How do moments of insight in personal therapy impact the professional lives of music therapists?

by

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Abstract

This study presents the findings of an Interpretative Phenomenological Analysis on the professional impact of insight moments that occur in the personal therapy sessions of music therapists. Four board-certified music therapists participated in semi-structured interviews and described experiences in personal therapy that impacted their professional lives. In addition, participants described experiences from their own music therapy sessions that related to their personal therapy insights. Participants also shared how other methods of professional development compare with personal therapy. Other methods such as self-care and supervision were included in the literature review to support this comparison. It was observed that there is little literature in regards to the professional impact of personal therapy for music therapists. Therefore, literature from relevant therapeutic fields such as psychology and social work were included to help supplement the literature review. Four emergent themes were derived from the data: empathy for clients, therapeutic presence, clear boundaries, and learning new skills. The results of this research may inform music therapists about the potential professional benefits of personal therapy.

Keywords: personal therapy, professional development, music therapy, insight
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Self-awareness techniques used for the professional development of music therapists have the potential to improve the quality of music therapy for the client and ensure best practice (Scheiby, 1998; Camilleri, 2001; Bruscia, 2014). The American Music Therapy Association (AMTA) states the importance of self-awareness as a competency for music therapists (AMTA, 2015b, 2015c). Chikhani (2015) surveyed 130 music therapists and found that 96.3% of the 111 respondents agree that personal therapy can increase their own self-awareness. Based on this survey, personal therapy is a potentially valuable method for maintaining professional self-awareness.

There are many professional benefits derived from personal therapy such as increased empathy for client experiences, a deeper understanding of boundaries, increased emphasis on maintaining authentic presence, increased patience with clients, and an increased awareness of unconscious associations that appear during the therapy process (Macran, Stiles, & Smith, 1999). Miller, Luborsky, Barber, and Docherty (1993) referenced insight in therapy as one of the few phenomena identified by psychotherapy researchers to be a contributing factor to positive therapeutic outcome. Therefore, if effective personal therapy can contribute to developing professional self-awareness for music therapists, the insights gained by music therapists in personal therapy may have an impact on their professional practice, and merits exploration.

In order to explore the experiences of practicing music therapists engaged in personal therapy, this study will employ the qualitative approach of Interpretative Phenomenological Analysis (IPA). Specifically, the researcher will interview music therapists to learn if moments of insight gained in personal therapy impact their professional work.
Review of Literature

Music Therapy

The American Music Therapy Association (AMTA) defines music therapy as “the clinical and evidence-based use of music interventions to accomplish individualized goals for people of all ages and ability levels within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (AMTA, 2015a, para. 1). The types of music interventions that are used in music therapy sessions are typically divided into “four categories of activities: improvising, listening, re-creating, and composing” (Hibben, 2004, p. 21). Specific methods of music interventions are incorporated into sessions based on the individualized goals established in the therapeutic relationship. Based on the emphasis on therapeutic relationship from this definition, the inner qualities of a music therapist should be defined and explored to help clarify their relationship role.

Bruscia (2014) states that “there are several essential ingredients to the definition of a [music] therapist: a commitment, a helping role with client, health-related and music-based treatment, certain qualifications, and a professional relationship” (p. 37). A commitment is made when the client agrees to accept the help of a music therapist. A music therapist acts in the helping role by remaining present with the client, by empathizing, and by offering guidance. For music therapists, their professional services are “defined and delimited by those health concerns of the client that can be addressed through music” (p. 37). The use of music treatment to optimize client’s health occurs when a specific client need is identified. For instance, if a client needs to express something difficult and uncomfortable, it is the job of the music therapist to act as a guide in this process by leading the music intervention, empathizing with the client, keeping the client grounded in reality, and keeping the client mindful of their own humanity. Bruscia
writes that “the therapist can help clients in these ways only if he preserves and safeguards his own personal and professional health as a therapist” (p. 40). This awareness of one’s own health in relation to the client is an important component of being a music therapist, in both the personal and professional domains.

