Unstructured Data Indexing searching and Theory Building, Version 4" (NUD*IST 4) was used to organize and code the data.

QSR NUD*IST is a computer program package designed to aid users in handling Non-numerical and Unstructured Data in qualitative analysis, by supporting processes of coding data in an Index System, Searching text or searching patterns of coding and Theorizing about data. (QSR NUD*IST User Manual, 1997, p. 2)

My first task was to import all the data into the NUD*IST program. This process served as a wonderful way for me to take inventory, organize and review my various data. In order to import the data to NUD*IST, I had to request a floppy disc of my transcripts in Word '97 from the secretarial service. I saved them onto my hard drive and then re-saved them as 'text only' files. My own logs were in a file on my hard drive that I then saved as 'text-only' files. The student journals that were e-mailed to me had been

saved on my Microsoft Outlook e-mail program. As such, they were already in 'text only' format. The remaining few student journals were handwritten, and I typed them into my Microsoft Word '97 and saved them as 'text only.'

To import all these documents into NUD*IST I entered the program and selected 'Start a New Project.' I selected 'Documents' and then 'Import Document' from the menu bar. I then selected one of the 'text only' document files from Word '97 and clicked 'OK.' I did this for each document (referred to as a RAWFILE in NUD*IST) and each document filename was then displayed in the Document Explorer window in the form of a list.

Coding

The next task was to code the data. I entered appropriate data units (each data unit is usually a paragraph) into an index. The index is displayed as a tree that starts with the trunk and branches out. My initial feeling was that I would categorize the data by the "seven realms of a disposition of expertise" (See Figure 2 in Chapter 2) and by the three themes that had begun to emerge: (1) group process and experience, (2) individual case study of 'Sally' and (3) my own process. My first attempt began with seven main branches; each one labeled as one of my 'seven realms of a disposition of expertise.' However, it was difficult to find subgroups of the realms in terms of the emerging themes. Therefore, I tried the opposite way, using the three emerging themes as the main branches and the seven realms branching off of those. This worked for the (1) the group and (2) Sally, but not for (3) my own process (see Appendix F for illustrations of the Index Systems for the

group and Sally) No branches were found within the seven realms in relation to my own process. I then decided to use the lists of skills (Toseland and Rivas, 1984) and personal qualities (Corey and Corey, 1997) for the analysis of the third emerging theme, because they seemed to be more within the context and depth that I wanted to study my own growth.

Re-coding

After coding several journal entries and the large focus group Raw Files, I found the need to add two more branches to the seven sub-branches of the group and Sally themes. The first was the setting, as there were many references to the clinic as the setting, and the other was the Self. In the development of my theory of a disposition of expertise, I put the Self in the center as expert thinker who is expanding as the surrounding seven realms expand. The Self was therefore not included as a realm. It was considered as connected to each realm. However, group members referred to their experiences in terms of themselves and not in reference to any of the seven realms on many occasions.

This led me to consider adapting my theory for the purposes of this study, to include the Self as a separate realm. The realm of Music Therapy was not referred to as much. I felt that this was due to the fact that the group experience was about music therapy, and therefore all the other realms related to it. For the purposes of this study, then, the growing music therapy student is represented by the center realm -- as Music Therapy -- and the seven realms are Self, music, therapy, relationship, spirituality, scholarship

and professionalism. Setting is considered for analysis, but not considered as a realm.

Recording the Findings

Once I had coded about half of the data and moved and created themes, it was clear to me that the organization of the branches was appropriate, and I began to mentally analyze the data. Each of these categories seemed to be synthesized. I stopped coding and began to write the chapter on the group experience. The individual case study was written next and then the piece on my own process.

Because of the nature of the NUD*IST program, I did not have to cull, or eliminate pieces of data that did not contribute to the analysis. I simply did not select them to be coded. For the purposes of using appropriate quotes I searched through the branch of the tree pertaining to my topic and found what I felt to be the data unit that best enhanced the point I was making. I then located the selected quote in my Word folder and then exported the paragraph from the selected Word file into my dissertation document.

There was a continual evaluation of the data sets in relation to the perceived phenomenon as I reflected, interpreted and theorized to find the emerging themes. My own experiences as action researcher interacted with the analysis. There were four scholarly experiences described in my log that I reflected on during the analysis that effected the way I chose to organize the data. The first was a discussion that ensued during the defense of my proposal for this dissertation. One of the committee members voiced concern

over the fact that I may have misrepresented what I was doing with the group to the Human Subjects Committee. He stated that it seemed as if I was acting as therapist rather than facilitator and that I was conducting a psycho-therapy group with the students. At the time, I responded with a confirmation that what I intended was to teach the group members how to support each other in a peer group setting. I was secretly flattered, as I do not perceive myself as a psychotherapist and this professor perceived what I was doing as good work. However, my intention has always been to help students to come to new awarenesses for personal growth, support each other and cope with their demanding curriculum.

Upon further reflection, I decided to bring that question to the group, and it became part of the first interviews. I asked, "Do you perceive our group as therapy or peer-support? Is my role facilitator or therapist?" See Chapter 7 for the findings related to this issue.

Another experience that helped to shape the analysis of the data was a panel discussion I attended at the World Congress of Music Therapy that took place before the last two sessions of the MTPSG. The topic of the panel discussion was clinical supervision. One of the panelists described an experiential music therapy group for her students as one element of the supervision experience. As her program is solely graduate level, she could only speak of graduate student participation. She commented that although she is not familiar with undergraduate education, she doubted that an experiential group would be appropriate. I remember my body becoming

tense and warm, as I became more and more anxious. Several audience members, including me, disputed this claim explaining the needs of entry level practitioners to be self-aware and emotionally stable.

I approached her after the presentation and told her that I was doing such a group for undergraduate students. Her response was "That's OK as long as they don't get the idea that they can do what you are doing." I contemplated the meaning of this comment for days afterward. I realized that her perception was that I was doing psychotherapy with the group, just as my professor had suggested. I became even more motivated to clarify the difference in the approach that I was taking. Undergraduate students need a facilitator to help them to begin their journeys. I agree that deep psychotherapy group work within the undergraduate setting is not appropriate. I concluded that the peer support group environment is just right for the undergraduate setting, and that it was not that I did not have the skills to do psychotherapy, but that I had made a wise decision to act as facilitator rather than therapist. A discussion of the findings related to this issue can be found in Chapter 7.

Reflecting on the research group experience with Professor Smith also served as a catalyst to the analysis. As he also serves as the director of clinical services and supervision, and I assisted him as a graduate assistant, our interview became more than merely his thoughts about the process. We began to develop a plan for the group supervision experience that is required of seniors in the Spring Semester music therapy core course. He was

reluctant to make any concrete analysis about his observations, as he was ambivalent about the efficacy of the results not having any quantitative elements. However, he did admit that the group seemed to demonstrate a deeper understanding of the material and thus he suggested that maybe we could incorporate the ritual aspect of the MTPSG into the group supervision. We developed a protocol for the new peer-supervision group, and planned and implemented two groups. One was co-facilitated by that professor and me and the other was co-facilitated by a fellow graduate assistant and me. The peer-support group seemed to be more productive than previous peer supervision groups for many reasons, including willingness of group members to participate and self-disclose and we covered more relevant issues more thoroughly. Findings related to this issue can be found in Chapter 5.

Recently I was preparing for an education panel that I was chairing at a Canadian music therapy conference. I presented my theory of expertise and had the directors of the four undergraduate music therapy programs reflect on how they teach for a disposition of expertise. In my preparations, I reflected on the seven realms of experience within which I propose that expert music therapists are growing in order to expand the Self: Music, music therapy, therapy, scholarship, professionalism, relationship and spirituality. This experience helped me to solidify my theory that music therapy educators must be responsible for helping students to grow in all these realms. Furthermore, I became more convinced that the Peer Support group experience is one way to address the areas of relationship and spirituality that

are not as easily addressed within the typical academic environment. This prompted me to analyze the session tapes in relation to the seven realms. New questions arose, such as “Are the students learning about themselves in terms of their relationships and spirituality, and is this unique to this group (not available in a typical classroom or supervision experience)?” And “How are the discussions proportioned in terms of each of the seven realms?” Findings related to this issue can be found in Chapter 5.

The analysis of the individual and focus group interviews, my reflexive logs of my own observations and clinical supervision, the interviews with the group members’ professor along with a final interview with Sally all contributed to monitoring trustworthiness and assuring triangulation. The focus group also contributed to member checks, where I clarified statements from the first interviews.

Arnason (1998) likens the process of qualitative analysis to a music therapy improvisation.

As with an improvisation, there were times of playfulness and spontaneity, and moments of uncertainty and unpredictability. There were times of planning, thinking, and conscious reflection. A spectrum of emotions emerged that was intertwined with a distinct sense of movement. Throughout the study there was an underlying organic direction to the unfolding group process. (p. 18)

I was surprised to feel the same feelings of excitement and challenge during the analysis of this data that I have often felt as a participant in music related personal growth experiences.

The findings that resulted from this analysis will be communicated in a written format that illustrates aspects of the participants’ (including my own)

experiences in the next three chapters. Meanings that were derived from these experiences will be included in the narrative.

CHAPTER V

THE GROUP

This chapter presents findings related to MTPSG activity and individual group members' growth. The results of my analysis in terms of the group revealed that my reflections about the group emphasized the structure and content of the MTPSG. In contrast to that, the group members' group reflections tended to emphasize their new awarenesses.

The chapter is organized into three sections. The first section provides a description of a typical session including how participants perceived the elements of ritual and a depiction of the various musical experiences that I brought to the MTPSG over the semester. The second section provides a synthesis of each group member's reported new awareness(es) of Self and others and learning in the realms of Spirituality, Self and Relationship. The third section discusses the effect of the MTPSG on the group members' experiences in the subsequent spring semester Peer Supervision Group.

The Ritual

Each MTPSG session was structured into five main stages: "Opening," "Check-in," "Response to Check-in," "The Experience," and "Closing." These stages are the ritual that enable "the cycle of the group to connect all that is before and all that is after, and thus cannot be ignored" (Borszon, 1997, p. 25). No matter what transpired during our stressful week, we could always find solace in the ritual.

Sally: I love how we start and end the session with music. It draws us together as a musical group.

The Opening Chant

“Sound, especially the human voice is a powerful catalyst for healing and transformation. As we sound and sing, we harmonize our being, lift our spirits and dissolve our pain” (Marks, 1993). I selected the chant “Call to Spirit – Invocation Song” (Marks, 1993, see Appendix G) to open every session. I began each session with an opportunity to sing because of the healing qualities of singing and as transition from the hectic world of academia. I taught the chorus to the group and took the verses as my solo/offering/greeting to the group members.

Sally: The opening song really relaxes me and opens my mind to concentration.

In the beginning, we used lyric analysis to identify the group goals. I taught the song by rote, and the word “work” was heard differently by different group members. Nancy thought the phrase was “spirit of the world” and Jack thought the phrase was “spirit of the word.” I remember feeling that perhaps they were not listening, but it became clear that the lyrics were perceived as secondary to the melody for this chant.

Nancy: I like the opening song, even though I couldn’t seem to get the words right.

Sally: I love the key that it’s in. It just really speaks to me.

Check-in

A musical instrument was selected and passed around. The group member who had the musical instrument was to reflect on any issues of the

past week and a given theme that I suggested based on where we were in the work. The group member with the instrument was the only one to talk, play, both or pass. No response was allowed from other group members during individual check-ins. After the first group member indicated that he was finished with his check-in, he was to pass it to the person next to him.

Initial check-ins were short and filled with “I’m fine” statements. It took a while for group members to identify and then share their true feelings with the group as evinced by these journal entries that were not shared during MTPSG:

Sally: Sometimes I have trouble organizing my thought and don’t really know what to talk about when it’s check-in time but I’m trying to get a little deeper with what I say.

Helen: It was really difficult for me to focus during the improvisation. I felt too sick to be “free.”

The instrument that was passed around seemed to be more of a “talking stick” symbol rather than a useful tool for expression. Check-ins were mostly verbal and occasionally musical. Jack and Brad were the only group members to present musical check-ins and only on one occasion each.

It seemed difficult at first for group members to really hear their peers during check-in as evinced by frequent interruptions. Eventually, group members learned to hold their responses until the response to check-in. I felt that this was an exercise in listening and an opportunity to demonstrate respect and develop intimacy.

Peter: I think the rest of the group agrees that the group was intimate and we got to know each other better. We got to laugh together. We got to . . . shoot, I don't know . . . shoot the breeze.

Response to Check-in

The response to check-in was intended as the opportunity to respond to another group member's check-in or elaborate on one's own check-in.

Initially, the responses seemed judgmental as several group members suggested to each other that "you shouldn't feel that way." Eventually, response to check-in became more respectful and evolved into the opportunity for clarification and support. Brad often asked his peers to elaborate or explain their check-in.

Closing

Session closure was usually in the form of a chant or song that I felt summarized the learning for that particular session. Sometimes a larger musical experience such as Voice Work and the Drum Circle, as described below was used to close the session and at other times, there was no closure because of time constraints.

The Experiences

There were five different types of musical experiences presented during the middle stage of each MTPSG: Voice Work, Listening (including Imagery and Music), Improvisation, Songwriting and Ceremony. Also, there were times when we did not have a planned musical experience because of an extended response to check-in.

Voice Work

“Being an inner instrument of the body, the voice is at a unique and powerful vantage point for working with the self from within” (Bruscia describing Vocal Improvisation Therapy, Sokolov, 1987). Music therapists use vocal exercises as a vehicle to self-awareness towards empowerment. The voice is perceived as a reflection of the Self. The vocal exercise that I brought to the MTPSG (O’Loughlin, 1983) began with breathing, moved into humming and then singing the vowels “ah” and “ee.” With each sound that we explored, we focussed on the location of the vibrations in the body. Finally, we sang the two vowels together to form a “hayee” shout. As a group, we shouted hayee and then individuals performed solo shouts. Some group members presented loud, clear shouts that came from the power within their bodies, yet others could not get past a thin, weak, quiet sound. This experience revealed a connection or lack of connection between voice and body, and several group members became aware of uncomfortable feelings regarding the issue of using the voice in a powerful way. Most group members found the experience to be stimulating.

Brad: I came to the awareness that I feel uncomfortable speaking up in groups. When we did the ‘Hayee’ exercise for example . . . I don’t think of myself as a vocalist and I’ve always kind of stayed away from anything like that. It automatically started making me feel unnerved . . . but I just went for it!

Betty: Well, it was fun and it was body awareness. I thought back to my childhood . . . it was feel good. And it also releases tension, maybe not muscular tension but just tension that’s like yelling at somebody. You know, like you can’t always yell at the people that you want to yell at, especially in a work setting. You get in trouble for that.

Sally: I thought it was a great idea to leave on an up note after so much talking.

Listening

Music therapists typically use listening to music for physical, emotional, intellectual and/or spiritual stimulation or relaxation (Bruscia, 1991). I

presented two kinds of listening to the MTPSG: Listening with the intention of relating to the story, and imagery and music. I used the former type of listening experience during sessions #4 and #5 in an attempt to bring group members to a deeper level of thinking and feeling. During session #4, I presented my song "Sailing Away" (Milgram-Luterman, 1997, see Appendix H) that I composed during my experiences as a member of an improvisation group for professional music therapists. I was inspired to compose this song because of my initial feelings of being lost in the middle of an ocean with no land in sight and finally realizing that I was ready to take the challenge of creating my own adventure towards growth. During the subsequent session, I read the poem "The Invitation" (Mountain Dreamer, 1999, see Appendix I).

This is a poem that invites its readers or listeners to share their true selves.

Helen: Like you sang to us one time about the ocean . . . it seems like I feel like I have to do a lot in my practicum sessions and I thought that I was the only one. I can't do everything. Now the other thing is to believe it.

Brad: It (the MTPSG) made me reflect on some things that I've known but I have buried. It's good to have buried some of those things and it's good to bring them out front again. An example, which was the reflection of your song, "Sailing Away." You know, being engulfed in

the middle of the ocean, about performance and that feeling of making a mistake and what it represents.

Tina: Remember that song that I heard on the radio between sessions that I told the group that I connected with? It helped me to realize that I'm the person that always strips everything away from myself and makes me afraid of things that I don't necessarily need to be afraid of.

Music and Imagery

Over the course of the ten sessions, I presented three different music and imagery experiences to the group to facilitate thoughts and feelings about personal goals, encountering the shadow and dealing with being judged and judgmental. I am in training to use Guided Imagery and Music (GIM) using prescribed classical music to stimulate journeys into the subconscious. As I am not yet fully trained, and my intention with this group is not psychotherapy, I did not bring GIM to the group.

The method of music and imagery I used was to read carefully selected imagery scripts with my own guitar and/or vocal improvisation enhancement. I began with an invitation to the group members to relax by concentrating on their breathing, adapted from Campbell (1989) accompanied by my interpretation of soothing music that simulates breathing. Next, I set the stage in terms of where the particular imagined journey began enhancing the image with music that I perceived brought us to that place. For the journey itself, I stopped playing the guitar and/or singing because I did not want to interfere with individuals' images. When each journey was complete, I provided my own re-entry music as I invited group members to leave their

imaginations and return to the room. An opportunity for reflection on the experience followed each imagery experience.

1. The Museum Pose (Rogers, 1993): I used this experience to help group members to begin to have an awareness of where they are in their own journeys currently as well as to begin to develop their own goals. This imagery script begins in a museum where the participant sees a statue that reflects *the way I am feeling right now*. The instructions are to physically take the pose of that statue. Next, the image moves to *the way I would like to feel* and participants are to physically take that pose. Next, participants are to practice moving from the first pose to the second. The emphasis is on what is physically, mentally and metaphorically needed to move into the desired state.

