

When the Music Therapist Experiences a Personal Crisis

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Abstract

The purpose of this phenomenological investigation is to obtain a comprehensive understanding of the experiences of five board-certified music therapists who underwent a personal crisis during a time when they were practicing music therapy. Data was collected through open-ended semi-structured interviews that took place over the telephone. Using Colaizzi's (1978) descriptive phenomenological method to analyze the interviews, three themes emerged: Onset of Personal Crisis, Coping, and Clinical Impact. Implications for this study include an increased awareness of the universality of the experience to prepare music therapists to better use their coping strategies.

Keywords: Music Therapy, Personal Crisis, Phenomenology

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When the Music Therapist Experiences a Personal Crisis

Chapter 1: Introduction

The purpose of this phenomenological investigation is to obtain a comprehensive understanding of the experiences of five music therapists who underwent a personal crisis during a time when they were practicing music therapy. Phenomenology is the study of the essence of direct lived phenomena, such as the human experience (Forinash & Grocke, 2005, p. 321). In a typical lifespan, humans encounter multiple personal crises, such as the death of a loved one or a sudden job loss. Those in the helping fields have the unique experience of caring for another person while also caring for themselves. Music therapists undergoing a personal crisis may cope in a different manner than those in other helping fields. The goal of this study is to understand the experience of a music therapist in crisis.

Music therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program (American Music Therapy Association, n.d.). Board-certified music therapists work with diverse populations in different settings, such as hospitals, schools and nursing and rehabilitation centers.

For the purpose of this study, which has been adapted from Hanoch Yerushalmi's definition of a "crisis situation", a "personal crisis" is defined as any event or situation that causes one's learned coping mechanisms to cease functioning (2007, p. 359). Therapists will likely experience a personal crisis at some point during his or her work. While there has been research on this topic with other types of psychotherapists (Clemens, 2003; Foehrenbach & Lane, 2001; Kooperman, 2013; Tsai, Plummer, Kanter, Newring, & Kohlenberg, 2010), this appears to be the first study regarding personal crises and music therapists.

This study will help to provide a comprehensive understanding of a music therapist who is going through a personal crisis while working in the field. Understanding the experiences of the music therapists in the study will be an important starting point for future research. For instance, learning the effects on the therapeutic process could lead to more specific points of understanding, such as transference and counter-transference.

Experiential Context

My personal experiences as a music therapy student and board-certified music therapist who lost a parent to cancer and who currently cares for another parent who suffered a stroke have led me to this topic of study. While caring for my mother during her illness, I felt that my peers and supervisors would not understand the pain I was experiencing so I did not reach out. The crisis left me feeling isolated. The added responsibilities of being a caregiver, in addition to school or work as a music therapist, often overwhelmed me. Therefore, I believe this study will help music therapists working in the field understand the challenges of experiencing a personal crisis, it may help them positively cope with their own situation.

However, my experience is not universal. This demanding experience most likely guided my research question and epistemology. I let go of all preconceived notions about this topic to allow the “unfolding of the phenomenon itself guide the logic of [my] inquiry” (Giorgi, 1975, p.72).

Phenomenology

Phenomenology is an approach that seeks to understand the lived experience, or the experience that humans have in relation to any event, such as love or grief (Forinash & Grocke, 2005, p. 321). This type of approach searches for the essence of an experience, or the fundamental structure of an experience. Phenomenological inquiries embrace the idea that

humans are complex, therefore to eliminate an aspect of a situation would lose the essence of the experience (Forinash & Grocke, 2005, p. 321).

A qualitative, phenomenological approach was chosen in order to comprehend the lived experience of these therapists in a holistic manner (Moustakas, p.21). A phenomenological approach seemed necessary to explore it from a multi-dimensional point of view rather than reduce the experience of personal crisis with statistical data. Table 1- below- demonstrates what phenomenology is and is not. An open-ended, semi-structured interview style was used for data collection to understand the depth of the experience. As participants describe their experience, I had the participants clarify and elaborate on statements.

Table 1

Description of What Phenomenology Is and Is Not

Note. Summary of Max van Manen's *Researching Lived Experience*. Reprinted from “The

IS	IS NOT
Study of Lived Experience As we immediately experience it	An empirical science Does not generalize or develop theory
Explication of phenomena as they present themselves to consciousness Consciousness is retrospective, we cannot understand an experience until it is reflected on	Mere speculative inquiry in the sense of unworldly reflection Concrete experiences understood through language
The study of essences That which makes the “thing” what it is	Mere particularity or sheer universality Paradoxically explicates what makes something unique and different
Description of the experiential meanings we live as we live them	Problem solving Meaningful questions that allow for thoughtful and tactful action
Human scientific study of phenomena The systematic, explicit, self critical and intersubjective analysis of the lived world	
Attentive practice of thoughtfulness Constant awareness of what it means to live a life	
Search for what it means to be human Quest to live to our fullest potential	
A Poetizing activity Discovery of memories	

Caregiver 's Journey: A Phenomenological Study of the Lived Experience of Leisure for Caregivers in the Sandwich Generation who Care for a Parent with Dementia ,” by L.A. Schumacher, 2010, MA (Master of Arts) thesis, University of Iowa. Reprinted with permission.

Chapter Two: Review of Literature

This review of literature will be organized into three sections. The first section will cover the broad topic of personal crises. The second section will examine, more specifically, crises experienced by other types of psychotherapists. Finally, the third section will review existing literature about music therapists and topics related to personal crisis.

Personal Crisis

In a typical lifespan, an individual experiences personal crises that disrupt their day-to-day routine and may cause lasting, profound change. According to Hoff, Hallisey, & Hoff (2011), a crisis is an acute emotional disturbance having resulted from a negative situation that is unable to be resolved by one's normal coping strategies. Examples of events that can precipitate crises are death of a loved one, illness, and divorce. However, a crisis certainly does not always follow a traumatic event or stressor. One individual may experience much greater levels of stress than another individual with the same traumatic event (Hoff, Hallisey, & Hoff, 2011). A personal crisis can be a time of feeling anxious, disoriented, dreadful, and internally imbalanced. Commonly the individual feels a lack or loss of control (Yerushalmi, 2007).

Crises can manifest from situational, social/cultural, or transitional origins. Situational origins arise from material or environmental sources (i.e. natural disasters), personal or physical sources (i.e. stroke, heart attack, disfigurement from an accident), and interpersonal or social sources (i.e. divorce or death of a loved one). These situational driven crises are generally

unexpected and therefore difficult or impossible to prepare for. Social/cultural origins include being the victim of discrimination or racism or being the victim of deviant behavior, such as sexual assault. Transitional origins can be divided into two categories, universal and nonuniversal. Universal transitions are human developments that everyone experiences albeit in their own way, such as puberty, sexual identity, and body image. Nonuniversal transitions refer to changes in social status, such as retiring or being relocated to a new country (Hoff, Hallisey, & Hoff, 2011).