Self-Awareness

Morin (2011) distinguished that the experience of perceiving an environment is consciousness whereas self-awareness is the reflection on that experience. Self-awareness is specifically defined as a state where “one actively identifies, processes, and stores information about the self” (p. 807). The reflective process of maintaining self-awareness in reference to one’s work as a therapist can be referred to as reflexivity. Bruscia (2014) defines reflexivity as “the therapist’s efforts to continually bring into awareness, evaluate, and when necessary, modify one’s work with a client—before, during, and after each session, as well as at various stages of the therapy process” (p. 55).

The AMTA Professional Competencies (2015b) delineate the standard of practice and ability for Bachelor’s trained music therapists. These competencies address the following domains: music foundations, clinical foundations, and music therapy. In the music therapy domain under professional role/ethics, there is a call for music therapists to “demonstrate critical self-awareness of strengths and weaknesses” (AMTA Professional Competencies, 2015b, 17.8). This competency emphasizes that even entry-level music therapists are expected to practice self-awareness in order to be deemed qualified to practice music therapy.

The AMTA’s Advanced Competencies (2015c) pertain to music therapists who have completed advanced trainings in music therapy, completed a master’s degree in music therapy, or who have extensive experience working in the field. At this level of competency, a music
therapist “demonstrates comprehensive understanding of foundations and principles of music, music therapy, treatment, and management in clinical, educational, research, and/or administrative settings” (AMTA Advanced Competences, 2015c, para. 3). The following Advanced Competencies pertain to self-awareness:

- Utilize self-awareness and insight to deepen the client’s process in music therapy
- Identify and address one’s personal issues as may be relevant to the music therapy process
- Recognize limitations in competence and seek consultation (AMTA Advanced Competencies, 2015c, II.B).

Some state’s licenses for music therapists require higher levels of training. For example, in New York State, music therapists with a master’s degree are eligible to become a Licensed Creative Arts Therapist (LCAT). As an LCAT, one can work with clients using psychotherapeutic techniques in conjunction with creative arts interventions (Office of the Professions, 2017). The use of psychotherapeutic techniques and theories allow music therapists to work with clients at a deeper, reconstructive level of therapy, which is when “insight into unconscious material is the goal of music therapy sessions” (Wheeler, 1987, p. 41). At this level of practice, self-awareness becomes more important because working with client’s unconscious material is involved.

Bruscia (2014) identified countertransference and therapist authenticity as two important issues that are addressed using reflexivity. He stated, “In countertransference, the present may be distorted by the past— the therapist’s way of relating to the client in the present may be determined by factors in the past rather than on factors unfolding in the present” (p. 54). In other words, countertransference refers to projection of a therapist’s past experiences or feelings onto
the client. Camilleri (2001) also references countertransference in the music therapy relationship, stating that “self-awareness will enable music therapists to recognize countertransference reactions, and perhaps curb their presence or effect” (p. 84). Authenticity refers to the therapist remaining true to him- or herself in relation to the client. Bruscia (2014) writes that “in inauthenticity, one’s identity is distorted ... the therapist is not being true to himself and is relating to the client in a way that is contradictory to or incongruent with his own feelings, values, beliefs, etc.” (p. 54). This point states that it is important for therapists to be aware of when they are relating to the client in a way that is inauthentic. It can be implied from this statement that therapists should seek to maintain an authentic therapeutic presence through the awareness and management of their inauthentic feelings in relation to the client.

Scheiby (1998) raised the concept of musical countertransference, in which the music that music therapists use in sessions can sometimes include unconscious countertransference reactions to clients. She identified three reasons for therapists in gaining awareness of and working with musical countertransference: to help understand and diagnose client symptoms; to learn how to adjust musical interventions to become more appropriate or effective; and to foster personal and professional growth through self-awareness (p. 188). How the therapist reacts to the music itself is another important component of developing professional self-awareness.

A common theme from the reviewed literature is that self-awareness techniques ultimately improve the quality of music therapy for the client and ensure best practice (Scheiby, 1998; Camilleri, 2001; Bruscia, 2014). The following methods for developing self-awareness will be reviewed to ensure a variety of perspectives: supervision, self-care, and personal therapy.