2. Opening to Shadow and Light (Rogers, 1993): I use this experience to help group members to become aware of and to connect with their deeper, darker selves. The script invites individuals to imagine they are taking a walk down a hillside. They eventually come upon a cave and may enter if they choose. They encounter two doors -- one labeled 'shadow' and the other labeled 'light.' They open one of the doors and observe and/or communicate with what they see. When finished, they do the same with the other door. The emphasis here is on whether or not they challenged themselves to encounter their 'shadow' and/or 'light' and in what form they experienced it.

3. Encountering our Judges (Ristad, 1982): I use this experience to help group members to become aware of what and who they perceive as their

judges and how they are or are not affected by their perceived judges. It is a script that invites the individual to encounter their judges, feel their physical and emotional responses during those encounters and manipulate the imagined judges to take on various forms. Eventually, the script invites them to become more comfortable with their judges, accept them as part of themselves and ultimately to accept them as part of their personal power.

Hannah: I guess I don't have as much of an open mind about the music and imagery as other people. Other people saw so much and I just didn't. You know I didn't see all that much and I think I just realized that . . . I don't know . . . that they think more spiritually, I guess. When I'm listening to people talk about their images, I can understand some things that are spiritual, but I can't always picture or get to a level that they're at or how they perceive things, you know, through their religious beliefs, or spiritual, or whatever.

Tina: The music and imagery that we did . . . I really recognized that I hide my true feelings from people . . . more than I realized.

Betty: I realized that I want to get into imagery more . . . I feel more confident because of the MTPSG. That's one thing I remember in the first imagery and music is that I went from feeling very closed in my first pose into a stance of confidence in my second pose. I think I did gain confidence through the group.

Helen: During the statue music and imagery, I kind of realized that what I wanted to be was more confident in myself, I guess. I used imagery and music in several sessions.

Improvisation

Bruscia (1987) defines Juliette Alvin's Free Improvisation as an experience that

may consist of any or all attempts to create sounds or music that were not composed or written beforehand, ranging from merely sounding an instrument in different ways, or producing unorganized vocal sounds, to inventing musical themes and creating musical forms. (p. 77)

It is free in that there are no imposed musical rules, restrictions, directions or guidelines on the music produced (p. 77). Although Alvin typically worked in clinical or special education settings, I adapted the concept for the purposes of the MTPSG. I found that her use of music therapy in educational settings seemed to parallel the use of music in the MTPSG, particularly her use of free improvisation “within an instructional setting to advance learning and to develop learning skills” (p. 76). Bruscia cited the socio-emotional goals of free improvisation as opportunities for improved “communication, self-expression, identification with others, interpersonal skills, and group interaction” (p. 80).

1. Opening to the Experience

“Opening to the Experience” was the title for an improvisation that I proposed for our second session closing. Group members were requested to find instruments that they felt reflected the theme and engage in a free improvisation of their perception of that theme.

I suggested this intervention after a lengthy discussion about Ellen’s resistance to commit to the group because of her perceived religious limitations. I felt that this would provide a non-threatening opportunity for Ellen to experiment with self-expression with her peers and for the other group members to be supportive.

2. Drum Circle

During one session, Jack was the last person to check-in, and the instrument we were using was the bongo drums. He continued to tap on the drum in a quiet yet rhythmic manner throughout the unusually long response

to check-in. After we finally pointed this out to him, he explained that he had just quit smoking and that he had consumed a large quantity of caffeine before coming to the group. I decided to abandon my intended experience, moved a large table drum into the center of the room and I invited the group to support Jack in his drumming. What emerged was a ten-minute supportive, partly wild/partly heartbeat, pulsating, sometimes playful drum circle. In reflecting on it afterward, it was interesting to note that everyone contributed in his or her own rhythm and style to create a unified, supportive feeling.

Sally: I loved the free improv session that we had. I felt that we somehow connected even though we tended to play our own thing.

Songwriting

Compositional methods in music therapy have been used to identify and develop themes and document inner thought and feelings, among other objectives. Songwriting is the most common compositional method and is most often used for the purposes of self-expression and expression of feelings (Bruscia, 1991). One of the ways to write a song is to use a pre-existing song and change the lyrics. I used the song "I am Becoming You" (Michael Tierra, 1993, see Appendix J) in our third session for the purposes of developing personal affirmations and goals. I changed the original title/first line to "I am Becoming Me" to reflect personal development.

The original song is sung in five parts that are each beautiful in their own right and harmonious as an ensemble. The first part reflects the process (I am becoming me) and the next four parts invoke the elements (air, water,

fire and earth). I taught the song to the group using the write-on board for the lyrics and line-in for the melody. Group members were then encouraged to connect with one of the lines, either because of the melody, the particular element or the lyrics.

As a group, we sang the five parts together, singing parts that we connected with. This resulted in what I heard as beautiful, inspiring music. The next task was to create new lyrics of affirmations to replace parts two through five. After a lengthy, difficult process of debate and attempts to fit the lyrics to the rhythms, we came up with the following affirmations (including the original part 1):

[Part 1] "I am becoming me"

[Part 2] "Free from the stress of life" or "I am filled with the Holy Spirit"

Part 3] "I am confident, in control"

[Part 4] "I am standing strong" (2x) or "I am fun & light (2x)

[Part 5] "I am dealing with my life"

We then sang through the song with the new lyrics, each of us singing the part that we connected with most.

Nancy: I felt the activity where we all sang different parts was cool, but I started to lose interest after we were making up our own lyrics.

Sally: I enjoyed discussing the meaning of the phrases. I thought it was a good idea to make up our own verses. It seemed to draw the group together . . . The phrase "free from the stress of life" was very important to me especially on Tuesday nights because I have an incredibly long day, and I am feeling every ounce of stress possible.

Ceremony

I used an experience I call “Honoring Each Other” that I adapted from an old camp game. Each person begins with a piece of paper on which they write their name. They then pass the papers and each person writes something that they honor about the person whose name is at the top of the sheet and then they fold it over. The papers go all around the circle, until each person receives a piece of paper with their name on it with a list of statements honoring them. One of the group members in a previous MTPSG that I facilitated suggested this experience when the group was showing some personality conflicts. Although this was a great idea, I had to adapt it because one of the group members was visually impaired and could not participate in the written aspect. The adaptation for the visual challenge was to do it orally, where each group member was honored by everyone until all group members were honored. My musical adaptation was to preface each group members’ turn to be honored with a musical presentation of their name.

I decided to use this experience during session #8, because we were to have a two-week break and return to only two more sessions after that. We needed to begin to let each other know that they were respected for who they were and deserved support. Because the interviews took place shortly after that session, there was a lot of data about new self-awarenesses in reaction to others’ perceptions.

Hannah: The way people see me is basically how I see myself too. I took in what they said, but I kind of knew that about myself. Ellen said that she liked the way I showed my feelings whether they were good or

bad, like I'm not always pretending to be happy when I'm not. I don't necessarily see this as a good thing, though.

Madeline: I realize that I need to relax more. Like someone said last session that they respect that I study all the time. This is true, but I don't think that it's such a great thing. So its like this is my last year and I'm not having any fun. I'm really hard on myself about getting perfect grades. I should have had more college experiences, so to speak, like gone out more.

Tina: It's kind of interesting that people were telling me that I'm really open when I know that I hide a lot of stuff and keep a lot of things inside. That was probably the biggest real awareness.

New Awarenesses

Self

Group members learning had a lot to do with the stresses that they endured as music therapy seniors. Professor Smith cited the music therapy class curriculum as falling short on helping students to reflect on their stresses in terms of their work as future therapists.

Professor Smith: We [the music therapy program] were basically business and so I think there has always been a need because of student's questions or anxieties. In a sense maybe we denied some of them. Because students would say, "I don't know what I'm going to do about my internship." Or, "I'm scared about this or that." We would say that this is a topic for our clinical work, you know, here and now, but we usually didn't address those concerns. I guess I can't remember how important internship was. Maybe it wasn't that important to me. I didn't know any better, but kids are really . . . they really get very uptight about that.

During the individual interviews between sessions 8 and 9, group members were asked if they had any new awarenesses. Several group members initially had difficulty understanding the question and required an

explanation of the term “new awarenesses.” However, they did report new awarenesses about themselves.

Session 8 was the night that we did the “Honoring” experience and several individuals’ self-awarenesses evolved from their responses to how others’ perceived them. It seemed to me that listening to other people talk about their strengths challenged them to look at themselves through different eyes. Many of the new self-awarenesses contrasted what others had said about them.

Brad: I’m uncomfortable with group situations.

I don’t have as much of a “voice” as I would like.

Betty: I need to make my own decisions.

I’m not ready to be a music therapy student.

I don’t want to make waves.

Ellen: I’m stressed out.

Professional support is as important as religious support.

Hannah: I’m nervous being around people I don’t know well.

The MTPSG has helped me to become more comfortable with my peers.

I’m not as open or as spiritually connected as the other group members are.

Helen: I’m not as confident as I’d like to be.

I want to know me better.

Jack: I avoid getting deep.

Madeline: I'm too serious.
I need to relax more.
I have learned not to have such high expectations
of others and myself.

Nancy: I'm overwhelmed with schoolwork.
I'm a little too hard on myself.

Peter: I like making people smile.
I'm always growing.

Sally: I'm exploring my spirituality.
I need to connect with my brother.
I can be open in a group when I feel safe.

Tina: I'm my own worst enemy.
I hide my true feelings.

Spirituality

After the first session, Ellen stayed behind to tell me that she was not going to continue in the group because of religious reasons. She felt that the chants that I presented were not Christian and that made her feel uncomfortable. She was also concerned that she would be perceived as rude by group members as she tended to condemn others for their lack of faith. She stated that she receives support from Christian study groups and that she did not need to participate in the MTPSG.

I did not act on my initial reaction to defend the necessity for participation except to inform her that I had found, in previous groups, that those who were grounded in their religions had wonderful insights to share with the group. Instead, my excitement grew as I identified her reflections as the first big issue for the group. I asked her if she would be willing to bring her concerns to the next session, and she agreed.

Ellen stated her case during the second session check-in. The response to check-in was filled with questions about her beliefs and evolved into a confirmation to accept and respect Ellen for who she is from each of the other group members. Nobody openly objected to what Ellen was saying, but they did reflect on their initial reactions in their journals and personal interviews.

Helen: Ellen's religious proclamation bothered me a little bit. I understand that she's entitled to her own feelings, but she seemed a bit closed minded toward the rest of the group. It almost felt like she was trying to tell us that she didn't need us because she was part of a special Jesus club. I know she didn't mean to offend any one, but she seemed a bit offensive to me. I guess it is hard for me to understand her point of view.

Nancy: I found myself thinking a lot about what Ellen had said about the religion thing. At first I felt a little angry that she would be so exclusive. Now I feel a little sad that she would limit herself that way. It's exactly her kind of person that turns me off to Christianity.

Sally: I was really surprised when Ellen mentioned the possibility of not staying in our group because of her religion. I didn't even think religion was going to be an issue. At first I was shocked about how close-minded she was, but it's a choice that is up to her. I know I wouldn't be offended by her though. She is free to believe in whatever she wants to, and I would hope that she won't feel threatened to be around people who have other faiths.

Ellen agreed to stay in the group and eventually developed an appreciation for professional peer-support as a separate, yet complimentary entity from religious support.

Ellen: Peer support group is more work and therapy related . . . Well yeah it helps me deal with my clinic stuff and class stuff and frustrations with my therapy class and whatever other classes people have together. You can definitely tell (that it's beneficial) when people are in class together.

The discussion about this issue also inspired others to begin to think about their own connection with religion and/or spirituality and how that may or may not be integrated with their persona as future music therapists.

Helen: I was raised in a religious household also. Religion is very personal to me. My beliefs give me an inner support. Although I feel that my religious beliefs guide me they don't really dominate who I am or what I do. Religion has also never affected the way I view people. I don't really care how/if people worship a God.

Sally: As for me, I've experienced many different religions, but I don't practice an organized religion at this time. I am more spiritual than religious, I guess.

Hannah: The discussion about Ellen's beliefs kind of surprised me because I don't think of the group as being religious at all and I would never associate it with religion. But as long as Ellen doesn't push her beliefs on us then none of that will bother me. I think we are all there to learn more about ourselves.

Relationship

Although the individual group members had been together as a class for two or three years, they did not seem to feel a connection prior to the MTPSG. New relationships developed in the MTPSG and group members began to feel supported by each other.

Helen: I thought it's just been a really supportive environment and it's nice to get to know my classmates a little bit better because I've been sitting next to them for four years now. It's nice to find out that a lot of people have the same concerns and the same stuff is going on in their lives.

Madeline: I think that it's kind of nice to know that everyone else is having the same problems with their clinical placements. It's just kind of nice to know that everyone is going through the same thoughts and stuff.

Nancy: I think it [MTPSG] has brought us all closer together. I think on the whole, we all feel more comfortable letting our guard down and letting down our walls and letting our personalities come out.

Peter: I love [MTPSG]. Every time, after each session I am always in a great mood. I always feel like I am on cloud nine because it is a great feeling of acceptance and being able to connect to your peers and sharing your problems and fears as well as your joys.

The relationships that developed seemed to transfer to the music therapy class.

Professor Smith: This class has felt good. I think they like each other. I think they are concerned about each other.

Sally: Relationships are forming in the group and we are not so inhibited in class.

Helen: [The MTPSG] brought us all closer together as a class. Like we all studied together for the final together.

Ellen and Tina both reported a new intensity in their friendship that was developed in the MTPSG. Their relationship seemed to strengthen because of the similarity in their spiritual beliefs. Although they both participate in spiritual groups, this was the only opportunity for them to connect their spirituality in the context of their work.

Ellen: It [MTPSG] helped to strengthen my friendship with Tina because of our conversation after the first week (spirituality

discussion). I told her that I was kind of surprised that she didn't say anything based on some of the things she has confronted me about. She said that she had thought about it but that she was really glad that I brought it up.

Tina: It's been really neat to develop closer relationships with classmates.

Effects of MTPSG on Group Supervision

Group supervision has always been a requirement during the spring semester of the senior music therapy class at MSU. Professor Smith's intention in developing group supervision was to provide a forum for students to discuss their clinical issues with peers in an environment that simulated professional meetings. However, most of the group supervision groups fell short of this goal. My own experience co-facilitating group supervision at MSU was frustrating, because students would spend most of the time describing their clients and little time discussing issues. Furthermore, the students presented the cases and issues with no thought as to how their own involvement impacts the therapeutic relationship and ultimately the client's progress.

During Professor Smith's reflections on his perceived effects of the MTPSG on the music therapy class during his individual interviews with me, we began to talk about integrating MTPSG with Group Supervision and we developed a plan for what we named Peer Supervision. He reported that although all classes seem to have their own personalities, the students in his music therapy class seemed more insightful and connected as a group than in previous classes. He postulated that bringing the peer support aspect to

group supervision may enhance the experience. Our excitement grew as we developed a protocol for Peer Supervision. We implemented the new concept the following semester.

There were many changes to the original group. There were some new additions to the class, including two transfer students and one non-major. Other additions included the one student who could not participate in the MTPSG and two second-year seniors (who I did not include in my study). There were now sixteen students to serve and we decided to split the group up into two. Professor Smith and I facilitated one group and a fellow graduate assistant and I facilitated the other. The venues had to be changed because of schedules and both groups took place during the school day. Peer Supervision was a class requirement whereas MTPSG had been voluntary.

The focus group for this study took place after the next semester when the Peer Supervision experience had just ended. As such, many of the group members' reflections were in the form of a comparison between the MTPSG and Peer Supervision. This phenomenon allowed for a new perspective on the MTPSG, particularly in regards to its' effect on the music therapy class.

Brad: I guess I feel that because of this group last semester, it was easier to participate in this semester's peer supervision group. I kind of knew the format even though it was somewhat different. And in regards to that, I enjoyed last semester's atmosphere better.

The group members felt that the Peer Supervision group was different from the MTPSG in many ways, including the venue and the scheduling.

Brad: My wishes are to suggest that in the future that [the Peer Supervision Group] setting be in a more intimate room. I didn't feel very warm and fuzzy, I guess, in there.

Jack: I didn't like the room at all. I mean, I hated the Recital Hall. I didn't like it.

Sally: As for the room, I think the conference room is good. We were in the conference room so I thought that was better just because we could get in a circle. I thought that was a good idea. And comfy chairs.

Ellen: I kind of liked last semester's atmosphere better, but I liked having it [Peer Supervision Group] during the day. It was a scheduled class that we could account for into our schedule from the beginning of the semester.

They also felt a loss in terms of splitting the group and in the addition of new students.

Brad: Yeah, I felt very comfortable with people in the second group as well, but I don't think we touched on as deep as topics so I didn't feel that it was quite the closeness.

There was a perceived difference in depth between the two groups.

Ellen: The first semester was more personal and the second semester was more topical.

Sally: I liked the diversity of both semesters. Like the first semester was really personal and we got to know the group and everything. Then the second semester was when I really started freaking out about clients, and like the real world was coming really fast. So I thought it was kind of a relief to be able to talk about clients and get other peoples' input for that because that was on my mind constantly.

Peter: I liked both of them for different reasons. I think the rest of the group agrees that the first semester was more intimate and we got to know each other better. We got to laugh together. We got to . . . shoot, I don't know. Shoot the breeze. This semester I enjoyed because it was more subjective and, dealing with clients, we got to vent our frustrations and to receive advice from our peers.

Helen: I agree with everyone else that last semester was definitely more personal. Everyone got to know each other. This semester, it was good to talk about all the client stuff that we did. It definitely wasn't as personal or anything like that. It was a different group to me.

Madeline: I liked last semester because it was more personal, I guess so did everybody. This semester, it seemed very artificial, but it was nice to talk about clients. But I didn't feel as close to anybody because it was all surface crap that we dealt with this semester.

Lastly, there was an appreciation for how the experience with the MTPSG enhanced the Peer Supervision group experience.

Sally: I really enjoyed having the first part for me, getting to know me a bit more before putting that aside and getting to my client. I liked having both of them. I think it helped bring the group together a lot too the first semester.

