

MUSIC THERAPY INTERNSHIP AS DEVELOPMENTAL JOURNEY: QUALITATIVE  
AND ARTS-BASED INQUIRY

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by

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## **DEDICATION**

To all of my clients who shared their creative expressions with me as an Intern Music Therapist. In sharing of yourselves, you invited me into my own deeper journey of becoming and belonging.

## ABSTRACT

Pollard, Zachary D., *Music therapy internship as developmental journey: Qualitative and Arts-based inquiry*. Master of Music (Music Therapy), December, 2018, Sam Houston State University, Huntsville, Texas.

The aim of this research was to investigate the development of therapeutic identity and reflexivity within intern music therapists (IMTs) through qualitative and arts-based inquiries. This researcher utilized a First-person research (FPR) approach to explore an album of seven songs created longitudinally throughout his seven-month music therapy internship as part of a creative arts supervision group. This qualitative inquiry involved an inductive lyric analysis from a grounded theory approach combined with an investigation of each song's musical elements as informed by intertextual and concept album analyses. These individual analyses and their combination resulted in the creation of a *theoretical model* of the researcher's *Emotional, Cognitive, Relational, Formative, and Therapeutic* development as correlated with musical development from a sense of *Creating Safety* to *Sonic Exploration*. The findings also provided a *model of reflexive practice* for use by interns and professionals.

The researcher then explored the developmental journey of the music therapy internship through an Arts-based research (ABR) methodology involving a performative focus group of intern and professional music therapists. This experiential analysis further illuminated the findings of the qualitative inquiry while also revealing new insights into *reflexivity and vulnerability as powerful, clinical resources*. Finally, the researcher discusses the entire research process as influential in developing his therapeutic philosophy of the *music therapist as relational and musical accompanist*.

KEY WORDS: Music therapy internship, Intern development, Therapeutic identity, Reflexivity, Creative arts supervision, Qualitative, Arts-based research.

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## **CHAPTER I**

### **Introduction**

The clinical internship of 900-1200 hours serves as a capstone to every undergraduate music therapy training curriculum. While every music therapy student participates in pre-internship clinical requirements, a full-time internship provides both in-depth experience and professional supervision over a six month period (American Music Therapy Association [AMTA], 2017). This period of time represents a transitional space for the intern who journeys from life as a student to that of a professional music therapist.

#### **Internship as Developmental Journey**

Several researchers describe an intern's journey as a shift from focusing on oneself to that of emerging professionalism, independence, and concern for the client (Brand, 1978; Farnan, 2001; Lamb, Baker, Jennings, & Yarris, 1982; Rushing & Capilouto, 2017). Grant and McCarty (1990) researched the emotional states of 59 intern music therapists using a Likert scale, and found that interns struggle with a variety of identity aspects including self-doubt and feelings of inadequacy especially during the first four months of internship. The authors found that even though the fourth month contained the most intense emotional dynamics concerning identity, it also represented a turning point for the interns who then proceeded to make significant gains in both personal and professional development during months five and six. Both the former National Association for Music Therapy (as cited in Farnan, 2001, p. 118) and AMTA (as cited in Goodman, 2011, pp. 73-74) propose similar models with the intern moving from a stage of dependence, through a turning point in month four, and to the final stage of

independence. Feiner (2001) conceptualizes the overall music therapy internship as a transformative journey that often results in professional growth and personal identity development especially influenced by the supervisory relationship.

### **Supervision as a Relational Process**

According to the AMTA (2017), “supervision includes, but is not limited to, formal and informal observation and interaction in the areas of: direct patient contact, evaluation and documentation, treatment planning, supervision, participation in interdisciplinary didactic sessions, team involvement, participation in training sessions, and staff relationships” (6.1). While these guidelines helpfully inform the reader about the practices of supervision, they leave space for further description regarding the nature of the supervisory relationship.

Forinash (2001) describes supervision as a relational process and an unfolding journey focused on developing a supervisee’s competence and compassion. This development of the supervisee not only requires attention to theoretical understanding, clinical skills, musicality, and professionalism, but also to promotion of self-reflection and insight into issues of countertransference (Baker & Krout, 2011; Forinash, 2001; Shulman-Fagen, 2001). Additionally, Bruscia (2015) states that addressing countertransference issues requires supervision that “must go beyond technical or procedural matters...(and) has to include an examination of the therapist’s feelings and reactions with regards to clients” (p. 47). This supervisory support along with clinical experiences provides a foundation for interns to not only grow in their reflective capacities, but to also practice reflexivity (Baker & Krout, 2011; Bruscia, 2015).

### **Reflexivity as a Practice**

Bruscia (2015) describes reflexivity as ongoing reflection concerning the entire therapeutic process. The practice of reflexivity moves issues of self-awareness, countertransference, and authenticity from a mere focus on the therapist's "self" into insightful examination of therapeutic interactions with clients. The reflexivity of the therapist extends reflection and self-understanding into appropriate modifications of clinical practice (Barry & O'Callaghan, 2008; Bruscia, 2015; Gombert, 2017).

Furthermore, Hadley (2013) discusses the importance of reflexivity regarding the complex identities of both the client and the therapist, and Gombert (2017) suggests the creative arts as a valuable tool in this reflexive process.

### **Creative Reflexivity as a Supervisory Model**

Shulman-Fagen (2001) discusses the efficacy of using creative arts in group supervision of music therapy interns to promote self-awareness of one's professional identity, as well as "to encounter, examine, hold, work through and resolve the issues that arise" (p. 160) in the therapeutic process. This supervisory model incorporates arts-based reflexivity through a variety of creative processes including vocal and instrumental improvisation, movement experiences, visual art making, music psychodrama, and meditation. These creative processes and supervised group reflections provide a safe container for interns to practice reflexivity regarding issues of transference and countertransference, relational styles, therapeutic identity, individuation, autonomy, termination, and other clinical considerations (Shulman-Fagen, 2001).

## **Personal Experience of Creative Reflexivity**

As an intern music therapist (IMT) from July 2017 – January 2018, I participated in weekly group supervision with an arts-based approach as facilitated by the Internship Director and a Registered Horticultural Therapist (HTR). This multidisciplinary dyad opened supervisory meetings with a creative ritual followed by an IMT's artistic reflection regarding their current clinical issues. Group discussion ensued with a focus on deepening understanding through either listening or reflectively responding to the intern's artistic presentation. Each intern then had the opportunity to present a tangible object corresponding to a current clinical issue. The presenting intern facilitated group discussion regarding these clinical issues under supervision of the multidisciplinary dyad. Finally, the creative arts supervision group ended with a ritual lead by the supervisory team. During the seven-month internship, each intern presented once a month with the multidisciplinary dyad leading reflexive experiences once a month as well. Prior to these monthly presentations at supervision group, each intern prepared their creative reflection according to a guiding prompt (Appendix A) provided by the Internship Director.

Participating in these creative arts supervision groups expanded my self-awareness regarding issues of countertransference, professional identity, personal identity, and clinical practice. I not only benefited from journeying with my fellow interns and experiencing their artistic reflections, but I also witnessed the effectiveness of arts-based reflexivity as a force of professional and personal transformation. Throughout my seven-month internship, I wrote one song per month processing my inner experiences of clinical encounters then centered in my awareness. This reflexive songwriting not only provided space for emotional expression and externalization of my inner "self," but

also acted as artistic reflections for group supervision. Through this reflexive process of creative arts and group supervision, I developed deeper self-awareness that corresponded with practical modifications of my therapeutic presence with clients.

Over the last two months of my internship, I engaged in a final project of learning to effectively use the software Logic Pro X through recording the seven songs I presented in group supervision. This project not only addressed a variety of professional competencies, but also promoted deeper reflexivity through increased self-exposure to the lyrical and musical content of the songs in the recording process. While I originally wrote the lyrical melodies accompanied by only guitar or keyboard, the recording process demanded further codification of musical choices including texture, dynamics, tempo, harmony, and form. This compositional and reflexive process resulted in a musical artifact, a seven-song album entitled *THERAPY.*, that upon analysis may provide further insight into the developmental process and supervision of IMTs.

### **Creative Reflexivity as Arts-Based Research**

Creative reflexivity has recently garnered more attention in music therapy literature with the incorporation of Arts-based research (ABR) methods. According to Viega and Forinash (2016), “ABR is an umbrella term that includes the use of arts as a research method – where the art forms are primary in the research process – and as an overall methodology – where a creative worldview forms the philosophical foundation for an inquiry” (p. 981). Barone and Eisner (2012) discuss that ABR not only deepens our understanding of phenomena, but also creatively expresses nuances often inadequately represented by traditional research methods. Viega and Forinash (2016) also advocate the importance of artistic practices providing insight and leadership in a



research study without necessarily requiring the incorporation of arts into all steps of the process. Finally, McNiff (2008) describes ABR as a systematic process that examines the experiences of both the researcher and participants through artistic creation.

### **Music Therapy as Arts-Based Research Practice**

While researchers in other creative therapies have commonly used these methods since the 1990s, music therapy studies incorporating ABR have primarily developed over the last fifteen years (Leavy, 2015; Ledger & McCaffrey, 2015; Viega, 2016). Diane Austin, however, did complete a music therapy study using an ABR approach in the 1990s. This study, entitled *Grace Street*, investigated the experiences of persons living with addictions through the researcher's observation of an Alcoholic Anonymous group over a five month period (Austin, 2015). The researcher incorporated an ABR methodology that not only generated a variety of creative artifacts, but also culminated with the creation and performance of a musical play. Austin's (2015) creative and reflexive process deepened analysis of artifacts and insight into the research question, as well as invited readers into an artistic way of understanding and reflecting on the research material.

Since Austin's seminal work, several music therapist researchers have conducted studies involving ABR methods and their own creative reflexivity. The overwhelming majority of these studies incorporates artistic expressions of improvisation, poetry, visual art, creative movement, drama, creative writing, or some combination thereof (Beer, 2015; Gerge, Warja, & Pedersen, 2017a, 2017b; Gilbertson, 2013, 2015; Gombert, 2017; Kondo, 2003; Ledger & Edwards, 2011; Ledger, 2010; Lindvang, 2013; Rykov, 2008; Schenstead, 2012; Seabrook, 2007; Seabrook & Arnason, 2010; Trondalen, 2007;

Vaillancourt, 2009, 2011; York, 2006). Only a few researchers use songwriting as an artistic practice; however, these studies neither focus on the music therapy internship nor incorporate a first-person methodological approach (Vander Kooij, 2009; McCaffrey & Edwards, 2015; McCaffrey, 2014; Viegas & Baker, 2017; Viegas, 2013).

Schenstead (2012) does integrate a first-person approach with ABR to explore her own improvisatory process with her primary instrument, the flute. The researcher incorporates several creative practices including improvisation, poetry, drawing, dancing, and others to either generate or analyze data in what she describes as an arts-based, reflexive process. Finally, while there is a growing amount of ABR in the music therapy field, only a few of these studies incorporate songwriting, one study integrates a first-person approach, and no studies explore the six-month journey of an IMT. These gaps in the music therapy literature provide opportunity for the author to contribute a study that not only further develops songwriting as a reflexive practice, but also enhances more traditional research concerning the music therapy internship through an arts-based and first-person investigation.

Beer (2015) discusses the importance of music as an “active investigative force” (p. 34) that can empower qualitative research “to impart hidden or implicit meaning” (p. 33). More specifically, Beer (2015) states the importance of substantiating music therapy through incorporating musical data collection into qualitative methodology. This musical data becomes “part of an interactive experience for readers in which they not only intellectually grasp how a participant experienced the phenomenon being studied, but also emotionally and intuitively feel this experience through an aesthetic medium” (Beer, 2015, p. 33).

## Focus of the Study

The purpose of this qualitative and ABR study was to provide further insight into the experience of an IMT through analyzing *THERAPY.*, the musical artifact I created longitudinally across the internship process. The study included thematic analysis of lyrical content as well as examined connections between the lyrics and various musical elements with the purpose of generating experiential understanding useful to pre-interns, current interns, and their supervisors. This investigation not only incorporated qualitative lyric analysis and musical analysis, but also engaged the album, *THERAPY.*, with a perspective of “artist-as-researcher” (Viega, 2016) through ABR methodology. This creative engagement involved preparing and performing *THERAPY.* for a focus group of IMTs and music therapists as well as inviting further dialogue regarding their experiences of the music therapy internship.

The primary research questions were *what do songs written by an IMT reveal about the development of therapeutic identity and reflexivity across the internship process?* and *what does the preparation, performance, and discussion of these same songs with a group of IMTs and music therapists reveal about the development of therapeutic identity and reflexivity across the internship process?*

## CHAPTER II

### Method

#### Design

This investigation utilized both a First-person research (FPR) design and Arts-based research (ABR) methodology to promote a deeper understanding of the developmental journey of intern music therapists (IMTs). Hunt (2016) described FPR as a research perspective where “the aim is to acquire firsthand, personal accounts of subjective experience with the phenomenon of interest as directly experienced by the self” (p. 907). This introspective research approach uses data gathered from the “self” to provide deeper insights into the subjective experiences of each individual (Bruscia, 2005; Hunt, 2016). While this research perspective can include variations of plural forms, such as participants studying themselves as guided by the researcher, this study initiated with an analysis of the musical artifact that I created during my music therapy internship. Accordingly, the FPR perspective suited the analysis of this musical artifact which acted as a primary data source for the study.

The FPR perspective encompasses a variety of approaches including both reflexive phenomenology and autoethnography. Hunt (2016) defined reflexive phenomenology as “a form of phenomenology where the researcher examines his or her own experience only, rather than the experiences of others” (p. 917). An early example of music therapy research using this approach includes Forinash and Gonzalez’s (1989) investigation of their personal experiences in therapy with a terminally ill client. More recently, Arnason and Seabrook (2010) incorporated reflexive phenomenology with arts-based methods to collaboratively integrate their separate ABR projects into a narrative

reflecting insights into their clinical work. In my study, I employed reflexive phenomenology to investigate my own personal experience of the music therapy internship as well as ABR methodology through revisiting the musical artifact while preparing to perform *THERAPY*. for a focus group of IMTs and Board Certified Music Therapists (MT-BCs).

Throughout this study, I also incorporated the approach of autoethnography through a modified form of O’Callaghan’s (2005) reflexive journal analysis.

O’Callaghan (2005) kept a reflexive journal concerning her clinical practice with hospitalized adults with cancer. This researcher then conducted inductive thematic analysis on her journal to practically inform the daily work of clinicians. My study similarly incorporated autoethnography through inductively analyzing the lyrical content of *THERAPY*. with an integrated analysis of the album’s musical elements.

With the insights from these investigations, I then further integrated arts-based methodology through performance of *THERAPY*. for a group of IMTs and MT-BCs as well as engaging in discussion with these individuals about their own developmental journeys through the music therapy internship.

### **Epistemology**

This study investigated the developmental journeys of IMTs through an analytical process similar to Viega and Baker (2016). In particular, these researchers emphasized the value of combining an ABR methodology with a deductive lyric analysis that also considers musical elements in the investigation of songs written by a person with neurodisabilities. My study similarly combined an ABR methodology’s focus on knowledge through aesthetics with a more traditional qualitative approach of an inductive

lyric analysis that also investigated the artifact's musical elements. I conducted the lyric analysis with a modified grounded theory approach from a constructivist methodology.

A constructivist methodology “is a perspective that views meaningful human reality not as objective – not out there to be discovered or uncovered – but rather as constructed by individuals through their interactions with and interpretations of the world and each other” (Hiller, 2016, p. 250). Throughout the analysis of the lyrics and music of the artifact, I adopted a constructivist approach aimed at understanding my own subjective and personal experiences of clinical work as an IMT. Accordingly, this study purposed to deeply reflect, understand, and interpret my own internship experience with a constructivist methodology as well as to further provide understanding of the internship journey through the integration of ABR methodology.

Viega and Forinash (2016) provided terminology for the roles of art in ABR as either *an adjunctive method*, *a primary method*, *a primary methodology*, or *a radical event*. ABR as *a primary methodology* holds a pragmatic stance toward epistemology, because “the value of knowledge in ABR moves away from traditional qualitative and quantitative design strategies, adhering to its own way of knowing within the artistic process” (Viega, 2016, p. 6). Furthermore, ABR methodology orients around “aesthetic experience as a way of knowing” (Viega, 2016, p. 4) and “requires a sustained adherence to a creative worldview wherein works of art are also works of research” (Rolling, 2013, p. 17).

This study incorporated insights developed from the lyric analysis and musical analysis into the preparation for and performance of *THERAPY*. in a focus group of IMTs and MT-BCs. Through this ABR methodology, I acted as an “artist-as-researcher”

(Viega, 2016) who reflexively prepared and performed the musical artifact to invite the focus group to deeper reflection and dialogue for the purposes of further illumination of the developmental journeys of IMTs.

### **Participants**

Through FPR design and ABR methodology, I, as researcher and participant, studied my own personal experiences as an IMT through analytical and experiential approaches. I also engaged a focus group of IMTs and MT-BCs with ABR methodology to invite further reflection on and discussion of their experiences.