**Supervision.** Itzhaky and Ribner (1998) noted that supervision is a personal learning process that works towards developing self-awareness. Professional supervision is defined as “a
process to enable music therapists to discover ways of improving their working practice through examination and exploration with the supervisor, of casework in a supportive way” (Odell-Miller & Richards, 2009, p. 6). Ongoing clinical supervision is recommended for practicing music therapists (AMTA, 2015b, 19.1).

Kennelly, Daveson, and Baker (2016) conducted a systematic review on the experiences of practicing music therapists who participated in professional supervision. The studies that were found in the review were all qualitative and it was noted that further research should focus on quantitative designs. Some key findings are that the professional supervision process provided two important components: a creative process for practicing and learning (including music-based techniques) and a working supervisory relationship. Additional factors that were identified in this analysis were (1) shared experience between supervisor and supervisee; (2) improved insights; and (3) qualities of an effective supervisory relationship (p. 200). Underlying themes from the supervision process are improved insights and an increased sense of awareness in relation to clinical work as a music therapist. One example of a creative supervision process was when the “formal process of guided imagery and music supervision facilitated personal and professional insights” (p. 199). This use of a music therapy intervention in the supervision setting allows for a deeper personal exploration in reference to professional work. Based on these findings, the supervision process can act as an important self-awareness resource for music therapists.

**Self-care.** Self-care can be broadly defined as “the utilization of skills and strategies by workers to maintain their own personal, familial, emotional, and spiritual needs while attending to the needs and demands of their clients” (Newell & MacNeil, 2010, p. 62). Self-care strategies aim to meet the needs of the therapist so that the therapist can be fully present to help the client through a working therapeutic relationship. Richards, Campenni, and Muse-Burke (2010)
conducted a survey of 148 mental health professionals and found that both self-care and self-awareness were positively correlated with well-being. The correlation between self-care and well-being is significant because this indicates a potential tool for therapists to maintain their overall well-being and thus, be able to better serve their clients.

Hearn's (2017) interviewed eight music therapists who worked with distressed and/or traumatized individuals about how they practice self-care. All participants stated that they unfortunately found the need for self-care only in response to a crisis they experienced personally or professionally that resulted from working with this population. One primary theme and five secondary themes were derived from interviews in regard to self-care practices:

- Primary theme: creative expression as an intentional act of self-care
- Secondary themes:
  - Maintaining healthy boundaries
  - Seeking supervision
  - Entering personal therapy
  - Increasing self-awareness
  - Establishing and maintaining strong support systems (pp. 91-92).

In contrast with my organization of self-awareness techniques, personal therapy and supervision were considered self-care practices in this study. Another important point in regards to these themes is that it included increasing self-awareness to be a valuable aspect of self-care. Overall, it was found that “through personal interviews and drawn mandalas, clinicians shared how they came to understand the importance of self-care and how maintaining a routine practice of this enabled them to be more effective in their professional work and achieve a more harmonious
balance in their personal lives” (p. 138). These accounts provide support for the use of self-care as a way to develop both personally and as music therapists.

Ruud (2010) stated that music is commonly used as self-care in a multitude of ways such as “identity building, relaxation, to cope with stress, to release pain, or to regulate sleep patterns” (p. 157). This use of music focuses on self-care outside of the identity of a music therapist, simply using music to help cope with everyday problems and contribute to well-being. Hesser (2001) argued that “to keep our [music therapists’] relationship to music fresh and alive, it is important to make music and continue to develop our musical skills and knowledge throughout our career” (p. 54). In contrast to the first literature excerpt, this use of music as self-care instead focuses in on the relationship between a music therapist and the music that they make both in therapy and out of therapy. It is stated that the use of music as self-care outside of therapy will directly benefit how the music therapist uses music in the therapy context.

Kroeker (2014) developed a method called archetypal music psychotherapy and conducted heuristic self-trials. These self-trials were a way for him to develop his new method but also acted as an authentic way for him to engage in self-care. He concluded that these self-trials helped him to develop a greater understanding of the relationship between external and internal dynamics which influenced his practice as a music therapist. In this case, self-care also helped to provide significant insight into clinical relationships. Hesser writes that “through AMP [archetypal music psychotherapy], personal insights gained from directly confronting and exploring one’s inner world can correlate directly with one's clinical choices within a session as a therapist, and thus can increase one’s effectiveness as a therapist” (p. 200).