Peter: Well, first of all, just going back to what we said earlier that the first semester it was more intimate and we got to know each other better. In turn, for me, that made it a lot easier to deal with everybody, to be a lot more comfortable.

Jack: I think I've been listening more to people in general. It's amazing how much I used to miss. I don't know if that's a direct result of the group or some of it I might think is because of my sessions. You know, growing as a therapist. But I'm definitely -- outside of school and with friends and stuff -- I'm listening a lot more. And I can respond much better to what people are saying -- good or bad.

Conclusions

It seems that there was much new awareness that developed as a result of participation in the MTPSG. Music and peer support seemed to be the outstanding catalysts for these new awarenesses.

Although there was growth in all of the realms of a disposition of expertise (as described in Chapter 3), new awarenesses in the realms of Self, relationship and spirituality prevailed. These are not issues that are spoken of in a typical classroom setting, yet they are issues of which music therapists

must be aware. In order to be effective music therapists, they must integrate their feelings and thoughts regarding these issues into their work.

In the regular core classroom setting, music therapy students are learning about music therapy and how to integrate the realms of music, therapy, professionalism and scholarship into their future work. However, the current curriculum may not be addressing the realms of spirituality, Self and relationship. A group such as the MTPSG could fill the void.



CHAPTER VI

SALLY

I selected Sally as a representative MTPSG case study for several reasons. She was the only group member to submit regular journals. Her journals were articulate and included descriptive reflections of her experiences and an opportunity for me to view the experience from the students' perspectives. During MTPSG sessions Sally fully immersed herself in the musical experiences but was not actively verbal. The new awarenesses that she developed seemed to emerge from the music and her private reflections in her journal rather than through verbal reflection during sessions.

Once I selected Sally as the focus of this case study, I arranged for a follow-up interview with her that took place in June. I do not typically investigate the background information related to members of MTPSGs because I want them to feel comfortable with exploring who they are and their own growth. However, I felt that it would be important for the purposes of context to provide the reader with that information. The background information included here was data that was collected through that personal interview in June.

Background Information

Sally is a 22 year-old music therapy senior at Great Lakes University. She grew up in a large city in the Great Lakes area. Her mother is a pre-school teacher, her father is a high school science teacher and she has a

twenty-five year old brother who is a musician. Although her family did not have any religious affiliation, Sally chose to attend a private Catholic school, because she was frustrated with the public school system. "I was in kind of a bad school system and the kids didn't take school seriously and I just couldn't deal with that." She describes her family as being very supportive, particularly in her pursuit of academic and musical endeavors. She perceived her family life as "open and loving," although her brother went to a boarding school for several years and they were not as close as she would have liked. She describes a recent family crisis as an experience that helped bring her family closer together.

She reports being exposed to music at a very young age. "I think I was three when I started . . . I did Suzuki everything." She began with Suzuki violin and piano and continued with piano lessons until she was ten years old. She took up the flute and began voice lessons while in elementary school. In high school she took professional voice lessons, picked up the piccolo and was active in both the choir and band programs. She was also involved in musical theatre and drama in high school and throughout her freshman year at GLU.

Sally chose music therapy as her major because she felt that she had to do something with her music. "I could not give music up for anything." At the time, music therapy seemed to be a "combination of things that I was interested in." She made the decision with careful consideration. During high school, she did some research on the field of music therapy and observed a

local music therapist at work and she did some volunteer work during her freshman and sophomore university years with another music therapist.

She realized that she did not want the lifestyle of a vocalist because it “would not be very fulfilling if I just went and performed for other people.” Her understanding was that music therapy was a way to share her music. “I feel that I needed to use the gifts that I was given for the good of other people and music therapy was exactly what I was looking for.”

Sally functioned very well in the undergraduate music therapy program. She did well academically, excelled in vocal performance and volunteered to involve herself in clinical experiences beyond what was required of the department. Although we did not know each other very well before the MTPSG, I remember seeing her quite frequently during her junior year as she volunteered to work in our professional clinic. She began her senior year eager to delve into the clinical practice and immediately volunteered for extra clinical experiences. Upon joining the group, the only personal issue that she was aware of was the stress she endured as a highly involved student.

Treatment Process

Sally was eager to participate in the MTPSG, mostly because she believed that it was important to support music therapy research. Initially, I felt as if her only goal was to help me with my dissertation and I struggled to explain to her that it was the natural work of the group that I was studying. She came to the experience with the perception that we would be working on

clinical issues. Actually, the idea of personal growth seemed to be a new idea to her.

Sally attended all ten sessions and provided me with journal entries on a regular basis. I perceived her position in the MTPSG as a quiet participant during sessions, yet articulate and thoughtful in her written journals and during our individual interviews. Her journal entries illustrated that she involved herself in every aspect of the work of the group, particularly the musical experiences. Sally had several new self-awarenesses over the MTPSG semester. Her development was interesting to witness as she integrated the learning from the group into her academic, clinical and personal life and vice-versa.

Phase One: Beginnings

Sally presented herself as responsible and committed to the group. However, initially it seemed to me that her commitment was to my research rather than to herself or her peers. In reference to several group members' absences in session #4, Sally commented, "I thought it was a good session, but I was disappointed in my fellow classmates who didn't let you know that they couldn't make it . . . They signed an agreement with you, and they need to stick to it." Her session check-ins were short and trite, usually stating that "everything is fine" or "I'm stressed, but that's OK." During this first phase she only spoke when requested.

Because of her commitment to the research, Sally submitted journals to me after every session, and her writing was wonderful to read. She had

rich insights about her learning as a result of the MTPSG – particularly her connection with the musical experiences – that she shared only through her journals and individual interviews. Her journaling began after the second session with a hand written note and followed every session through e-mail after that.

From the beginning, her writing revealed her strong connection with the music. She wrote in her session 2 journal “The opening song really relaxes me and opens my mind to concentration” and “I loved the free improv session that we had. I felt that we somehow connected even through we tended to play our own thing. I love how we start and end the session with music. It draws us together as a musical group.” and in her session 4 journal “Again, I love the opening song. It really helps me focus and I love the key that it’s in. It just really speaks to me.”

As was the case with most group members (see Chapter VI), Ellen’s check-in about her ambivalence with the group because of religious reasons inspired Sally to examine her own spiritual beliefs. Initially, she could not understand Ellen’s perspective, “I didn’t even think religion was going to be an issue. At first I was shocked about how close-minded she was, but it’s a choice that is up to her.” Sally described herself as not practicing any religion. “I am more spiritual than religious I guess you could say.”

Sally’s reflections of session 3 illustrated that the song-writing experience helped her to recognize her need to connect with the group and move into a deeper space. “I thought it was a good idea to make up our own

verses. It seemed to draw the group together. I feel that we are becoming more trusting of each other, and with time, our discussions will reach deeper into our minds.” She seemed to understand that this was going to be a process. “It is good for now to establish trust among the group members and create a safe atmosphere for everyone to contribute.”

She established her first goal during the songwriting experience with her contribution of the phrase, “Free from the stress of life.” Being free of stress “is very important to me especially on Tuesday nights because I have an incredibly long day, and I am feeling every ounce of stress possible. If there is one thing I take from this group, it will be in techniques of how to deal with my stress and life.” The stress seemed to be related to her frustration with not being able to perform all of her responsibilities perfectly as she had perceived she had always done. “This year is insane, and it really bothers me that I can’t seem to get everything done on time and the way I would like it.”

During session 4, she revisited her spirituality journey, this time with more depth. In her journal, she responded to my song “Sailing Away” by describing what she called a “lost period” in her spirituality.

Sometimes I feel like I’m just sinking into a rut in the middle of the ocean with no one to relate to. I seem to be searching for a religion of some sort, but I’m having a hard time relating to organized religion. I think going to a Catholic school is making me feel guilty about that. But, I’m still figuring things out for myself and I have a long ways to go.

The voice work experience that I used as the closing to session 4 (see Chapter VI) seemed to me to be a metaphor for Sally’s difficulty expressing herself verbally. Even though she is a vocalist, she did not produce a very

powerful vocalization. There were several group members who did not actually 'shout.' I see this as individuals who have not yet come into their voices as powerful people. It is unclear to me as to how they perceived their own sounds. Without mentioning who the 'non-shouters' were, I suggested that those who felt they had difficulty with the 'shout' reflect on possible reasons why during the subsequent week.

Sally did not seem to perceive her 'shouting' as weak. Her reflections of that experience were not related to her voice, rather the effect that the experience had on her motivation to study that night. "I thought it was a great idea to leave on an up note after so much talking. I was awake enough to get some homework done when I got home that night."

Phase II: Sally's Music Goes Deeper

I began session 5 with the poem "The Invitation" with the intention of breaking down some barriers. Although she did not mention the poem as the stimulus, Sally perceived this session as a turning point for the group. "I'm glad that we were very honest with each other and were able to express what was going on in our heads. It sounds like everyone is very frustrated with time and school and work. It's difficult to be a student!" She delved further into her stress related to her new lack of ability to get everything done, as she wants it to be done.

Right now is very stressful and I can relate to much of what was being said. I always have things planned in advance and I am a very organized person, but it's impossible to be organized this year and to plan sessions in advance. That has been my biggest stress, because I have to take things as they come and I can't plan for them. I am very uncomfortable with that.

This issue seemed to develop into a new awareness about her chosen profession that I have found many students do not understand until they are well into their internships – the uncertainty of the music therapy experience. She wrote, “It’s so hard to know what a client is going to do so you can plan activities in advance.”

It was during this session that Ellen talked about her fear of the unknown in terms of the internship. She told the group that she was concerned about possibly having to be far from her boyfriend. She was concerned about how he would figure in and, as is consistent with her religious beliefs, she admitted that nothing is more important than having a family.

In response to this Sally presented what I perceived as a much healthier attitude in terms of her responsibility to her partner. This was the first time that she shared an insight with the group without a prompt. Her comment was that communication with one’s partner throughout decision making is important. In her journal, she viewed the situation as another unknown situation that she has difficulty dealing with. “I hate not knowing what I will be doing after May. I have a serious boyfriend to consider and money is always a problem. All I can do is get as much done as I can and wait and see what happens.”

We ended this session with the same voice work exercise as the previous week and Sally offered a much louder and slightly deeper ‘shout.’

Perhaps this was an indication that she was ready to move to a deeper level in her process.

Session 6 seemed difficult for Sally in that the response to check-in was unusually long. She seemed to find more comfort in focussing on the musical, non-verbal experiences. "I thought that group was good this week but I do wish we could have gotten to your activity. I think it's a good thing to keep us talking, but we have to focus on why we are there more often." Paul requested some help with dealing with grief towards the end of the response to check in and Sally reflected on the importance of the support of the group. "I like how the group was able to help out Paul in his time of need. This seemed to help us share a little more of ourselves."

I believe that it was the result of this more verbal session that Sally came to recognize her lack of verbal participation as an issue.

Sometimes I have trouble organizing my thoughts and don't really know what to talk about when it's check-in time but I'm trying to get a little deeper with what I say. Sometimes, my life is so insane I can't verbalize all what's going on or I don't have the energy.

We ended session 6 with the drum circle inspired by Jack's incessant drumming throughout the discussion. Although Sally reflected on the personal benefits of the experience I was surprised that she did not mention the importance of it as supportive to Jack. "I LOVED the drum improv. I think that is what we needed at the end of our session together. I left there feeling refreshed and peaceful and very happy."

Session 7 also proved to be filled with new awarenesses for Sally. She was ready and receptive to the imagery and music experience, and had no difficulty describing her journey to the group. She was pleased that she was able to express herself and grateful that as a group they were able to be so open.

It was great to hear how everyone was contributing to the group. Everyone really opened up about themselves and let us know what their image was. I think if we do these insight activities more often, it may give us the opportunity to share more personal things. Sometimes it's hard for a group to just all of a sudden talk about very personal issues without a prompt.

During the session, she briefly described her image. She chose to open the light door first and felt very happy in a field of flowers. She did not hesitate to open the shadow door and was surprised to see her brother in that doorway. She wondered what that could mean, but did not elaborate with the group.

Sally expanded on her image in her journal entry:

I'm so glad we got to the music and imagery activity. It was an incredible experience for me. When I entered the light door, I saw a beautiful field full of daisies and blue sky and a warm sun. I was extremely happy there. Then I went to the shadow door and I entered it not being scared or hesitant. I first saw a shade of gray and then a figure of my brother appeared. I realized that I hadn't talked to him in a long time and I needed to call him. His image was very friendly and the good side of my brother. I think he was in the gray part because I haven't really had a chance to get to know my brother. He went to a choir boarding school in [another state] and we didn't really grow up together. Sometimes it's hard to consider him my brother rather he's a good friend. We are finally getting to know each other more now although now it's hard because this time I'm away from home. I'm hoping we can repair any damage that may have occurred from this separation.

Sally briefly mentioned this experience a few more times in subsequent sessions and in the first individual interview two weeks later. She seemed to have resolved the issue, but did not fully share the details until our follow-up interview seven months later. My question was, "You talked about wanting to do something about your relationship with your brother in response to the imagery that night. I was just wondering if you had." Her response reflected the importance of the experience.

Yeah, actually I did. I did a big thing about it. The vision of him coming to me was just kind of a wake up call to me that I haven't been in touch with him as much as I used to be. I don't know, if it's just because of college and it's hard to keep in touch with family when you're away . . . It worked as kind of a wake-up call for me and I actually called him that night after that experience and said "We need to get together." We're not as close as we used to be. We kind of talked about that for a while and that was really interesting for me and for him because he was kind of feeling the same way . . . I was very thankful for the activity that we did in the group that I was able to see him in my mind and realize that I had forgotten about him.

Phase 3: Taking it in

During session 8, the last one before we took our two-week break for Thanksgiving and the Music Therapy Conference, the group members participated in "Honoring Each Other." Group members had the opportunity to communicate what they admire about each individual. Although many group members had difficulty offering and/or receiving what they perceived as compliments, Sally did not appear uncomfortable. She presented herself as insightful and articulate. Here is the list of comments she offered to her peers:

- I love your sense of humor, everyone feels comfortable with you
- I like your contribution to the class
- I like that you're laid back, comfortable about what you say
- I love how you work with children, I get a lot of ideas from you
- You are solid and insightful. I learn about balance from you
- I like your personality. You are very free and very grounded. Very down to earth
- You are a very peaceful calm person.
- You are very willing to laugh, you have a very good positive sense about you
- You have an easy-going personality, you are easy to talk to. You always seem to know what your beliefs are.

And here is a glimpse of how Sally is perceived by her peers:

- Always positive, even when exhausted or in a bad mood, you're always laughing. Your name suits you. You are a beautiful person.
- Always happy
- Always in a good mood
- I love being around you
- You have a happy personality. You are not biased.
- You are a comfortable person. Someone you could talk to
- You are laid back, but upbeat. You blew me away in our first music therapy class with the animal song that you led. You are very talented.

- You always do a great job. You are a great role model for performance and therapy. You are not stuck up about your incredible talent.
- You are inviting and you help people.

During our follow-up discussion, I engaged the group to reflect on how they felt during this exercise. The discussion revealed that most group members had difficulty giving and/or receiving praise. Issues about studio lessons emerged as group members discussed how different teachers have different styles in terms of praising or insulting the student and it was interesting to note that different group members noted different learning environments that are or are not helpful. Sally did not participate in this discussion at all. Nor did she write about the experience, or talk about it in any of the interviews.

Sally attended session 9 even though she was not feeling well. She mentioned during her check-in that she had a bad cold and was having difficulty thinking and this affected her participation. Betty used her check-in to announce that she had made the decision to take a leave this year, but was not intending to drop out. During response to check-in group members supported her decision and offered suggestions. Sally offered validation without judgement. "I'm glad that you (Betty) figured out what you needed to do." Sally reported in her journal that she offered words of support to Betty after the session, as well.

Because of the long check-in and response to check-in, we did a shortened version of the "Judging" imagery and music. Although Sally did not

reflect on her experience during the session, she wrote in her journal that it was difficult for her to get into the imagery because, "My head was almost about to explode." Despite her difficulties, she did remember that her first image about judges was her parents and she perceived that as "pretty normal."

Phase 4: Closure vs. Final Exams

The final session took place during the last week of classes. Most group members did not perceive this as closure in that they still had an entire semester before they would end their relationships with each other. Sally used her check-in to reflect on her experience. "I enjoyed the opportunity to get to know everybody. I thought that this was a good way to spend the beginning of our last year here." Her journal revealed that she was also one of the group members who could not relate to the end of the MTPSG. "As for closure, I agree with the others that it didn't feel like we were done yet. I don't know if I'll ever experience a sense of closure with this group because I am with them so much of the day and I know that I'll still see them next semester."

It was evident during check-in that group members seemed to be preoccupied with papers and finals and so I decided to present a relaxing music and imagery. The exercise "Healing the Listener" (Campbell, 1989) suggests breathing and vocalizing the sound "ah" to bring awareness to the body. Listeners were to reflect on their experiences over the past few months in terms of good times and bad being heard and listening. For Sally, the

vocalizing seemed to get in the way of her connection with the images. After the experience, she reflected that it was difficult for her to make the sound and remain relaxed. "I was concentrating on the difficulty making the sound while lying here." However, her journal reflected that although she did not experience the imagery, she was grateful for the opportunity to relax. "The activity gave me the opportunity to relax and forget about all the major things that are due very soon. It was good to do a full relaxation at this time in the semester."

Conclusions

I came to know Sally as a wise person. She is someone who only speaks when there is something important to say. That is a quality that I have always respected in others. During the focus group interview, Sally identified her growth as a result of the support of her peers and the development of new self-awarenesses. "Well, the MTPSG has helped me to feel more confident in myself and in my professional life just having reinforcement and listening to what people have to say." While other group members used up the space and time during that focus group session with many words that did not always end in any conclusion, Sally identified her learning in a succinct manner. However, I am not sure if she recognizes her own wisdom.