The FPR design as influenced by constructivist methodology values my identity as formed by personal experiences, social context, ways of meaning making, and my communicative language in regards to phenomena (Hiller, 2016). Accordingly, I am a 35-year old Caucasian male recently completing my music therapy internship and becoming a MT-BC. While I have always been a musician who values relationships, I initially graduated in 2005 with a Bachelor of Science in Agricultural Engineering from the University of Georgia. After receiving this degree, I worked for four years in residential care with adolescents in crisis followed by seven years of employment in Houston, Texas with a variety of non-profit organizations building community in low-income neighborhoods. Throughout the latter half of my time in Houston, I began pursuing my Masters Equivalency degree in music therapy at Sam Houston State University.

While all of these experiences formed my identity, I was also significantly impacted by musical engagement in childhood and adolescent years. I grew up singing in both church and school choirs, as well as receiving piano lessons from 5<sup>th</sup> – 12<sup>th</sup> grade. I

wrote my first songs in 11<sup>th</sup> grade and have continued with the incorporation of music recording as well. Unknowingly, I have used songwriting since my high school years to creatively process many personal experiences. The musical artifact reflects the outworking of my creative practice during the music therapy internship as inspired by the creative supervision group.

The participants in the focus group included one IMT and seven MT-BCs including myself. I held previous relationships with each of the participants either through my music therapy education, internship experience, or work experience as an MT-BC. Of the MT-BCs in attendance, three had practiced for less than three years, and the remaining four had provided services for at least three years. The music therapy experiences of the IMT and the MT-BCs involved a variety of different settings and populations including private practice, forensic psychiatric, medical, elder care, memory care, developmental differences, and music therapy collegiate education.

## **Materials**

I completed the lyric analysis using a MacBook Pro, Microsoft Word, Microsoft Excel, and lyric sheets (Appendix B). The musical analysis employed Melodyne 4 Studio, Logic Pro X, and ATH-M50X headphones to create scores of each of the seven songs including melody, harmony, texture, meter, and key signature.

I prepared and performed *THERAPY*. with a Yamaha FG-411 CE acoustic guitar, a Hohner Special 20 harmonica and holder, a Korg SV-1 stage piano and stand, a Yamaha sustain pedal, a Roland KC-100 amplifier, a Vox Mini 3 G2 amplifier, two SM58 vocal microphones, two microphone stands, and several instrument and microphone cables. I provided the focus group participants with pens and a handout



(Appendix C) discussing my findings from the lyric and musical analyses as well as lyric sheets for each song. I also provided Informed Consent forms (Appendix D) to review and sign at the beginning of the focus group.

I conducted the focus group from 7:00 – 8:30 PM in the office of Earthtones Northwest of Portland, Oregon on July 24, 2018. One participant engaged through the Skype application on my MacBook Pro. Finally, I recorded the audio of the focus group's performance and discussion using the Zoom H4n Pro Handy Recorder for later transcription and analysis.

### **Procedure**

I conducted this FPR and ABR study in two distinct phases: Analytical Analysis and Experiential Analysis.

**Phase one: Analytical analysis.** This phase involved procedures of lyric analysis and musical analysis as well as their integration into an overall theoretical model of the development of my therapeutic identity and reflexivity through the internship journey.

***Step one: Lyric analysis.*** The first step of Phase One involved a lyric analysis of the entire album from a modified grounded theory approach oriented around discovering thematic material. Similar to O'Callaghan (1996), I thoroughly reflected on the entire album's lyrical content to identify the "recurring concepts" (p. 81) followed by categorization into groups reflecting phenomenological similarities. Upon further analysis, these categories were developed into thematic developmental shifts that reflected my journey through the internship. These thematic developmental shifts were then summarized as overarching areas that were connected into a model illustrating my practice of reflexivity through internship (Creswell, 2007). My study employed an

inductive lyric analysis in the following four stage procedure modified from O'Callaghan (1996): *Open coding*, *Axial coding*, *Alternating between open coding and axial coding*, *Frequencies of categories and themes*.

*Open coding.* This first stage of lyric analysis involved searching for the best word or a phrase to conceptually describe each segment of the lyrical data from the musical artifact, *THERAPY*. (Corbin & Strauss, 2015). Essentially, I engaged in an analytical process of reading and assigning *lower-level concepts* or *subcategories* to each line of lyrics in the seven songs of the musical artifact (Corbin & Strauss, 2015, p. 216). As I continued this inductive approach of line by line analysis, I further developed subcategories by examining the lyrics of song sections and of entire songs. Upon the discovery of repeated subcategories, I began to construct more abstract conceptualizations eventually developing *categories* (Corbin & Strauss, 2015, p. 216). Similar to O'Callaghan (1996), my categories reflected groupings of subcategories related to similar phenomenon. Through this process, I remained flexible in my analysis allowing categories to emerge over multiple analyses of the lyrics.

*Axial coding.* While open coding involved the breaking down of lyrical content into various conceptualizations, axial coding focused on developing themes from the lyrical content through examining connections between categories (O'Callaghan, 1996). Through this process, I developed thematic developmental shifts represented in the lyrics of *THERAPY*. I then summarized these thematic developmental shifts as overarching thematic areas of development.

*Alternating between open coding and axial coding.* During this stage of the procedure, I reflected on my personal experience of internship as well as the

subcategories, categories, thematic developmental shifts, and overarching areas to evaluate the representative accuracy of my conceptualizations (O’Callaghan, 1996). I also ruminated on the connections between the overarching areas as described by the thematic developmental shifts and developed a model that portrays my practice of reflexivity through music therapy internship

*Frequencies of categories and themes.* This quantitative analysis provided frequency data of categories and themes as reflected in the musical artifact to further enhance the discussion of my developmental shifts through internship. Informed by O’Callaghan (1996), I conducted a modified form of content analysis to determine the percentages of each category’s recurrence per its thematic area and per the summation of all the thematic areas. This study also determined the frequency of songs involved in the conceptualization of each category. Finally, this study provided percentages of the recurrence of each overarching thematic area as compared to the summation of all thematic areas.

*Step two: Musical Analysis.* The second step of Phase One involved the exploration of each song’s tonality, melodic line, harmonic progression, texture, form, and musical connectedness with lyrical content. Throughout this exploration, I investigated each song’s musical elements “for the presence of a sign that appears ... as unknown, special, unusual, or striking” (Klein, 2005, p. 61). After identifying several signs or musical moments, I employed a theory of intertextuality to further develop my internship narrative through contextualization of these moments within my own frame of musical references (Klein, 2005). As I situated these musical moments on *THERAPY*. within several musical texts, I further developed a narrative that “concerns itself with

describing expressive states evoked by the music and the ways that their unfolding implies a narrative” (Klein, 2005, p. 115).

I integrated the contextualization of these musical moments within an analysis of *THERAPY*. as a concept album to further understand a developmental narrative of my music therapy internship. Informed by a similar analysis of Radiohead’s album *Kid A* (Letts, 2010), I examined the overall narrative of *THERAPY*. as created through my seven-month internship, along with the connections between each song’s lyrical and musical content. I integrated the analysis of the overall narrative and the song connections or “song foldings” (Letts, 2010, p. 111) into a model of *THERAPY*. as a concept album. I then compared this narrative model of my journey to aforementioned research concerning the music therapy internship. While I did not originally intend to create a concept album during my internship, the collaborative lyrical and musical elements of *THERAPY*. provided a sense of cohesion that informed my developmental journey (Letts, 2010).

***Step three: Integration of analyses into theoretical model.*** With the findings of the lyric and musical analyses and their corresponding portrayals of my practice of reflexivity and *THERAPY*. as a concept album, I created an overall theoretical model of the development of my therapeutic identity and reflexivity through internship. I then used this model to provide context for my experiential analysis of *THERAPY*. through ABR methodology.

**Phase two: Experiential analysis.** Phase Two was informed by the analyses represented in Viega and Baker (2016) and Viega (2013, 2016). In Viega and Baker (2016), Dr. Baker employed a lyric and musical analysis to investigate songs written by a

person with neurodisabilities, while Dr. Viegas experientially analyzed these same songs through ABR processes including listening, attending to his “affective and intuitive responses to the music” (p. 6), and musical exploration through remixing and sampling as well as other compositional techniques. Through a similar process, Viegas (2013, 2016) investigated the aesthetics of songs written by adolescent survivors of childhood trauma. This study culminated with the creation of *Rising from the Ashes*, a concept album that Dr. Viegas performed for and engaged the audience in “critical dialogue” (Viegas, 2016, p. 12) concerning their perspectives on hip hop culture and adolescent survivors of childhood trauma. As informed by Viegas and Baker (2016), I employed lyric and musical analyses in Phase One, and then experientially investigated the songs in Phase Two with a three-step process as follows: *Preparation*, *Performance*, and *Critical Dialogue*.

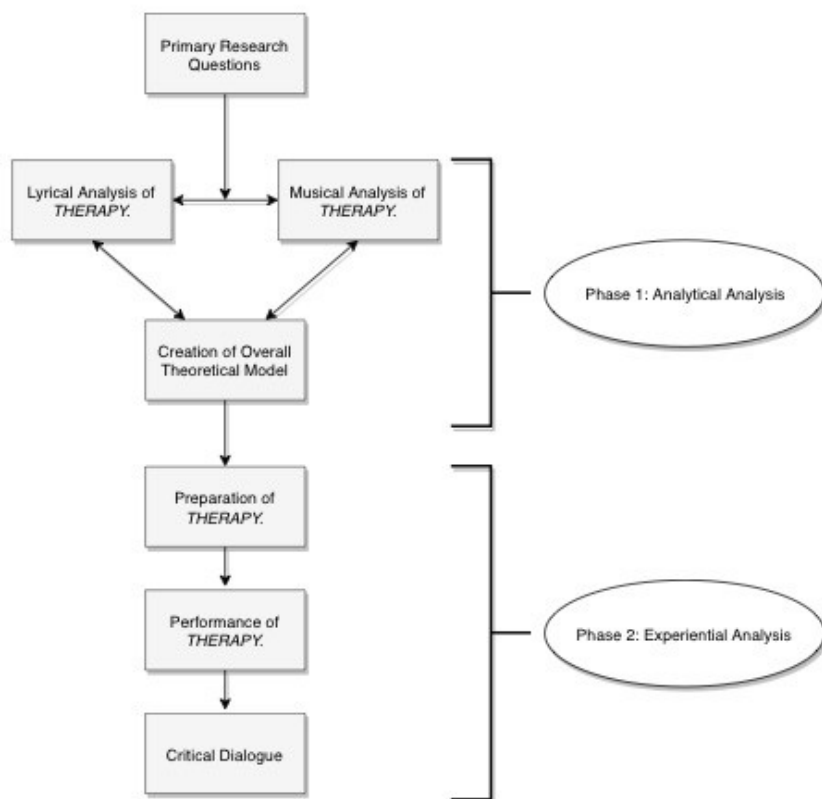
***Step one: Preparation.*** This step involved a reengagement with *THERAPY* through playing each of the seven songs while attending to my emotional and cognitive experiences of the aesthetic content. This reengagement with *THERAPY* provided me the opportunity to explore my developmental journey of internship through attending to my internal reactions to the experimentation with each song’s musical elements including form, tempo, harmony, rhythm, dynamics, and texture. This preparatory process resulted in a performance arrangement of each song on *THERAPY*, as well as a focus group handout and discussion questions as seen in Appendix C. The focus group handout included lyric sheets that followed the performance arrangement of each song.

***Step two: Performance.*** Step Two provided another opportunity to engage with *THERAPY* in the context of performing the songs for a focus group of IMTs and MT-

BCs. This focus group provided a new context to explore my inner experiences of *THERAPY*. and to develop further insight into the first research question.

***Step three: Critical dialogue.*** Finally, I engaged the focus group participants in dialogue concerning their own developmental journeys through internship as well as their experiences of the performance of *THERAPY*. I used several questions, as seen in Appendix C, to encourage deeper reflection regarding the internship experiences of each participant. This dialogue not only promoted participant awareness into the internship journey, but also enhanced the study's findings concerning an intern's therapeutic identity and reflexivity development.

**Procedural flow chart.** This study will follow the flow chart of the research procedure as represented in Figure One. The reader will notice that the study begins with the first phase of Analytical Analysis which contains the steps of Lyric Analysis, Musical Analysis, and Integration of these Analyses. While I described the Analytical Analysis with the above three steps for the sake of clarity, I actually engaged in these procedures more concurrently than progressively through shifting my focus between lyrical coding and musical elements throughout Phase One. Once I created the overall theoretical model, I engaged in the Experiential Analysis phase through the progressive steps of Preparation, Performance, and Critical Dialogue.



*Figure 1.* Procedural Flow Chart.

## CHAPTER III

### Analytical Findings

The results of the inductive lyric analysis and the musical analysis of the album, *THERAPY.*, are presented in two sections followed by an integration of these results into an overall theoretical model (Figure Two) of the development of my therapeutic identity and reflexivity across the music therapy internship. These analytical results from the lyrical and musical content of *THERAPY.* focus solely on the first research question concerning the development of my therapeutic identity and reflexivity across the internship process.

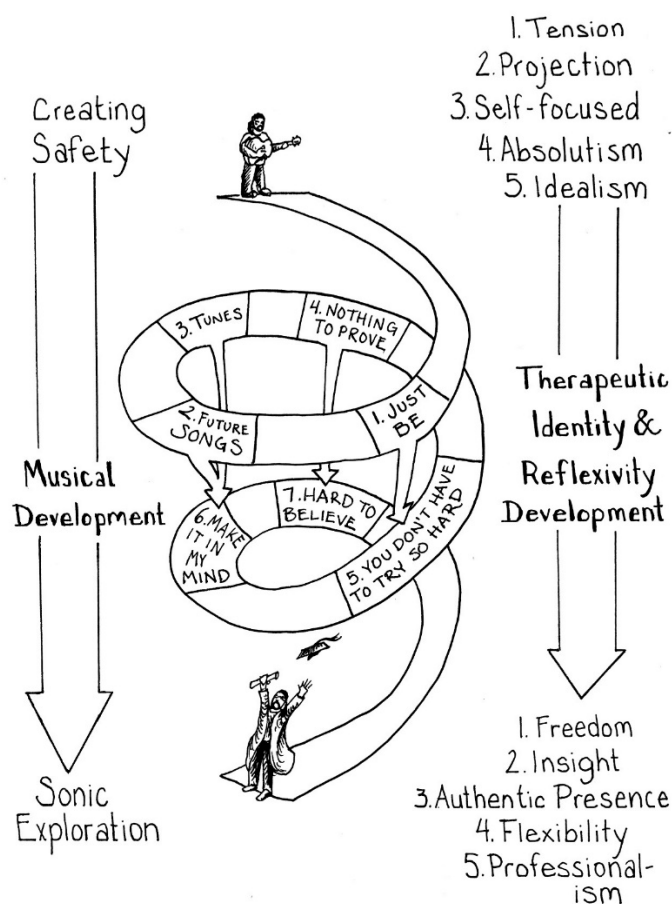


Figure 2. Theoretical Model of My Therapeutic Identity and Reflexivity Development. Printed with permission of the artist, Heidie Ambrose.



### Inductive Lyric Analysis

As informed by Corbin and Strauss (2015) and O’Callaghan (1996), the inductive lyric analysis began with a stage of open coding that generated approximately 120 subcategories. During multiple rounds of open coding, the researcher noticed reoccurring subcategories and progressively developed these into 31 conceptual categories of similar phenomena as seen in Table One.

Table 1

*List of Categories and Frequencies of Recurrence of Songs*

Categories	In # of songs	% codes per area	% codes per total
Expressions of emotional hardship	7	30%	8%
Expressions of therapist as the therapist	6	28.5%	8%
Invitations to rest from trying to prove myself	3	39%	7%
Perceptions of the senses of sight and hearing	7	20%	6%
Invitations to freedom	4	10%	6%
Focus on therapist’s experience or actions	4	38%	6%
Invitations to presence with the client	3	38%	6%

(continued)

Categories	In # of songs	% codes per area	% codes per total
Feelings of fear or doubt	6	20%	5%
Perfectionism	5	19%	4%
Absolute evaluations	4	24%	4%
Expressions of therapeutic orientation	4	35%	4%
Expressions of feelings of freedom	6	10%	3%
Expressions of insight	5	9%	3%
Expressions of knowing and knowledge	5	9%	3%
Expressions of internal thoughts	4	12%	3%
Focus on client's experience	4	19%	3%
Understanding of therapist/client relational dynamics in therapy	4	23%	3%
Understanding the therapeutic process	3	20%	3%
Withholding evaluations	3	14%	3%
Projections of therapist on client	2	9.5%	3%
Focus on accomplishment versus relationship	4	13%	2%

(continued)

Categories	In # of songs	% codes per area	% codes per total
Expressions of faith and belief	3	8%	2%
Feeling a sense of pressure	3	7%	2%
Expressions about an inner sense of blindness	3	4.4%	1%
Feelings of passion and purpose	3	3%	1%
General expressions about feelings	3	3%	1%
Instances of relationships between the therapist and client	3	4%	1%
Perceptions of differences between education and internship	3	5%	1%
Feeling a sense of desperation	2	3%	1%
Trying to prove I'm good enough	1	5%	1%
Expressions of what a therapist should be doing	1	3%	0.4%

*Note. The percentage of codes per area and per total included each repetition of a code in a chorus or other musical section to attempt to quantify the effect of hearing repeated words and phrases in the musical artifact, THERAPY..*

The axial coding stage then examined connections between these categories and developed five overarching areas of the development of my therapeutic identity and reflexivity through internship. These five overarching areas of Emotional Experience, Cognitive Development, Relational Development, Formative Understanding, and

Therapeutic Understanding were described as thematic developmental shifts as seen in Table Two.