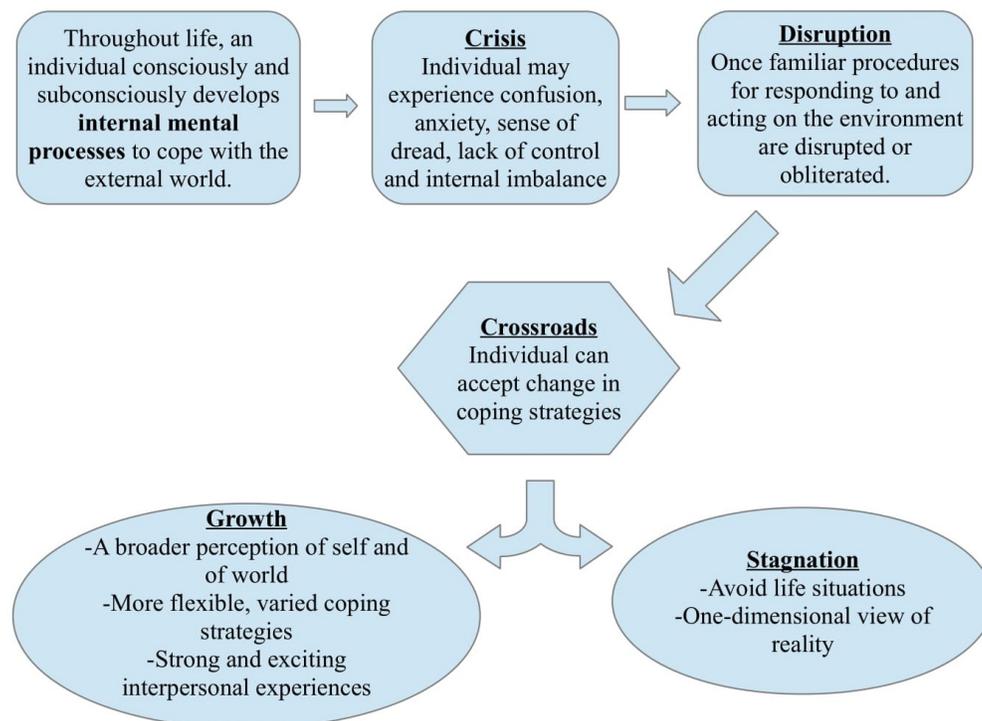
Recovery from Crisis. Crisis intervention is a short-term psychological technique used to restore balance and minimize potential negative lasting effects to someone in crisis. This type of therapy, often provided by counselors, social workers, nurses, physicians, pastoral care and police officers, is resource oriented and focuses on resolving the immediate issue (Hoff, Hallisey, & Hoff, 2011). Crisis intervention focuses on tasks to help clients move past the crisis. In Myers, Lewis, and James' (2013) article, "The Introduction of a Task Model for Crisis Intervention," the authors categorize the tasks used by various crisis intervention models into either continuous tasks or focused tasks (p. 99-103). Continuous tasks, ones that should be continually addressed throughout the process, include assessment, safety and support. Focused tasks, ones that take place in sequence and build upon each other, include contact, re-establishing control, defining the problem, and follow-up. Due to the sometimes unpredictable nature of crises and how the client experiences them, the clinician may deviate from the tasks or return to previous tasks (Kanel, 2011).

In the article, "Paradox and Personal Growth During Crisis," Hanoch Yerushalmi (2007) considers how personal crises can be a motivator for change. A crisis can disrupt and often destroy the organized mental patterns one has created over time to contend with the external

world. As the crisis progresses, events in the world can provide new meaning, and internal reorganization of responses to the outside world takes place. The crisis subsides and the individual is left to utilize this new internal program to cope with life problems, internal and external. This modified programming of internal responses may lead to more flexible and varied versions of prior coping skills, leading to deeper perceptions of the self and the world, opening up to invigorating and new interpersonal challenges. However, some may internally reorganize thinking patterns in such a way that causes rigid coping strategies and avoidant behavior from life's challenges (Yerushalmi, 2007).

Figure 1

Change facilitated through a personal crisis



Note. Material adapted from “Paradox and Personal Growth During Crisis” (Yerushalmi, 2007)

The Psychotherapist in Crisis

Experiencing a crisis while providing therapy to others presents its own specific set of challenges. Psychoanalyst and psychiatrist Norman Clemens states there must be an agreement that there is “a commitment on the therapist's part to preserve an environment for effective work in which the patient feels safe and confident that the therapist will stand by him or her until the work is done” (Clemens, 2003, p.79). Practical concerns such as taking time off and clinical concerns such as self-disclosure must always be approached thoughtfully to aid the clients' best interests (Tsai et al., 2010).

In the article, “When the Therapist is in Crisis: Personal and Professional Implications for Small Community Psychotherapy Practices,” Denise Kooperman identified various issues that arise when a psychotherapist experiences a personal crisis (2013). Kooperman wrote about her own experience working as a psychiatric nurse practitioner in a small community when her son was injured in a motor vehicle accident, resulting in a traumatic brain injury. She also interviewed psychotherapists about their personal crises. As Denise Kooperman and her husband, a social worker, cared for their son, their crisis quickly became widely known among the small community in which they lived (2013).

Throughout the next several months, Kooperman navigated the practical and clinical implications of having the details of her personal life known by many of her clients. She interviewed five psychotherapists about their experiences dealing with a personal crisis, which ranged from a family illness to the sudden death of a loved one. The shortest amount of time a therapist took off from clinical work was two weeks and the longest was six months. Most therapists gradually eased back into their caseload, which was being covered by a colleague (Kooperman, 2013).

While some of the therapists interviewed self-disclosed very little personal information to their clients, others informed them directly of the nature of the crisis, depending on the client's emotional stability and sense of boundaries. All of the therapists in the study spoke about difficult issues that arose as they returned to their practices. One therapist described feeling that her boundaries were being violated during this vulnerable time by a patient who made frequent phone calls informing the therapist of trouble she had in her absence. Two other therapists discussed how patients informed them they didn't want to be a burden and felt that their problems were insignificant compared to those of the therapists' (Kooperman, 2013).

If the therapist is unable to resolve their emotional distress, several problems could occur within the therapeutic relationship. In Norman Clemens' (2003) article, "In Sickness and in Health," he examined how and why highly respected therapists have jeopardized their careers by being drawn into unethical relationships with their patients following a personal crisis. Poor professional boundaries can lead to abusive, romantic or sexual relationships with their patients. Clemens identified therapists' internal conflicts, such as a chronic sense of deprivation or a lack of love from parents, as possible contributing factors towards breaking therapeutic boundaries following a crisis. Rather than depending on patients for validation, the therapist should consult with colleagues or personally seek therapy (Clemens, 2003). Ultimately, Kooperman writes, once the therapist processes their crisis and moves forward, they can better help their clients heal from their own traumas (Kooperman, 2013).

Music Therapists and Factors Related to Personal Crises

While there appears to be a gap in music therapy research directly relating to music therapists in personal crises, there are several studies about burnout. Burnout can be defined as "a syndrome of physical exhaustion including a negative self-concept, negative job attitude and

loss of concern and feelings” (Keidel, 2002, p. 200). Music therapists are susceptible to burnout, as they often work in settings that produce great levels of stress (Clements-Cortes, 2013).

Additionally, music therapists may face the further challenge of having an ambiguous role in multidisciplinary treatment teams (Kim, 2012).

An individual's collective self-esteem, or their perception of themselves as members of a social group and the value and emotional significance of membership in this group, highly correlates to job satisfaction and burnout (Butler & Constantine, 2005). While music therapists have a strong identity within their profession, often they struggle understanding their role within an agency. In a 2000 study that surveyed UK music therapists, most of the participants identified themselves as “outsiders” (Stewart, 2000). Youngshin Kim finds that job satisfaction is a significant predictor of emotional exhaustion and collective self-esteem, and therefore burnout. Kim stresses that one prevention of burnout is promoting the music therapists' collective self-esteem in the workplace (Kim, 2012). Since music therapists already work in a variety of stressful settings that make them susceptible to burnout, it is imperative to the field to learn what to do when a crisis occurs.