From the very beginning, Sally immersed herself in the musical experiences. I realize now in retrospect that she excels as a music therapy student because of her deep connection with the music. Those who were more verbal did not seem to have as much growth as Sally. Perhaps it is

easier to use and abuse words to cover up feelings, but not so with music. During the first individual interview after session 8, I invited her to bring her insightful reflections to the group. She agreed, but did not do so. During our later individual interview, she cited her difficulties expressing herself during MTPSG as a new awareness. She realized that she is the type of person who needs to feel extremely comfortable before she could open up to others. "It usually takes me a little bit to warm up to people before I can just talk freely in front of them. That's one thing I discovered in the group." She described her growth in regards to speaking up in a group as developmental. "I thought the second semester was a bit easier for me to talk in front of them."

The positive aspect of Sally's tendency towards silence was a new awareness about the type of learner that she is.

It was because of the MTPSG and all the time I spent with my peers that I really learned about opening up. I love listening to what they have to say. I wouldn't contribute all the time because I would be so enraptured with what they had to say. But I do think my peers contributed a lot to helping me open up in a bigger group. Just being able to talk in front of them and not really thinking too hard about what I have to say and how they're going to react to everything. So, the MTPSG helped me with this new awareness about myself.

In relation to how this new self awareness may impact her work as a music therapist, Sally recognized that she would have to develop comfort with a group or client sooner in the process if she was to be an effective therapist.

Particularly if I am going to work in psychiatry in that I won't have the opportunity to see clients for an extended period of time. I'm not going to have a lot of time to warm up to them before I can really feel comfortable. So that is a new discovery that I do need to work on.

I too feel that it is important for Sally to learn to express herself in a group. However, I have learned much from the way that Sally was able to learn through active listening, to express herself with the written word and more importantly to grow through the music. To me, Sally exemplified the type of person whose insight and wisdom comes from the music. She seemed more connected with group members during the musical experiences than during verbal discussions. The feelings that emerged within and in response to the musical experiences were deep and often difficult to describe with mere words. I expect that Sally will be a good music therapist not merely because she is a good student and not only because she is a good listener, but because she connects with the music. It is the music, after all that separates us from other types of therapist. It is the music that works in partnership with us towards growth – our own, and ultimately those who we seek to help.

As is typical of music therapy seniors, Sally did not seem to understand the importance of or make the connection between her personal growth to her development as a music therapist. She did, however recognize involvement in music as important to her work as a music therapist and she reported that she was going to look for an ensemble to play with.

Discussion

Reflecting on Sally's case provided me with the opportunity to view the life of a successful undergraduate music therapy student. I believe that her

lack of verbal participation during the MTPSG is probably evident in all of her other classes. However, despite her limited verbal participation in the MTPSG her development was inspired by her connection with the music in combination with her written reflections.

I sensed that Sally was ready and open for personal growth at this time in her life. However, had she not participated in the MTPSG, she may not have made these gains. She may have remained in the middle of the ocean because there was no shore in sight. MTPSG may be a unique opportunity for the music therapy undergraduate student to recognize the shore and begin to move towards it.



CHAPTER VII

MYSELF AS PARTICIPANT

This chapter presents findings related to my own experience as the facilitator of the MTPSG as well as the researcher of this study. This is not the first time that I have facilitated a MTPSG. However, this was the first time that I have studied the phenomena of the MTPSG. I found that the research analysis helped me to observe the challenges of facilitating this group and has accelerated my own development as facilitator.

My intention was to further develop my skills and knowledge as a music therapist and teacher. However, the analysis of the data illustrated that the role and qualities specific to a facilitator are not merely therapist and not merely teacher. Therefore, I sought to explore my role and the qualities that I brought to the MTPSG in order to identify specific MTPSG facilitator qualities.

The chapter is organized into three sections. The first section provides a description of the orientation meeting/1st session. My analysis of that first session resulted in a representation of my thoughts and feelings regarding group members' initial responses to the MTPSG concept. It also provided me with the opportunity to reflect on the particular qualities necessary of a facilitator of MTPSG.

The second section is a narrative analysis of the improvisation, "Being Open" that occurred during our second meeting. I found that my experience

during that improvisation paralleled my experience as facilitator and my relationships with group members over the course of the entire semester.

The last section addresses the specific role and qualities required of a facilitator of a MTPSG in reference to group members' perceptions. The data for this analysis came from the question I posed to group members in reference to the questions, "Is it therapy or is it peer-support?" and "What is my (Joni's) role?"

Orientation and Goal Setting

All day I felt uneasy. Was I prepared? Would they show up? Would they agree to participate? Would I be understood? Heard? I didn't do much work today. I was too nervous. At the last minute I was running around buying the tapes and pencils. Typical! (Joni's Personal Log)

The orientation was scheduled for 7:30 and took place in the outer office of the clinic. Everyone arrived on time except Nancy. She did not show up at all that evening. I remember feeling disappointed, but she approached me the next day to inform me that she was attending to a family crisis. We met individually before the next session for the orientation and a brief description of the first meeting.

Carla (a pseudonym), one of my colleagues who works in our professional clinic was just finishing up in the clinic. I knew that she usually finished seeing clients at 7:30 PM, but I did not know that she typically makes her phone calls after that. She called a client's mother and talked for what seemed like an eternity. I tried to make light of the situation, but I felt angry. I

followed up with her the next day, and we agreed that I would start the group at 7:45 and that she would leave by that time.

There were not too many questions about the consent form. Jack was concerned about the journal. He felt that it may be too much work. I assured him that although it would be helpful to me, he was not required to journal to participate in the study. However, I used that as an opportunity to explain to the group the benefits of journaling both as personal reflection and as a contribution of data to my study.

There were no other questions. Everyone else was silent and seemingly agreeable. They all signed the consent forms. They all completed the Sentence Completion Tests. During the test writing, they laughed and poked fun at certain sentence stems. I rushed them along because it felt like it was getting late and I wanted to have at least half an hour of session time.

(Note: The atmosphere during the post-test was also casual and rushed because of a music therapy class assignment that students were struggling to complete before our last meeting) The instruction manual of the test stated to give them as much time as needed. I was concerned that my rushing them to finish the test and allowing for a casual atmosphere would effect the results of the test (see p. 58).

When I collected all the signed consents and completed tests, we moved into the clinic to begin the work. We had a half-hour session. My intention for this evening was to introduce them to the idea and the ritual. I began with the chant, "Spirits of the Work" as I intended to use that as the



opening for all sessions. They learned the chorus quickly and I sang the verses. The beautiful mix of voices touched me. A warm feeling came over me as we shared this music. This was so right. I forgot about my angst. A new awareness for me was that when I immerse myself in the music, I feel comfortable and secure. When the music stops, and it is my job to facilitate, my angst returns.

When we were done singing, I posed the question, "What is the work?" Once I had asked the question, I realized that I forgot to explain the check-in concept. I dealt with that later. Brad gave a succinct answer, "the therapy – our work." Paul responded with "The work is life, I guess." Betty suggested that perhaps it was "the work that we will do here, in this group." I was impressed with the depth of these answers and I was relieved that they seemed to understand the essence of the MTPSG. I then explained that this was like a check-in, but that we will do a more formal check-in next week.

We then moved on to the imagery and music experience. I selected the Museum Pose (Rogers, 1993) because I had used it many times before as an introduction to MTPSG and found it to be a non-threatening way for group members to engage in beginning to think about personal goals. I gave the instructions to get comfortable on the floor and everyone struggled to find their own space and lie down. All of a sudden, the room seemed small. There was some chatter about finding space, but finally there was silence and we were ready. I felt a great responsibility at that moment. I began to play my guitar and gave the breathing and relaxation instructions, and I began to relax

with the music. I noticed Jack having a difficult time settling down as he quietly snickered.

I looked around after describing the first pose “this is how I’m feeling right now” and noticed that most group members were responding physically but with minimal movement. The second pose “this is how I would like to feel” resulted in some physical change, but not too noticeable. I worried that they were having difficulty understanding. However, during the discussion that followed I realized that the movements that they made were internal, and that I should not have been so quick to judge their insight.

Five of the then group members shared their images. My facilitative questions were “What did you imagine?” “Describe each pose” “How did you get from the first pose to the second?” What could that mean for your own journey in terms of what your goals may be and how you will get there?” “What do you have to do to reach your goals?” and “Is there anything stopping you from moving toward your goals?”

The first group members to speak up were Ellen and Brad. Ellen referred to her images as coming from a children’s film that “was exactly the same story as your imagery script.” Both poses felt good to her, the first “cuddled up and resting” and the second “tired but I allowed myself to rest.” She seemed to be resisting any negative feelings. Brad also did not report feeling much of a difference. His first pose felt good and positive” and the second pose was the same, only “more delightful.” He described the entire experience as “feeling open.”

I sensed that both of them felt that their first pose was supposed to be more negative and that they were disappointed that they had misunderstood. I realized at that moment that the group members were being what they felt to be “good students” and answering the questions but not admitting anything that they would consider negative. I said, “Bad is good, too, you know. It’s OK to let us know if you were uncomfortable.” Some interesting responses came next.

I was most intrigued by the dark images that were in response to the breathing instructions “imagine your body as a balloon, and with each breath in imagine your body, the balloon expanding. With each breath out imagine your body releasing air from all its pores.” (Campbell, p.19). Jack said, “I imagined my head as a balloon that got so big it exploded. It was funny. I’m sorry that I laughed.” He was laughing when he described it to us, and we laughed with him. I remember thinking that the image may be a reflection of a student who had too much going on in his life, but I did not reveal that to the group. I wanted everyone to have a chance to speak, and my intention was to facilitate, not to analyze.

Betty referred to the song, “Black Balloon” that she said is “about a woman in her own little world.” She described her first pose as being “curled up in a ball on the floor” and her second pose as “strong, standing, confident.” She had to stand up and put her head up to reach her goal and stated that “It’s about opening up.” She disclosed to the group that she had “some issues” and that she was in the process of looking for a therapist as one way

to open up. I was impressed that she could reveal this to the group during the first session.

Helen reported that she remembered worrying about standing up to assume the second pose with her eyes closed. She did not elaborate. I wanted to make sure that we had enough time for the closing, so I stopped asking for reflections and clarified my intention for this imagery and music exercise. "This was an opportunity for you to begin to reflect on your goals, how you're feeling now and where you would like to see yourself in the future."

I decided to end with a chant that I call "Buddhist Chant." The lyrics are from a Buddhist blessing that came to my attention a few years ago for which I had created a melody. I prefaced the chant by thanking them for their participation in my study, and for their openness, "I think it's going to be great, interesting, rich!" I then sang the blessing as if the music was coming from my heart.

"May you be filled with loving kindness, may you be well
May you be peaceful and at ease, may you be happy."

Everyone joined in the third time and some group members started to harmonize. The sound was so pleasurable to me. I felt that we were truly "blessed." I began to sing louder and improvise the melodies and everyone else stopped singing. That felt weird, as if I imposed my own music on them and they stopped participating.

In reflecting on the singing after the session, I came to the realization that if I were to stay true to my desire to facilitate and not push the work of the



group I would have to reflect that in the music as well. The harmony of the group was dependent on equal opportunity for all voices. My best tool for facilitating growth would be to provide the grounding – both musically and verbally.

Ellen approached me immediately after the session to talk to me about her difficulties with the MTPSG as a conflict with her religious convictions. When she commented, “I do not need to or want to be open with this particular group” I felt hurt but I did not share that with her. Instead, I informed her that she is “free to bring up these issues in the group. That’s what it’s for. Being open and honest may help others to do the same.” I chose to see this as healthy resistance and I was grateful that we had our first issue!

“Being Open”

The second meeting was the first full session.

I was nervous and had been thinking about the responsibility of this project all week. This is a big project! (Joni’s Personal Log)

Before the session, I checked with Ellen to see if she was going to bring her issue to the group. She said, “Sure” and she used her check-in to do so. I was so impressed with her courage and with the subsequent support of her peers. Her peers were mostly surprised by her declared fear that she would offend group members with her religious convictions. I facilitated a ritual where group members were to report if Ellen had ever offended them. The answer was a resounding, “No.” Several group members informed her that if she would offend her, they would tell her.



The topic seemed to spark some personal reflection on the issue of spirituality. I was pleased with the process. Where else would this group of music therapy students have to tell each other how they feel about each other and discuss how they could better communicate with each other? Where else would they have the opportunity to reflect on their spirituality in terms of who they are and how that may impact on their professional lives?

The discussion turned into what seemed to me to be a verbal improvisation. Each group member provided different timbres, volume, rhythm and melodies. Together, they produced an intense harmony. I decided to bring this music to life in the form of our first musical improvisation. I announced that we would perform an improvisation called "Being Open" and I instructed group members to find instruments that would reflect that theme.

What transpired after that seems to me to be an illustration of my perception of the personalities of the group members and the relationships that developed over the next ten weeks. Upon further reflection of this improvisation, I recognized that it became a metaphor for my own reactions, thoughts, feelings and actions as a facilitator for this group. Therefore, I have decided to illustrate my reflections of the piece of music "Being Open" that was created by our group to help the reader to understand my perception of the process and my new awarenesses as a result of my participation as facilitator in the MTPSG.

First of all, I was scared. What was I thinking? I was no improvisation expert. I could think of it as courageous. Yeah – courageous. That's it. It was

my courage and my conviction that this would be a good experience for the students that brought me to this point. The idea to improvise on the title “Being Open” was a good one. All I had to do now was sit back, observe and participate in the music making. What would happen now? What if it got out of control?

The improvisation lasted 21 minutes! Overall, it felt loud and playful. As soon as I gave the instructions, I went to find the gong. I felt that with the gong I could possibly control things if they got out of hand.

Nancy went to the right side of the piano bench and invited Peter to sit next to her. She started to play the Blues in C and he followed. I wondered if she felt as if she intended to take control of this music. Nobody else was in the room. They were all off looking for instruments. They slowly came back to the room with various instruments, clusters of two or three leisurely engaging in small talk. Jack had an echo tube that he was exploring and he engaged me in conversation.

For that moment, it felt like we were students hanging out at a bar, and Nancy and Peter were providing the background music. I was sitting on the floor with Nancy on the piano bench to my right side and Jack on the floor next to me. I was playing the gong, trying to provide a macro beat. Nancy stopped playing and looked around. Peter was still playing. Nancy looked down at me and tried to engage me in her playing. At that moment I felt as if she was trying to control me. I wanted to tell her that I was busy trying to



make sure everything was going well. I had no time for her. She seemed to be able to take care of herself. I didn't respond to her.

Jack noticed Ellen coming into the room with a pianica and said, "What's that?" Ellen proceeded to blow as loud as she could and the sound she produced was overpowering and unpleasant to me. Was I being judgmental? Was she trying to get us to react to her? Nancy gave up on me and tried to respond to Ellen's imposing sounds. Everyone else had settled into their own rhythmic percussion instruments, exploring the various sounds. Where was this going? I was hoping that everyone was involved in some way. I was hoping that nobody was apathetic about the experience.

Jack was making faces as if to indicate that he didn't want to use the echo tube any more. Oh, no. I forgot to tell them that they could change instruments any time they wanted to. Did I have to? I assured Jack that he could get another instrument. He got up to explore other choices. There was an "oriental" sound to the music now. The rhythm was a disorganized alternation of long and short drum and bell sounds. The scale on the melodic instruments was a five note scale that moved from the tonic up a major 2nd to the next note, up a minor 3rd, up a major 2nd, and up one last major 2nd. This is known as the First Form Chinese Pentatonic scale (Robbins & Robbins, 1998). I got up to retrieve the metalophone thinking that I could help to bring some order to the music, harmonically and rhythmically. On my way out I heard Ellen playing a First Form Chinese Pentatonic theme on the pianica and some loud, interesting laughter that seemed to be part of the music.



I tried to engage Ellen with her pianica and we played together a bit. I was extremely aware of how much mellower the metolophone sounded compared to the pianica. Ellen began to play "Twinkle, Twinkle Little Star" and I joined in with her. She then started to play "Three Blind Mice" and all of a sudden there was a cacophony of sounds. Everyone was playing louder and faster. I heard a twinkling chime, a percussive piano and laughter. Now it sounds like a traffic jam. The pianica was the horn as if Ellen was saying, "Come on. Get out of my way! Let's get on with it."

Quieter now. There's a kind of "Sentimental Journey" feel to the music. Oh no. More loud clusters of Ellen's pianica and now Nancy and Peter are responding to her with loud clusters of their own. I hear a whistle. I'm not sure who it is, but it feels like a traffic cop saying, "Settle down, drivers!" There's a moment of quieter music mixed with verbal conversation. Peter starts to play the base line of the "Peanuts Theme" and Nancy responds with the theme. I'm impressed with her ability to do that as the rest of us provide the percussive accompaniment. The rest of us are holding the space. There is no sign of the pianica. Ellen appears with a red scarf and begins to dance around the room. Jack returns with the temple blocks. The music escalates to a rhythmic frenzy followed by a gradual slowing down.

Nancy stopped playing the piano and went out to find another instrument. Peter stopped playing the piano and started tapping the piano bench. Could he not play without her? Nancy returns with a snare drum. There is no more pianica sound, but now Ellen has an accordion! It produces



that same annoying sound! I returned to the solace of my metalophone, playing a repeating slow, downward scale. I'm not sure if the music was actually quieter, but I felt quieter.

I looked at the clock. We had to end soon. I didn't want to end and not have the opportunity to reflect on this experience. But we didn't talk about how it would end. I didn't give any instructions about ending. I hit the gong. Nobody responded. I returned to the metalophone to think about what to do. I tried another tap on the gong. Again there was no response. However, the music in the room sounded more together. I became more percussive with the gong as if to say to the group, "Yay, we have finally come together." Still, I had to stop the music. I hit the gong one more time. Still no response. Finally, I sang as loud as I could "We have to stop."