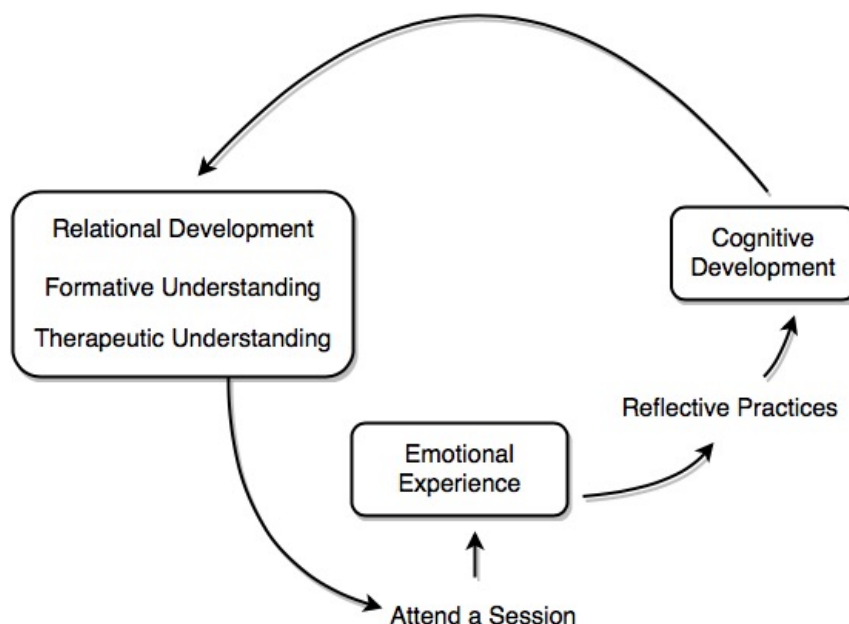
Table 2

*List of Overarching Areas as Described by Thematic Developmental Shifts*

Overarching Areas (% of total codes)	Thematic Developmental Shifts
Emotional Experience (25%):	Tension → Freedom
Cognitive Development (28%)	Projection → Insight
Relational Development (16%)	Self-Focused → Authentic Presence
Formative Understanding (18.5%)	Absolutism → Flexibility
Therapeutic Understanding (12%)	Idealism → Professionalism

*Note. The percentages of total codes for the overarching areas also represent the conglomerate of codes as repeated in choruses or other musical sections.*

Further analysis of the connections between the five overarching areas provided a theoretical model of my practice of reflexivity through music therapy internship (Figure Three). Figure Three depicts my engagement in reflexive practice that promoted my therapeutic identity development through internship. My reflexive practice initiated by the act of providing a music therapy session in which I experienced a sense of emotional tension. After the session, I engaged in some combination of the following reflective practices: personal reflection, journaling, individual supervision, songwriting for the Creative Arts Supervision Group (CAGS), and participating in the CAGS.



*Figure 3.* Theoretical Model of My Reflexive Practice through Internship. This reflexive cycle begins with “Attend a Session” and proceeds with counterclockwise motion.

These reflective practices developed a deeper cognitive experience of insight that lead to a combination of developments in my relational presence, insight into my own formative life experiences, and professional understanding of dynamics and processes in therapy as well as my own therapeutic orientation. The developments in my therapeutic identity deepened my capacity to offer an authentic presence to my clients as I prepared for an upcoming music therapy session. This upcoming session represents the completion of the reflexive cycle as well as the initiation of the subsequent reflexive cycle as illustrated above in Figure Three.

**Emotional experience: Tension → Freedom.** During the open and axial coding phases, approximately 25% of the total codes assigned to lyrical content were combined into the Emotional Experience area. About 59% of the codes in this specific area represented experiences of emotional tension while 38% of the codes represented either an invitation to or an emotional experience of freedom. The remaining 3% of the codes

in this area represented conceptual expressions about feelings as opposed to descriptions of a specific emotional experience.

The two major categories developed during the open coding phase were the therapist's *expressions of emotional hardship* and *feelings of fear and doubt*. The category regarding *expressions of emotional hardship* recurred in all seven songs on the album while the category of *feelings of fear and doubt* recurred in six of the seven songs. The recurrence of each these categories throughout the album demonstrate similarities to Grant and McCarty's (1990) research regarding intern's experiences of "self-doubt" and "inadequacy."

Grant and McCarty's (1990) discussion of an intern's emotional development also closely resembles the categorical prevalence (38%) of *invitations to freedom* or *experiencing feelings of freedom*. These categories recur in six of the seven songs on the album and further demonstrate the thematic developmental shift from an experience of emotional tension to feelings of freedom.

**Cognitive development: Projection → Insight.** Through the open coding and axial coding phases, approximately 28% of the total number of assigned codes were developed into the overarching area of Cognitive Development. This area was further described as a thematic developmental shift from projection of my own internal experience onto the client to a deeper level of insight into my cognitive processes.

Approximately 41% of the codes in the Cognitive Development area related to lyrics concerning my perceptions, inner "self," thought processes, and efforts to develop understanding. The main codes from these lyrics involved references to my "mind" or my ability to "see," as in to deeply understand a situation or a person's experience. In

fact, references to the ability to “see” (as in to understand) recur in 100% of the 7 songs. In addition, the recurrence of *expressions about an inner sense of blindness* in four out of the seven songs provides an interesting contrast to the ability to “see.” Later in this discussion, the Developmental Narrative will provide further insight regarding the connections between sight, blindness, and another category, *expressions of faith and belief*.

Through further analysis in the Cognitive Development area, I noticed that the categorical prevalence of *projection of my own experience onto my clients* (9.5%) exclusively resides in the first two songs of the album. These instances of my own projection originate mainly from the first song, “Just Be” (songone.mp3), where it appears that the client is verbally addressing the therapist with statements such as, “I can see how hard you’re trying,” “why do I sense this fear in your eyes,” and “I know that you’ve got education.” After my performance of this song and the corresponding discussion in CAGS, I gained an initial understanding of the projection of my own thoughts, feelings, and speech onto my client as described below in the Developmental Narrative section.

This first month experience of the CAGS promoted my initial experience of insight into my projection on the client, while also providing a deeper understanding of my internship entry point regarding the Cognitive Development area (Shulman-Fagen, 2001). As internship progressed, the category of *expressions of insight* (9%), which was completely absent in “Just Be,” increased with recurrences in five of the seven songs. In particular, 41% of the coding in *expressions of insight* occurred in the album’s fourth song, “Nothing to Prove” (songfour.mp3).

This song also contains the first open coding instance of the subcategory *understanding my countertransference*. The initial instance of this open code in the song as well as the prevalence of the category, *expressions of insight*, demonstrate the correlation between my cognitive development and the fourth month of my internship. The song lyrics of “Nothing to Prove” represent a “turning point” in my cognitive development in the fourth month similar to discussion in Grant and McCarty (1990), the former National Association for Music Therapy (as cited in Farnan, 2001, p. 118), and the AMTA (as cited in Goodman, 2011, pp. 73-74).

Finally, the overarching area of Cognitive Development represents the largest percentage of assigned codes (28%) in the overall lyric analysis process. The prevalence of song lyrics regarding my cognitive perceptions, expressions of insight, instances of projection, and expressions of faith and belief among others, demonstrates the importance of supervision in encouraging my self-awareness and reflexivity regarding therapeutic identity, transference, countertransference, and relational tendencies (Shulman-Fagen, 2001).

**Relational development: Self-focused → Authentic presence.** I described the overarching area of Relational Development as a thematic developmental shift from being focused on my own experience to that of being authentically present in relationship with my client. This shift from being self-focused to offering authentic presence is clearly shown through the lyrical prevalence of a *focus on my experience or actions in therapy* (38%) as opposed to a *focus on the client’s experience* (19%). All of the open codes in this category occur in the first four songs establishing my experience of entering



the internship as predominately focused on myself (Brand, 1978; Farnan, 2001; Lamb, Baker, Jennings, & Yarris, 1982; Rushing & Capilouto, 2017).

Another category in this thematic area is *invitations to presence with the client*. This category regarding my own authentic presence with the client occurred with the same 38% prevalence of a *focus on my experience or actions in therapy*. The majority of these invitations occurred with repetitions of the phrases “just be with me” and “you don’t have to try so hard” in the first and fifth song of the album. Finally, the category of *instances of relationship between the therapist and the client* only occurred in the third, fourth, and sixth songs with a 4% prevalence per the Relational Development area. Regardless, when considered together as a group, the instances of relationship, the focus on the client’s experience, and the invitations to presence with the client demonstrate my own shift from an internal focus towards authentic relationship with my client (Brand, 1978; Farnan, 2001; Lamb, Baker, Jennings, & Yarris, 1982; Rushing & Capilouto, 2017).

**Formative understanding: Absolutism → Flexibility.** Shulman-Fagen (2001) discussed the importance of CAGS in providing a safe space to reflexively explore issues of transference, countertransference, therapeutic identity, and other clinical aspects. My participation in CAGS as well as my own personal reflection on clinical sessions provided this safe space to consider the impacts of previous life experiences on my identity as a music therapist. In particular, the open coding and axial coding phases resulted in a 24% prevalence of the category of *absolute evaluations* with recurrence in four of the seven songs. The phrase “it’s hard to know the kind of tune to sing, when there’s right and there’s wrong” from the third song, “Tunes” (songthree.mp3), provides

an important moment of insight into my attempts to evaluate my clinical work as either “right” or “wrong.”

These recurring instances of absolute evaluation coexist with a 19% categorical prevalence of *perfectionism* recurring in five of the seven songs. The emotionally descriptive phrase, “so afraid to make mistakes” in the sixth song, “Make It in My Mind” (songsix.mp3), provides further understanding into my ways of being in the world that I developed through a variety of formative life experiences involving judgement of morality and fear of making mistakes.

Further categories of *trying to prove I’m good enough* (5% per this area) and *invitation to rest from trying to prove myself* (39% per this area) provided deeper insight into the overarching area of formative understanding. Through my reflections and CAGS, I developed insight into the impacts of previous life experiences on my personal perceptions of self-worth and human dignity as illustrated by the phrase in the fourth song, “you hold the weight on your shoulders, to try and cure what they told you.” Through a reflexive process, I began to cultivate self-awareness of emotional tension and cognitions resulting from formative life experiences while leading or reflecting on clinical sessions.

The prevalence of absolute evaluation, perfectionism, trying to prove I’m good enough, and invitations to rest from trying to prove myself were further accompanied by the category of *withholding evaluations* (14% per this area) occurring only in the third, sixth, and seventh songs of the album. The prevalence of invitations to rest from trying to prove myself and the increased occurrences of withholding absolute evaluation of

thoughts or behaviors demonstrates the thematic developmental shift from absolutism to flexible interpretations of clinical interactions (Shulman-Fagen, 2001).

**Therapeutic understanding: Idealism → Professionalism.** The overarching area of Therapeutic Understanding as described by a shift from idealism to professionalism was developed predominately from categories related to therapeutic orientation, issues of perfection versus process, and focus on accomplishment versus relationship. In particular, *expressions of therapeutic orientation* demonstrated the largest categorical prevalence of 35% per the Therapeutic Understanding area. The most prevalent subcategories revolved around client-centered and music-centered therapeutic orientations as seen in the following phrases: “but I guess I’ll have to break it, the answers I need ain’t in you” (in song one); “just be, be with me” (in song one); and “a song is worth a thousand words” (in song five).

Other prominent categories revolved around the concepts of perfection versus process and accomplishment versus relationship. Throughout several songs of the album, I struggled with the idea of perfectionism or being “so afraid, to make mistakes” (song six). This perfectionism, when combined with a desire to “prove” (song four) myself, resulted in “trying to give what [the client] need[ed]” (song one) and to provide “answers” (song one). In the first song, “Just Be”, I even wondered if “maybe [I] could just be, be with [the client].” This first song stands in sharp contrast to the final song which reflects on my new experience of sight, freedom, and passion with the final refrain concerning my therapeutic identity at the end of internship: “it’s hard to believe.”

Throughout the songs on *THERAPY*, I demonstrated a shift from an idealistic understanding of the therapeutic process as focused on “trying to give...to listen...to

reflect” and to provide “answers” to a deeper sense of professionalism and independence as seen in the final song’s phrases: “once was blind, now I see, once was lost, now I’m free”; “didn’t know what to expect, felt the fear knew the loss, now the passion’s all that’s left”; and “I guess it’s been a gift, even the rain, part of the knowing, part of the refrain.” My practices of creative reflexivity and the CAGS provided safe spaces to enhance my understanding of the therapeutic process and my own therapeutic orientation resulting in development from a focus on accomplishment and perfectionism to relational presence with the client, independence, self-awareness, and professionalism (Brand, 1978; Farnan, 2001; Lamb, Baker, Jennings, & Yarris, 1982; Rushing & Capilouto, 2017; Shulman-Fagen, 2001).

**Developmental narrative.** The following song by song discussion provides further context and description of my experiences of the thematic shifts to foster a holistic understanding of my own therapeutic identity development and reflexivity through internship.

***Song one: “Just Be”.*** I wrote “Just Be” near the conclusion of the first month of internship regarding my experience of observing and leading a few sessions with an adult client experiencing developmental differences and communication challenges. Essentially, in accordance with the reflexive model in Figure Three, I attended several sessions in which I experienced emotional tension as illustrated in the following phrase from “Just Be”: “why do I [the client] sense this fear in your [the therapist’s] eyes that’s driving you [the therapist] to your knees.” I even expressed my experience of doubt in my capability to “be with” the client through the phrase “maybe [I] could just be.” These song lyrics provide description of my emotional experiences of fear, pressure,

desperation, and doubt in my clinical work with this client in the first month of my internship.

After these sessions I continued in the reflexive process through a combination of journaling, meditation, supervision, songwriting, and CAGS to develop insight into my emotional tension. When I performed this song and then engaged in the corresponding discussion in CAGS, I gained an initial understanding of the projection of my own thoughts, feelings, and speech onto my client. With reflective listening and thoughtful feedback from my Internship Supervisor, I developed insight that I perceived my client as most probably recognizing my efforts “to give,” “to listen,” and to “reflect what [I] see.” I also believed that my client most probably understood “that [I’ve] got education” and even noticed the “fear in my eyes.” I even projected several verbalizations such as, “if you’d take a second, come out of your mind”; “just be, be with me”; and “the answers I need ain’t in you,” onto a client with expressive and receptive communication challenges.

Through the CAGS, I first realized that these perceptions and verbalizations were actually my own as opposed to my client’s. This development of insight through personal reflection, the CAGS, and the songwriting process itself created a powerful invitation to “come out of [my] mind” so that I could “just be, be with [the client].” This invitation to “just be, be with me” illustrates the beginnings of a journey from self-focus, perfectionism, and accomplishment to an authentic presence grounded in a client-centered orientation.

***Song two: “Future Songs”.*** I wrote “Future Songs” (songtwo.mp3) during the second month of my internship while reflecting on sessions with an adult client experiencing several mental health challenges including a diagnosis of schizophrenia.

This particular client would individually write lyrics about his life experiences and then engage in music therapy sessions involving collaborative recording of his vocalizations of lyrics integrated into musical accompaniment from myself and a supervisor.

“Future Songs” begins with an expression of my own personal regret and sorrow to the client: “I didn’t see you, I looked beyond, to who you could be, a future song.” These lyrics demonstrate my own absolute evaluation that I didn’t “see” or understand the client’s experience in the moment and that instead I was focused on accomplishment or “who [the client] could be, a future song.” Specifically, during the session I had excitedly presented my client with the option of adding an electronic drum set into the collaborative recording of his songs. Surprisingly, the client did not respond as enthusiastically as I had expected. While the client did not verbalize or appear to be experiencing considerable frustrations, I felt a sense of anxiety and fear that I had made a mistake in the session that would potentially impact my relationship with the client in the future.

Through the second step of the reflexive model, I reflected on this experience of emotional tension, and developed understanding that I had been focused on accomplishing what I considered to be an *improved* recording project as opposed to offering an authentic presence to the client. “listen[ing] to the music, sounding of the gong, visions of a time that’s past, the glory of a present song.” The song lyrics reflect my own apology to the client, but also serve as a reminder to myself to “listen” to the “glory of the [client’s] present song” as seen in the following rhetorical questions: “where are you now?” and “what do you want?” These invitations to “listen” to the client’s present and to consider the client’s “past” demonstrate a continuing relational progression

from a perfectionistic focus on my actions and myself to an offering of authentic presence to the client. These invitations also reveal a growing sense of client-centered and music-centered therapeutic understanding as demonstrated by a focus on the client's "want[s]," the offering of authentic presence, and the listening to the client's musical play as creative expressions of his inner self.

Through the analysis of this song's lyrics, I also recognized developments in cognition from the first song as demonstrated by the change in perspective of the lyricist. While I did project my own inferences regarding the client's internal experiences, I wrote the song from my perspective as opposed to the client's in "Just Be." This shift in perspective represents an initial development from projection to insight.