Research Questions

The focus of this paper is on understanding the experience of a music therapist undergoing a personal crisis. The methodology is informed by the following two research questions:

1. What are the lived experiences of music therapists who have undergone a personal crisis during active clinical work?
2. How is this experience unique to music therapists, if at all?

Chapter Three: Methodology

Design

A phenomenological approach best guaranteed a holistic understanding of the experience and impact of therapists who had undergone a personal crisis, and would be beneficial to further studies on the topic.

Participants

After responding to the recruitment email, the participants were chosen based on criteria met and relevance to the research topic. The participants in the study met the following inclusion criteria:

- Participants must have experienced a personal crisis while practicing as a board-certified music therapist.
- Participants must live in the United States.
- Participants must be willing to share and reflect on their experiences.

Table 2

Participant Demographics

Participant	Population Working with at Time of Crisis	Experience as a Music Therapist at Time of Crisis
Noah	Nursing and rehabilitation	One year
Joan	Mental health with active and retired members of military	During internship
Susan	Oncology and Orthopedics in a hospital	During internship
Patricia	Incarcerated adult females	About twenty years
Florence	Children with developmental delays in a school setting	Nine years

Recruitment and Informed Consent

The participants were gathered from the American Music Therapy Association's list of board-certified music therapists. After email addresses of music therapists currently board-certified in the Mid-Atlantic region were gathered from AMTA, a recruitment email was sent asking for participants. The recruitment email is displayed in Appendix A.

Once the participants agreed to participate in the study, they were sent an informed consent form (Appendix B) by email or postal mail. The participants returned the informed consent with their signature to the researcher. Of the number of music therapists interested in participating in the study, the first five to return the signed informed consent form were interviewed on the phone. This study is approved by Human Research Ethics Board at SUNY New Paltz.

Data Collection

Data was collected through phone interviews that lasted between 18 to 35 minutes. The researcher used a semi-structured interview approach, using mostly open-ended questions, as well as clarification. If a certain area needed more information, the participant was asked to elaborate upon that phenomenon. Some interview questions were added to the structure based on earlier participants' responses.

The first phone interview occurred in early March 2017 and the last interview happened in late April 2017. The phone interviews were audio recorded using the TapeACall app with prior permission from the participants. The interviews were then transcribed. Subsequently, the recording was deleted and transcriptions of the interviews were stored on the researcher's personal computer. Personal identifiers were removed during the transcription process. Names were replaced with pseudonyms. The transcriptions will be deleted when the study is completed.

Data Analysis

The process I chose to analyze the collected data adhered to Colaizzi's (1978) descriptive phenomenological method as described in “Employment of Colaizzi's Strategy in Descriptive Phenomenology: A Reflection of a Researcher” (Shosha, 2012). The steps were as follows:

1. Each transcript should be read and re-read in order to obtain a general sense about the whole content.
2. For each transcript, significant statements that pertain to the phenomenon under study should be extracted. These statements must be recorded on a separate sheet noting their pages and line numbers.
3. Meanings should be formulated from these significant statements.
4. The formulated meanings should be sorted into categories, clusters of themes, and themes.
5. The findings of the study should be integrated into an exhaustive description of the phenomenon under study.
6. The fundamental structure of the phenomenon should be described.
7. Finally, validation of the findings should be sought from the research participants to compare the researcher's descriptive results with their experiences.

Step 1: Familiarization. Each transcript of my interviews with the music therapists were read and reread several times so that I would gain a broad sense of each of their experiences with the phenomenon of experiencing a personal crisis.

Step 2: Identifying Significant Statements. During this stage, I identified and extracted all statements that related to music therapists experiencing a personal crisis. I extracted sixty-three statements throughout the five interviews. The statements were distinguished by separate

thoughts rather than sentences. Table 2 demonstrates examples of significant statements that were identified throughout the interviews and how they were organized.

Table 3

Examples of Significant Statements from Participants

Significant Statement	Interview
“So when I was essentially trying to distract myself from my own pain, through not taking care of myself, through going out a lot, through just kind of being excessive in my life, I didn’t have the mental or emotional energy to be fully empathic with my clients.”	Noah
“I did eventually have to take a week off to realign myself after this all happened. “	Noah
“While I was experiencing multiple hospital stays, doctors and testing, I was going to school and I did have to miss about a week of class. My field placement was in gerontology and I missed a couple of sessions there.”	Joan
“It ended up having a negative impact on my grade for the course and also [the relationship with my internship supervisor]- basically what she thought of me.”	Joan
“I do feel my experiences have helped me become a better therapist because I do feel disabled and feel in some way as the clients I work with do.”	Joan
“[My supervisors] also encouraged me to use the patients to ground myself so that I could move into their lives and get beyond my own just in that moment. Just in the moment, it was a way to help me process.”	Susan
“So what I tried to do to hide my own issues that I was dealing with was I tried to be more of an active listener and support them... I think I spoke less and let things come from the patient first, which is what we're supposed to do anyway, but [normally] my style is to engage them more verbally but I let them come to me more.”	Susan
“The nature of our work has a tendency to be very enervating. There's a tendency to burn out, a tendency to give so much of ourselves. I think it's a daily process where we kind of adjust our selves- what we give and what we reserve for our own inner strength.”	Susan
“Sometimes I think it does affect my ability to be present	Patricia

Significant Statement	Interview
for my patients as well as the pace of my work routine.”	
“I had to increase the amount of quiet time in my personal life and I also received more emotional support from friends and family.”	Patricia
“Those are the harder clients anyway- the ones that make you feel like you're being an ineffective therapist. Those are the ones that we all struggle with. But being able to bring myself back was harder.”	Florence
“As a music therapist, I think my ability to select and find meaning in music may have been unique compared to other people who aren't as used to using music as part of their coping”	Florence

Step 3: Formulating Meanings. Meanings from each of the participants' statements were created by summarizing and identifying the core essence of each statement. Each meaning reflects an exhaustive description for a statement. My experiences and preconceptions about statements had to be bracketed in order to accurately reflect the experience of the participants. The formulated meanings were written in a manner in order to express that the experience of the participants were universal.

Table 4

Examples of Formulated Meanings

Interview	Statement	Formulated Meaning
Noah	“The way that it manifested clinically for me was that I was really not taking care of myself. That was my, sort of, personal manifestation of this crisis. I wasn't sleeping enough. I wasn't eating well. I was drinking too much. I was going out on too many dates with people. Basically, really not observing self care in a way that is necessary for this profession.”	During this crisis, the therapist stopped practicing the self-care that is necessary to practice effective music therapy. Examples of this were poor diet and sleep hygiene, excessive alcohol use, and dating too much.
Joan	“Often when I work at the military	The therapist adjusted which

	hospital, I lead drum circles. People can really play the drums pretty loud. I don't think about the sound.”	music therapy interventions she would use in order to adapt with her condition.
Susan	“I tried to draw on previous experiences of how I dealt with grief in the past and tell myself 'It's okay' and 'You'll be like this for a little while.’”	The participant found reassurance on dealing with her grief by thinking about how she was able to deal with it in the past and giving herself positive affirmations.
Patricia	“It was a little weird kind of seeing him as a patient, rather than my father and finding a way to experience my emotions but distance myself enough so that I could still be there for him. “	The therapist had some difficulty making the adjustment mentally from changing roles from her father's daughter to her father's caretaker. Similar to how a therapist has some distance from a client, the therapist distanced herself from her father while still finding a way to experience her own emotions.
Florence	“Those are the harder clients anyway- the ones that make you feel like you're being an ineffective therapist. Those are the ones that we all struggle with, but being able to bring myself back was harder.”	The clients that make less progress make therapists feel ineffective. During her personal crisis, the therapist had a difficult time coping with that feeling.