Little by little the music became quieter. Nobody just stopped immediately. That lounge-like casual feeling returned. Finally, there were only the sounds of people chatting. I asked if anyone would like to say anything about the experience, and we had a short discussion. Betty noticed that everyone had been smiling at some time during the improv. Oh, how she wanted everyone to be happy. Nancy remarked that for a group of such accomplished musicians, we certainly were not making cohesive music. She was always the critic. Peter responded that he felt that there was cohesiveness at times. He always looked for the positive. Ellen mentioned that she could not hear Brad playing the guitar. She could always be depended on to challenge us. Brad responded that he recognized that he felt

comfortable not being heard, as it reminded him of his experience as a nightclub musician. He could always find a new awareness.

I worked toward synthesis and closing as I said, "This was certainly a group effort. Everyone played each in their own way and together we produced interesting music." Then I asked them if it felt "open" as we had intended. Peter felt that we were free because we were expressing ourselves. Ellen believed that it was free because we didn't pay attention to the quality of the music. It was not following any musical rules, so it was open. Her perception was that other improvisation methods usually impose certain music-related rules. "They tell you what you are supposed to do it." I didn't understand that. It sounded like a judgement. It was as if she was judging other music therapists. I suggested that "perhaps keeping it open is like an exercise in playing with our judges."

It occurred to me that up to this point nobody mentioned any negative aspects of the experience. I invited group members to talk about any unpleasant reactions to the music. Ellen felt that it was not productive except that it was fun. She seemed to be concerned about what she perceived as her own child-like tendencies. She loved to work and play with children, but she perceived this as a lack of maturity. I asked her if having fun was allowed. She responded affirmatively.

Nancy remarked that this was more fun than Jazz Improvisation class because there was less pressure here. The discussion broke down at this point, into a complaint session about the pressures group members had felt



about certain music teachers. I felt uncomfortable about this particularly because we didn't have time to get past their complaints about their teachers to the real issues of lack of confidence and performance anxiety. I intervened and ended with a performance of my Peer Support song (Milgram-Luterman, 1997). I felt that this was a good way to frame what the possibilities were for this group. I also knew that there had to be a good ending, and I tend to feel more comfortable ending in the music.

Helen, Sally, Hannah, Tina and Madeline did not participate in the discussions. I also don't remember much about what they did during the improvisation. This was reflective of my perception of their participation throughout the ten sessions. However, Helen, Sally and Hannah reflected on the experience in their journals.

Helen admitted that she wasn't feeling well and that she was "too sick to be free. I tried to pretend that I felt fine so my negative energy wouldn't effect the group." That seemed to be a big responsibility for Helen. Sally reported that she loved the improv session. She wrote, "I felt that we somehow connected even though we tended to play our own thing." Hannah mentioned that experiences such as the improv could draw us closer together as a group before graduation. No one else had mentioned connecting as a group. I wish that they had brought that to our attention during the session. Nancy also submitted a journal that week. She wrote, "The free form jam got kind of loud, but it was cool." Finally, someone who admitted that it was loud.



Each of the voices in this MTPSG was different. Some were loud and showy. Others were quiet yet strong. There were also those who rarely spoke. They performed their music in quiet unassuming ways. As an ensemble, we were a powerful sound. Individually, we all learned about ourselves. I felt that perhaps my role was that of the conductor – the type of conductor that helps musicians to interpret the music themselves. In my own experience in school and community orchestras, this was the type of conductor that I was drawn to. I froze if the conductor was the type to scream and threaten. I lost my imagination if the conductor was the type to impose her interpretation on us in too much detail. I cringed at the type of conductor who was always critical. I blossomed with the type of conductor who shared the responsibility of the music, yet provided us with the comfort of her support.

Participants' Perceptions of Me as Facilitator

Although I intended to be the consummate facilitator, I often grappled with exactly what my role of facilitator was. Although I am a music therapist I did not want to be the psychotherapist, because I did not feel that it was ethical. Although I am a music therapy educator I did not want to be the teacher, because what I wanted students to learn skills and think about issues that were not conducive to the classroom setting. Although I am a musician, I did not want to perform for them, because that might stifle their own growth. I wanted to make music with them. I had to create a new role as facilitator for



this new concept of MTPSG. During her individual interview, Helen demonstrated what I believe to be a clear understanding of my role.

Helen: I don't feel like you're really giving us therapy so much as making us have it. Because you're not really ever specifically saying anything like "you have a complex." You just kind of pose unbiased questions.

By virtue of the fact that I arranged to have a clinical supervisor for this study, one may think that I was acting as therapist. However, I viewed her as more of a coach as we analyzed my group leadership skills. There were often times that I complained to her that I had missed an opportunity to bring an issue to a group members' attention. She reminded me that my job was to help them to learn about being in a group and help them to begin to think about their own growth. This was not accomplished by constant attention to issues, but by helping them to figure things out for themselves. She said that she had learned a lot from supervising me that she would bring to her own job as clinical supervisor. My problem is that although I listened to her praise, I doubted that she was right. I assumed that she was merely being polite. However, Ms. Williams is known to be the type of person who "tells it like it is" so I eventually learned to hear the praise.

By virtue of the fact that I interviewed the music therapy professor who was teaching the group members during the MTPSG semester, one might think that I was acting as teacher. However, I was most concerned with how students' experiences in the MTPSG effected their music therapy learning. What evolved from our meetings was a new opportunity to facilitate a peer

supervision group. Ronald was intrigued by interpersonal developments of his class and wanted to bring the idea to supervision. I believe that my experiences with the group members of the MTPSG helped me to provide a stimulating environment for group supervision. Also, Ronald and I worked well as a team together during group supervision. I feel that this was due to the fact that we had spent so much time analyzing the concept. Also, I grew to respect his facilitation skills and I sensed his support of mine.

I brought the question, "Is it therapy or is it peer support" to the group members after the eighth session during personal interviews. Eight group members described my role as part of their answers to that question. Four of them saw my role as a balance of therapist and peer.

Betty: You're the instigator. You're the one that says, "Mmm, you know, they probably need to do this, so I'll bring this up." And you're just kind of like the flint. You start something and then you let it progress where it would go. I think that we developed a relationship with you but I think more so we developed our relationships with each other. I think our relationship with you is based on the fact that you start things, you bring insight to the group and that would further our discussion and understanding.

Helen: When you sang your song about the feeling like you're in the middle of the ocean I felt as if you were one of us. You were letting us know you more. But then the therapy aspect would be you're there and you guide us through a lot of things and you do a lot of motivational thinking things like imagery and music. You guide whatever we're doing into a certain direction.

Hannah: I almost think it is more peer support because you're not totally leading. You're there, you start it off, but almost every time we get into discussions and half the time you don't say anything and it just ends up being us helping each other out. I've never really thought of it as therapy. More [like] peer support.

Sally: I see you as a guide, not as the therapist. I think you are a guide to present different opportunities for us to explore.

Three group members felt that the group was more peer-facilitated.

Madeline: It's more run by us and you're just kind of there to help us along.

Jack: You didn't do much leading. You were just kind of there observing it. And once in a while you would initiate conversation or topics.

Nancy: Your role is to coordinate things. To be sort of an outside observer and take data on how we can support each other as peers in a structured group session.

Finally, one group member admitted her frustration with the confusion surrounding my role.

Ellen: There's a role that you have that's not really part of the group because a lot of times you share with us and you're facilitating us. So that's kind of like a mixed signal on your role. Are you in the group or out of the group? Are you leading or are you one of us? Just by virtue of what you're doing – that's kind of a fine line that you're on. Sometimes we [I] would like to hear what do you think. But you know that may also come from my whole academic performance thing where I need to know the right answer. Even though I don't necessarily take what a teacher says as the right answer, I need to know what you perceive is the right answer because you're the one that's grading us. I know you're not grading us. But even though you're not grading us you're facilitating this so what do you want us to get out of it? Maybe that's the reason why you can't do that [tell us what to do], but I've noticed that often. That is really an issue for me.

Conclusions

The concept of MTPSG is new to undergraduate music therapy education. As such, the role and qualities of the facilitator of MTPSG must be clarified. I have found my role has been that of facilitator in the sense of somebody who supports and facilitates but does not analyze. The participants

of this study perceived me as peer, teacher and initiator. The experiences that I brought to the MTPSG were derived from my experiences as music therapist, but not psychotherapist, and served as the catalyst for new awareness.

In reference to the facilitation skills outlined by Toseland and Rivas (1984): (1) attending to others, (2) expressing self, (3) responding to others, (4) focusing group communication, (5) guiding group interaction, and (6) involving group members in the communication pattern, the findings reveal that I have used these skills effectively.

I have attended to group members by being with them in the music. I have expressed my own thoughts and feelings with the group members through the performance of my own reflective songs. Although I have responded to group members' responses by supporting them, I did not engage in the therapeutic skills of amplifying or toning down. I did not feel that that would be appropriate in my role as facilitator.

I focussed group communication during verbal reflection discussions by clarifying or repeating, but I did not limit group members' responses toward deeper exploration of issues and problems. My goal was for group members to come to a new awareness and reflect on that awareness. Delving deeper into that reflection would be a step that they would have to take on their own, with a therapist and/or through continuing professional education. I felt my job was to help them toward a new awareness as a catalyst for pursuing the type of personal work that they would have to do as future music therapists.

I believe that I guided group interaction through the musical experiences that I brought to the MTPSG. I worked at involving group members in the communication pattern more in the beginning stages (i.e., directing group members to respond to Ellen's fear of appearing insulting to others). Eventually, the group seemed to operate as a unit of peers, interacting effectively both in and out of group meetings.

It has been interesting to reflect on my personal qualities as a facilitator in reference to Corey and Corey's (1997) list of personal characteristics of an effective group leader: (a) courage, (b) willingness to model, (c) presence, (d) goodwill and caring, (e) belief in group process, (f) openness, (g) becoming aware of your own culture, (h) nondefensiveness in coping with attacks, (i) personal power, (j) stamina, (k) willingness to seek new experiences, (l) self-awareness, (m) sense of humor, (n) inventiveness and (o) personal dedication and commitment.

I believe that it took a lot of courage on my part to implement and study this MTPSG. I faced my fear of group facilitation, choosing to view it as an opportunity for my own growth. I perceived myself as willing to model support with the intention that group members would learn to support each other – and they did. I tried to be as present with them as I could but I also chose to hold myself back so that they could be more present with each other. I feel that my goodwill and caring attitude was the catalyst for group members to feel comfortable in the MTPSG setting. I believe strongly in the concept of



opportunities for personal growth for undergraduate music therapy students and the strength of the group to facilitate that development.

This opportunity to study the phenomena of the MTPSG allowed me to reflect on my own challenges to be more open and continue to develop my awareness of how my own culture impacts my work. As an undergraduate student, I felt my own religious and socioeconomic culture to be different from that of my peers and that set me apart from them. However, I learned through this experience that my religion or my socioeconomic status does not necessarily bind my spiritual journey. What I came to understand is that undergraduate music therapy students have their own culture, just as I and my peers do as music therapists and doctoral students. That is our connection and what helps us to meet our challenges.

I have learned that although I sometimes felt personally attacked by others' responses to me and what I brought to the MTPSG meetings, (i.e., Ellen's declaration that she was going to withdraw from the MTPSG and a committee member's comment that I had misrepresented the concept of the MTPSG to the Human Subject's Committee) I learned a lot by facing these issues as challenges toward my own growth.

My sense of personal power has developed as well. I have always seen myself as a person with little power, but with this opportunity to study my own process so closely, I have begun to recognize that when I acknowledge my power, I am powerful. In terms of stamina, I realized that any fatigue I was feeling quickly dissipated once a MTPSG session began.

My willingness to seek new experiences was reflected not only in the implementation and study of this MTPSG, but during sessions as well, where I challenged myself to face my fears of facilitating groups. In my struggle to help group members to develop new awarenesses about themselves, I developed new awarenesses about myself, mostly that my life is a continuous journey of new awarenesses and issues. I continue to challenge myself to confront these issues.

I feel that I brought my sense of humor, my inventiveness, my musical talent and my skill as a music therapist and music therapy educator to my work as the facilitator of this MTPSG. Most of all, I brought a strong sense of personal dedication and commitment to the MTPSG because I believe so strongly in the importance of personal growth for undergraduate music therapy education.

I invite music therapy programs to consider the MTPSG concept. As is evident in this study, it is challenging yet rewarding work. Although university administrators may perceive instructors as facilitators as a conflict of interest, the participants of this study, including my clinical supervisor, the music therapy professor and myself did not experience it as such. Instead, we saw it as an integral part of music therapy education during which undergraduate music therapy students begin to reflect on who they are and how that impacts on their work as music therapists. As educators, do we not have the responsibility of helping our students to grow? And as music therapists, do we not have the skills and qualities to do so?



CHAPTER 8

IMPACT OF MTPSG AND IMPLICATIONS

The implementation and study of the MTPSG has played an important role in the personal, professional and academic growth of the eleven group members, their professor, my clinical supervisor and me. Ultimately, it has effected the learning environment of the senior music therapy class at GLU. The students cited the musical environment and peer support as the major vehicles for their development.

In terms of my theory of a disposition of expertise in music therapy, all realms of experience have been effected by the MTPSG: (1) music, (2) therapy, (3) music therapy, (4) spirituality, (5) relationship, (6) professionalism, and (7) scholarship. Self, particularly in terms of self-awareness, also emerged as a realm that effected the students' development. The realms of spirituality, relationship and Self emerged as the most important for the students in terms of their own growth and awareness. These three realms are not typically addressed within the curriculum, yet they are important to the development of music therapy students. A group such as the MTPSG could fill the curricular void and enhance the development of music therapy expertise.

The case of "Sally" reflects the experience of a successful music therapy senior who seemed to be ready and open for personal growth.



Although her verbal participation during MTPSG was limited, her growth was reflected in her connection with the music and her journals. She developed new awarenesses regarding her relationship with her family and her learning and communication styles. She reported more confidence in herself and an increased ability to listen to others. Had she not had the opportunity to attend the MTPSG, it is likely that she would not have made these gains.

The experience seemed to have an effect on group members' interpersonal behavior in music therapy class resulting in a more supportive environment. All group members reported new self-awarenesses and began to integrate the learning from the group into other aspects of their curriculum, such as music therapy class, Jazz Improvisation class and Clinical Practice.

The music therapy professor implemented a curriculum change inspired by the success of the MTPSG. The professor and I altered the format and structure of Group Supervision to more closely resemble the MTPSG and developed the new Peer Supervision Group. Group members took their comfort with the environment and their new awarenesses into the Peer Supervision Group the following semester.

My clinical supervisor had the opportunity to learn about the MTPSG concept and observe group members' growth. She plans to implement the idea into her curriculum in her capacity as music therapy instructor at another university. My own experience as facilitator and researcher has allowed me the opportunity for more concrete organization of the MTPSG and for identifying the role and qualities specific to a facilitator of MTPSG. I have

developed new awarenesses and skills as a facilitator and I have learned about the benefits of action research to my practice as both clinician and educator and ultimately to the quality music therapy education.

Implications for Undergraduate Music Therapy Education

I believe that it is possible for undergraduate music therapy students to begin the journey of personal growth before finishing their coursework and beginning their internships. Furthermore, I feel that participation in groups such as MTPSG may enhance students' experiences with the curriculum.

Undergraduate students typically have many issues to work through. Undergraduate music therapy students have many more issues than other undergraduates because of the clinical component. Seniors are struggling with impending graduation and internships, time constraints and performance anxiety, to name a few issues. Music therapy educators are aware of these issues but have not typically been able to provide a forum for dealing with them. The MTPSG has filled that need for the senior music therapy students at GLU.

One group member mentioned that she wished that the MTPSG had started earlier in her academic career. I concur, as I believe that clinical observations and experience may be enhanced and new awarenesses may be integrated into the coursework. Other clinically oriented undergraduate programs may also benefit, such as music education, occupational therapy and physical therapy. Performance programs such as music and drama may also benefit to help students to address issues of performance anxiety.



Implications for Research

This action research study has enhanced my experience as MTPSG facilitator and has given me the opportunity to further develop my clinical and teaching skills and knowledge. There are many interesting and useful areas of research that could evolve from this study. As suggested in Chapter 2, there are several music therapy competencies that are not typically addressed in the current curriculum. Maranto (1989) suggests accountability studies to assess the success of music therapy education and training techniques in preparing students in the various competency areas. A future study could examine accountability in terms of the inclusion of MTPSG into the curriculum.

This study of MTPSG proposes one type of group that offers undergraduate students opportunities for personal growth. Perhaps other undergraduate music therapy programs have similar groups. It would be interesting to implement a survey study to investigate current personal growth opportunities in undergraduate music therapy programs.

I would be interested in following the group of students who participated in this study as they experience their internships, beginning practice and beyond. Attention would be given to if, how and what kind of support and personal growth experiences they seek.

A replication study would be interesting to implement in other undergraduate music therapy programs, as well as other clinically oriented undergraduate programs such as music education, physical and occupational

therapy. Finally, an historical study of music therapy associations worldwide would be helpful to track the development of the education of music therapists and provide perspective regarding trends in personal growth as part of the curriculum.

It is hoped that music therapy educators, clinical trainers, researchers and practitioners will consider exploring the concept of personal growth as part of the music therapy curriculum, particularly for undergraduate students. The implementation of the MTPSG presented here is but one conception to address student development. Other types of training experiences for undergraduate students specific to the needs of particular university programs would be interesting to explore.

The implementation of this research project has reminded me of the fact that my development is never ending. I plan to continue to grow personally, professionally, academically and spiritually for the rest of my life. This quote from a song that I wrote for the first peer support group that I facilitated reflects my thoughts and feelings regarding life-long learning and development (see Appendix K for the complete notated version of "Peer Group, March '97):

"We are but babies just now born to the journey of life."