Based on this collection of literature, self-care can be seen as a valuable method for developing self-awareness (Hearns, 2017; Kroeker, 2014), maintaining a sense of well-being
(Richards, Campenni, & Muse-Burke, 2010; Ruud, 2010) and developing musical skills (Hesser, 2001).

**Personal Therapy**

**Personal therapy for therapists.** Freud (1958) suggested that “everyone who wishes to carry out analysis on other people shall first himself undergo an analysis by someone with expert knowledge” (pp. 116–117). Thus, psychotherapists are encouraged to engage in their own personal psychotherapy.

Orlinsky (2013) analyzed survey data from a database of about 12,000 psychotherapists to learn why psychotherapists seek therapy. He found that 93% of psychoanalytically-oriented therapists had been involved in personal therapy and 73% of this group felt that personal therapy should be required. Another significant finding of this analysis was that “therapy undertaken for training alone had the least positive influence on therapists’ development, whereas therapy citing all three reasons (training, growth, and problems) jointly had essentially the greatest rated influence on professional development” (p. 658). A possible reason for this trend could be that therapists who only go to therapy because it is required for a training are less inclined to experience benefits. This is supported by Rizq and Target (2008) who interviewed nine therapists who experienced mandatory personal therapy in their training and found that the requirement aspect may actually create resistance in therapy. A participant stated, “They’re going into therapy when they may not realise they want it, when they’re not interested in it, so they’re being made to do it ... that can create a sort of resistance ... so it may not be they are unthinking, it may be that they’re being forced into thinking” (p. 40). This is an important finding to note when considering the topic of required personal therapy in trainings.

Macran, Stiles, and Smith (1999) interviewed seven therapists about their personal
therapy experiences and focused on how personal therapy impacts practice. Twelve total themes were identified and categorized into three domains:

- orienting to the therapist: humanity, power, boundaries
- orienting to the client: trust, respect, patience
- listening with the third ear (Macran, Stiles, & Smith, 1999, p. 422).

Listening with the third ear refers to the ability to work intuitively with clients on a deeper level. Ciclitira, Starr, Marzano, Brunswick, and Costa (2012) interviewed 19 volunteer counselors at a women’s community center about their personal therapy experiences. All participants stated that they believed personal therapy provided professional benefits and was an important aspect of their training. A common point among counselors was that personal therapy “helped them deal with their own psychological difficulties, and facilitated their ability to distinguish clients’ issues from their own” (p. 143). In contrast, five counselors shared they had negative experiences due to their therapists either not having sufficient boundaries or being too rigid. This notes the importance that every single therapeutic relationship is different and may or may not work toward achieving goals. These two studies both identified boundaries as an important issue to be aware of in reference to the therapist-client dyad (Martin, Stiles, & Smith, 1999; Ciclitira, Starr, Marzano, Brunswick, and Costa, 2012).

Probst (2014) interviewed 30 clinical social workers seeking to find out what in particular about personal therapy clinicians found to be helpful. The first emergent theme was that personal therapy offers an opportunity for learning to accept imperfection in one’s self and in others. One experience of a social worker was that he would think about the various perspectives of his past therapists as imperfect but still helpful for particular situations. Another theme present was that the “transformation of personal therapy into clinical practice may represent a process of
internalization and re-externalization of the therapeutic dyad” (p. 58). This emphasizes that sitting in the other chair as a client can help to inform the therapist of the dyadic relationship as a whole instead of from just one perspective as a therapist. A third theme that emerged refers to lessons learned from personal therapy that include various theoretical approaches as well as technical aspects of working in particular clinical settings. Overall, this study concluded that personal therapy enhances personal qualities that pertain to professional competency. In addition, the exposure to therapy practices as a client can help develop specific practical skills that will be utilized in future experiences as a clinical social worker.

In summation, personal therapy is supported as an important method for professional development in the field of psychology and related therapies. There is support for continued personal therapy beyond the requirements for therapist training.