Step 4: Clustering Themes. Once meanings were formulated which I felt accurately reflected aspects of the participants' experiences, I began to group the formulated meanings into categories. These categories would become theme clusters. Occasionally, formulated meanings would be placed into more than one theme cluster. The theme clusters were then arranged into broader, emergent themes. The following list displays the theme clusters categorized into emergent themes that are in bold font.

Onset of Personal Crisis:

Compound Stressors Leading to Crisis

Changing Roles

Coping:

Negative Coping Responses

Music as a Coping Skill

Helping as a Coping Skill

Emotional Support

Perseverance

Other Positive Coping Skills

Clinical Impact:

Being Present

Relating to the Clients

Modifications to Interventions

Changes in Therapeutic Approach

Table 5

Examples of Clustering Themes

Formulated Meaning	Theme Cluster	Emergent Theme
The therapist would soothe herself through music improvisation over a musical progression she would repeat.	Music as a Coping Skill	Coping
The therapist would learn songs that helped her cope		

<p>then record them. Sharing the recording with people she was close to allowed them to understand how she was feeling and make her feel less isolated.</p>		
<p>The variety of her clients allowed the therapist to not focus on her situation for a few hours a day.</p>	<p>Helping as a Coping Skill</p>	
<p>By caring for family, the therapist was able to cope with her situation.</p>		
<p>The therapist found reassurance on dealing with her grief by thinking about how she was able to deal with it in the past and telling herself positive affirmations.</p>	<p>Other Positive Coping Skills</p>	
<p>The therapist started to receive individual counseling services and continues to attend. He finds this beneficial.</p>		
<p>During this crisis, he stopped practicing the self-care that is necessary to practice effective music therapy. Examples of this were poor diet and sleep hygiene, excessive alcohol use, and dating too much.</p>	<p>Negative Coping Responses</p>	
<p>The therapist received support from her professors who allowed her to have time to grieve. She also received support from her internship supervisor, who had her work on another floor of the hospital that would be less emotionally draining.</p>	<p>Emotional Support</p>	
<p>The therapist found kinship with her mother relating their experiences about the incapacitating nature of</p>		

divorce.		
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Step 5: Developing an Exhaustive Description. Each emerging theme and theme cluster identified in Step 4 was defined in an exhaustive description. Statements and ideas from the participants were occasionally augmented with other research. An example of this is in the section about “being present” to further elaborate on the concept.

Step 6: Producing the Fundamental Structure of the Phenomenon. The exhaustive description was reduced and condensed into a concise statement. The statement attempted to communicate the experience using the themes extracted in this paper.

Step 7: Seeking Verification of Findings. The participant narrative, presentation of themes, and fundamental structure were emailed to each participant in the study to verify that the description accurately reflected their lived experience. If the participant felt there was anything in the description that did not accurately reflect their experience, the description was edited until it received the approval of the participant.

Chapter Four: Results

This chapter will provide the narratives of each of the music therapists interviewed and then will discuss the three emerging themes: Onset of Personal Crisis, Coping, and Clinical Impact. Between the participant narratives and the presentation of emerging themes, the reader should have a comprehensive understanding of the experience of a music therapist undergoing a personal crisis.

Participant Narratives

Participant A: Noah. Noah is a music therapist who works with older adults in a nursing and rehabilitation center, which includes hospice, medical rehabilitation, and long term care. Within

a year into starting his music therapy career at the center, Noah experienced two losses. The first was the death of his last remaining grandmother, with whom he shared a close relationship.

Soon after, his relationship with his girlfriend ended and she moved away.

Noah began to spiral by neglecting his self-care. Instead of using healthy self-care practices, he drank too much and frequently went on dates with people. He found himself not sleeping enough and not eating healthy foods. Clinically, he was not fully present with his clients. The toll of the grief in addition to not practicing healthy self-care meant he lacked the mental and emotional energy to be fully attentive and empathetic with his clients. Noah attributes going to therapy for helping him process the impact that these life changes had on him. He continues to see a counselor for individual therapy and is a member of a support group.

Participant B: Joan. At the time of her personal crisis, Joan provided music therapy services to retired and active members of the military in the mental health unit of a military hospital while also attending school. In addition, Joan was coordinating other responsibilities, such as working as a cantor at her church.

The nature of Joan's crisis was two-fold – involving a sudden medical concern and a psychiatric diagnosis of Generalized Anxiety Disorder. On an October morning, Joan woke up with distressing ringing in one of her ears. The ringing lasted several months and interfered with her personal life as well as her music therapy work. While listening to music, she would hear two different pitches. Joan believed that her anxiety was exacerbating the ringing in her ears. Joan learned to cope with the ringing by listening to ocean waves and ambient music while she did her school work or tried to fall asleep. She sought the professional opinion of several doctors including an Ear, Nose and Throat doctor, a psychiatrist, an endocrinologist, and a nephrologist. During a consult with a hospital psychiatrist, a medical doctor entered the room and explained

Joan had hyponatremia, meaning that the sodium level in her blood was abnormally low. Once the medical doctors treated her and she started a healthier diet, the ringing in her ears dissipated.

The crisis had a negative impact on Joan's grade as well as the relationships with her supervisors since she had to cancel some fieldwork appointments. During music therapy sessions, she would become preoccupied with the ringing sound. Often she would experience anxiety prior to a session, questioning if her ears would ring. She states that she still experiences this from time to time even though the ringing is mostly non-existent now.

Joan feels like this personal crisis ultimately shaped her into a better therapist as she was better able to relate to her patients. She states, "I think we all have problems and issues that make our lives challenging at times but those things are not that bad that we cannot find a way to function. It's good to recognize them and I think that helps us have more empathy for those we work with."

Participant C: Susan. Susan is a music therapist that was completing her internship at a hospital when her cousin committed suicide. Ten days later, she lost another family member at the age of 93. While it was not the first time Susan had experienced loss, it was the first death of a close family member. Susan describes feeling like she was in a fog as the grief drained her energy. One day, as she was crossing the street, Susan inattentively walked into a busy intersection and was nearly hit by a vehicle.

From a clinical standpoint, Susan found herself to be more reserved in sessions. While her previous approach would involve engaging the patients more verbally, now she would let the patients come to her. She feels that she tried to hide her own issues she was dealing with by listening more and talking less. She also noticed she could be aloof with some patients, noting times when she felt relieved to not have to provide music therapy to patients that could bring up

issues of transference.

Susan's professors and supervisors advised her to center herself in her work by positively focusing on her thesis or her internship. They encouraged her to use her patients' experiences in order to ground herself, concentrate on their lives and get beyond her own issues for just that moment. Susan also found it helpful to support her family members that were affected, such as her cousin's mother. Her professors emphasized the benefits of going into a practice room and improvising when she felt upset.