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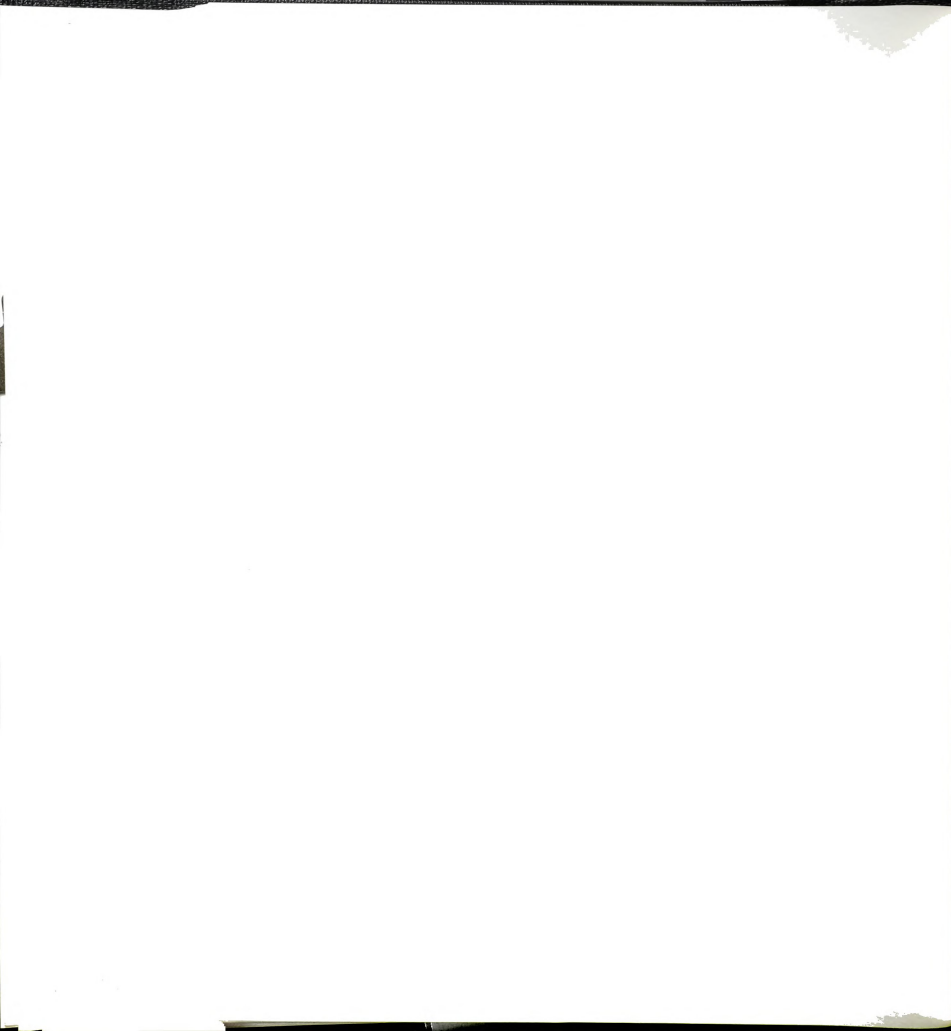
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APPENDICES



APPENDIX A

AMTA Standards for Bachelor's Degrees

Final report and recommendations of the commission of education and
clinical training of the American Music Therapy Association



STANDARDS FOR BACHELOR'S DEGREES

Academic Component

1) The bachelor's degree in music therapy (and equivalency programs) shall be designed to impart entry-level competencies in three main areas: musical foundations, clinical foundations, and music therapy foundations and principles, as specified in the "NAMT Professional Competencies" passed by the NAMT Assembly of Delegates in 1996.

2) As stipulated in NASM standards the bachelor's degree in music therapy shall be divided into areas of study as follows (based on 120 semester hours or its equivalent). *Please note that the courses listed below each area of study are only suggested titles of possible courses or course topics.*

MUSICAL FOUNDATIONS (45%)

- Music Theory
- Composition and Arranging
- Music History and Literature
- Applied Music Major
- Ensembles
- Conducting
- Functional Piano, Guitar, and Voice

CLINICAL FOUNDATIONS (16%)

- Exceptionality and Psychopathology
- Normal Human Development
- Principles of Therapy
- The Therapeutic Relationship

MUSIC THERAPY (16%)

- Foundations and Principles
- Assessment and Evaluation
- Methods and Techniques
- Pre-Internship and Internship Courses
- Psychology of Music
- Music Therapy Research
- Influence of Music on Behavior
- Music Therapy with Various Populations

GENERAL EDUCATION (22%)

- English, Math, Social Sciences, Arts,
- Humanities, Physical Sciences, etc.

ELECTIVES (5%)

APPENDIX B

NAMT Professional Competencies



National Association for Music Therapy, Inc.
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589-3300 FAX (301) 589-5175

Professional Competencies
Revised 1996

In moving from a course based to a competency-base curriculum, it must be emphasized that the approved list of competencies not be viewed as a static requirement. As the clinical and research activities of music therapy provide new information, the competency list can and must be revised to reflect the growth of the knowledge base of the profession. As such, this list provides a common ground from which present state, comparisons, and trends can be determined. They also provide a cumulative definition of what we do as music therapists and, therefore, better enable us to convey that definition to others. Scartelli (1994). pp. 1,3)

A. Music Foundations

1. Music Theory and History

- 1.1 Recognize standard works in the literature.
- 1.2 Identify the elemental, structural, and stylistic characteristics of music from various periods and cultures.
- 1.3 Sight-sing melodies of both diatonic and chromatic makeup.
- 1.4 Take aural dictation of melodies, rhythms, and chord progressions.
- 1.5 Transpose simple compositions.

2. Composition and Arranging Skills

- 2.1 Compose songs with simple accompaniment.
- 2.2 Adapt, arrange, transpose, and simplify music compositions for small vocal and nonsymphonic instrumental ensembles.

3. Major Performance Medium Skills

- 3.1 Perform appropriate undergraduate repertoire, demonstrate musicianship, technical proficiency and interpretive understanding on a principal instrument/voice.
- 3.2 Perform in small and large ensembles.

4. Keyboard Skills

- 4.1 Accompany self and ensembles proficiently.
- 4.2 Play basic chord progressions (I-IV-V-I) in several keys.
- 4.3 Sight-read simple compositions and song accompaniments.
- 4.4 Play a basic repertoire of traditional, folk and popular songs with or without printed music.
- 4.5 Harmonize and transpose simple compositions.

5. Guitar Skills

- 5.1 Accompany self and ensembles proficiently.
- 5.2 Employ simple strumming and finger picking techniques.
- 5.3 Tune guitar using standard and other tunings.
- 5.4 Perform a basic repertoire of traditional, folk and popular songs with or without printed music.
- 5.5 harmonize and transpose simple compositions in several keys.

6. Voice Skills

- 6.1 Lead group singing by voice.
- 6.2 Communicate vocally with adequate volume (loudness).
- 6.3 Sing a basic repertoire of traditional, folk and popular songs in tune with a pleasing quality.

7. Nonsymphonic Instrument Skills

- 7.1 Play percussion instruments alone or in ensemble.
- 7.2 Demonstrate basic knowledge of care and maintenance of nonsymphonic and ethnic instruments.
- 7.3 Play autoharp or omnichord with same competence specified for guitar.
- 7.4 Demonstrate basic understanding of technologically advanced instruments (omnichord, MIDI, electronic keyboard).
- 7.5 Demonstrate basic skills (i.e., rudiments) on several standard percussion instruments sufficient to facilitate rhythm-based experiences for groups and individuals.

8. Improvisation Skills

- 8.1 Improvise on percussion instruments.
- 8.2 Compose and develop original melodies, accompaniments, and short pieces extemporaneously in a variety of moods and styles, vocally and instrumentally.
- 8.3 Improvise in small ensembles.

9. Conducting Skills

- 9.1 Conduct basic patterns with technical accuracy.
- 9.2 Conduct small and large vocal and instrumental ensembles.

10. Movement Skills

- 10.1 Direct structured and improvisatory movement experiences.
- 10.2 Move in structural rhythmic and improvisatory manners for expressive purposes.
- 10.3 Move expressively and with interpretation to music within rhythmic structure.

B. Clinical Foundations

11. Exceptionality

11.1 Demonstrate basic knowledge of the potentials, limitations, problems of exceptional individuals.

11.2 Demonstrate basic knowledge of the causes and symptoms of major exceptionalities, and basic terminology used in diagnosis and classification.

11.3 Demonstrate basic knowledge of typical and atypical human systems and development (e.g., anatomical, physiological, psychological, social).

12. Principles of Therapy

12.1 Demonstrate basic knowledge of the dynamics and processes of a therapist-client relationship.

12.2 Demonstrate basic knowledge of the dynamics and processes of therapy groups.

12.3 Demonstrate basic knowledge of accepted methods of major therapeutic approaches.

13. The Therapeutic Relationship

13.1 Recognize the impact of one's own feelings, attitudes, and actions on the client and the therapy process.

13.2 Establish and maintain interpersonal relationships with clients that are conducive to therapy.

13.3 Use oneself effectively in the therapist role in both individual and group therapy, e.g., appropriate self-disclosure, authenticity, empathy, etc. toward affecting desired behavioral outcomes.

13.4 Utilize the dynamics and processes of groups to achieve therapeutic goals.

C. Music Therapy

14. Foundations and Principles

14.1 Demonstrate basic knowledge of existing music therapy methods, techniques, materials, and equipment with their appropriate applications.

14.2 Demonstrate basic knowledge of principles and methods of music therapy assessment and their appropriate applications.

14.3 Demonstrate basic knowledge of the principles and methods for evaluating the effects of music therapy.

14.4 Demonstrate basic knowledge of the purpose, intent, and function of music therapy for various client populations.

14.6 Demonstrate basic knowledge of the psychological and physiological aspects of musical behavior and experience (i.e., music and affect; influence of music on behavior; physiological responses to music; perception and cognition of music; psychomotor components of music behavior; music learning and development; preference; creativity).

14.7 Demonstrate basic knowledge of philosophical, physiological, psychological, and sociological bases for the use of music as therapy.

15. Client Assessment

15.1 Communicate assessment findings and recommendations in written and verbal forms.

15.2 Observe and record accurately the client's responses to assessment.

15.3 Identify the client's appropriate and inappropriate behaviors.

15.4 Select, design and implement effective culturally based methods for assessing the client's assets and problems through music.

15.5 Select, design, and implement effective culturally based methods for assessing the client's musical preferences and level of musical functioning or development.

15.6 Identify the client's therapeutic needs through an analysis and interpretation of music therapy and related assessment data.

15.7 Demonstrate knowledge of professional standards of clinical practice regarding assessment.

16. Treatment Planning

16.1 Select or create music therapy experiences that meet the client's objectives.

16.2 Formulate goals and objectives for individual and group music therapy based upon assessment findings.

16.3 Identify the client's primary treatment needs in music therapy.

16.4 Provide preliminary estimates of frequency and duration of treatment.

16.5 Select and adapt music consistent with strengths and needs of the client.

16.6 Formulate music therapy strategies for individuals and groups based upon the goals and objectives adopted.

16.7 Select and adapt musical instruments and equipment consistent with strengths and needs of the client.

16.8 Organize and arrange the music therapy setting to facilitate the client's therapeutic involvement.

17. Therapy Implementation

17.1 Recognize, interpret, and respond appropriately to significant events in the music therapy session as they occur.

17.2 Provide music therapy experiences to change nonmusical behaviors.

17.3 Provide verbal and nonverbal directions and cues necessary for successful client participation.

17.4 Utilize singing skills in music therapy sessions.

- 17.5 Provide models for appropriate social behavior in group music therapy.
- 17.6 Utilize therapeutic verbal skills in music therapy sessions.
- 17.7 Sequence and pace music experiences within a session according to the client's needs and situational factors.
- 17.8 Conduct or facilitate group and individual music therapy.
- 17.9 Establish closure of music therapy sessions.
- 17.10 Implement music therapy program according to treatment plan.
- 17.11 Promote a sense of group cohesiveness and/or a feeling of group membership.
- 17.12 Provide music therapy experiences that assist the client in development of social skills.
- 17.13 Communicate to the clients expectations of their behavior.
- 17.14 Assist the client to communicate more effectively.
- 17.15 Provide music therapy experiences to improve the client's sense of self and sense of self with others.
- 17.16 Create a physical environment (e.g., arrangement of space, furniture, equipment, and instruments) that is conducive to effective therapy.
- 17.17 Provide music therapy experiences to elicit social interactions.
- 17.18 Provide music therapy experiences to promote client decision-making.
- 17.19 Develop and maintain a repertoire of music for age, culture, and stylistic differences.
- 17.20 Provide music therapy experiences that assist the client in increasing on-task behavior.
- 17.21 Provide music therapy experiences to elicit affective responses from the client.
- 17.22 Provide feedback on, reflect, rephrase, and translate the client's communications.
- 17.23 Establish closure of treatment issues.
- 17.24 Provide sensory stimulation through music therapy experiences that allow the client to use visual, auditory, or tactile cues.
- 17.25 Utilize nonsymphonic instruments (pitched and unpitched) in music therapy sessions.
- 17.26 Provide music therapy experiences to encourage creative responses from the client.
- 17.27 Use music with techniques of relaxation and/or stress reduction.
- 17.28 Provide music therapy experiences to improve the client's orientation to person, place and time.
- 17.29 Provide music therapy experiences to enhance the client's cognitive/intellectual development.
- 17.30 Recognize and respond appropriately to effects of the client's medications.
- 17.31 Demonstrate knowledge of professional standards of clinical practice regarding implementation.



18. Therapy Evaluation

- 18.1 Recognize and respond appropriately to situations in which there are clear and present dangers to the client and/or others.
- 18.2 Modify treatment approaches based on the client's response to therapy.
- 18.3 Recognize significant changes and patterns in the client's response to therapy.
- 18.4 Revise treatment plan as needed.
- 18.5 Establish and work within realistic time frames for evaluating the effects of therapy.
- 18.6 Review treatment plan periodically within guidelines set by agency.
- 18.7 Design and implement methods for evaluating and measuring client progress and the effectiveness of therapeutic strategies.
- 18.8 Demonstrate knowledge of professional standards of clinical practice regarding evaluation.

19. Documentation

- 19.1 Write progress notes that accurately reflect client change and meet the requirements of internal and external legal, regulatory, and reimbursement bodies.
- 19.2 Document clinical data.
- 19.3 Write professional reports describing the client throughout all phases of the music therapy process in an accurate, concise, and objective manner.
- 19.4 Communicate orally with the client, parents, significant others, and team members regarding the client's progress and various aspects of the client's music therapy program.
- 19.5 Document and revise the treatment plan and document changes to the treatment plan.
- 19.6 Develop and use data-gathering techniques during all phases of the clinical process including assessment, treatment, and evaluation.
- 19.7 Demonstrate knowledge of professional standards of clinical practice regarding documentation.

20. Termination/Discharge Planning

- 20.1 Inform and prepare the client for approaching termination from music therapy.
- 20.2 Establish closure of music therapy services by time of termination/discharge.
- 20.3 Determine termination of the client from music therapy.
- 20.4 Integrate music therapy termination plan with plans for the client's discharge from the facility.
- 20.5 Assess potential benefits/detriments of termination of music therapy.
- 20.6 Develop music therapy termination plan.

20.7 Demonstrate knowledge of professional standards of clinical practice regarding termination.

21. Professional Role/Ethics

- 21.1 Adhere to professional code of ethics.
- 21.2 Interpret and apply ethical standards of the music therapy profession.
- 21.3 Adhere to professional standards of clinical practice.
- 21.4 Demonstrate dependability: follows through with all tasks regarding education and professional training.
- 21.5 Accept criticism/feedback with willingness and follow through in a productive manner.
- 21.6 Resolve conflicts in a positive and constructive manner.
- 21.7 Meet deadlines without prompting.
- 21.8 Express thoughts and personal feelings in a consistently constructive manner.
- 21.9 Demonstrate critical self-awareness of strengths and weaknesses.
- 21.10 Interpret and apply laws and regulations regarding the human rights of the clients.
- 21.11 Demonstrate basic knowledge of professional music therapy organizations and how these organizations influence clinical practice.

22. Interdisciplinary Collaboration

- 22.1 Demonstrate a basic understanding of the roles and develop working relationships with other disciplines in the client's treatment program.
- 22.2 Define the role of music therapy in the client's total treatment program.
- 22.3 Collaborate with team members in designing and implementing interdisciplinary treatment programs.

23. Supervision and Administration

- 23.1 Participate in and benefit from supervision.
- 23.2 Manage and maintain music therapy equipment and supplies.

24. Research Methods

- 24.1 Interpret information in the professional research literature.
- 24.2 Determine if conclusions drawn in a study are supported by the results.
- 24.3 Demonstrate basic knowledge of the purpose and methodology of historical, quantitative and qualitative research.
- 24.4 Perform a data-based literature search.
- 24.5 Apply selected research findings to clinical practice.