**Personal therapy in music therapy training.** Gardstrom and Jackson (2011) sought to find trends in the implementation of three types of personal therapy in relevance to music therapy training: verbal psychotherapy, music therapy, and expressive arts therapies other than music therapy. Their methodology was a survey of program directors of undergraduate music therapy academic programs across the United States. Approximately 14% of the respondents from this survey indicated that some form of personal therapy was required in their program, while 32% of the programs encouraged but didn’t require it. Survey respondents articulated uncertainty regarding the legality of requiring personal therapy for an educational program. Overall, results were inconclusive about the topic of personal therapy being an important component for music therapy education.

Gardstrom and Jackson (2012) conducted small group music therapy sessions with nine students (other than their own students) from two universities. Data was recorded through
student journals over the course of sessions and an anonymous questionnaire that was given at
the completion of the study. The most prevalent theme among students from journals was self-
insight/exploration, with some students writing specifically about having more insight into
situations they experience in daily life. Other important themes derived were musical self-
expression, emotional safety, client empathy, and connection to others. The results from the
survey showed that a majority of students found their increased empathy toward clients to be the
most significant part of their personal therapy experience. Later, Gardstrom and Jackson (2013)
noted that personal therapy is required in some music therapy programs in Denmark and the
United Kingdom, but not in the United States. The authors state that it is their hope for their
research to prompt further discussion in developing more opportunities for personal therapy
experiences in both undergraduate and graduate music therapy programs in the United States.

Personal therapy is often a requirement in training of advanced practice music therapy
approaches, including Analytical Music Therapy (AMT) and the Bonny Method of Guided
Imagery and Music (BMGIM) and its variations (commonly referred to as GIM). Priestley
(1994) described AMT as the “analytically-informed symbolic use of music by the music
therapist and client” (p. 19). The first part of AMT training involves the trainee being the client
of an AMT trained music therapist. Her rationale is that “only this will help him toward an
understanding of his own patients and the right sensitivity and care in the therapeutic use of this
powerful art form” (p. 298). In the next component of AMT training, trainees engage in
“Intertherapy,” during which two trainees alternate roles of client and therapist while an AMT-
certified music therapist observes. After these sessions, the AMT therapist/observer provides
supervision for each trainee individually. This process offers a way for trainees to practice AMT
techniques as therapists, but also to help them understand the therapeutic dyad in AMT more
fully. In addition, trainees are given opportunities for free musical expression as “clients” which can also carry over to musical presence and performance as therapists.

Pedersen (2013) described how the music therapy program at Aalborg University in Denmark came to develop and how AMT influenced the program to incorporate the use of Intertherapy in its program. This later developed into the self-experience track that incorporated a wide variety of music therapy experiences for students. During Intertherapy sessions, students were challenged by having to change between client and therapist roles but were found to be effective in doing so. Seven years after implementation, this program was evaluated through quantitative and qualitative means. The qualitative results stated that students “developed a high level of self-awareness, relation awareness and reflexivity – qualities deeply embedded in contemporary conceptions of high-level therapeutic functioning and competencies” (p. 566). The surveys conducted confirmed that trainees reported high levels of self-confidence and high levels of self-reported competency, resulting in a successful evaluation. This self-experience track provided a valuable self-awareness and self-confidence resource for students based on these results.

Scheiby (1991) presented a case study where she used AMT with a music therapy student. The student’s child traumas and current personal issues were explored through free improvisations. Following these AMT sessions, Scheiby supervised the student and noticed that “Mia was more aware of her own counter-transference ... she had developed her own musical language and was able to tune her body as an instrument and use her voice as an important tool– on equal terms with the instruments” (p. 287-288). Scheiby stated that music therapy as part of a training “can serve not only as a place for personal development but also as an experiential laboratory for gaining the insights and skills essential to becoming an effective music therapist”
Abrams (2013) found great usefulness in personal therapy during his AMT training. He found usefulness in both being validated as well as challenged to push past his comfort zones. His therapist’s insights helped to transcend aspects about himself that he believed were not accessible through his own sense of self-awareness.