The experience changed the way she treats herself and how she evaluates her effectiveness as a music therapist. She states:

It made me more aware to be kind to myself in times of grief; To accept my limitations; To tell myself it doesn't make me a bad clinician. I'm doing the best I can to navigate things so I don't feel like my patients are suffering... It's a daily process to kind of adjust ourselves – what we give and what we reserve for our own inner strength.

Participant D: Patricia. Patricia is an experienced music therapist who has worked in the field for twenty years. For the last twelve years, she has provided music therapy in a state prison to incarcerated adult females. Many of her clients are classified as special needs while some are in the category of general population. Several years ago, Patricia's father was diagnosed with Alzheimer's disease. At the time he was diagnosed, her personal life was thrown into chaos. However, once medical care was put into place, the situation became more manageable.

While she felt comfortable at work, Patricia made slight modifications to adjust to the emotional and cognitive effects of stress she endured throughout the crisis. For example, Patricia was cautious about playing songs that might evoke strong emotions that she would normally keep at bay while providing therapeutic treatment. Patricia also felt like she was losing her

short-term memory herself. To combat this, she slowed down her pace at work and wrote things down more to remember what patients had told her. Overall, she feels she was able to continue to work effectively as a music therapist during this crisis.

While Patricia felt comfortable with and adjusted to the nature of her work at the state prison, at home she found herself in new roles. At times, she felt she like she became a full time caregiver. She took care of the patients at work, her father, and often other family members. Increasing the amount of quiet time in her personal life was an effective way to practice self-care. Patricia also received invaluable emotional support from friends and family.

Participant E: Florence. Florence is a music therapist that went through a sudden divorce during a time in which she was providing music therapy to children on the autism spectrum. Florence worked in multiple schools of the same school system so she spent a considerable amount of time driving. Between driving on the same roads and developing her work schedule from week to week, in time Florence created a routine.

Florence's husband abruptly filed for divorce after they were together for thirteen years. Initially, she took some time off from work. She was able to flex her work time by re-scheduling session times and spend a day of the week writing progress notes and other paperwork at home. Florence adjusted her coping strategies accordingly. For example, if she felt like she was going to cry, she would wait to do so when she was in her car. She would also to listen to music in her car that would lift her mood before music therapy sessions. Despite practicing coping strategies, Florence's routine became difficult to manage.

Florence recalls a specific time when despite her best efforts, she became emotional during a music therapy session with a client whose parents were going through a divorce:

I remember I had one session with one of my high school students who is nonverbal who

loves songs that are on the radio, and he really loved that song “You Only Know You Love Her When You Let Her Go” [“Let Her Go” by Passenger]. He wanted me to sing that song and I just like cried all the way through. He weighed about 250 pounds or more and he just gave me a giant hug. I cried and I thought, “This is super inappropriate but it's what is happening” and I went with it. I don't know if it was my inference because I felt emotionally close in that moment and I needed support. I unfortunately received it from my client... From that point on, we did have a different relationship. He was friendlier with me. He smiled at me more. He would appropriately reach out and shake my hand and tap my shoulder. So that was interesting to see how our dynamic changed. Florence communicated about the event to the treatment team, who saw it as a breakthrough for the client. Until that moment, the student seldom expressed strong emotions. This was the most overt demonstration of empathy seen up to that point. This moment may not have happened had Florence not had the genuine emotional reaction.

The experience of undergoing divorce while practicing music therapy taught Florence about her limitations. Florence states, “When you are physically and mentally exhausted, you are not going to be present in some sessions no matter how prepared you are.” Understanding her limitations allows Florence to practice true self care – having a healthy and nurturing relationship with herself.

Presentation of Emerging Themes

Theme 1: Onset of Personal Crisis. The theme of the onset of personal crisis emerged since there were multiple significant features at the beginning of the crises that were similar among the participants interviewed. The theme clusters in this section are compound stressors leading to

crisis and changing roles.

The onset of several of the personal crises was due to multiple stressors and life changes happening in a short period of time. Noah experienced two losses- the death of his grandmother as well as the end of his relationship with his girlfriend, who moved away shortly thereafter. Joan's medical emergency, which was eventually diagnosed as hyponatremia, was compounded by her psychiatric diagnosis of Generalized Anxiety Disorder. Susan experienced the loss of her cousin then the loss of another family member ten days later.

Another theme cluster was adjusting to the change in roles. Patricia had some difficulty making the mental adjustment from the role of being her father's daughter to becoming his caregiver. Similar to how a therapist has some distance from a client, the therapist distanced herself from her father while still finding a way to experience her own emotions. She stated, "It was a little weird kind of seeing him as a patient, rather than my father and finding a way to experience my emotions but distance myself enough so that I could still be there for him." Patricia did clarify, however, that being in a helping profession prepared her for stepping into the new role of caregiver.

Theme 2: Coping. The emerging theme of coping appeared in each participant's narrative. The theme clusters consisted of music as a coping skill, helping as a coping skill, emotional support, perseverance, other positive coping skills, and negative coping strategies.

While only a few of the participants identified their own coping strategies as negative, these statements were emphasized and shared to normalize the experience to readers. Noah states that he was "not observing self care in a way that is necessary for this profession" by drinking excessively and going on dates too frequently while not sleeping enough or eating healthy enough. Engaging in these behaviors was a coping strategy to avoid dealing with the

pain of his losses. He feels this lifestyle led to feeling emotionally and mentally drained that detracted from his ability to fully empathize with his clients.

All of the participants used music as a coping skill but in very different ways. While Joan used music listening techniques to distract herself from the ringing in her ears enough to sleep or study, Susan would improvise on piano at the advice of her supervisors to express her feelings:

When I felt like I was upset or didn't understand anything or didn't know what to do, I would go to the practice room and play this improvisation over this one musical progression. I would kind of rock myself back and forth while playing it. It helped me through. It really helped me through. I was my own best client in a way (laughs).

Florence describes using music as a way to cope with her feeling of isolation:

I did a lot of self recording where I would pick out songs that really helped me cope and really meant something to me emotionally while I was going through it which weirdly was a lot of love songs. I did a lot of listening to those songs, learning them, practicing and recording myself. Then I would share with select people I was really close with so that someone else was connected with how I'm feeling and that helped me feel less isolated.

Another theme that arose was helping as a coping skill. The participants described coping by providing care for their clients and for their loved ones affected by the crisis. Susan cared for her aunt, the mother of her cousin who passed, as a coping skill. However, she reflects that she compartmentalized some of her feelings in order to help her aunt. She compared this compartmentalization to what she does for her clients. Susan's supervisors encouraged her to “ground” herself through her clinical work:

They also encouraged me to use the patients to ground myself so that I could move into

their lives and get beyond my own just in that moment. Just in the moment, it was a way to help me process.

Meanwhile, the variety of Florence's clients provided a much needed distraction for the music therapist.

A very common theme in the interviews was emotional support. All of the participants recognized the importance their social support had in their personal experiences. While caregiving for her father, Patricia made an effort to spend more time with her friends and family in order to receive emotional support. As previously mentioned, Florence recorded herself playing songs that reflected what she was experiencing during her divorce and sent them to people on the inside of her social network. Florence also found kinship with her mother regarding the incapacitating effect a divorce has:

Once I went through a divorce then my mom was like, “Oh yeah, it was absolute hell. I couldn't function for a year.” No one tells you these things. Like no one says “Hey you're about to get married. Here's some good information for you to know.”