My absolute evaluation of my actions as deserving a lyrical apology provides a foundation for the Formative Understanding area. Instead of flexibly holding several possible interpretations, I assumed that both the client and I felt a sense of emotional tension. Through reflection, I then made an absolute evaluation that I had made a mistake in focusing on accomplishment versus presence. While my interpretation may or may not have been true, this absolute evaluation revealed an important stage in the development of my Formative Understanding.

The final lyrical portion of "Future Songs" demonstrates the beginnings of developmental shifts from fear and doubt to emotional experiences of freedom, excitement, and peace. Similar to the doubts described in "Just Be," I postulate the question "does freedom still ring?" During my sessions with this particular client, he at times wondered if growth from his present circumstances was possible. Ironically, the client and I shared similar doubts about the possibilities of growth and advancement in

our current experiences. The question, “does freedom still ring?,” is followed by an invitation to listen to “the sound of the moment” that I previously identified as an experience of “glory.” This invitation to listen to the “sound of the moment” or “the glory of a present song” functions as an encouragement to the client and myself to believe that growth is not only possible, but a certainty as seen in the repetition of the phrase “one day they will be.”

Through my process of lyric analysis, I began to “see” that this lyrical section of “Future Songs” represents a progression away from doubt, fear, and self-focus and towards an experience of my own freedom to focus on the client’s therapeutic experience. This progression from blindness to sight is mediated through my *step of faith* in believing that even though the client’s present experience is not of freedom, excitement, and peace, that “one day [it] will be.” Further discussion of the connections between this section’s lyrical and musical content follows in the Musical Analysis section.

***Song three: “Tunes”.*** I wrote the song, “Tunes,” as a creative reflection concerning a single music therapy session with an adult client experiencing developmental differences and communication challenges. Our weekly sessions involved both of us playing and singing through a standardized set list of the client’s preferred music with limited verbal conversation.

During this particular session, I noticed that my client’s vocalizations and body affect changed from a sense of creative exploration to monotone vocalizations and limited body movement. In the moment, I decreased my musical dynamics to communicate empathy and support, however, due to our challenges with verbal communication and my own level of experience as an intern, I left the session with



questions seen in verse one: “What are these quiet whispers, please tell me what they mean, a cry for help, turn in conversation, budding blossoms of grief.” While these questions are rooted in an emotional experience of tension as discussed below, they also reflect my own cognitive development as I ask questions about the meanings of my client’s “whispers” instead of projecting my own interpretation.

In the first verse, I described the emotional impacts of being without answers to these questions through metaphors of hearing “thunder in the distance” and seeing that “the rain is coming too.” I also communicated my experience of emotional tension as a feeling that “the times are changing, but they never change too soon.” This sense of tension provided me with motivation to reflect on the connections between my cognitions and emotional experiences.

Through my own personal reflection, I experienced a sense of “revelation” that I had been evaluating my clinical work as either doing “right” or “wrong.” I had been experiencing “sweet hesitation” because I was “reaching out for the lines,” or the “right” things to say during sessions. These lyrics not only demonstrate my fear of making mistakes and self-focus on my own clinical actions, but also reveal an initial development in formative understanding as I realized that “it’s hard to know the kind of tune to sing, when there’s right and there’s wrong.”

This song demonstrates the impact of my reflective practice to shift my emotional experience of tension towards one of freedom. I described my deepening of insight or “revelation” as an experience of “sweet consolation.” This emotional experience even sparked a sense of excitement and hope as “looking forward to the future, give the ocean its time.” These lyrics reflect emotional developments as well as a shift towards a

professional therapeutic understanding of therapy as a relational process that takes “time” as well as patience.

***Song four: “Nothing to Prove”.*** As previously discussed, “Nothing to Prove” represents a lyrical “turning point” (Grant & McCarty, 1990) in my cognitive development of insight as a clinician. While I do not remember a specific session or client that inspired this song, I do remember finally completing an assigned internship reading of three chapters concerning countertransference (Bruscia, 2015) during month four of my internship. I use the word “finally” because my Internship Director suggested I read these chapters in the first month of internship after I had processed a session with my client from the song “Just Be.” As I recall, I made it through approximately the first three pages in the first month before putting down the reading with a colloquial sense of being “in over my head.” I was highly interested in understanding, but it felt as if I did not have the capacity to understand the material in my first month of internship.

I “finally” completed this reading in the fourth month of internship resulting in developments of insight into the impact of countertransference on my emotional experiences, cognitions, relational presence, and therapeutic approach. I wrote these lyrics predominately addressing myself from my own perspective. I expressed my feelings of “weight,” mental “pain,” and “doubts” that resulted from “words [that] won’t go away.” In response to the “weight” of these “words,” I “try and cure what they told [me]” by attempting “to show [I’ve] got it made.”

Through my reading of Bruscia’s (2015) discussion of countertransference in month four of my internship, I engaged in personal reflection and developed insight into my emotional experiences of shame resulting from “the words,” or my formative

relational experiences. These lyrics reveal cognitive developments (“grains of [my] insight”) into my experience of countertransference that also affects my relational development and therapeutic understanding.

In particular, the lyrics demonstrate relational development towards authentic presence with the juxtaposition of the phrases “to tell the world again” and “come to the world again.” The first phrase represents a reaction to my experience of shame from formative relationships (“the words”) by attempting to “tell the world again” that I am good enough (“I’ve got it made”). In contrast, “come to the world again” reflects a new way of therapeutic relationship and client-centered approach that prioritizes an authentic presence with “the world” as opposed to acting upon “the world.” This new way of being is empowered by “the birth of a new phrase” that enables me to begin addressing my experiences of countertransference in sessions. The “new phrase[s]” I began using in sessions to address countertransference were similar to the following statements: “I’m okay,” “I’m good enough,” “I’ve got nothing to prove,” and “just be with me.”

Finally, I also affirmed my experience of support from my internship supervisors with the lyrics “I wish that you would see what we already do, that you’ve got nothing to prove.” While my supervisors did not actually communicate “you’ve got nothing to prove,” I used these lyrics to remind myself that my supervisors had consistently offered supportive presences and positive feedback on my internship journey. This juxtaposition of my perspective with the perspectives of supervising Board Certified Music Therapists (MT-BCs) further enabled me to trust the process of internship and continue on the journey.

***Song five: “You Don’t Have to Try So Hard”.*** I wrote “You Don’t Have to Try So Hard” (songfive.mp3) in my fifth month of internship while reflecting upon leading music therapy sessions with a group of elders who were participating in a non-profit day program. During these weekly sessions that involved a variety of experiences including group singing, instrument play, improvisation, relaxation, and songwriting, I became aware that I was experiencing feelings of “being afraid” and of pressure (“breaking down inside”). The awareness of feelings of tension prompted me to personally reflect upon my emotional and cognitive experiences in the session.

As I personally reflected through journaling, mediation, and individual supervision, I developed insight into my own experiences demonstrated by the reoccurrence of the phrase “I see you” three separate times. This is only the second song on *THERAPY*. in which I communicate directly to myself that “I see” or understand my present experiences. The reoccurrence of this phrase reveals a growing sense of personal insight into my experiences as a therapist, which demonstrates the importance of practicing reflexivity.

Through my reflections, I developed insight that my feelings of tension were mainly caused by my “hard” or concerted efforts to “make a change” in my clients and “to avoid mistakes” as a clinician. In fact, I also realized that I had been “breaking down the inside walls” or going outside of my boundaries as a therapist to attempt to produce a sense of constant engagement, participation, and smiling from elders with a variety of challenges in physical, communication, emotional, and cognitive areas. Essentially, I was trying to be perfect (“avoid mistakes”) to produce a perfect or absolute result in my clients’ presentations that in turn would make me feel successful as a clinician (“to grow

[my] name”). I even recognized that I had overextended my boundaries by trying “to do it all” or “to give it all” resulting in my own fear and desperation.

These developments of insight resulted in progressive shifts in my formative understanding and relational presence. Firstly, it is important to recall the lyrical context of the previous song, “Nothing to Prove,” where I finally gained initial understanding into countertransference and the effects of formative life experiences on my ability to offer authentic presence. The lyrics of “You Don’t Have to Try So Hard” provide several invitations to effectively handle countertransference for the purpose of offering authentic presence. The phrase “you don’t have to” proceeds all of these invitations. In other words, I speak to myself phrases of freedom from compulsion to “try so hard,” “to do it all,” “to make a change,” “to grow your name,” “to give it all,” “to avoid mistakes,” “to always hit the brakes,” and “to say it right.” I speak permission to myself to stay grounded within my own person (“inside walls”) while also affirming that “it’s okay to be afraid” in sessions with clients. These lyrics represent shifts toward deeper insight into my formative life experiences as well as freedom to relate authentically with clients.

The lyrics of “You Don’t Have to Try So Hard” also reveal developmental shifts towards a professional therapeutic understanding. In particular, my personal reflection illuminated my attempts to “change” my clients through my clinical actions, as opposed to offering relational connections through a musical experience. The chorus of this song affirms the immeasurable importance of music in music therapy: “A song is worth a thousand words, you don’t have to try so hard.”

Essentially, I invited myself to remember that the healing power of music therapy lies not in saying the right things, but in the musical experience with clients. My

Internship Director, Primary Supervisor, and readings of Dr. Kenneth Aigen's (2005) *Music-Centered Music Therapy* supported my developing eclectic approach comprised of music-centered and client-centered theories emphasizing the importance of music and authentic connection with the client.

Finally, in full transparency, I did not actually present "You Don't Have to Try So Hard" as a part of CAGS. During the previous month, I had written, recorded, and shared the recording of "Nothing to Prove" at CAGS to try something new as opposed to once again presenting a live performance. As I continued to develop as a clinician in my fifth month, I had not only experienced a desire to musically experiment, but also became aware of my ability to both "hold space" and "take up space" during music therapy sessions. Essentially, I have an outgoing personality and what some might call a "booming voice" all within a physical appearance that affords me a substantial amount of power and privilege.

In this month, I had begun to realize my gifts of providing strong relational and musical support to my clients, while also understanding the danger of my presence particularly when experiencing countertransference reactions. These factors along with a CAGS presentation from a fellow intern inspired me to present a musical history in regards to the influence of personal relationships and the recordings of musical artists to the CAGS. These decisions to experiment musically, to reflect on my musical history, and to verbally present my experiences in CAGS also reveal my therapeutic development towards experiences of freedom, insight, and flexibility.

***Song six: "Make It in My Mind".*** While I wrote "Make It in My Mind" in the sixth month, I also chose to not perform and discuss it in CAGS. Instead, I made a

PowerPoint presentation entitled “Safe Spaces for Musical Play.” This presentation again focused on my musical history, but revolved around my experiences of several supportive spaces in which I explored my own creativity with family and friends. My choice to reflect on relational connections and musical play as well as to share this content with CAGS reveals further therapeutic development towards insight, freedom, authentic presence, flexibility, and professionalism.

The lyrical content of “Make It in My Mind” also demonstrates further developments in my therapeutic identity through the reflexive process. I actually wrote this song while reflecting on my clinical interactions with the adult client experiencing mental health challenges from “Future Songs.” While “Future Songs” begins with the phrase “I didn’t see you, I looked beyond, to who you could be, a future song”; the initial phrase of “Make It in My Mind” is “I see you, you see me, appearance of looking, and I want you to be free, but I want you to see me.” These phrases in and of themselves reveal several different aspects of my developmental journey.

I have moved from a place of being self-focused on goals to move the client to some future way of being, to the acknowledgment that I am focused on the client in the present moment. I demonstrate cognitive development from projection to insight by acknowledging that while I perceived the client to be “looking” at me, I actually cannot know his perceptions. Furthermore, in the second verse I discuss my inability to accurately “know” if “what I think” about the client’s emotions is a realistic interpretation or just my projection (“just in me”). As a side note, during individual supervision, my Primary Supervisor communicated something similar to the following about my interactions with this client: “if you don’t know how the client is feeling, you

can always ask.” My supervisor’s practical guidance highlighted the importance of providing an authentic presence and valuing connection in the therapeutic relationship.

The lyrics in the first verse (“I want you to be free, but I want you to see me”) also demonstrate a concern for the client to experience a sense of freedom, while also revealing my formative urges to be seen or recognized as being valuable. My desire for the client to experience freedom closely resembles my own shift from emotional tension to freedom over the course of *THERAPY*. I also acknowledge the urge to gain the client’s attention and his recognition of me as his clinician. Furthermore, I communicate my feelings of fear “to make mistakes” while in the session.

Ironically, the song “Make It in My Mind” was written while reflecting on my emotional experiences of a rather “typical” session without any irregular interactions. This narrative demonstrates my growing ability to practice reflexivity within an actual music therapy session particularly demonstrated by the repetitive chorus: “What’s it gonna take to make it in my mind?” Through this song from the sixth month of internship, I display my progress towards a professional approach that recognizes my emotional tension as countertransference and then effectively remains present with and focused on the client’s experience.

***Song seven: “Hard to Believe”.*** I wrote and recorded “Hard to Believe” (songseven.mp3) during the final month of my internship as a celebratory reflection on my seven-month journey. I did choose to perform this song in CAGS, however, I also invited my fellow IMTs, the incoming IMTs, and both supervising clinicians to vocalize and play either piano, keyboard, guitar, hand drums, or small percussion. I vocally lead the performance while playing an old digital drum system (Yamaha DD-55) that I used to



play with friends in high school. This group performance in CAGS provided an experience of both relational and musical resolution concerning my developmental journey as an IMT.

The chorus of this song reflects on this journey away from projection (“once was blind”) to insight (“now I see”) as well as from an experience of being “lost” to being “free.” This experience of being “lost” not only applies to emotional experiences of tension, but also describes my idealism (“didn’t know what to expect”) and effects of absolutism (“felt the fear knew the loss”). I even reflect on “the rain”, also seen as a sense of hardship in the third song of *THERAPY.*, as being “a gift,” “part of the knowing,” and “part of the refrain.” This experience of “rain” (remember my internship was in Portland, Oregon) caused “loss” that resulted in passion being “all that’s left.”

This passion, along with an internship assignment, provided me with inspiration to develop the following Professional Mission Statement: “to improve the quality of life for people of all ages and abilities through music and personal connection.” This statement highlights my transition from internship to becoming a future MT-BC with a passion to offer services that promote wellness through an authentic presence within the context of musical play. This development of passion for offering professional music experiences really functions as a large portion of “the refrain” of my internship journey. While experiences of blindness, being “lost,” “fear,” and “loss” accompanied the development of this passion, currently, “the passion’s all that’s left.”

In the first month of my internship, I discussed trying “hard” and wondered if “maybe [I] could just be, be with the [client].” In the second month, I questioned “does freedom still ring” for my client and ultimately chose to believe that even though that’s

“not the way things are, one day they will be.” This belief in coming freedom for my client immediately proceeds my own report of feeling “the change of the coming tide” in the third song as well as an encouragement to myself to “give the ocean its time” in my own journey as an intern.

The turning point in the fourth month reveals not only “words [that] won’t go away,” but also “the birth of a new phrase” to remind me to stay grounded as a clinician. The fifth and sixth months witness a revelation of offering authentic presence to the client through practicing clinical reflexivity into my own experience as therapist. My final song from internship, “Hard to Believe,” reflects from a place where *faith has become sight*. In this place, I no longer experience as much hardship in trying to “prove” myself or “to make a change.” Instead, I communicate that “it’s hard to believe” how far I’ve come.

### **Music Analysis**

This analysis investigated several musical elements and their connections to the lyrics as informed by Klein’s (2005) discussion of intertextuality and Letts’ (2010) analysis of *Kid A* as a concept album. These methods provided further insight into the relationships between each song’s musical elements and specific lyrics while also considering the thematic findings of the lyric analysis. The music analysis, however, first provides an overarching discussion of my songwriting practice as a stable, supportive presence at the beginning of internship that progresses towards further musical experimentation.

#### **Overarching musical development: Creating safety → Sonic exploration.**

This overarching discussion specifically describes my songwriting practice as a developmental progression from *Creating Safety* to *Sonic Exploration*. The musical

analysis of the first song, “Just Be,” and the final song, “Hard to Believe,” provided insight into the development of my songwriting practice throughout internship.

***Song one: “Just Be”.*** Upon analysis of “Just Be,” several musical elements seemed important to examine including, meter, texture, musical style and harmony. In regards to meter, “Just Be” is the only song on *THERAPY*. with a compound duple (6/8) time signature. Also, the instrumental texture throughout each verse and chorus is predominately a lead vocal with an acoustic guitar accompaniment that employs walking bass techniques and alternating bass figures (Oden, 2014). Furthermore, each instrumental interlude replaces the lead vocal with the melodic line of a harmonica. This combination of the meter, textural elements, and musical style situates “Just Be” within the country singer-songwriter tradition that I experienced while living in Houston, Texas for the seven years previous to my music therapy internship.

Previous to my time in Texas, I had predominately listened to a variety of musicians including Steely Dan, Sly and the Family Stone, Toto, Hall and Oates, Gov’t Mule, and Earth, Wind, and Fire. Upon moving to Houston in 2010, I was exposed to modern folk and indie acts like Mumford and Sons, Tallest Man on Earth, Edward Sharpe and the Magnetic Zeros, Fleet Foxes, and Bon Iver. This musical exposure as well as attending local shows in Houston eventually lead to an exploration of the folk and country music of Texas itself.