The NAMT competencies are based on music therapy competencies authored for the American Association for Music Therapy from:
Bruscia, K. E., Hesser, B., & Boxill, E. H. (1981). Essential competencies for the practice of music therapy. *Music Therapy*, 1, 43-47.
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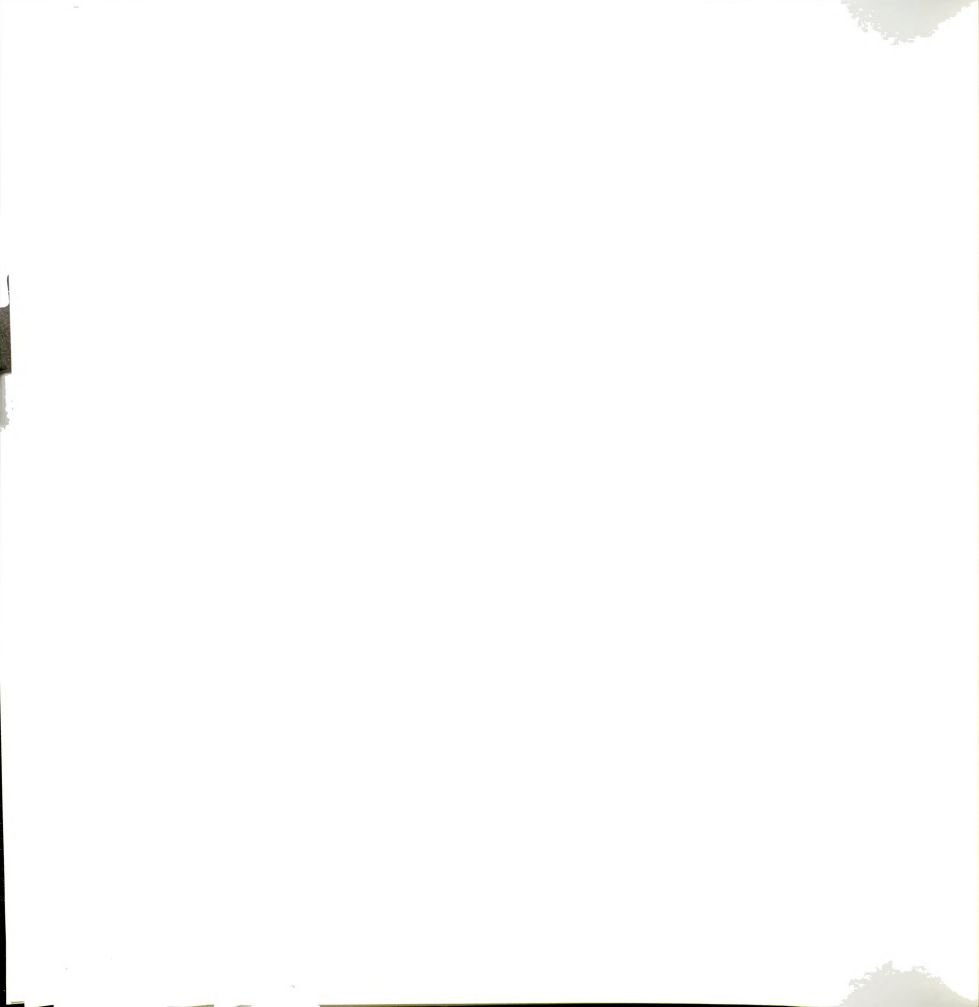
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APPENDIX C

Course Syllabus



MUSIC THERAPY: MENTAL AND BEHAVIORAL DISORDERS

Michigan State University - Fall Semester

COURSE OBJECTIVES:

- ◆ To identify the aspects of the influence of music on human behavior in the contexts of neuropsychological processes, physiological responses, communication/expression functions, social/cultural activities, and aesthetic experiences.
- ◆ To identify the characteristics of mental and behavioral disorders in adults and children: schizophrenia, mood disorders, anxiety disorders, personality disorders, substance abuse, and others.
- ◆ To identify the treatment objectives and appropriate music therapy interventions for mental and behavioral disorders.
- ◆ To identify the treatment objectives and appropriate music therapy interventions for older adults.
- ◆ To delineate a taxonomy of programs and techniques used in music therapy, with emphasis on the psychotherapeutic aspects of music therapy.
- ◆ To explore the various theories of psychotherapy and their relation to music therapy.
- ◆ To encourage greater other- and self-awareness through didactic and experiential introductions to the basics of individual and group music therapy.
- ◆ To explore and practice group and individual music therapy strategies for adults.
- ◆ To provide role-playing experiences, both of doing music therapy in a variety of situations and being "done unto" by music therapy.
- ◆ To encourage assuming responsibility for one's own behavior.
- ◆ To identify the fundamental classes and uses of psychotropic medications in treating mental disorders.
- ◆ To develop the following music therapy skills in the context of direct clinical application in the Music Therapy Clinic:
 - (a) treatment conceptualization
 - (b) documentation
 - (c) interpersonal approach
 - (d) session management
 - (e) music leadership



TERMINAL BEHAVIORS EXPECTED:

- As the year progresses becoming more and more equipped to function successfully as a music therapy intern.
- Possessing a commitment to reform the "establishment" toward effective delivery of healthcare services to all in need of these services.
- Being aware of and identifying feelings within oneself and others.
- Demonstration of clinical skills necessary to plan, write, and evaluate music therapy treatment interventions for various psychiatric and behavioral needs.
- Demonstration of clinical skills needed to conduct music therapy sessions with individuals who have psychiatric or behavioral conditions, and the problems associated with aging.

TEXTS:

Purchase the following at the bookstore:

American Psychiatric Association. (1994). *Desk reference to the diagnostic criteria from DSM IV.*

Borczone, R.M. (1997) *Music therapy: group vignettes.*

Bruscia, K. (1991). *Music therapy casebook.*

Clair, A.A. (1996). *Therapeutic uses of music with older adults.*

Corey, G. (1996). *Manual for theory and practice of counseling and psychotherapy, (5th ed.)*

Michigan State University. (1999). *Music Therapy Clinic procedures manual.* (purchased for Music 371 in a previous year, or to be obtained from the instructor)

Find the following on reserve in the Fine Arts Library:

Unkefer, R.F., Ed. (1990). *Music therapy in the treatment of adults with mental disorders.* (purchase at bookstore if possible)

Lathom, W. and Eagle, C. (1982, 1984). *Music therapy for handicapped children, Vol. 2, Emotionally Disturbed, Mentally Retarded, Speech Impaired.*

Course packet

Additional readings will be placed on reserve in the Fine Arts Library or distributed in class.

RECOMMENDED TEXT:

Corey, G. (1996). *Theory and practice of counseling and psychotherapy.*

APPENDIX D

Personal Interviews Protocol



Sample Personal Interview Protocol

- 1. How has the experience of MTPSG been for you? How has the process been?**
- 2. Have you developed any new awarenesses? What are they?**
- 3. How has your participation in our group influenced your performance as a student therapist in your placement?**
- 4. How has your participation in our group influenced your learning in class?**
- 5. How has your participation our group influenced your interpersonal relationships with your classmates?**
- 6. How has your experience in the group influenced any decisions you have made or changes you would make in other aspects of your life?**
- 7. What is peer-support? What is therapy? Is the MTPSG peer-support or therapy?**
- 8. What is my (Joni's) role in MTPSG?**
- 9. Would you perceive a conflict of interest in terms of my role as facilitator and my role as clinical supervisor and/or instructor if I had accepted to carry out the role of clinical supervisor and/or instructor for this class?**
- 10. Has your experience in the group influenced your relationship with your clinical supervisor?**
- 11. How would you explain the concept and the benefits of MTPSG to university administrators?**
- 12. Do you have any other concerns or questions?**

Thank You

APPENDIX E

Human Subjects Committee



MICHIGAN STATE UNIVERSITY

December 6, 1999

TO: Colleen Conway
102 Music Building

RE: IRB # 98-790 CATEGORY: 2-F

RENEWAL APPROVAL DATE: December 2, 1999

TITLE: WHO AM I AND WHAT AM I DOING HERE ANYWAY? A PROPOSED STUDY OF
THE EFFECTIVENESS OF PEER SUPPORT GROUPS FOR UNDERGRADUATE
MUSIC THERAPY STUDENTS

The University Committee on Research Involving Human Subjects' (UCRIHS) review of this project is complete and I am pleased to advise that the rights and welfare of the human subjects appear to be adequately protected and methods to obtain informed consent are appropriate. - Therefore, the UCRIHS APPROVED THIS PROJECT'S RENEWAL.

Due to changes in the federal definitions of research categories, your protocol has been reassigned to category 2-F.

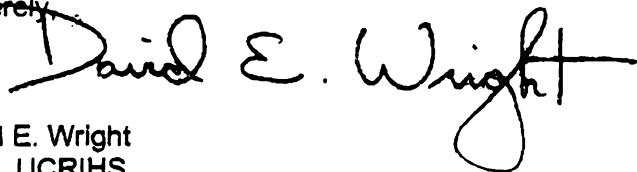
RENEWALS: UCRIHS approval is valid for one calendar year, beginning with the approval date shown above. Projects continuing beyond one year must be renewed with the green renewal form. A maximum of four such expedited renewal are possible. Investigators wishing to continue a project beyond that time need to submit it again for complete review.

REVISIONS: UCRIHS must review any changes in procedures involving human subjects, prior to initiation of the change. If this is done at the time of renewal, please use the green renewal form. To revise an approved protocol at any other time during the year, send your written request to the UCRIHS Chair, requesting revised approval and referencing the project's IRB# and title. Include in your request a description of the change and any revised instruments, consent forms or advertisements that are applicable.

PROBLEMS/CHANGES: Should either of the following arise during the course of the work, notify UCRIHS promptly: 1) problems (unexpected side effects, complaints, etc.) involving human subjects or 2) changes in the research environment or new information indicating greater risk to the human subjects than existed when the protocol was previously reviewed and approved.

If we can be of further assistance, please contact us at 517 355-2180 or via email: UCRIHS@pilot.msu.edu.

Sincerely,



David E. Wright
Chair, UCRIHS

DEW: bd

179

Jon Milgram-Luterman

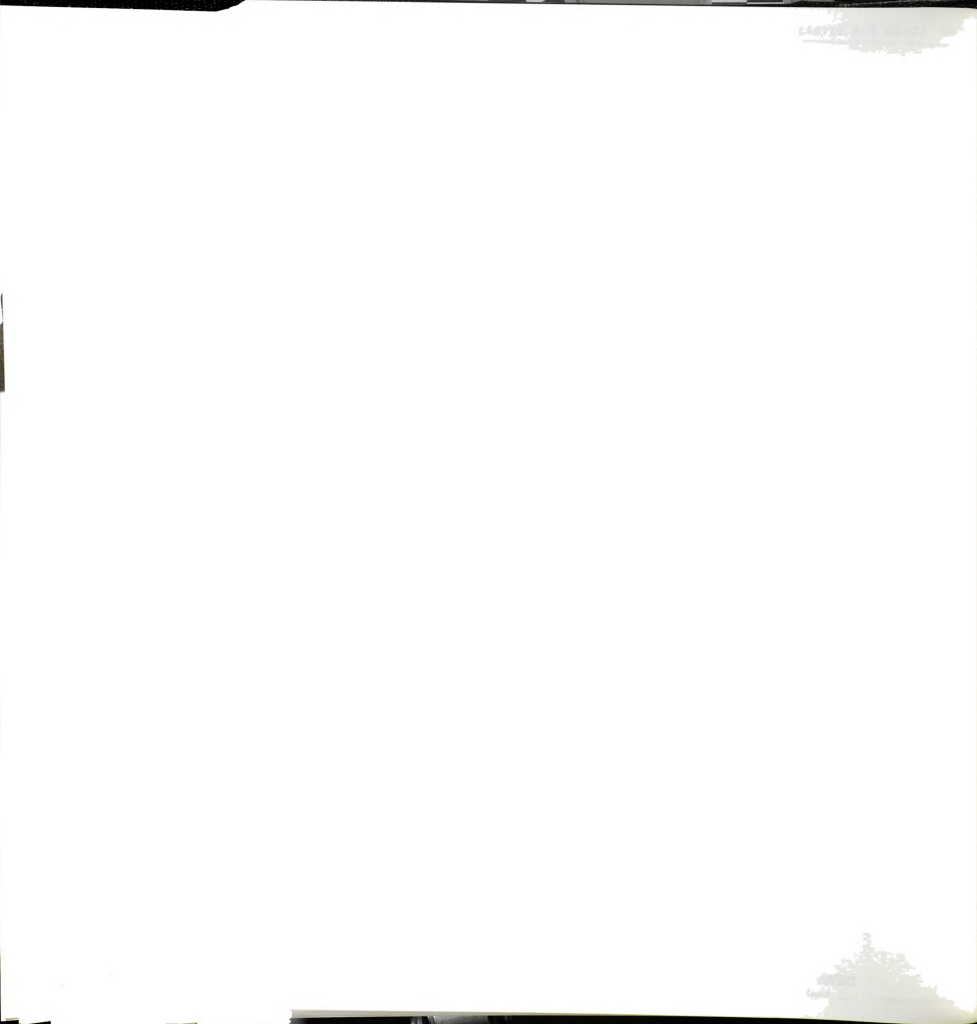


OFFICE OF
RESEARCH
AND
GRADUATE
STUDIES

University Committee on
Research Involving
Human Subjects

Michigan State University
Administration Building
East Lansing, Michigan
48824-1046

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FAX: 517/353-2976
msu.edu/user/ucr.hs
mail: ucrlhs@msu.edu



Joni Milgram-Luterman, M Mus., MTA, MT-BC
511 Marshall Street
East Lansing, MI
48823
Phone: 337-8972
Fax: 337-8975
e-mail: milgraml@pilot.msu.edu

Date: August 12, 1999
To: University Committee on Research Involving Human Subjects
Re: Revision of protocol for IRB #98790
Title: Who am I and what am I doing here anyway? A proposed study of the effectiveness of peer support groups for undergraduate music therapy students.
From: Joni Milgram-Luterman, Doctoral Student
Faculty Advisor: Colleen Conway, Music Education

Please be advised that I wish to revise the procedures involving human subjects for this study. I have completed the interview study that I proposed as a class assignment and now I plan to expand on the study as dissertation research project. I would like to take this project further to include the study of the process of peer-support groups for music therapy undergraduate students. This would entail video and audio taping ten music therapy peer-support group sessions over the course of Fall Semester, 1999.

The tapes will be used as data and will be held in confidence. They will be used to corroborate the participants' and my reflections on the process. Interview will also be audio taped as in the previous study. Although the entire class of MUS 470 is required to attend the group, only those who agree to participate in the study will be videotaped during sessions.

I also intend to administer an adapted version of the Washington University Sentence Completion Test of Ego Development (WUSCT)(Loevinger, 1970, 1996) as a pre-test/post-test. I may use the test scores as data. I am interested in the effects of the group experience in reference to students' developmental levels of self-awareness.

I have also secured a clinical supervisor who is a music therapist not affiliated with this university. Her responsibilities will be to supervise my clinical and teaching skills in the process of the group. She has also agreed to score WUSCT tests for the purposes of inter-judge reliability. One of my goals for this study is to enhance and improve my skills as facilitator. As a clinical supervisor, she maintains the confidentiality of group members.

I understand that all group members, including those who agree to participate in the study and those who do not agree to participate in the study deserve their rights to privacy. All data will be coded, and tapes will be held in the strictest confidence.

In terms of my relationship with prospective participants, I have not had any supervisory role with this group, except for observing senior music therapy students' clinical practice with a few of them as part of their observation requirements as juniors,



last year. I have declined the opportunity to supervise this particular group of seniors this semester so as to eliminate the possibility of any conflict of interest.

As in the previous study, a potential benefit of participation in this study is the opportunity for self-reflection. Analysis of the data of the previous study indicated perceived benefits or participation in peer support groups as 1) important to personal and professional growth, 2) instrumental in the development of peer-support relationships within the class and 3) an opportunity to relax.

There are no obvious risks to the participants. They will be assured that this is a peer-support group and not a therapy group. As such, it is the group experience, the recognition of the process and the development of new awarenesses that supercede individual therapeutic change. As has been the case with past groups, students who present with issues that are outside the boundaries of the intention of the group may be referred to appropriate therapists or counselors.

Logistical changes in the protocol will be reflected in a slight title change: **"Who am I and what am I doing here anyway? A study of the process of peer support groups for undergraduate music therapy students."** This implies that I will be expanding the observations to the group and the group process. We will all be required to keep journals reflecting our experience throughout the semester. As a result of these changes, please see the updated attached consent form. **My intention is to begin the study with an orientation meeting during the second or third week of Fall Semester 1999.** This would coincide with the beginning of their clinical placement sessions and assure that we could have ten sessions before the end of the semester.

In accordance with your revised categories, this study should now be considered as an "Expedited 2-G."

Thank you for your attention to this matter.

Sincerely,



Joni Milgram-Luterman
Ph.D. Student, Department of Music Education
Michigan State University



Colleen Conway
Responsible Project Investigator
Department of Music Education
Michigan State University

MUSIC THERAPY PEER SUPPORT GROUP STUDY CONSENT FORM

RESEARCHER: Joni Milgram-Luterman, M.Mus., MTA, MT-BC
Ph.D. Student, Michigan State University

You are being asked to participate in research that seeks to understand the development of self-awareness in undergraduate music therapy students within a music therapy peer-support/training group. The purpose of this study is to gain an understanding of how music therapy students experience the process of these groups.

As has been the case over the past two years, I plan to facilitate ten weekly music therapy peer-support group sessions for senior music therapy students of one to 1.5 hours each (depending on scheduling availability) at the MSU music therapy clinic. During this fall semester 1999, I plan to study a group of music therapy seniors who decide to participate and I, as researcher-facilitator, will investigate the experience of the group process.

If you decide to participate, you will have the opportunity to reflect on your experiences in the peer support group that you will attend as a music therapy senior. You will be asked to keep a journal of your reflections and share that journal with the researcher for the purposes of the research. You will be required to attend one or two personal interviews with the researcher that will not exceed one half hour each. All sessions will be videotaped and audio taped and interviews will be audio taped. Tapes will be transcribed for research purposes. Please note that any and all responses will be kept confidential and your identity will be kept in the strictest confidentiality. Most important to remember is that there are no wrong answers and that the researcher/facilitator's goal is to facilitate and listen to your answers and not to make any criticisms or conclusions about your feelings and thoughts. Also know that you may refuse to answer certain questions, you will be free to ask for clarification if you do not understand, and you may withdraw from the study at any time.

As one of my intentions for this research study is to improve my skills as a facilitator, I have sought supervision from a colleague who is not affiliated with this university or music therapy department.