Noah found emotional support in a support group and individual therapy sessions, both of which he continues to attend. Susan found support through her supervisors:

My teachers at school were very understanding. They told me to take as much time as I need. My supervisor at internship was also very understanding. They didn't have me work as much in Oncology but instead had me focus more in Orthopedics because it was sort of a lighter population to work with.

Susan reflected on working in a field that promotes compassion and humanistic values:

I wonder if what makes it unique for us is that when we go through things like this we have that kind of support because we're all therapists. In that sense, we're lucky. [The

field] is very oriented on the human.

The theme of perseverance arose. All of the participants persevered by continuing to practice and continuing to modify their coping strategies to adjust to their situations. Joan spoke about the difficulty of continuing to attend school and go to her internship while coping with a particularly difficult and stressful time in her life. Susan used the limited amount of energy she had while mourning to complete schoolwork. Florence reflected on the roots of her perseverance and on the importance of being kind and forgiving to herself:

Culturally I come from a part of the country and a family that believes you just push through everything and no matter how much personal therapy I do for myself, I seem to fall back on that if something really hard is going on. It taught me a lot about the importance of more self-care beyond the things like peer supervision and therapy but in actually understanding when you are physically and mentally exhausted, you are not going to be able to be present in some sessions no matter how prepared you are.

Finally, the participants shared a variety of other coping strategies that are worth mentioning. Several participants took time off from their clinical work. Noah took one week off in order to “realign” himself. Florence took some time off but feels she should have taken more. She was able to adjust her schedule in the school system:

The way that my job worked, I managed my own schedule so I was able to flex a lot of time, move sessions around as I needed. I could go in late if I needed to or take a day and do paperwork at home instead of going in and seeing clients.

Susan found reassurance on dealing with her grief by thinking about how she was able to deal

with it in the past and telling herself positive affirmations: “I think I tried to draw on previous experiences of how I dealt with grief in the past and tell myself 'It's okay' and 'You'll be like this for a little while.’” Patricia found empowerment through a seemingly powerless situation by gaining knowledge about her father's condition. She stated, “I started to read a lot about dementia- what to expect and what my father was going through- so I felt more empowered and more knowledgeable about how to handle things which made a big difference.”

Theme 3: Clinical Impact. The theme of the participants' perceptions of the impact on their own effectiveness as therapists arose in several different forms throughout the interviews. While the participants generally felt the experience initially negatively impacted their clinical practice, they were able to adapt to the situation and eventually related to the clients they serve with more compassion and understanding. The theme clusters that emerged were being present, relating to the clients, modifications to interventions, and changes in therapeutic approach. First, the theme cluster and concept of being present will be discussed.

All of the participants discussed encountering difficulty in maintaining therapeutic presence throughout sessions. Therapeutic presence regards the process of being present in the moment to oneself, to the patient and to the therapeutic relationship (Geller, 2017). Patricia mentioned that the energy that went into taking care of her father affected not only her ability to work at a fast pace but also her ability to be present with the clients. Joan often found herself focusing on the ringing sound in her ears during sessions. Prior to sessions, she would also experience anxiety wondering if she would hear the ringing. Noah describes his difficulty staying present at the time of his crisis:

When I'd be at work, I would not be mentally or emotionally present enough for my clients. I think that part of the challenge of working with older adults- with people that

are going through really, really difficult, incurable conditions- is just being an attentive listener to them and being present and not trying to cope by being distant from them. You really need to be fully present, fully actively listening to them. Really aware and empathetic of them from moment to moment even though it's not always interesting things they are telling you. Most often, it's not positive things. You have to be able to hold that weight and it takes a certain amount of health as well as mental energy to do that. So when I was essentially trying to distract myself from my own pain, through not taking care of myself, through going out a lot, through just kind of being excessive in my life, I didn't have the mental or emotional energy to be fully empathetic with my clients.

Florence expressed that she was able to stay present with students who normally "kept [her] on [her] toes" but struggled to stay present with the clients that progressed at a slower rate. She states, "Those are the harder clients anyway- the ones that make you feel like you're being an ineffective therapist. Those are the ones that we all struggle with. But being able to bring myself back was harder." The experience ultimately instilled in Florence the importance of being understanding and sympathetic to herself when she may not be able to be present in every music therapy session.

Several participants discussed relating to their clients in a deeper way having experienced their personal crises. Joan explored how the most profound impact of her crises brought her closer to her clients:

It was a really stressful thing to go through but it helped me understand where the clients are coming from more than I would have otherwise... I do feel my experiences have helped me become a better therapist because I do feel disabled and feel in some way as

the clients I work with do.

Patricia discusses how her experience care-giving for her father changed her perspective on working with incarcerated adult females:

I think I'm more compassionate towards people who have gone through crisis with loved ones. I like to think I also have more of a sense of how it affects someone emotionally, psychologically, and physically. So maybe if I see someone who survived a lot of trauma and they're presenting as not paying attention or being preoccupied or appearing more depressed, maybe I have an inner knowledge of what may be happening. I think maybe I have a little more empathy and compassion. I think in the long run I'll have more patience for people too.

The participants made clinical modifications to their music therapy interventions. These changes were often made to cope with emotions being stirred in the therapists at an inopportune time. Patricia modified her song selection:

For me, certain songs that I might play for my patients would lead me to experiencing some emotions that I would normally keep at bay while I was providing the therapeutic treatment. So I found myself being a little cautious about using interventions with others that might somehow evoke a stronger response in me.

At one point, Patricia believed she was losing her memory due to the stress of caring for her father. She coped with this by slowing down her pace at work and writing things down in order to remember what her clients told her. Joan explained how she changed the type of intervention she primarily uses to distract herself from the ringing in her ears. "Often when I work at the military hospital, I lead drum circles. People can really play the drums pretty loud. I don't think about the sound."

The music therapists also described more profound changes in their therapeutic approach. In addition to relating to the clients on a deeper level, Patricia found that she gained more tools to use while leading music therapy sessions. She said, “I also think with any kind of therapy role, the more life experience you have and the more lessons you learn in your own life, the greater the tools you have to help others.”

Susan noticed a change in her style as a therapist:

Sometimes I felt like I was a little bit reserved. So what I tried to do to hide my own issues that I was dealing with was I tried to be more of an active listener and support them. I wasn't as “active” in the session but I still got the same things done that I needed to get done- if that makes sense. I think I spoke less and let things come from the patient first, which is what we're supposed to do anyway, but [normally] my style is to engage them more verbally but I let them come to me more. That would try to hide whatever was going on.

Susan's personal crisis brought more attention to how she adjusts her approach on a regular basis:

Some days I could do it and some days I had to compartmentalize. Some days I was aloof and some days I could compartmentalize and be more engaging. I think it's a process...

The nature of our work has a tendency to be very enervating. There's a tendency to burn out, a tendency to give so much of ourselves. I think it's a daily process where we kind of adjust ourselves- what we give and what we reserve for our own inner strength.

Fundamental Structure of Phenomenon

After the exhaustive description of each theme was written, a condensed and concise description was formulated: When a music therapist experiences a personal crisis, it is often the

result of multiple stressors and life changes. This challenge often leads to changes in roles in personal life and changes in therapeutic approach. In addition to using other coping strategies, such as emotional support, music therapists seem to be adept in their ability to use music as a coping strategy.