Bonde (2013) discussed the Guided Imagery and Music (GIM) training that takes place in Denmark and how having an authentic GIM experience has deeply enhanced the education of these students. This GIM intensive happens at the end of their GIM Level I course and was overall evaluated to be a positive and useful experience towards their development as music therapists. Students learned about shorter modifications of GIM such as Unguided Music Imaging (UMI), Group Music and Imagery (GrpMI), and Guided Music Imaging (GMI). Based on this training, music therapy students learned useful techniques that they themselves experienced, providing them with an understanding of how valuable the techniques are from the client perspective.

**Personal therapy for professional music therapists.** Chikhani (2015) conducted a survey to determine the current personal therapy trends of music therapists in the United States, analyzing a total of 130 surveys. A significant finding from this study was that “96.3% of participants consider personal therapy to be a valuable experience for personal and professional growth, while increasing one’s self-awareness” (p. 34). This finding implies that a significant majority (96.3%) of the surveyed music therapists believe personal therapy is a valuable self-awareness resource that can be used for both personal and professional development. In the discussion of this study it is stated that “many participants [exact percentage not specified] noted that seeking personal therapy and the type of personal therapy depends on the individual” (p. 37).
Although the value of personal therapy is highly agreed upon, certain participants emphasize the importance of individual subjectivity in terms of what will work best to increase self-awareness.

Chikhani (2015) also explored other methods of increasing self-awareness. The most prominent response in reference to self-awareness resources was spirituality (72.4%). Results showed that 37.6% of participants chose other personal therapy (mostly talk therapy) and 18.3% of participants chose personal music therapy. In addition, this study observed the use of different types of support systems for personal and professional development. It was found that 60.3% of respondents indicated that personal therapy other than music therapy was used as a support system for personal and professional progress. Personal music therapy had a lower rate of 18.9% while other methods such as supervision were more prevalent at 47.7% (supervision with a music therapist) and 45.9% (supervision with another professional). Respondents were also asked as to which support system they benefited the most and the highest percentage was personal therapy other than music therapy (36.4%).

Overall, this study began to explore how music therapists use personal therapy and how it compares to other methods in terms of self-awareness resources and support systems. It was found from this study that most surveyed music therapists (96.3%) support personal therapy as a self-awareness resource and ought to be researched further.

**Moments of insight.** Participants in this study will be discussing their moments of insight in personal therapy. Therefore, it is important to consult the literature to help define insight experiences. Domash (2010) refers to insight as a sudden burst of realization and seeks to explore the neuropsychological processes that happen to lead to these realizations. He discussed that “insight can arise either from a very relaxed state of mind which is able to block out anxiety and allow focus or from an intense, urgent state of mind which also drowns out extraneous
stimuli and allows focus” (p. 317). The author explored concepts on how to achieve a relaxed state of mind in the therapist role that allows for insight experiences to easily occur. The relaxed state is referred to as unconscious freedom, which is defined as “the analyst’s ability to function in the implicit or unconscious relational realm with empathy and sensitivity while relatively free of anxiety” (p. 315). This concept of unconscious freedom is meant to help therapists develop a sense of self-awareness on an unconscious level so that they can experience insight more easily.

Shen et al. (2018) surveyed 146 undergraduate students in China about everyday insight experiences to help define the phenomenon. Approximately 80% of respondents indicated that insights are perceived not only as breakthrough experiences, but also as everyday experiences. Another point is that the presence of an impasse is noted as a significant stage in the process that will eventually create an insight solution experience. The four clusters that this study ultimately produced from surveys to describe insight were “the positive affect produced by solving a problem, the phenomenological experiences related to the sudden restructuring or the dynamic insight process, solution-related cognitive responses, and postinsight reflections” (p. 324). These different ways of understanding insight may be valuable in understanding particular insight-experiences as they are presented in the therapy context.