I began to listen to modern Texas country artists like David Ramirez, Robert Ellis, and Justin Townes Earle as well as influential singer-songwriters Steve Earle and Townes van Zandt. I also listened to blues musician Gary Clark Jr. and folk rock musician Shakey Graves both from Austin, Texas. Almost every one of these musicians,

regardless of musical genre, has incorporated songs that involve an alternation between singing and playing the harmonica while continuously providing guitar accompaniment (Appendix E).

These Texas musicians and also other live performances from Houston singer-songwriters, such as Sara van Buskirk (Appendix E), inspired me to learn walking bass and alternating bass techniques on guitar as well as to begin playing the harmonica. Songs like “Stone” by David Ramirez (Appendix E) demonstrate the stylistic elements of meter, texture, and musical style that I explored through both music listening and instrument play while living in Texas.

This sense of musical contextualization provides insight into the beginning of my music therapy internship particularly in regards to the impacts of my songwriting practice in *Creating Safety*. As I transitioned from Houston to my music therapy internship in Portland, Oregon, I experienced emotional tension from several factors including the loss of previous relationships, the need to learn a new city, and the experience of a different culture all the while entering a music therapy internship site that emphasized different therapeutic approaches than my educational background. This life transition, my first month of clinical interactions, and the reflexive cycle resulted in the creation and performance of “Just Be” at CAGS.

While the lyrics of “Just Be” demonstrate emotional experiences of “fear,” “driving” pressure, and doubt, the musical content projects a sense of confidence and clarity in my identity as being *a man who is unafraid to be from another place*. This sense of confidence or stability also reveals itself through the song’s tonality, which is grounded in G major throughout each verse and chorus. This stable tonality of “Just Be”

as well as the musical contextualization demonstrate the impact of my songwriting practice in *Creating Safety* during the first month of my internship.

The instrumental introduction and musical interludes, however, provide a sense of contrast to the verses and chorus of “Just Be.” In particular, the guitar accompaniment involves a strumming pattern with each instrumental beginning on an E minor chord (vi) and then proceeding through two to four repetitions of the same harmonic progression. The final phrase of each interlude ends with a plagal cadence (IV → I) as shown below:

$$\begin{array}{cccccccccccccccc} \text{Em} & \rightarrow & \text{D/F\#} & \rightarrow & \text{Am} & \rightarrow & \text{G} & \rightarrow & \text{Em} & \rightarrow & \text{D/F\#} & \rightarrow & \text{C} & \rightarrow & \text{G} \\ \text{vi} & \rightarrow & \frac{\text{IV}^6}{\text{ii}} & \rightarrow & \text{ii} & \rightarrow & \text{I} & \rightarrow & \text{vi} & \rightarrow & \text{V}^6 & \rightarrow & \text{IV} & \rightarrow & \text{I} \end{array}$$

While the verses and chorus remain rooted in G major conveying a sense of stability, the instrumental introduction of “Just Be” establishes a sense of tension or instability through beginning on a minor chord followed by a descent through the tonic chord to the conclusion of the first phrase ending on the IV as a type of half cadence. This completion of the first phrase at the IV furthers the sense of instability through a failed cadential resolution to the tonic.

The completion of the second phrase, however, does finally establish the tonal center of G major through a plagal cadence that provides a safe space for the singer-songwriter to finally begin to vocalize. This interpretation of the intertextuality and tonality of “Just Be” not only demonstrates my attempt at *Creating Safety* through my songwriting practice, but also provides musical nuance into my experience of instability in the first month of internship. These interpretations of the musical elements provide a point of departure for discussion of my songwriting practice’s development from *Creating Safety* to *Sonic Exploration*.

*Song seven: “Hard to Believe”.* Even an initial listening to “Hard to Believe” immediately reveals several differences between these two songs. In particular, “Hard to Believe” incorporates a lead vocal that is saturated with reverb and delay effects, while “Just Be” only employs a minimal amount of reverb on the lead vocal. During the verses of “Hard to Believe,” I provided accompaniment with an electronic piano (EP) sound that I developed on a Korg SV-1 keyboard, while I provided accompaniment with an acoustic guitar on “Just Be.” This EP solely accompanies the lead vocal with the addition of an organ part in the choruses, while the texture in “Just Be” incorporates three part harmonies, harmonica, organ, and guitar with the lead vocals. These stark differences in addition of production effects, instrumentation, and texture immediately demonstrate a shift in my songwriting practice from the first month to the seventh month of my internship.

The form and harmonic progression of “Hard to Believe” also provide a contrast to “Just Be.” For example, “Just Be” contains a total of three different harmonic sections (verse, chorus, and instrumental interlude) and “Hard to Believe” consists of two sections that both emphasize the same chordal movement from a Db major chord to a Bb major chord. Each instrumental interlude of “Hard to Believe” contains this exact chord progression as follows:

Db | Db → Bb | Bb

This chord progression evidences the utilization of a chromatic mediant relationship described as two major triads with roots a minor third apart (Kostka, Almén, & Payne, 2013). Composers in the 19<sup>th</sup> century first explored and developed this usage of chromaticism to create a variety of different effects including the “blurring” (p. 430) of

a piece's essential harmonies and avoiding the cadential establishment of a tonal center for a sustained amount of time (Kostka et al., 2013). The verses and chorus elaborate on this two-chord progression by moving from the Db major chord down a step to the C minor chord as follows:

Db → Cm → Bb | Bb

bIII → ii → I | I

This slight elaboration with the C minor chord, however, functions only as a passing chord between the Db major and Bb major chords until the end of the second verse with the vocalization of the lyric “refrain.” Before this particular lyric, the song’s melodic content, as sung by the lead vocalist, withholds establishing Bb major or Bb minor as the tonic chord through completely avoiding both D $\flat$  and Db pitches as well as the leading tone (A $\flat$ ). When the lead vocal sings the lyric “refrain” with an A $\flat$  in the melody, this pitch transforms the C minor keyboard harmony into a first-inversion, half-diminished seventh chord (A $^{\circ 6}_5$ ) that then resolves to a Bb major chord as follows:

Db → | Cm A $^{\circ 6}_5$  | → Bb | Bb

bIII → | ii vii $^{\circ 6}_5$  | → I | I

This imperfect authentic cadence (IAC) functions to finally establish Bb major as the tonic chord and the following Db major chord as modally borrowed from the parallel key. This cadential resolution occurs only once more in the song with the lyric “believe” in the antepenultimate harmonic phrase in the final chorus.

This chromaticism in the harmonic progression of “Hard to Believe,” particularly regarding the emphasis of the chromatic mediant relationship while withholding establishment of the tonic chord, provides substantial contrast to the plethora of half

cadences (HCs), plagal cadences (PCs), and perfect authentic cadences (PACs) within “Just Be.” This analysis demonstrates a substantial shift in my songwriting practice from a place of *Creating Safety* in sonic stability towards cultivation of a deeper sense of *Sonic Exploration*.

This combination of the lyrical and musical content, however, does not seem to heighten a sense of unresolved tension or instability, but rather communicates a feeling of openness to further exploration. In essence, my internship journey concluded with verbalizations of my own personal stability accompanied by *Sonic Exploration* as revealed in my choices of instrumentation, production effects, texture, melodic content, and harmonic progression. While these verbal expressions of freedom and the accompanying *Sonic Exploration* provide a conclusion to my internship journey, they also represent the entry point into my ensuing developmental journey as a MT-BC. This musical development from *Creating Safety* to *Sonic Exploration* establishes an overarching paradigm of my songwriting practice’s development through internship. The following discussion of *THERAPY*. as a concept album provides further insight into my identity and reflexivity development through music therapy internship.

***THERAPY*. as a concept album.** As informed by Letts’ (2010) discussion of *Kid A* as a concept album involving “song foldings” (p. 111), a “midpoint” (p. 110), and a “theatrical ending” (p. 113), the musical artifact from my internship, *THERAPY*., can also be diagramed with a circular pattern (Figure Four).



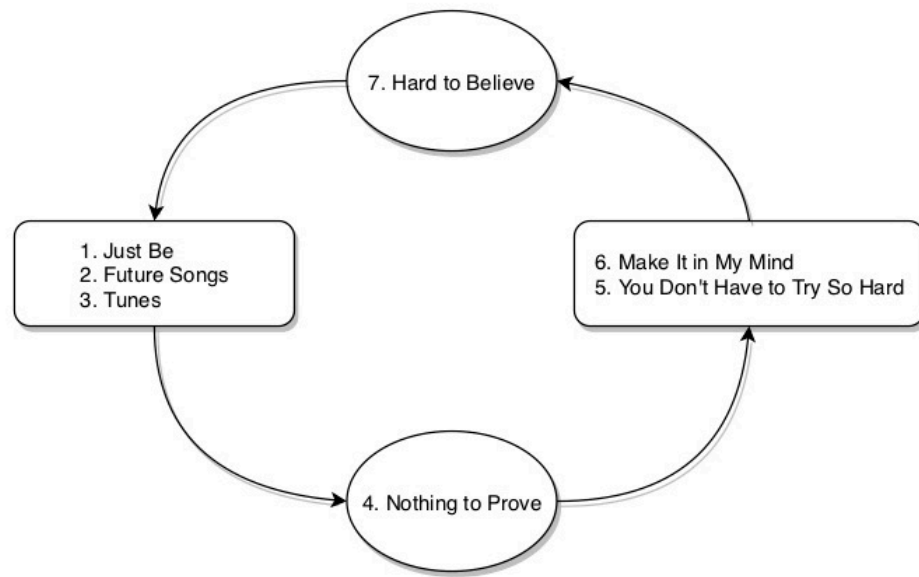


Figure 4. *THERAPY*. as a Concept Album.

Figure Four depicts *THERAPY*. as a circular pattern that begins with “Just Be,” moving through a middle point with “Nothing to Prove,” and concluding with “Hard to Believe.” As informed by Letts (2010), my analysis found “song foldings” (p. 111) or pairings of songs that shared similarities across the midline of the circular pattern. More specifically, the first song, “Just Be” contains musical similarities to the fifth song, “You Don’t Have to Try So Hard,” while the second and third songs, “Future Songs” and “Tunes,” musically pair with the sixth song “Make It in My Mind.” The lyric and musical analyses of *THERAPY*. provide further understanding regarding the song pairings, midpoint, and endpoint.

**“Just Be” paired with “You Don’t Have to Try So Hard”.** Upon listening to the fifth song on *THERAPY*., “You Don’t Have to Try So Hard,” several musical and lyrical elements impress the listener with a sense of connection to “Just Be.” In particular, both

of these songs use the same basic instrumentation of a lead vocal accompanied by a guitar, harmonica, harmony vocals, and an organ part. The predominant difference in instrumentation is the addition of a musical instrument digital interface (MIDI) piano part throughout “You Don’t Have to Try So Hard.”

These songs also resemble each other in the establishment of a tonal center with contrasting harmonic sections. As previously discussed as the departure point for the overarching musical development of *THERAPY.*, the song “Just Be” establishes the tonal center of G major throughout the verses and choruses while providing contrast in the instrumental interludes with the E minor chord moving to a failed cadential resolution (IV as a half cadence) and then finally resolving with a plagal cadence (C → G) into the verse. Each separate phrase of these instrumental interludes also contains plagal movement ( $\frac{IV^6}{ii} \rightarrow ii$ ). Similarly, the first phrase of each instrumental interlude of “You Don’t Have to Try So Hard” emphasizes a series of plagal connections as follows:

$$\begin{array}{ccccccc} C & \rightarrow & G & \rightarrow & D & | & D \\ bVII & \rightarrow & IV & \rightarrow & I & | & I \\ \left( \frac{IV}{IV} \right) \end{array}$$

The final phrase of each instrumental interlude follows the same progression as above, but then proceeds through a PAC to firmly establish the key center of D major for the verses similar to the establishment of G major through a PC in “Just Be.”

Along with the choices of harmony and instrumentation, several lyrical similarities also demonstrate a connection between “Just Be” and “You Don’t Have to Try So Hard.” In particular, each song contains several lyrics regarding the concept of

*trying hard* (“I can see how hard you’re trying” and “you don’t have to try so hard”).

The songs differ, however, in that the lyrical content of the first month wonders if “maybe you could just be” while the fifth song states an invitation to freedom through “you don’t have to try so hard.” These lyrical differences provide an entry point into further discussion of contrasting musical elements that illuminate my therapeutic development through internship.

Several of the most noticeable differences between the songs are in style, meter, and harmonic rhythm. Through contextualization, “Just Be” is situated within a Texas country stylistic with a compound duple (6/8) time signature. The longest a chord is sustained throughout this song is for an entire measure. In contrast, “You Don’t Have to Try So Hard” uses common time (4/4) with several instances of slower harmonic rhythm illustrated by a sustained D major chord for four measures during each verse.

These differences in meter and harmonic rhythm demand a completely different contextualization for “You Don’t Have to Try So Hard.” In particular, I wrote this song in November, about a month and a half after Tom Petty passed away on October 2, 2017. After his passing, I had begun to increasingly incorporate his music into my clinical repertoire due to client requests and my own connection with his songs. I grew up listening to Tom Petty’s newer albums *Full Moon Fever* and *Wildflowers* released in 1989 and 1994 respectively, as well as a compilation album of recordings of Tom Petty and the Heartbreakers. As I wrote “You Don’t Have to Try So Hard,” I attempted to musically experiment with a much slower harmonic rhythm as inspired by Tom Petty’s song “Runnin’ Down a Dream” from *Full Moon Fever*.

While writing this song, I also recognized similarities in the harmonic usage of the  $bVII (\frac{IV}{IV})$  chord in both “Runnin’ Down a Dream” and “You Don’t Have to Try So Hard”. Upon further analysis of my own song, I realized these same harmonic similarities to another favored song of my youth, “Sweet Home Alabama” by Lynyrd Skynyrd. The harmonic progression throughout “Sweet Home Alabama” proceeds as follows:

$$\begin{array}{l} D \rightarrow C \rightarrow G \mid G \\ V \rightarrow IV \rightarrow I \mid I \end{array}$$

While “Sweet Home Alabama” and “You Don’t Have to Try So Hard” differ in tonal centers, the above progression and the instrumental interlude of my song share the same chords arranged in progressions that both accomplish a PC. Further similarities emerge when listening to the harmony vocals that accompany the guitar solo at the 2:40 mark on “Sweet Home Alabama” and the three-part harmony vocals during the harmonica solo at 2:06 in “You Don’t Have to Try So Hard.”

The contextualization of “You Don’t Have to Try So Hard” with two favored songs from my youth provide a contrast to the Texas country stylistic on “Just Be” that I embraced during my late 20s and early 30s. This discussion of intertextuality indicates that my frame of musical reference had shifted from *Creating Safety* through the display of my current musical identity at the beginning of internship towards a *Sonic Exploration* of my childhood and adolescent frames of musical reference. This musical shift towards exploration of my musical history initiates directly after the turning point in month four which evidenced lyrical understanding of the impact of previous life experiences as countertransference in clinical sessions. This discussion of the similarities and

differences reveals a *vertical* song pairing between “Just Be” and “You Don’t Have to Try So Hard” as illustrated in my overall theoretical model (Figure Two). This *vertical* connection as opposed to the *horizontal* song pairing in Figure Four provides a visual image of “You Don’t Have to Try So Hard” connecting to “Just Be” while also engaging in deeper reflection regarding the impact of previous life experiences and musical history on my clinical practice.

***“Future Songs” and “Tunes” paired with “Make It in My Mind”***. Upon listening to each of these three songs, the listener can recognize several connections between the lyrical and musical elements. Each of these songs contains a similar sonic texture of a lead vocal, harmony vocal, and some form of keyboard instrument. I recorded the keyboard accompaniments for “Future Songs” and “Tunes” on a baby grand piano in my music therapy internship’s studio space, while I recorded “Make It in My Mind” using a Korg SV-1 stage piano that I had recently received as a gift for my upcoming graduation.

The Korg SV-1 is a digital stage piano that allows the user to modify a vintage keyboard sound with several effect knobs such as equalization (EQ), reverb, and delay to create a new, preferred keyboard sound. This stage piano inspired me to experiment by creating my own unique sound and then to directly record it into Logic Pro X via an audio interface and a ¼” cable. This process demonstrates similarities to recording the baby grand on “Future Songs” and “Tunes” because all three of these tracks are unedited recordings of my actual performance as opposed to the usage of musical instrument digital interface (MIDI) events as in “Just Be,” “Nothing to Prove,” and “You Don’t Have to Try So Hard.” These similarities in production of “Make It in My Mind” also

represent *Sonic Exploration* through my first experience tracking a digital keyboard part into recording software without using MIDI.

These three songs also contain similarities in harmony, tempo, and lyrical content. More specifically, each of the instrumental introductions and verses of these three songs begin with a minor triad. Almost all of the instrumental introductions and verses of the other four songs on *THERAPY* begin with a major triad. The only exception is the instrumental introduction to “Just Be” which begins with an E minor chord as previously discussed to convey an initial sense of tonal tension for *THERAPY*. The recordings of “Future Songs,” “Tunes,” and “Make It in My Mind” not only set a somber tone with an initial minor triad, but also with the *adagio* or *lento* tempos of 70, 68, and 60 beats per minute (bpm) respectively.