Chapter 5: Discussion

This study explored the lived experiences of music therapists that underwent a personal crisis while practicing music therapy. The study also asked the therapists if they felt the experience was unique in any way as a music therapist. Using Colaizzi's strategy in descriptive phenomenology (1978), the following themes were extracted which represent the wholeness of the experience: the onset of personal crisis, coping, and the clinical impact. In this section, the themes will be discussed, and the inferences made from this study will be complemented and validated with research literature.

The first theme extracted in the study regarded the **onset of personal crisis**. While crises can manifest from situational, social/cultural, or transitional origins, it depends on the individual's ability to problem solve and cope effectively to determine the probability of a crisis occurring (Hoff, Hallisey, & Hoff, 2011). Several of the music therapists in this research study described how their crisis was a result of multiple stressors, e.g. a medical illness compounded with a mental illness. This finding implies that music therapists generally have effective coping strategies for stress.

The therapists also identified difficulty transitioning to new life roles, such as Patricia's adjustment into caring for her father with dementia. The trajectory for a caregiver to a typical older adult involves increasingly more complex, intense and time consuming responsibilities

(Schulz & Eden, 2016). Over time, other dimensions of a caregiver's life, such as social activities and occupational responsibilities, can be undermined (Schulz & Eden, 2016). When a caregiver's identity and social status are threatened, there is the opportunity to form a new set of beliefs and sense of self (Gibbons, Ross, & Bevans, 2014).

The second theme extracted in the study was **cop**ing. Yerushalmi asserts that an individual's ability to adapt their coping skills to a traumatic situation can determine either an outcome of growth or of stagnation (2007). The participants identified some ways they felt their coping methods were harmful, such as increased alcohol use or poor eating habits. Noah correlated these poor coping methods to difficulty staying present in his music therapy sessions. This finding parallels Norman Clemens's article that states prolonged emotional distress can often lead to impairments in the therapeutic relationship (2003). An individual in crisis experiences confusion, anxiety, disorientation and a sense of disaster and frequently reverts back to earlier coping patterns and internal conflicts (Yerushalmi, 2007, p. 360).

The participants discussed various methods of using music as a source of coping with the stress in their own lives. Linnemann et al. found listening to a minimum of twenty minutes of music can lower stress in the temporal lobe (2018). While many people use music as a coping skill through difficult times, music therapists are specifically trained in the rationales and applications of therapeutic music interventions. This knowledge may better equip trained music therapists to use music as a therapeutic tool for themselves.

The music therapists identified providing care for others as beneficial for their own well-being. Susan cared for her family members affected by her cousin's suicide while her professors suggested she ground herself in her clients' lives during music therapy sessions. This parallels the findings from "A Phenomenological Investigation of Altruism From the Perspective of

Counsellors in Scotland,” in which counselors identified caring for others as a benefit for their wellness and self-care (Limberg, Schuermann, Fox, & Robinson, 2018).

Overwhelming evidence points to a person's social support as a primary factor of an individual's ability to seek treatment, effectiveness of treatment, and the outcome of a crisis (Hoff, Hallisey, & Hoff, 2011). A social network may consist of friends and family as well as coworkers, therapists, and even bartenders. The participants found support through family, friends, and support groups. An individual's ability to use their social network can determine the outcome of the personal crisis (Hoff, Hallisey, & Hoff, 2011).

Perseverance was a common theme among the music therapists interviewed. Despite feeling drained from the personal crises, the therapists continued to move forward in school, at work, and in their personal life. Hoff et al. reflect on the Chinese word for “crisis”, “Wéijī”, that signifies not only danger but opportunity (2011). Having “a sense of physical and emotional well-being, an image of self that flows from general well-being and acceptance of one's attributes, and some control in everyday life functions and the activities of daily living” can help an individual avoid a crisis or persevere through a crisis (Hoff et al., 2011, Threats to Health Status and Self-Image section, paragraph 1).

The third and final theme extracted in this study was **clinical impact**. In the article, “Personality, Burnout, and Longevity Among Professional Music Therapists,” 137 music therapists were given a personality test, and the personality factors were correlated with their burnout levels and longevity. Among the personality traits identified to be common among music therapists anxiety, sensitivity, tension, social boldness, vigilance, dominance, and liveliness were found to be most predictive of burnout (Vega, 2010). Since anxiety and tension can be dramatically increased during a personal crisis, it can be inferred that music therapists'

perceptions of their own clinical practice may be impacted.

The participants discussed difficulty maintaining therapeutic presence while experiencing personal crises. In a phenomenological investigation, Fraelich spoke with six psychotherapists in order to understand what it means to be present as a psychotherapist (1988). He concluded presence is “a way of being which moves and guides a therapist as he/she dialogues with a client” (p. 158) and consists of the following fourteen themes:

...presence as spontaneous occurrence, immersion in the moment, openness of being, living on the cutting edge, self-sacrifice, interest, psychotherapist as expression of self, immersed participation in the client’s world, connected relationship with client, care, unconditional regard and valued acceptance of the client, completeness and definition of self, presence as trust, and genuine and authentic with self and others (Fraelich, 1988, p.150).

In music therapy, Kenneth Bruscia maintains, “The therapist has to be present to the client, be present to himself, and have the presence of mind to make clinical decisions, all while trying to communicate his presence through music and words” (1988, p.94). Fraelich's and Bruscia's definitions seem to relate to Noah's description of being present: “... being an attentive listener... fully actively listening. Really aware and empathetic of them from moment to moment.” The implication is that when a music therapist is experiencing a personal crisis, they are susceptible to not being present to themselves and to the clients, through no fault of their own.

The therapists described how their personal crises allowed them to relate to their clients on a deeper level. This implies the therapists were able to more fully empathize with their clients, having experienced something similar personally. Humanistic psychologist Carl Rogers identifies the therapist's ability to empathize and communicate that empathy to the client as a

necessary condition for the client to experience constructive personality change (1957). Rogers describes empathy in therapy:

To sense the client's private world as if it were your own, but without ever losing the "as if" quality—this is empathy, and this seems essential to therapy. To sense the client's anger, fear, or confusion as if it were your own, yet without your own anger, fear, or confusion getting bound up in it, is the condition we are endeavoring to describe. When the client's world is this clear to the therapist, and he moves about in it freely, then he can both communicate his understanding of what is clearly known to the client and can also voice meanings in the client's experience of which the client is scarcely aware (Rogers, 1957, p. 99).

Because a personal crisis can alter a person's worldview (Yerushalmi, 2007), it may also alter their approach to therapy. For instance, Susan's experience increased her awareness of how much she gives and how much she reserves for herself in a music therapy session on a daily basis. While the experience may initially negatively impact the effectiveness of the music therapist, eventually the lessons learned from the experience can shape and build the therapist's worldview and approach to therapy.

Implications of Findings for Practice, Education and Training

The themes extracted aim to answer the research question and subquestion. The theme of **onset of personal crisis** implies a universality in some aspects regarding the beginning of the personal crises from the experiences of the music therapists in this study. The theme clusters in this section, such as compound stressors, may increase a music therapist's awareness of the amount of stress in their lives and the importance of self care. This is crucial in a music therapist's career, and especially needs to be emphasized during education, training, and

internship.

The theme of **coping** again implies universality as well as the ability to control outcome of the crisis. Since a person in crisis may start to revert back to previous, possibly harmful coping habits, it is important to understand what beneficial coping strategies are available. The subquestion in this study was: How is this experience unique to music therapists, if at all? Music therapists may have an asset other people experiencing a crisis do not as they are equipped with the knowledge of using music in various ways as a coping skill. However, even a person with normally effective coping skills can fail to grow if they are not willing to adapt their coping strategies. Music therapists are also in a field where supervisors and educators are encouraging and supportive. Since there is emphasis on humanistic values, supervisors and educators provide a source of guidance and support.