In order to protect the interests of students who decide to participate, I will follow guidelines to guard against coercion and for participant confidentiality:

1. no potential participant will be required to participate in the study;
2. a participant may elect to withdraw from the study at any time, in which event any data collected from or about that participant will not be used in any written or published materials which result from the study;
3. a participant has the choice of opting out of the study but continuing in the peer-support group, in which event data will not be collected from or about that person;
4. the identities of all participants will be disguised in any written or published materials which result from the study;
5. the identity and location of the site will be disguised in the study;
6. all research materials including notes, tapes, and logs will be stored in a locked cabinet in an office at a location outside of the research site;

7. permission will be sought from participants to retain research logs and tapes for possible future publications and presentations. I will be the only one who has access to tapes. All tapes will be identified by participants' pseudonyms and the dated. Tapes and logs will not be destroyed. My clinical and research advisors and I will be the only people to have access to the logs. Written commentary about data will be shared with my clinical supervisor and my dissertation committee;
8. opportunities for feedback to participants will occur spontaneously during the peer-support group, during interviews and after the group is over in which participants and I will discuss research findings. Participants will also have access to the final research report.

Please confirm your participation and consent by signing below. You will be contacted regarding scheduling shortly. If you have any questions regarding the study, please feel free to contact Joni Milgram-Luterman, Department of Music Therapy, Michigan State University, by telephone at 517-353-6426 or by e-mail at milgraml@msu.edu. If you have any questions regarding being a human subject of research, please contact Dr. David E. Wright, Chair of the University Committee on Research Involving Human Subjects (UCRIHS) at 517-355-2180. Thank you for your interest in music therapy education and the future of the rewarding field of music therapy.

Sincerely,

Joni Milgram-Luterman
Ph.D. Candidate
Michigan State University

I indicate my voluntary agreement to participate in this study.

Signature of Consent: _____ Date: _____

UCRIHS APPROVAL FOR
THIS project EXPIRES:

DEC - 1 1999

SUBMIT RENEWAL APPLICATION
ONE MONTH PRIOR TO
ABOVE DATE TO CONTINUE

MUSIC THERAPY PEER SUPPORT GROUP STUDY CONSENT FORM

RESEARCHER: Joni Milgram-Luterman, M.Mus., MTA, MT-BC
Ph.D. Student, Michigan State University

You are being asked to participate in research that seeks to understand the development of self-awareness in undergraduate music therapy students within a music therapy peer-support/training group. The purpose of this study is to gain an understanding of how music therapy students experience the process of these groups.

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4. the identities of all participants will be disguised in any written or published materials which result from the study;
5. the identity and location of the site will be disguised in the study;
6. all research materials including notes, tapes, and logs will be stored in a locked cabinet in an office at a location outside of the research site;

7. permission will be sought from participants to retain research logs and tapes for possible future publications and presentations. I will be the only one who has access to tapes. All tapes will be identified by participants' pseudonyms and the dated. Tapes and logs will not be destroyed. My clinical and research advisors and I will be the only people to have access to the logs. Written commentary about data will be shared with my clinical supervisor and my dissertation committee;
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Sincerely,

Joni Milgram-Luterman
Ph.D. Candidate
Michigan State University

I indicate my voluntary agreement to participate in this study.

Signature of Consent: _____ Date: _____

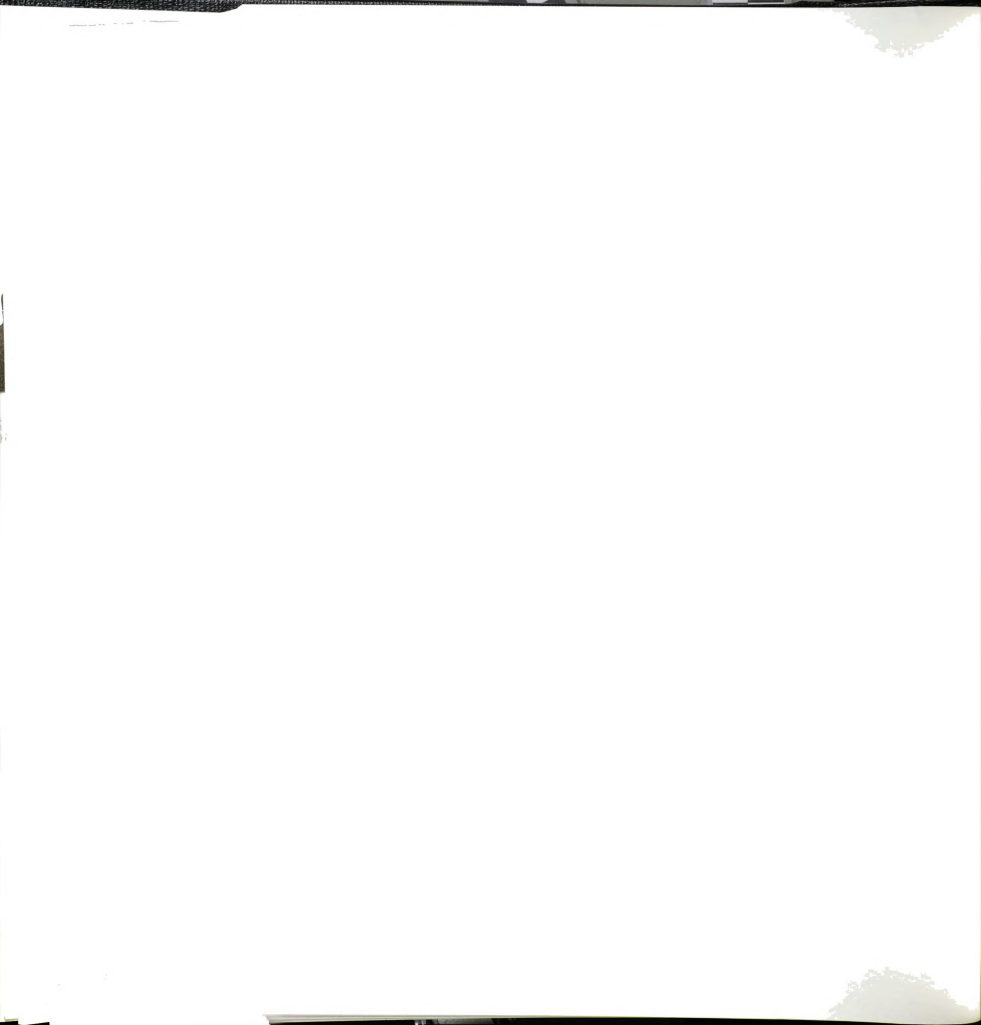
UCRIHS APPROVAL FOR
THIS project EXPIRES:

DEC 2 - 2000

SUBMIT RENEWAL APPLICATION
ONE MONTH PRIOR TO
ABOVE DATE TO CONTINUE

APPENDIX F

Indexes of Coded Data for Group and Sally



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page: 1

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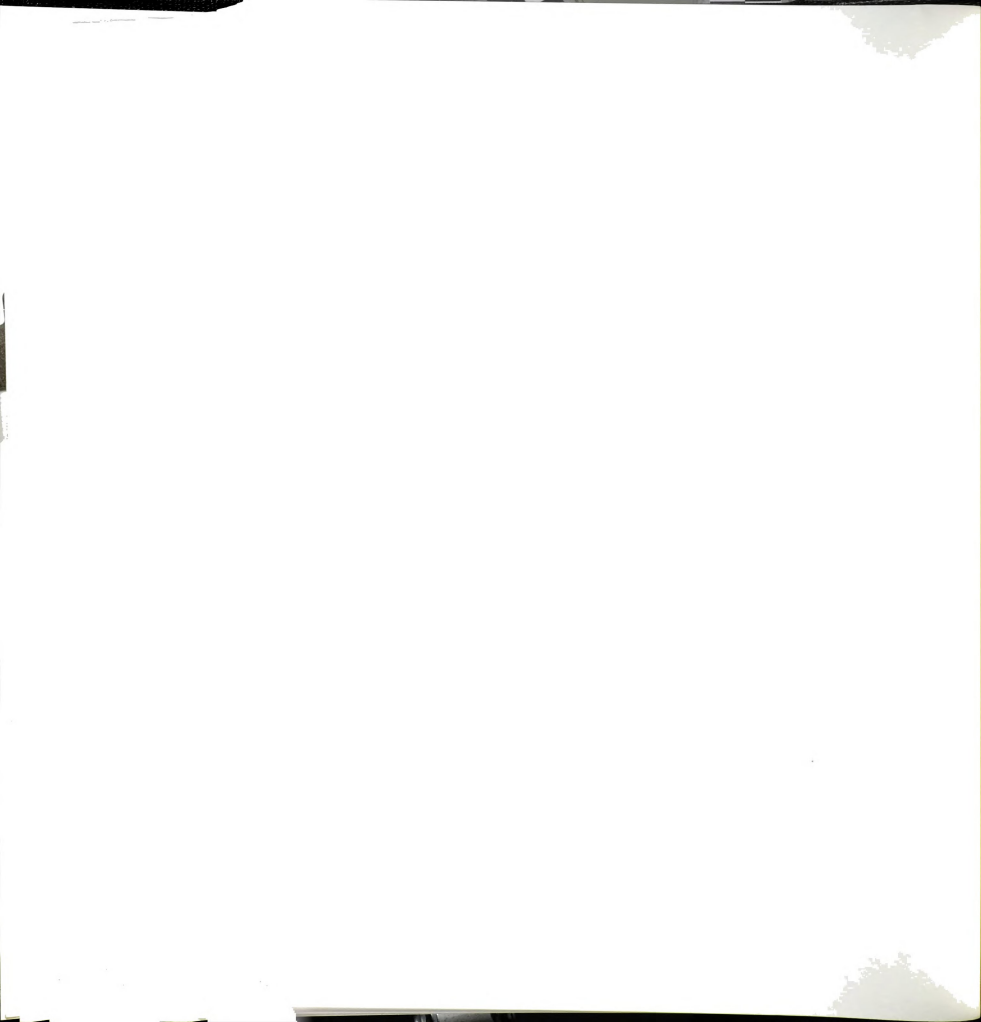
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APPENDIX G

"Call to Spirit"

Based on the melody "Spirit of the Wind" by Craig & Star Williams, 1993. Photocopied for this dissertation with verbal persmision from Kate Marks (Ed.), July 29, 1999. All attempts were made to contact the original composers.



Call to Spirit – Invocation Song

This was learned at the 1985 Pagan Spirit Gathering from Anodea Judith and Selene Vega.

Spi-rits of the — we're call-ling you

Spi-rits of the — we're call-ling you here Spi-rits of the —, we're call-

ling you here and now Spi-rits of the air, bring your bles-sings fair;

Spi-rits of the sky, teach us how to fly; Spir-its of the East in - to our Cir-cle

come.

Spirits of the Fire, bring us our desire;
Spirits of the flame, burn away the pain;
Spirits of the South into our Circle come!

Spirits of the ocean, deepen our emotion;
Spirits of the sea, let the soul be free;
Spirits of the West, into our Circle come!

Spirits of the land, help us understand;
Spirits of the earth, bring to us re-birth;
Spirits of the North, into our circle come!

APPENDIX H

“Sailing Away”

© Joni Milgram-Luterman, 1997



Sailing Away

Words and Music by
Joni Milgram-Luterman

CMaj7 Dmin7 CMaj7

1. I'm sail-ing a-way on a boat to some-where. Wa-ter's wide and the air
2. I'm sail-ing a-way on a boat to some-where. Long a go I feared

Dmin7 CMaj7 Dmin7

is free. I'm sail-ing a-way on a boat to some-where;
this place. I'm sail-ing a-way on a boat to some-where;

CMaj7 Dmin7 CHORUS $\frac{3}{4}$ F

climb a-board and we can see. The wind has no dis-tinct
now it has a dif-ferent taste.

G F G

di-rec-tion. The boat holds on-ly our col-lec-tion of

F G C C *Fine*

dreams, ad-ven-ture, and life.

Dmin7 G7 C Emin/B

3. The boat has tak-en me to plac-es I did-n't know I want-

Amin Amin/G Dmin7 G7

ed to see, but now I'm rea-dy to take the rap-ids

C Emin/B Amin G7 C *D.S. al Fine*

where-ev-er they may, where they may take me. The

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APPENDIX I

“The Invitation”

Oriah Mountain Dreamer, 1999

The Invitation

By Oriah Mountain Dreamer

It doesn't interest me what you do for a living. I want to know what you ache for, and if you dare to dream of meeting your heart's longing.

It doesn't interest me how old you are. I want to know if you will risk looking like a fool for love, for your dream, for the adventure of being alive.

It doesn't interest me what planets are squaring your moon. I want to know if you have touched the center of your own sorrow, if you have been opened by life's betrayals or have become shriveled and closed from fear of further pain! I want to know if you can sit with pain, mine or your own, without moving to hide it or fade it, or fix it. I want to know if you can be with JOY, mine or your own; if you can dance with wildness and let the ecstasy fill you to the tips of your fingers and toes without cautioning us to be careful, be realistic, or to remember the limitations of being human.

It doesn't interest me if the story you are telling me is true. I want to know if you can disappoint another to be true to yourself; if you can bear the accusation of betrayal and not betray your own soul. I want to know if you can be faithful and therefore be trustworthy. I want to know if you can see beauty even when it is not pretty everyday, and if you can source your life on the edge of the lake and shout to the silver of the full moon.

It doesn't interest me to know where you live or how much money you have. I want to know if you can get up after a night of grief and despair, weary and bruised to the bone, and do what needs to be done for the children.

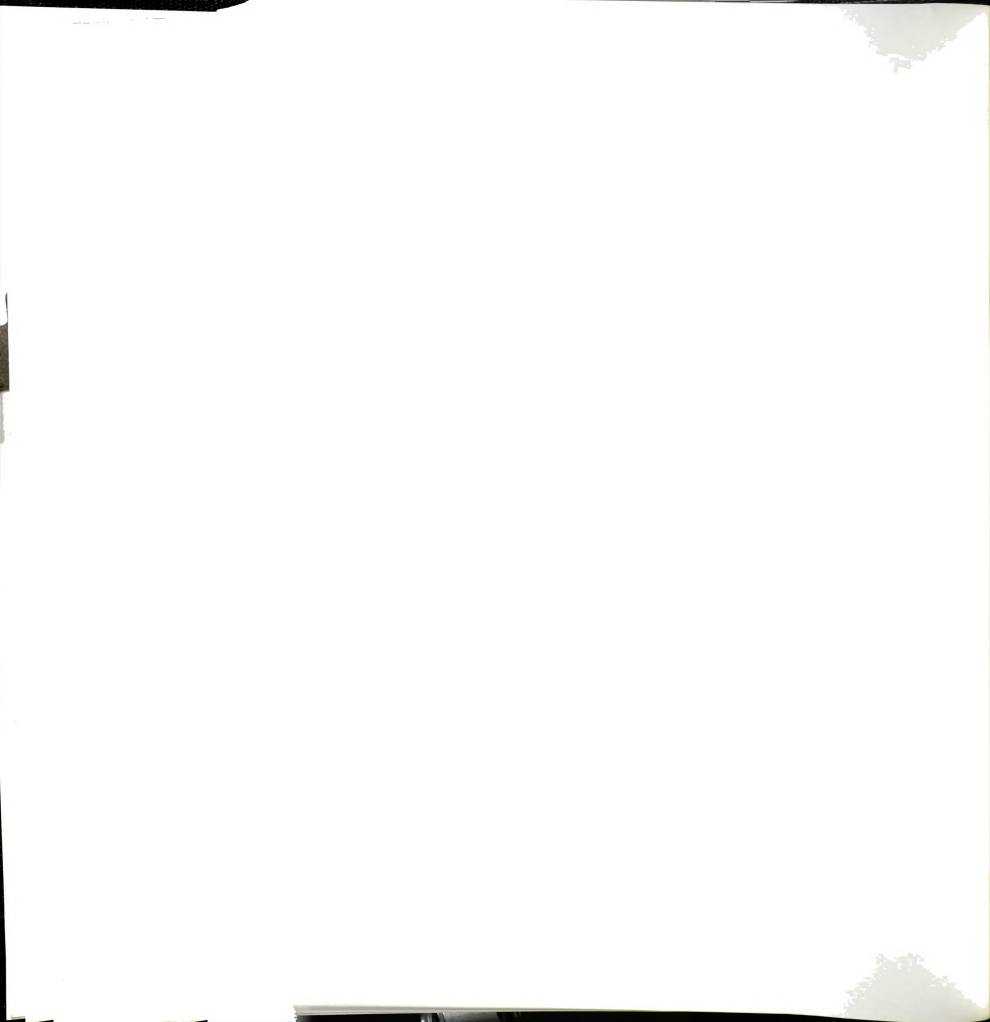
It doesn't interest me who you know or how you came to be here. I want to know if you will stand in the center of the fire with me and not shrink back.

It doesn't interest me where or what or with whom you have studied. I want to know what sustains you from the inside when all else falls away. I want to know if you can be alone with yourself and if you truly like the company you keep in the empty moments.

APPENDIX J

“I am becoming [Me]”

Michael Tierra, 1993. Photocopied for this dissertation with verbal
permission from the composer, July 29, 1999.



I Am Becoming You

Michael Tierra

Sing in five parts

Part 1
I am be- com- ing

Part 2
Air the breath of life

Part 3
Wa- ters flow- ing pu- ri- fy- ing;

Part 4
Fi- re kind- ling spi- rit

Part 5
Earth re- new- ing

Part 1
you.

Part 2
Air the breath of - life

Part 3
wa- ters flow- ing pu- ri- fy- ing

Part 4
Fi- re a- blaze with- in

Part 5
all my bones
flesh

APPENDIX K

“Peer Group: March ‘97”

© Joni Milgram-Luterman, 1997



Peer Group: March '97

Amin7 Bm7(add4)/A Dmin7

The time is now, and in this time, the place is here, and in this place, You speak of love, of all your yet made some

Emin7 Amin7 Bm7(add4)/A Amin7

fears. You're in con - trol and let - ting go with mus - ic's pow - er. We are but space. I sense your wisdom, I feel your grace, and you have shown me:

F G Amin

ba - bies just now born to the jour - ney of life.

F G Amin (AM7 Last Time Only)

We are but ba - bies just now born to the jour - ney of life.





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