The tone in each of these songs directly correlates with lyrical content expressing emotional tension such as regret (“I didn’t see you”), doubt (“does freedom ring”), expressions of hardship (“I see the rain is coming too” and “what’s it gonna take”), and fear (“hesitation, reaching out for the lines” and “so afraid to make mistakes”). Finally, one of the most significant similarities connecting “Future Songs” and “Make It in My Mind” is that these songs both reflect on my individual sessions with the same adult client who was experiencing mental health challenges.

Upon further analysis, several differences between “Future Songs,” “Tunes,” and “Make It in My Mind” illuminate these song pairings as *vertical* connections along my internship journey as seen in Figure Two. Besides the incorporation of a new style of audio recording with the Korg SV-1, the song “Make It in My Mind” also introduces a melodic line played by the keyboard during the instrumental sections. All of the other

piano or keyboard tracks on *THERAPY*. predominately provide accompaniment to the lead vocal and other melodic instruments such as the harmonica or vibraphone as seen in “Nothing to Prove.”

This initial occurrence of melody and accompaniment in the keyboard part represents a significant revisiting of my educational experiences at Sam Houston State University (SHSU). While studying at SHSU, I had the honor of receiving piano lessons from Dr. Josu de Solaun. Through Dr. de Solaun’s instruction, I not only improved my performance skills and voicing, but also gained a deeper understanding and appreciation of the connections between piano technique and several of my own core values such as the realization of beauty in diversity. This instruction provided me with invaluable training as well as the greatest personal challenge in my music therapy education as I had not engaged in piano lessons for about 11 years previous. Therefore, this incorporation of melody and voicing into my own keyboard playing represents a much deeper sense of musical experimentation than the chordal accompaniments of “Future Songs” and “Tunes.” The song “Make It in My Mind” both connects with “Future Songs” and “Tunes,” while also demonstrating deeper development towards *Sonic Exploration* through a musical embrace of the invaluable and challenging piano instruction I received at SHSU.

***“Nothing to Prove” as a midpoint.*** The song “Nothing to Prove” provides an effective midpoint or folding point for the above song pairings. As previously discussed, the lyrical content of “Nothing to Prove” represents my initial realization of the impact of my formative relational experiences on my current clinical presence with my clients. This lyrical turning point in month four is accompanied by an initial step towards *Sonic*

*Exploration.* More specifically, while I had performed the first three songs of *THERAPY*, each month in CAGS, I chose to present a recorded version of “Nothing to Prove” for the fourth month. During the CAGS, I provided an explanation of the song’s context, played the recording, and then engaged in subsequent discussion with the group.

This initial step towards experimentation through recording “Nothing to Prove” provided several creative possibilities reflected in the choices of instrumentation. In particular, the textural choices of adding MIDI events of a melodic vibraphone part to chordal keyboard accompaniment represents a departure from my songwriting practices before and during internship up to this point. I remember after recording this song in my home’s basement, I walked upstairs and made the following statement to my wife: “Hey Kate, I’ve got a new style I’m excited about!” This expression of excitement in musical exploration directly after composing and recording a song about emotional tension from countertransference provides an insightful vignette into the transformational aspects of my songwriting practice. Regardless, “Nothing to Prove” serves as a lyrical and musical turning point in my developmental journey towards a more established therapeutic identity and a willingness for engagement in *Sonic Exploration*.

***“Hard to Believe” as an endpoint.*** The song “Nothing to Prove” also demonstrates some connections to the final song, “Hard to Believe.” In particular, both of these songs are the only recordings to feature the lead vocals without any harmony vocal parts. Each song contains a principal keyboard part that accompanies its lead vocal. Upon further analysis, however, both of these songs provide a sense of resolution for its preceding phase of internship (Figure Four) while also creating space for the following phase.



As previously discussed, the lyrics of “Hard to Believe” communicate a sense of resolution to internship through reflecting on and celebrating my growth through the developmental journey. These lyrics, however, receive support from the most sonically experimental accompaniment on *THERAPY*. with regards to instrumentation, production effects, and harmonic progression. In particular, the keyboard part of “Hard to Believe” utilizes chromaticism and avoidance of cadential resolution to obscure the essential tonic chord. While the lyrics communicate celebration and sense of freedom, the musical elements of “Hard to Believe” create a sonically experimental space. This song does firmly establish Bb major as the tonic through two instances of imperfect authentic cadences (IACs), however, neither of these IACs conclude the song. Instead, the final phrase again utilizes the chromatic descent from the Db major chord through the C minor chord concluding with the tonic. This final phrase provides a chromatic progression to the tonic that leaves a sense of openness through avoiding a clear cadential resolution. The final chord progression provides a sense of both resolution and corresponding openness to the next phase of my life involving professional practice as a MT-BC.

Similarly, the song “Nothing to Prove” provides a sense of lyrical resolution to the first phase of my internship. Through the first three months of internship as illuminated by the first three songs of *THERAPY*., I experienced emotional tension from countertransference reactions without understanding the underlying causes. The song “Nothing to Prove” represents the lyrical resolution of the first phase of my internship as I finally gain insight into the impacts of previous relational experiences on my clinical presence.

The musical content of “Nothing to Prove,” however, also creates a sense of openness into the subsequent phase of my internship journey. In particular, the harmonies of “Nothing to Prove” function within the A aeolian mode while also emphasizing a D minor chord and its relative major (F major). The harmonic repetitions of the verses and the final instrumental of “Nothing to Prove” is as follows:

$$G \rightarrow Dm \rightarrow F \rightarrow Am.$$

The final phrase of the instrumental, however, concludes with a G major chord leaving the listener with a sense of irresolution or openness especially because this song is not tonally centered in G major. This sense of openness is then resolved with the initial chord of the subsequent song of *THERAPY*. More specifically, the chord progression of the following song, “You Don’t Have to Try So Hard,” is as follows:

$$\underline{C} \rightarrow G \rightarrow D \mid D.$$

The listener can perceive the irresolution of the G major chord on “Nothing to Prove” as a type of half cadence (ending on bVII in A Aeolian) that then connects with the C major chord of “You Don’t Have to Try So Hard” through a traditionally descending fifth connection. This “authentic progression” ( $V \rightarrow I$ ) cadentially completes the first phase or phrase of internship while initiating the subsequent phase or phrase with the C major harmony. This phrase elision not only demonstrates the connectedness of the phases of my internship, but also demonstrates the therapeutic importance of reflexive practice as an MT-BC (Figure Three). This practice resembles a phrase elision as a reflexive cycle ends with the offering of a more authentic presence in a subsequent session. The analysis of *THERAPY* as a concept album provides insight into my internship as song pairings within two separate phrases that connect with an elision at the

month four turning point (Figure Five). The second phase of my internship concludes with the song “Hard to Believe” that musically conveys a sense of *Sonic Exploration* as well as conclusion to my internship journey through open-ended resolution to the tonic chord (ii → I).

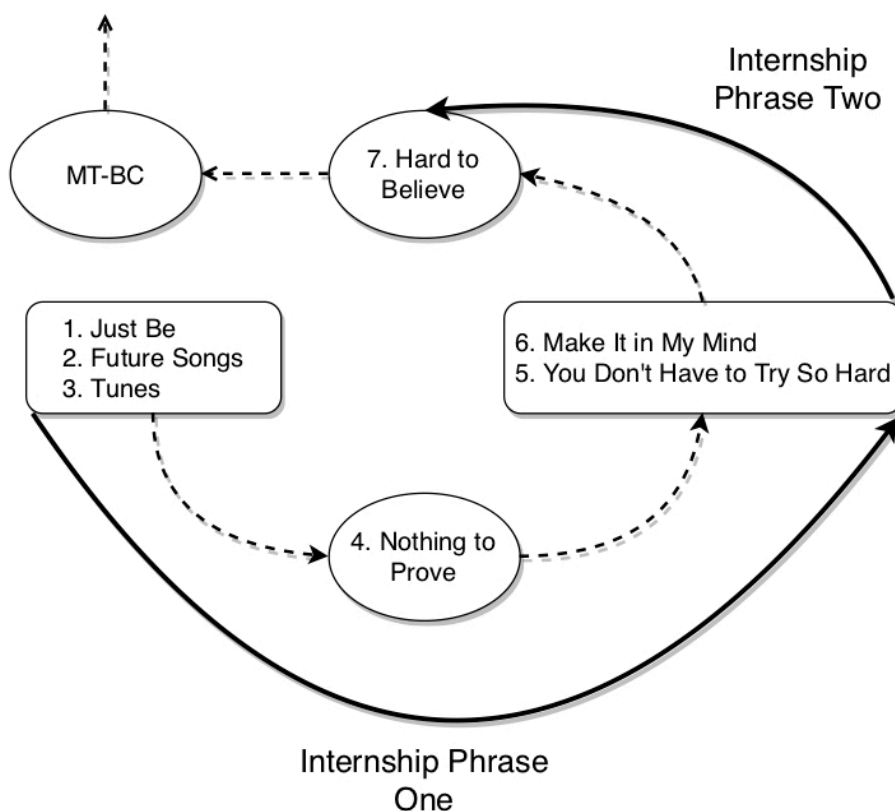


Figure 5. *THERAPY*. as Two Conceptual Phrases.

***Internship journey as meta-periodic design.*** Figure Five displays my internship journey as an antecedent phrase connected by an elision to a consequent phrase. The antecedent phrase closes with the HC (G major chord) in “Nothing to Prove” that initiates the consequent phrase through an authentic progression to the C major chord in “You Don’t Have to Try So Hard.” The consequent phrase then progresses through the final three songs and cadences on the Bb major tonic chord in “Hard to Believe.” This concept

album analysis illuminates my overall internship journey as a type of meta-periodic design that unfolds from a sense of *tension* to *release* at the background level of *THERAPY*.

Periodic forms are found throughout music literature and generally contain an antecedent and consequent phrase established by a stronger cadence at the conclusion of the second phrase (Kostka et al., 2013). Periodic design creates a musical experience of *tension* and *release* in a “fundamentally” different way than a harmonic progression from an unstable chord to a more stable chord such as  $V^7$  to I (Clifton, 2016, p. 1). The entire antecedent phrase functions as a “musical question which is resolved by the consequent in its entirety” (Clifton, 2016, p.1). Essentially, the antecedent phrase of *THERAPY*. does not resolve with the first chord of the consequent phrase (C major chord). Instead, the antecedent phrase completes an initial harmonic motion that is then fully resolved by the consequent phrase, equivalent to a “verbal question-and-answer” (Clifton, 2016, p. 1).

This primer on interpreting periodic design provides deeper insight into my internship journey as a meta-periodic design that supports an overall sense of movement from *tension* to *release*. Essentially, I begin the antecedent phrase with “Just Be,” a song that lyrically communicates tension and musically expresses the concept of *Creating Safety*. This phrase progresses towards a deeper sense of insight that culminates with “Nothing to Prove,” the turning point song in month four that demonstrates lyrical insight into countertransference as supported by a modal progression performed by a sonically experimental musical texture. The unresolved HC at the end of “Nothing to Prove” provides harmonic tension that enhances the lyrical expression.

The phrase elision between the G major chord of “Nothing to Prove” and the C major chord of “You Don’t Have to Try So Hard” initiates the consequent internship phrase which shifts from a modal harmonic progression to a clear, tonic establishment of the D major chord. This clarified establishment of the tonic chord supports the deeper insight and freedom I experienced after the fourth month as revealed by the lyric analysis and overarching musical development from *Creating Safety* to *Sonic Exploration*.

The consequent phrase then progresses through the final three songs of *THERAPY*, and concludes with the most sonically experimental song “Hard to Believe.” This song lyrically communicates the shift towards freedom or *release* and musically expresses an openness to *Sonic Exploration*. This final song of *THERAPY* supports the completion of my internship journey with a cadence on the established tonic chord (Bb major) providing a sense of resolution. This analysis of my internship journey as meta-periodic supports my experience of movement towards both lyrical and musical freedom within an overarching periodic design of movement from *tension* to *release*. The progression towards lyrical and musical freedom as supported and intensified by meta-periodic design reveals insight into the value of creative, reflexive practice throughout internship in the development of a more secure therapeutic identity and a freedom to continue this progression as a professional clinician.

### **Integration of Analyses into Theoretical Model**

As informed by the lyric and music analysis, I developed a theoretical model of my therapeutic identity and reflexivity development (Figure Two). This model correlates the thematic developmental shifts identified in the lyric analysis (Table Three) with the overarching musical shift from *Creating Safety* to *Sonic Exploration*. This figure also

demonstrates the internship journey as a descending spiral that involves song pairings, a midpoint, and an endpoint. This descending spiral closely integrates the reflexive cycle (Figure Three) with developmental shifts towards deeper and fuller experiences of freedom, insight, authentic presence, flexibility, and professionalism. A final analysis of intertextuality within the seventh song, “Hard to Believe,” provides a fitting conclusion to this chapter.

Essentially, the sonically experimental accompaniment of “Hard to Believe” provides a unique backdrop for a small melodic movement in the lead vocal part. As previously discussed, two instances occur in “Hard to Believe” where the lead vocal sustains an A<sup>♯</sup> pitch that slides up to a B<sup>♭</sup> pitch. The first instance in the song occurs when I sing “part of the refrain” and the second instance occurs near the conclusion of the song with the lyrics “it’s hard to believe.” I incorporated this melodic movement as part of vocal experimentation and imitation of one of my favorite singer-songwriters, David Ramirez from Austin, Texas. I have had the privilege to attend his live shows in both Houston, Texas and Portland, Oregon. In listening to his recordings and attending his live shows, I noticed that he often employs a similar vocal technique as seen in his song “Stone” (Appendix D at 12:04).

Therefore, “Hard to Believe” represents the end of my internship journey, the beginning of my professional career, and the reincorporation of my previous life experiences in Texas within a sonically experimental accompaniment. This analysis encapsulates my music therapy internship as a journey towards a more stable therapeutic identity through a reflexive practice illuminated by the songwriting and recording process of *THERAPY*.

## CHAPTER IV

### Experiential Findings

The following discussion presents the findings of a study with Arts-based research (ABR) as a primary methodology. This research investigated the second research question of *what does the preparation, performance, and discussion of these same songs (THERAPY.) with a group of intern music therapists (IMTs) and music therapists reveal about the development of therapeutic identity and reflexivity across the internship process.* The following sections of preparation, performance, and critical dialogue provide insight into the development of therapeutic identity and reflexivity of IMTs with perspectives from one current IMT and eight Board Certified Music Therapists (MT-BC) including myself.

#### Step One: Preparation

I began preparing for the focus group through practicing each song several times while reflecting on my newfound insights and current affective experiences with the lyrical and musical content. Through these practice sessions, I developed the idea to introduce new lyrical and musical elements into several songs to better communicate my experience of internship during the performance. I then purposed to progressively involve the participants in creative expression to not only engage them with my internship story, but to also invite each person into a deeper understanding of their own developmental journey.

I provide further description of my *intention to engage the audience in performance* and my *intention to involve the audience in performance* through a discussion of the differences between the recordings of *THERAPY.* and their

corresponding performative arrangements. This discussion provides insight into the development of my therapeutic identity and reflexivity during internship through reengagement with the musical artifact. Finally, I also created an introductory handout (Appendix C) during this step to share the context of my research study as well as a brief synopsis of my analytical findings with the focus group participants.

**Song one: “Just Be”.** As I practiced through “Just Be” (songone.mp3), I strongly felt the need to perform this song almost exactly as I had during the Creative Arts Group Supervision (CAGS) in my first month of internship. I felt that this similar performance would provide the focus group participants with a deeper understanding of my entry point as an IMT particularly in regards to musically *Creating Safety*. Consequently, I decided to play acoustic guitar, harmonica, and to sing without any amplification similar to my first CAGS.

As I continued practicing “Just Be,” I noticed an emotional sense of apathy or disinclination to perform *THERAPY* for the focus group because I was reminded of my own previous individual performances. Several of these performances mainly consisted of playing original songs while internally worrying about the audience’s perceptions. In fact, while I was in my music therapy internship, I began to realize that I didn’t actually enjoy individually performing my own original material because I consistently focused on questions such as “do they think I’m good?” or “am I good?” rather than on creating and enjoying beautiful soundscapes with the audience.

Further reflection revealed that my time through music therapy internship encouraged the value of safe musical spaces that promote personal connection. Through these realizations, I decided to not only play *THERAPY* for the focus group, but to



introduce musical elements to promote the audience's musical participation and affective understanding of the album. Finally, I also wrote a reminder to myself to reflect on my previous client while performing this song so that I would be more affectively engaged with the material.

**Song two: "Future Songs".** After revisiting "Future Songs" (songtwo.mp3), I similarly felt the need to play it as written and performed in the second month CAGS because this song also represented a moment of *Creating Safety*. While I had attempted to establish myself as a strong musician with the Texas country of "Just Be," I also wanted to demonstrate my musical versatility on the piano. Therefore, I decided to play and sing "Future Songs" on the same baby grand piano with which I had previously performed the song in CAGS. This piano was accessible because I had received approval to use my music therapy internship's studio for the focus group.