The theme of **clinical impact** implies a profound change in the music therapists' therapeutic approaches. During a personal crisis, not only are the individual's coping strategies compromised and challenged but their worldview is as well (Yerushalmi, 2007). As a music therapy student is learning about the psychological theories involved in music therapy, they may be more understanding about their own beliefs and values as well. These experiences may lead to developing their psychological foundation in a new and different manner. Just as rigidity in one's coping skills can lead to stagnation in growth, a refusal to develop or adjust one's therapeutic approach may lead to stagnant or ineffective music therapy sessions.

Recommendations for Further Research

Since this writer and all of the participants are from the United States, their views about personal crises may reflect some aspects of American culture. It would be advantageous to hear the experiences of music therapists from other parts of the world. For instance, in countries

where leisure time is more valued, is there as much pressure to return to work? In other countries, such as Scotland, where altruism is highly valued (Limberg, Schuermann, Fox, & Robinson, 2018), is there less attention to self-care?

Due to the “overview” nature of this phenomenological investigation, it was difficult to go into further detail about how a music therapist's personal experiences shape their therapeutic approach. I recommend a study seeking to understand the roots and culmination of experienced music therapists' therapeutic approach.

Personal Reflections

While I bracketed my assumptions about personal crises during the phenomenological investigation, it was my own experience that brought me to the topic. My personal experience of feeling isolated inspired me to understand the experiences of other music therapists going through similar situations. While I was surprised throughout the interviews the theme did not occur as often as I thought it would, I found in the research literature isolation is a very common experience in caregivers.

The participants spoke about difficulty they had maintaining therapeutic presence. Feeling emotionally drained at times, I struggled to be present in music therapy sessions as well as in my personal relationships. This was frustrating for me as a therapist because I recognized the importance of staying present during sessions, but I was simply unable to do so. It was also frustrating not being present with family who I was caring for. Over time, however, I gave permission to not put so much pressure on myself. I learned to accept how I was feeling from day to day. This self-acceptance brought a new energy to my music therapy sessions and to my personal life.

Eventually I found relief from my feelings of isolation through several means. I started

to join more musical groups, which nurtured my musical identity and connected me with local musicians. I also developed my existing relationships with friends and family into deeper bonds. This cultivated a kind of effortless support I received from them. My hope is those reading this study will find universality in hearing others' experiences and show themselves understanding and compassion when faced with a personal crisis.

Appendix A

Recruitment Email

Hello, my name is David Palermo. I am a graduate student currently working on my thesis at the State University of New York at New Paltz. I am looking for board-certified music therapists to be interviewed over the phone who are willing to provide a description about a personal experience involving a personal crisis while practicing music therapy. A personal crisis can include any event or situation that disrupts day to day living (i.e. sudden death, accidents, catastrophic illness, chronic severe illness, and family crises).

The purpose of the study is to understand what the experience of a music therapist undergoing personal crisis is. How does it affect the clinical work? What are the practical implications? How does a music therapist care for his or her self while working and undergoing a personal crisis? How was this experience unique to music therapy as opposed to other types of therapy?

This study has been approved by the Human Research Ethics Board at the State University of New York at New Paltz.

If you are interested in participating in the study, please email back at n02329701@hawkmail.newpaltz.edu

David Palermo

n02329701@hawkmail.newpaltz.edu

Graduate Student

State University of New York at New Paltz

Appendix B

Consent form

State University of New York at New Paltz – Informed Consent
Study: When the Music Therapist Experiences a Personal Crisis
David Palermo, MT-BC
Graduate Student
Department of Music Therapy
609-271-0223
208 Helena Drive, Linwood, NJ 08221

Dear Board-Certified Music Therapist,

You are invited to participate in a research study by graduate student, David Palermo. The purpose of this study is to develop a comprehensive understanding of the experiences of music therapists that have undergone personal crises while practicing music therapy. How do these experiences affect clinical work during and after the time of crisis? What are the practical implications of experiencing a personal crisis while maintaining a music therapy clinical practice? How do music therapists care for themselves while working and undergoing a personal crisis? How was this experience unique to music therapy as opposed to other types of therapy?

Your requirement in this study would involve your permission to hold an initial interview over the phone, talking about your experience of undergoing a personal crisis while practicing music therapy. The interview will likely last between 15 and 30 minutes. The phone conversation will be recorded and then transcribed. Identifying information will be removed during the transcription. Once the interview is transcribed, the audio file will be deleted. I will check in with you regarding the information obtained in the interview to be certain you approve of the way the data was reflected in the study.

One copy of this document will be kept together with the research records of this study. Also, you will be given a copy to keep. A digital copy will be stored on a personal, password-protected computer.

Risks: While some participants may not experience any distress discussing a difficult time in their life, others may find that talking about sensitive, emotional material could bring up strong feelings. This may be potentially anxiety provoking or uncomfortable. If a participant is becoming noticeably distressed, I will offer to stop the interview.

Benefits: You will benefit from the study by having the opportunity to discuss his or her experience with introspection and perspective. By reading the study, the music therapists will have their experiences validated.

Your participation in this project is voluntary. Even after you agree to participate in the research or sign the informed consent document, you may decide to leave the study at any time without

penalty or loss of benefits to which you may otherwise have been entitled. I will retain and analyze the information you have provided up until the point you have left the study unless you request that your data be excluded from any analysis and/or destroyed.

All information obtained in this study is strictly confidential unless disclosure is required by law. In addition, the Human Research Ethics Board, the sponsor of the study (e.g. NIH, FDA, etc.), and University or government officials responsible for monitoring this study may inspect these records.

If you have any questions about the events of the interview please contact me at (609) 271-0223. For questions about your rights as a research participant, contact the State University of New York at New Paltz Human Research Ethics Board (which is a group of people who review the research to protect your rights) at 845-257-3282.

The Human Research Ethics Board of the State University of New York at New Paltz has determined that this research meets the criteria for human subjects according to Federal guidelines.

--David Palermo, MT-BC

CONSENT

Please sign below if you are willing to have this interview audio recorded. You may still participate in this study if you are not willing to have the interview recorded.

Participating Music Therapist's name (printed): _____

Participating Music Therapist's name (signed): _____

I have read, or been informed of, the information about this study. I hereby consent to participate in the study.

I DO wish to participate:

Participating Music Therapist's name (printed): _____

Participating Music Therapist's name (signed): _____

Appendix C

Semi-Structured Interview Script and Questions

I am interviewing music therapists about an experience they had dealing with a personal crisis. I'm using a phenomenological approach so the questions will generally be open ended, then I will try to clarify and ask for details. Also, if there is anything about your experience that is crucial that we did not mention, feel free to add that because I want to bring out the most essential parts of the experience. If at any point you do not wish to participate in the study, we can stop.

1. What population(s) do you work with?
2. What was the nature of the crisis?
3. Did you have to take time off during this crisis?
4. Were there other practical implications of this crisis?
5. What were the clinical implications of this crisis? e.g. transference issues
 - Did the experience affect your therapeutic presence with the patients?
 - Has the experience changed your therapeutic approach in anyway?
6. How did you cope in the situation?
7. Do you feel your experience was unique in anyway as a music therapist? If so, how?

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