The predominant difference between the recording of "Future Songs" and the performance arrangement was in my decision to crescendo from the final chorus to the bridge section beginning with the Bb major chord. I felt strongly about highlighting this leap from doubt ("does freedom still ring") to faith ("one day it will be") through providing a provocative contrast in musical dynamics. My affective response and desire to demonstrate this initial *step of faith* from doubt to freedom demonstrates the importance of this musical moment as a reflection of my internship journey in the second month.

**Song three: "Tunes".** Similarly to "Future Songs," I also decided to perform "Tunes" (songthree.mp3) with the baby grand piano and to sing without any amplification. Upon practicing "Tunes," I strongly felt the emotional tension as

expressed in the three discordant arpeggiations (Bbm/B) and the lyrical content in the first verse and choruses. While in CAGS, I had played this song more aggressively and with a louder dynamic, I decided to support my vocals with a much sparser and softer piano accompaniment for the focus group. This decision mainly arose from my affective remembrance of the emotional pain from the effects of absolutism (“when there’s right and there’s wrong”) while preparing the performative arrangement.

I also decided to incorporate a sense of dynamic and temporal contrast into the second verse with the lyrics “I’ve heard it in the distance, the change of the coming tide.” The final song arrangement included a “pounding” crescendo as well as an increased tempo through the end of the second verse and into the chorus section as a strong statement of my continuing development towards a more stable therapeutic identity. The similarities in instrumentation as well as the musical differences in dynamics, piano accompaniment, and tempo reveal my affective connection to “Tunes” as both an emotionally discordant and hopeful experience in the midst of my third month of internship.

**Song four: “Nothing to Prove”.** As I had considered the focus group performance before preparing the song arrangements, I had a variety of ideas about including other instrumentalists in various capacities. Most of these ideas, however, did not actually materialize for reasons of scheduling and practicality. One of these ideas was to have someone play the vibraphone part on “Nothing to Prove” (songfour.mp3) while I sang and played the keyboard. At that time, however, I didn’t know any available vibraphonists so I just decided to play the recording of the song as a way of

demonstrating my internal focus on my experience and insight concerning countertransference.

While I entered the preparatory step with this idea in mind, I quickly decided upon a new performative plan after reengaging with “Nothing to Prove.” Essentially, while practicing, I felt a strong desire to perform this song for the focus group in contrast to my previously discussed disinclination. Because of my affective resonance with the lyrical and musical content of “Nothing to Prove,” I brainstormed about the practicality of performing this song particularly in regards to the vibraphone part. While considering this possibility, I decided to contact my previous Internship Supervisor who graciously agreed to provide a flute accompaniment in place of the vibraphone part.

I requested my Internship Supervisor’s flute accompaniment as a way to show my need of emotional support during the fourth month of internship. In particular, I decided to play the verses, pre-choruses, and choruses of “Nothing to Prove” with an unstable tempo and sparse keyboard accompaniment. When my Internship Director began to play the flute part during the instrumental interludes, the tempo became stable even though the keyboard maintained sparse accompaniment. This temporal contrast demonstrated the stabilizing effects of the voices of several supervisors who believed in me and offered guidance during my internship journey. This performance arrangement originated from my deep connection with this song’s lyrical and musical content, while also remembering the amazing support and guidance from my Internship Supervisor and others who communicated something similar to “I wish that you could see what we already do, that you’ve got nothing to prove.”

**Song five: “You Don’t Have to Try So Hard”.** While practicing “You Don’t Have to Try So Hard” (songfive.mp3), I felt the importance of including others into the performance while also engaging in *Sonic Exploration* through choices of instrumentation. I desired to include audience participation in this song’s arrangement as way of demonstrating my growth from a self-focused orientation that attempts “to prove” myself through performance towards the creation of safe musical spaces that promote personal connections. I demonstrated this shift towards authentically participating with others in a musical experience through inviting the focus group to sing the lyrics “try so hard” during the harmonica solo sections.

I also invited the focus group to sing two choruses of “Runnin’ Down a Dream” by Tom Petty as the conclusion to “You Don’t Have to Try So Hard.” I decided to insert this chorus to provide a contextualization of my musical history on which I had reflected during the fifth month of internship. In particular, while the harmonic rhythm of “Runnin’ Down a Dream” served as a model when I wrote my song in the fifth month of internship, Tom Petty’s lyrics speak to me about my decision to return to college to pursue a degree in a completely different discipline.

Throughout my music therapy education, there were times when I didn’t think I was actually going to become an MT-BC. I was affected by experiences of fear and emotional tension similar to my internship experience. The chorus of “Runnin’ Down a Dream” not only provided familiar lyrics for the audience to sing, but also emphasized my pursuit of a seemingly impossible dream that required personal development towards a deeper sense of positive identity. Finally, I chose to demonstrate a co-occurring

movement towards *Sonic Exploration* through amplifying my acoustic guitar and using a microphone for my vocals and harmonica.

**Song six: “Make It in My Mind”.** While I did choose to incorporate amplification of my guitar, voice, and harmonica on “You Don’t Have to Try So Hard,” this song’s performance arrangement mostly revealed development towards authentic presence and a positive self-identity through inviting audience participation and incorporating an intertextual frame of reference from my musical history. While revisiting “Make It in My Mind” (songsix.mp3), however, I felt a deeper affective sense of identification with the musical and lyrical content regarding my insight into emotional tension at that time. Through this affective identification, I decided to demonstrate this tension through experimenting with sonic textures.

In particular, I decided to develop an original setting on the Korg SV-1 that would allow me to add a fast vibrato effect during certain sections to communicate a sense of intense wavering or friction. I chose to add the vibrato effect to the keyboard part during the introductory instrumental interlude, the interior instrumental interludes, and the accompaniment of the final stanza (“so afraid to make mistakes...what will it take”). I chose to not include the vibrato effect during the verses, choruses, and the final instrumental interlude. These choices served to express my identification with previous experiences of tension throughout certain sections, while also demonstrating my songwriting practice as an externalization of my own internal emotional vibration. The absence of the vibrato effect on the final instrumental represented the songwriting process as an externalization of tension, while still communicating musical empathy to my

emotional hardship through the descending chromatic harmonies and tonal center of the minor key.

I also decided to engage in further *Sonic Exploration* during the performance through incorporating a vocal microphone and Vox Mini 3 G2 amplifier. This amplifier allowed me to add a substantial amount of reverberation to my vocal part. The incorporation of the effects of reverberation on the vocal and vibrato on the keyboard provided me the opportunity to musically express my insight into emotional tension during the sixth month of internship as accompanied by a shift towards *Sonic Exploration*.

**Song seven: “Hard to Believe”.** Through my reengagement with “Hard to Believe” (songseven.mp3), I decided to develop a keyboard sound with the Korg SV-1 allowing the addition of a compression effect during the instrumental sections, similarly to the addition of vibrato in “Make It in My Mind.” I also decided to further experiment by introducing a substantial amount of delay into my vocal microphone with the Vox Mini 3 G2 amplifier. I incorporated these two effects into the arrangement, while also feeling the need to include the audience as much as possible in the celebration of my internship journey’s conclusion.

Similarly to “You Don’t Have to Try So Hard,” I decided to invite the audience in singing the chorus lyrics of “Hard to Believe” throughout the song. This decision, however, felt incomplete as an expression of my developmental journey towards greater freedom, insight, authentic presence, flexibility, and professionalism. Therefore, I purposed to invite the focus group participants into an improvisational vocal experience as supported by my keyboard accompaniment. During this improvisation, I decided to

neglect my microphone and sing only when necessary to provide support and inspire further creative engagement.

Essentially, I desired to *decenter* myself as the artist and instead invite others to share their own vocalizations as part of a collaborative musical texture. As I developed this song arrangement, I purposed to musically vocalize with the focus group participants as much as needed to create a safe and invitational space for each individual to feel comfortable with vocally improvising in either a preferred style or with what I termed *words of resonance*. I described these *words of resonance* as a participant's vocal expression of words or phrases that emerged or resonated within them during the focus group introduction or performance. This commitment to *decenter* myself as the artist while also purposing to invite others into a supportive improvisational experience illuminates my sense of therapeutic identity during the final month of internship.

**Development of Performance Intentions.** Through the reengagement with *THERAPY*, and the corresponding creation of the new song arrangements, I realized my desire to engage the audience in my own developmental narrative through variations of lyrical and musical elements of the recorded artifact. I intended these variations to promote each participant's engagement, insight, and emotional understanding into my own journey, but also into their own experience of the music therapy internship. This *intention to engage the audience* in reflection upon their own experiences culminated with the *intention to involve the audience* in collaborative and creative self-expression within the context of a safe, supportive space.

Both of these intentions once again illuminate my therapeutic identity development towards emotional freedom, supporting freedom of creative expression

within others, offering an authentic presence to others, and a professional therapeutic approach that fosters wellness through musical play and relational connections. While I entered the first month of internship “trying so hard” to give “answers,” “to listen,” and “to reflect”; I concluded my internship journey stating “it’s hard to believe” that “now the passion’s all that’s left.”

### **Step Two: Performance**

As I made final preparations in July to conduct the focus group at my internship’s studio space, the temperature of Portland, Oregon consistently reached 100°F. This high temperature, while unexpected for the temperate climate of Portland, required some flexibility because the internship studio often became uncomfortably warm in the evening. Thankfully, my Internship Director offered moving the focus group to another more comfortable room within the music therapy practice. This movement of the focus group resulted in needing to use a piano setting of the Korg SV-1 as opposed to the baby grand piano for the second and third songs of *THERAPY*., however, thankfully the focus group participants were able to actively engage in a more comfortable setting.

This flexibility of my Internship Director and myself mirrored my own approach towards performing the song arrangements created during the preparation step. Essentially, I decided to fluidly engage in the performative context, rather than attempting to recreate the exact song arrangements. I considered the performative context to include the physical space, the song arrangements, the participants, and my own experience. In particular, I purposed to notice my own cognitive and emotional experiences during the performance as well as engaging, involving, and actively listening to the participants.



Through the performance of the musical artifact, I noticed a few cognitions accompanied by experiences of emotional tension. In particular, I felt an internal sense of *silliness* about performing *THERAPY*, as expressed by the following phrases: “Why am I here playing these songs for my colleagues?” and “It sure is nice for them to come help me get my Masters degree.” Essentially, I felt a similar sense of disinclination with performing *THERAPY*, as I felt while beginning to prepare the song arrangements. As previously discussed, I believe this disinclination results from my complicated relationship with musical performance as a tool to “prove” myself to the audience or as stated in the lyrics from “Nothing to Prove”: “to tell the world again.”

During the middle of the performance, I also experienced emotional tension regarding thoughts that certain sections of my vocalizations were “pitchy.” These thoughts were accompanied by fears of potential negative evaluations from the focus group participants as well as several unknown others who were enthusiastically talking outside the window of the performance space. While I definitely couldn’t understand their conversations, I assumed that if I could hear their speech, they could definitely hear my musical performance.

While these thoughts and feelings did remind me of certain previous experiences within other performative contexts, in the moment I found myself able to reflect and refocus on my performance intentions. In particular, I reminded myself that most of the greatest singer-songwriters didn’t ever sing perfectly or at times even very well. However, the voices of some of the greatest singer-songwriters communicated and connected to the audience through many techniques including storytelling, dynamic contrast, or timbre. These messages enabled me to refocus on engaging and involving the

participants in the musical experience. This vignette illuminates the development of my therapeutic identity through my engagement in the reflexive process involving “the birth of a new phrase” that enabled me to be authentically present or “to come to the world again.”

Finally, the musical performance of *THERAPY*. provided me with a deeper understanding of my own passion to promote wellness through musical play and relational connections. The aforementioned emotional tension not only resulted in a vignette of the reflexive process, but also produced a sense of *gratitude* for my newfound clarity and passion to be a music therapist. While I performed the songs, I felt grateful that my desire was no longer to make a living through writing, recording, and performing my own songs. I reflected that I had currently come to a place in life where I was more excited about creatively supporting the musical expressions of others. In fact, I realized that I feel more of myself when my creative engagement focuses on inviting others into a musical experience that inspires each individual’s connection to their own creative identity while also fostering interpersonal connections between participants.

With my choice to flexibly engage in the performative context despite the presence of emotional tension, I recognized my own development as a music therapist through my reflexive ability to maintain an authentic presence to the group participants. My reflexive engagement with this emotional tension or “the rain” as described in the artifact’s final song not only demonstrated the reflexive process, but also provided a deeper sense of gratitude and passion towards my identity as professional music therapist.

### Step Three: Critical Dialogue

During this step, I invited the focus group participants to vocalize their reflections on their own internship journeys in response to my brief synopsis of the analytical findings and subsequent performance of *THERAPY*. In particular, I guided participants to discuss their experiences of resonance with the song performances and the concept of internship as developmental journey.

**Resonance with the performance.** Six out of seven participants responded with a discussion of the song performance with which they resonated the most deeply. Interestingly, only two of these participants chose to discuss the same song. In particular, several participants discussed their experiences of *fear* to make mistakes and desire “*to prove ourselves and be perfect* right off the bat.” One participant correlated this desire for perfection with a *self-focused* perspective that results in an inability to “*see our clients*.” Other participants reflected on their experiences of *projecting* thoughts onto their clients during their internship and as a professional. Still another participant discussed the importance of maintaining *presence* with clients over “*all of the things I’m trying to force* in the session.” This same participant discussed the practical reflexive reminder of “*understanding* that it’s my internship and *I’m still developing* my skills.” The compilation of these responses from intern and professional music therapists provided initial support to my own developments in emotional, cognitive, relational, formative, and therapeutic areas.

Further discussion of the performance revolved around the musical content of *THERAPY*. One participant reflected that the performance’s musical development from a sense of stability to experimentation mirrored their own development through internship.

This participant discussed development towards “letting your *musical curiosity* shine” which can be “so *daunting* at the beginning” of internship. Other participants discussed the prevalence of songs with slow tempos and sparse accompaniment styles as “dirge-like” or a reflection of “*the plodding nature* that I felt when I was an intern.” One participant reflected on experiences of the internship journey as “*putting one foot in front of the other*, you’re going to make it another day.” Finally, a participant offered a reflection on the final collaborative improvisation as “*musical permission*” where “you were *empowering* us to sing.” These reflections illuminate the participants’ affective responses to musical moments within the performance narrative. Their responses revealed the music’s capability to enliven the lyrical content and the overall performance to promote affective engagement and collaborative involvement in reflection concerning the internship journey.

**Resonance with internship as developmental journey.** Several participants discussed experiencing resonance with the internship as journey described by the five thematic developmental shifts. In particular, several individuals discussed experiencing a shift from emotional *tension* to *freedom* as a result of reflexivity about absolutism or “*black and white thinking*.” One participant discussed experiences as a supervisor in “recognizing *turning points* for interns in *tension versus freedom*” as well as the importance of tension and freedom within improvisational music therapy. This participant communicated a desire for clients to experience “*true musical freedom* in improvisatory music therapy” as well as describing attentiveness to the continuum of tension and freedom as “an *encompassing feeling that I have towards the work*.” Several

other individuals expressed their resonance with the thematic developmental shift from being self-focused to “bring your *authentic self* to the table.”

Furthermore, a few participants described experiences of both tension and freedom while *transitioning into the professional world*. One participant described resonance with each song “not only as an intern, but as a *continuing clinician*.” Finally, an individual communicated feeling “sad hearing these songs” as well as expressing a deeper awareness of how to “support” interns in their journeys. These responses affirm the concept of internship as a developmental journey towards freedom, authentic presence, flexibility, insight, and passionate professionalism.

**Reflexivity and vulnerability as powerful, clinical resources.** During this step of *Critical Dialogue*, the participants also initiated discussion about the connections between reflexivity and vulnerability. One individual stated that “reflection can be such a *strength*,” while another participant affirmed my own process by communicating “just to have that level of reflexivity and then go through the *process of sharing it with us* and then to let us reflect on it and reflect on you is *powerful*.” Finally, one participant expressed gratitude “for being *vulnerable* enough to play these songs” while another individual communicated that “*shame* is something that so many interns deal with and *it’s really awesome to be able to talk about it openly*.”

These responses illuminate the power of vulnerably and reflexively performing my own internship journey to foster deeper awareness, passion, and professionalism within the music therapy field. In conclusion, this step of *Critical Dialogue* along with the previous steps of *Preparation* and *Performance* demonstrate the value of ABR as a methodology to develop experiential insight, to enliven analytical analysis, and to

empower music therapists to engage further in reflexivity and vulnerability as powerful clinical resources.

## CHAPTER V

### Discussion

This study combined First-person research (FPR) and Arts-based research (ABR) methodology to deepen understanding into the development of therapeutic identity and reflexivity within intern music therapists (IMT). The research process incorporated analytical and experiential analysis of *THERAPY.*, the musical artifact I wrote and recorded longitudinally across my music therapy internship as part of a Creative Arts Supervision Group (CAGS). I initially investigated *THERAPY.* through an inductive lyric analysis that described my internship journey in five overarching areas of thematic developmental shifts (Table Two). I then developed a theoretical model of my reflexive practice (Figure Three) through investigating the relationships between the overarching areas of Emotional Experience, Cognitive Development, Relational Development, Formative Understanding, and Therapeutic Understanding.

I then analyzed the lyrical and musical elements of *THERAPY.* as informed by Klein's (2005) discussions of intertextuality and Letts' (2010) discussion of *Kid A* as a concept album. This analysis described the overarching musical development of *THERAPY.* as an overarching shift from *Creating Safety* to *Sonic Exploration* through a cyclical pattern involving song foldings, a turning point in month four, and a celebratory transition into professional practice. Through this musical analysis and the findings of the inductive lyric analysis, I created an overarching theoretical model of my internship journey (Figure Two).

This theoretical model describes my internship journey towards deeper experiences of freedom, insight, authentic presence, flexibility, and professionalism as

accompanied by a shift from songs that predominately *created safety* to songs that *explored new sonic territory*. These corresponding shifts reveal my songwriting and performing practice as a powerful resource that established a sense of identity and safety during a significant life transition. The overarching theoretical model also demonstrates the value of my engagement in personal and group creative reflexivity to establish a professional identity revealed below in a segment of a final writing assignment from my Internship Supervisor:

My personal approach to music therapy focuses around creating a safe relational space, or sanctuary, through a variety of musical experiences that promote positive self-identity, connection, insight, community relationships, and societal change. (Metaphor and Personal Philosophy of Music Therapy, 2018)

This statement of my therapeutic approach illuminates my point of entry into the professional field as a music therapist passionate about *creating safety* for my clients to *sonically explore* their own creative and positive identities through musical experiences and relational connections.

This past year of professional practice along with the analytical and experiential analyses have effectively continued my own therapeutic identity and reflexivity development as a Board Certified Music Therapist (MT-BC). In particular, the experiential analysis with ABR methodology not only enhanced insight into the developmental journeys of IMTs, but also strengthened my *intentions to involve and engage clients* through musical experiences. Essentially, as a result of my professional practice and this research process, I have developed from merely *creating a safe space* that *decenters* myself to a more flexible understanding of the *music therapist as an*



*accompanist*. The music therapist relationally and musically accompanies the client by establishing the experiential space, and then flexibly occupying or vacating the space to empower the client on their journey towards a deeper experience of *musical freedom*.

More specifically, the music therapist as accompanist may introduce a variety of verbal and musical elements to involve and engage the client such as, open-ended questions, reflective statements, encouragements, empathetic expressions, dynamic shifts, temporal alterations and textural variations. The music therapist as accompanist may use all of the aforementioned examples as both verbal and musical techniques to actively support the client's journey to *personal wellness* as expressed in *musical freedom*. In conclusion, the analytical and experiential analyses demonstrated the importance of a creative and reflexive method in the development of insight regarding the lived experiences of IMTs.

### **Limitations and Future Research**

The main limitation in the study derived from a faulty recording of the musical performance segment of *THERAPY*. This faulty recording limited my ability to listen back and experience more nuances within the musical performance of the songs. Thankfully, the audio recording of the *Critical Dialogue* was still intact allowing transcription and further analysis.

In conclusion, the ABR methodology specifically illuminated the powerful resources of clinical reflexivity and vulnerability through musical performance. I am interested in further experiential research that involves and engages IMTs and MT-BCs in development of their therapeutic identities and reflexive capabilities for the purpose of offering passionate and authentic presence to our clients. In particular, I am passionate

about participating in research that develops evidenced-based practices concerning the quality of a clinician's musical and relational presence as an accompanist to clients experiencing mental health challenges. Further emerging research interests include experiential analysis of the creative reflexivity of IMTs and supervising MT-BCs, as well as ABR involving songwriting and performance that develops awareness into the lived experiences of clients receiving treatment in forensic psychiatric settings.

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## APPENDIX A

### **Creative Journal: Monthly Musings<sup>1</sup>**

As an Earthtones intern you will be asked to create a journal entry approximately once every month at grounding group for the duration of your internship. The purpose of this (approximately monthly) journal is to honor differing learning and expressive styles and to assist in developing skills related to the CBMT Scope of Practice, Section V (Professional Development):

1. Set goals for professional growth
2. Engage in professional activities (e.g. conferences, continuing education, presentations)
3. Seek out and utilize supervision and/or consultation
4. Assess one's own performance in light of ethical and professional standards

The monthly journal will also address issues of self-knowledge and the ethics of continuing to grow in personal competence. According to Cheryl Dileo in *Ethical Thinking in Music Therapy* (2000),

“Just as there is an absolute imperative for music therapists to be competent in what the “do” with clients, there is the same ethical imperative to be competent in how we “are” with clients. Psychological competence involves knowing oneself, and is as important (or perhaps even more important) than knowing on intellectual levels. Self-awareness is the key to being psychologically competent. Therapists’ self-awareness of their personal needs, issues from their life histories, and their vulnerabilities is the first step in preventing these factors from interfering with the process of therapy . . . Self-awareness, then, is one of the key characteristics of effective therapists” (44-45).

Your journal entry may take any creative form you choose. You may write, draw, paint, sculpt, write a poem, write a song, write a story, choreograph a dance, or any other creative method of documentation that you think of. This is an opportunity for you to express your creativity while documenting of your process. You may wish to include your process when giving your internship graduation presentation. You will be asked to share your journal entries with your peers and supervisors at Grounding Group.

When you are journaling, you are encouraged to refer to your personal and professional goals, your personal and professional mission statements, the internship checklist, the AMTA Professional Competencies, and the CBMT Scope of Practice. The following additional prompts may help you focus your thoughts:

1. How have I grown professionally, personally, socially, or in other ways?
2. What have I learned?
3. What do I have to offer?
4. What do I need?
5. What are my thoughts and feelings about my internship?
6. What are my goals?
7. Why have I chosen this path?

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<sup>1</sup> This document is published in the Earthtones Northwest Internship Handbook as the guiding prompt for “Grounding Group” or what I label as Creative Arts Group Supervision (CAGS). This document is presented here with permission from Maggie Johnson, Music Therapy Program Director of Earthtones Northwest.

## APPENDIX B

**“Just Be”***THERAPY*. Track #1**Intro****Verse 1**

I can see how hard you're trying  
Trying to give what I need  
Trying so hard to listen  
And reflect what you see

**Chorus**

But why do I sense this fear in your eyes  
That's driving you to your knees  
If you'd take a second, come out of your  
mind, maybe you could just be  
Be with me

**Intro****Verse 2**

I know that you've got education  
Your mind's on fossil fuel  
But I guess I'll have to break it  
The answers I need ain't in you

**Chorus:** “And that’s why I sense...”

**Instrumental → Chorus → Instrumental → Ending**

## **“Future Songs”**

*THERAPY.* Track #2

### **Intro**

#### **Verse 1**

I didn't see you, I looked beyond,  
To who you could be, a future song

#### **Chorus**

But where are you now, what do you want  
The voices talking at you, you can tell them apart

### **Intro**

#### **Verse 2**

Listen to the music, sounding of the gong  
Visions of time that's past, the glory of a present song oh

#### **Chorus -> Intro**

#### **Ending**

But where are you now, does freedom ring  
The sound of the moment, are you listening  
O so different and free, excited and at peace  
Not the way things are, but one day they will be, one day  
they will be, oh, one day they will be, one day they'll be

#### **Intro (2x)**

**“Tunes”***THERAPY. Track #3***Verse 1**

I feel the times are changing  
But they never change too soon  
I hear the thunder in the distance  
I see the rain is coming too

What are these quiet whispers  
Please tell me what they mean  
A cry for help, turn in conversation  
Budding blossoms of grief

**Chorus**

Did you ever see it coming  
Did you know all along  
It's hard to know the kind of tune to sing  
When there's right and there's wrong

**Verse 2**

O what sweet consolation,  
Revelation in the grinds  
O what sweet hesitation  
Reaching out for the lines

I've heard it in the distance  
The change of the coming tide  
Looking forward to the future  
Give the ocean its time

**Chorus (2x)**

**“Nothing to Prove”***THERAPY*. Track #4**Verse 1**

You hold the weight on your shoulders  
To try and cure what they told you  
But those words won't go away  
In and out of phase  
You take them in your hands  
To tell the world again

**Chorus**

You try so hard to show you've got it made  
You feel so much to lose, that you're out of place  
I wish that you would see what we already do  
That you've got nothing to prove

**Verse 2**

I see the pain in your mind  
The doubts, the grains of your insight  
Though the words don't go away  
The birth of a new phrase  
You take it in your hands  
Come to the world again

**Chorus**

**“You Don’t Have to Try So Hard” *THERAPY*. Track #5****Verse 1**

You don’t have to try so hard  
You don’t have to try so hard  
I see you breaking down the inside walls  
But you don’t have to do it all

You don’t have to make a change  
You don’t have to grow your name  
I see you breaking down inside  
I’m so glad you’re still alive

**Chorus**

You don’t have to try so hard  
You don’t have to give it all  
A song is worth a thousand words  
You don’t have to try so hard, oh yeah

**Verse 2**

Don’t have to avoid mistakes  
Don’t have to always hit the brakes  
I see you breathing behind the glass  
On the highway at the overpass

You don’t have to say it right  
Every word that’s in your mind  
And It’s okay to be afraid  
I hope you’ll know someday

**Chorus→Solo****Chorus (2x) → Outro → Chorus**



**“Make It in My Mind”***THERAPY*. Track #6**Intro****Verse 1**

I see you, you see me, appearance of looking  
And I want you, to be free, but I want you, to see me

**Interlude****Chorus**

What's it gonna take, to make it in my mind (2x)

**Verse 2**

What do I see, with my mind  
Will I ever know, with passage of time

Maybe you feel, what I think  
Or what I think, is just in me

**Interlude****Chorus****Chorus over Interlude****Outro**

So afraid, to make mistakes, so afraid (2x)  
what will it take

**Interlude**

## **“Hard to Believe”**

*THERAPY.* Track #7

### **Intro**

### **Chorus**

Once was blind now I see  
Once was lost now I'm free  
It's hard to believe  
It's hard to believe

### **Interlude**

### **Verse 1**

Didn't count the cost  
Didn't know what to expect  
Felt the fear knew the loss  
Now the passion's all that's left

### **Chorus**

### **Interlude**

### **Verse 2**

I guess it's been a gift  
Even the rain  
Part of the knowing  
Part of the refrain

### **Chorus**

### **Tag**

It's hard to believe (2x)

### **Outro**

## APPENDIX C

**Zachary Pollard**

**Arts-Based Research Focus Group**

Development of Therapeutic Identity and Reflexivity Across the Music Therapy Internship

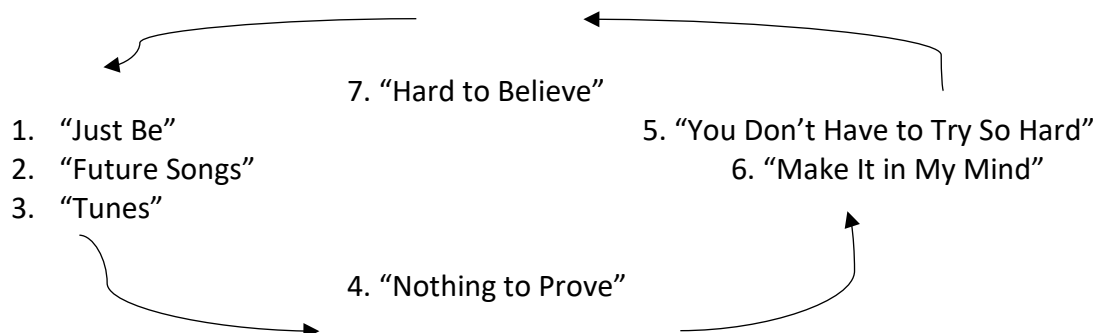
Bruscia (2015) describes reflexivity as ongoing reflection concerning the entire therapeutic process. The reflexivity of the therapist extends reflection and self-understanding into appropriate modifications of clinical practice (Barry & O’Callaghan, 2008; Bruscia, 2015; Gombert, 2017).

### Thematic Developmental Shifts

- |                 |   |                    |                             |
|-----------------|---|--------------------|-----------------------------|
| 1. Projection   | → | Deeper Insight     | (cognitive)                 |
| 2. Tension      | → | Freedom            | (emotional)                 |
| 3. Self-Focused | → | Authentic Presence | (relational)                |
| 4. Absolutism   | → | Flexibility        | (meaning making)            |
| 5. Idealism     | → | Professionalism    | (therapeutic understanding) |

Overarching Musical Shift: Stable → Experimentation

### THERAPY. as a Concept Album



**Discussion Questions****Arts-Based Research Focus Group**

- When thinking about your own music therapy internship experience, which songs did you most resonate with? How so?
- Which themes gained from the lyric analysis did you resonate with when thinking about your music therapy internship? How so?
- How would you describe your own internship trajectory when thinking about your therapeutic identity and reflexivity development? Was it similar or different to mine? How so?
- What came up for you during the performance of *THERAPY*.? Did you have any new insights or anything else you want to share?

## APPENDIX D



### Informed Consent

My name is Zachary Pollard, and I am a Masters student of the School of Music at Sam Houston State University. I would like to take this opportunity to invite you to participate in a research study of the reflexive development of Intern Music Therapists (IMTs) across the internship process. I am conducting this research under the direction of Dr. Carolyn Moore. I hope that data from this research will provide further insight into the therapeutic identity development of IMTs during their internship. You have been asked to participate in the research because you are currently completing or have already completed your music therapy internship.

The research is relatively straightforward, and we do not expect the research to pose any risk to any of the volunteer participants. If you consent to participate in this research, you will be asked to participate in a focus group involving my own performance of seven songs written during internship followed by an invitation to discuss your own experiences of internship. Any data obtained from you will only be used for the purpose of experientially analyzing my own personal research into the seven songs. Under no circumstances will you or any other participants who participated in this research be identified. In addition, your data will remain confidential. This research will require about one hour and thirty minutes of your time. Participants will not be paid or otherwise compensated for their participation in this project. I will be recording the audio of the focus group that you can review upon request. This audio recording will be destroyed in December of 2018.

Participation is voluntary. If you decide to not participate in this research, your decision will not affect your future relations with Sam Houston State University. Also, if at any point during the research you decide to withdraw, or do not wish to, participate in the remainder of the research you are free to withdraw your consent and to discontinue participation at any time without affecting that relationship. If you have any questions, please feel free to ask me using the contact information below. If you are interested, the results of this study will be available at the conclusion of the project.

If you have any questions about this research, please feel free to contact me, Zachary Pollard or Dr. Carolyn Moore. If you have questions or concerns about your rights as research participants, please contact Sharla Miles, Office of Research and Sponsored Programs, using her contact information below.

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**A copy of this consent form is available for your records.**

## APPENDIX E

### Examples of Intertextuality

#### a. Songs from Texas Country Singer-Songwriters

- “Stone” by David Ramirez - <https://youtu.be/trjf96ohSEo> starts at 8:20
- “Happy for Now” by Sara van Buskirk - <https://youtu.be/nurHoxceERI>
- “Houston” by Robert Ellis - <https://youtu.be/SaZfTxr-ZO4>
- “Pancho and Lefty” by Townes van Zandt - <https://youtu.be/ym2EpwnilUc>
- “Taneytown” by Steve Earle - <https://youtu.be/nnuAxfQUog>
- “Slippin’ and Slidin’” by Justin Townes Earle - <https://youtu.be/2m6P0a1b9DA>

#### b. Songs from other Texas Singer-Songwriters

- “Church” by Gary Clark Jr. - <https://youtu.be/juXORHaMqao>
- “Pansy Waltz” by Shakey Graves - <https://youtu.be/9lerW7bCbeg>

## **VITA**

**Zachary D. Pollard**

### **EDUCATION**

Master of Music student in Music Therapy at Sam Houston State University, August 2014 – present. Thesis title: “Music Therapy Internship as Developmental Journey: Qualitative and Arts-Based Research.”

Bachelors Equivalency in Music Therapy (January 2018), Sam Houston State University, Huntsville, Texas.

Bachelor of Science (May 2005) in Agricultural Engineering, University of Georgia, Athens, Georgia.

### **PROFESSIONAL EMPLOYMENT**

Rehabilitation Therapist in Music Therapy, Oregon State Hospital, June 2018 – present.  
Responsibilities include: Providing evidence-based treatment in a forensic psychiatric setting with patients experiencing acute mental illness.

Board Certified Music Therapist, Independent Contractor, February - May 2018.  
Responsibilities included: Providing client-centered music interventions with adults experiencing dementia, mental illness, and physical challenges.

Intern Music Therapist, Earthtones Northwest, July 2017 – January 2018.  
Responsibilities included: Providing client centered music experiences in medical, mental health, memory care, and elder care settings as well as with adults with developmental differences.

City Director, Mission Year in Houston, Texas, September 2010 – August 2016.  
Responsibilities included: Directing and guiding over forty 18-29 year olds through a yearlong service program.

House Director, Shelterwood Residential Treatment Agency August 2008 – 2010.  
Responsibilities included: Directing and managing a residential care home for adolescents in crisis with a collaborative, interdisciplinary team.

### **ACADEMIC AWARDS**

Highest Academic Achievement in Agricultural Engineering in 2005

### **PROFESSIONAL MEMBERSHIP**

American Music Therapy Association, Oregon Association for Music Therapy