**Conclusion**

Self-awareness is maintained as an important competency by the AMTAA, and can be practiced through supervision, self-care, and personal therapy. There is a lack of research on music therapists’ engagement in personal therapy in general. There are significant research findings in regards to the benefits of personal therapy in related therapeutic fields. In music therapy literature, personal therapy has an important influence in some college education programs and some advanced trainings. This study seeks to find how personal therapy creates a
sense of professional self-awareness by closely examining the experiences and accounts of practicing music therapists who have had significant moments of insight in their own personal therapy experiences.

**Research Question**

The research question is as follows:

How do moments of insight in personal therapy impact the professional lives of music therapists?

**Method**

**Phenomenology**

A phenomenological approach is concerned with how “a person perceives, feels, thinks, and derives meaning from a *lived* phenomenon, that is, something that a person has actually experienced” (Wheeler & Murphy, 2016, p. 60). Finlay (2011) stated that phenomenologists focus primarily on the lived experiences of a person as opposed to “some inner, subjective realm” (p. 3). It is the inner perception of the outside world that is being focused on in phenomenology. There is an emphasis on using this methodology to “evoke what it is to be human” (p. 3). Another important aspect is the phenomenological stance, which holds that researchers put their best efforts into shedding their assumptions, staying open-minded, and maintain a non-judgmental viewpoint (p. 4). Although all researchers will have a subjective viewpoint, maintaining an awareness of subjective stance and being mindful of assumptions is important for more reliable research.

**Stance of the Researcher**

I employ a constructivist worldview, meaning that my “intent is to make sense of (or interpret) the meanings others have about the world” (Creswell, 2014, p. 8). This worldview
doesn’t begin research with a preconceived theory but instead strives to develop a “theory or pattern of meaning” (p. 8) as the research unfolds. This implies that a neutral stance ought to be upheld by the researcher at the beginning of research. In my research question, I specifically used the word ‘impact’ so that I do not assume that there will be professional benefits derived from moments of insight in personal therapy.

It is important to note my potential biases regarding my research topic. I have been in personal therapy since college and I myself am a board-certified music therapist. From my own experiences in personal therapy, I have certainly realized professional benefits. However, I do not assume that this will be the case for the participants in this study.

**Participants**

Participants in this study were recruited through professional and university-related connections, and were contacted about the study via email. In the recruitment letter, I stated that a qualifying participant must be a board-certified music therapist and feel that their experiences in personal therapy have impacted their professional lives. Four participants who met criteria agreed to participate in this study. See Appendix A for the informed consent forms, and Appendix B for the recruitment letter.

The four participants were board-certified music therapists (MT-BC) who ranged in age between 27 years old and 50 years old. Two participants were female and two participants were male. Participants worked in the field of music therapy between 1 and 23 years. Three participants completed a master’s degree in music therapy. The fourth participant completed a PhD in music therapy.

All participants had been involved in personal therapy between 5 and 15 years. However, all participants shared that they have been in and out of personal therapy during that time period.
The two modalities of personal therapy employed by participants are verbal therapy and music therapy. All participants had engaged in verbal therapy. One participant engaged in music therapy. Specific types of therapy approaches included counseling, psychotherapy, psychiatry, cognitive behavioral therapy, couple therapy, Eye Movement Desensitization and Reprocessing (EMDR), and Bonny Method of Guided Imagery in Music (BMGIM).

**Data Collection**

Data was gathered through semi-structured interviews, which were audio recorded and transcribed. Participants were asked to choose the method of interview from the following three options: phone, Skype, or in person. Based on convenience and participant preferences, two interviews were conducted over the phone while the other two were conducted in person. Audio recordings and transcriptions were stored on my password protected laptop.

Semi-structured interviews lasted between 24 to 61 minutes. Interviews began with demographic questions that asked participants about their age, gender, length of time as a music therapist, highest level of education, and length of time in personal therapy. Next, mostly open-ended questions were asked in reference to experiences in personal therapy, moments of insight in personal therapy, moments of insight as a music therapist, and professional impact of personal therapy. Additionally, I asked open-ended questions about other methods that participants use for professional development and how they compare to personal therapy. Because this was a semi-structured interview, questions were occasionally changed, rephrased, omitted, or repeated based on participant responses. See Appendix C for the interview questions.

**Interpretative Phenomenological Analysis**

Interpretative Phenomenological Analysis (IPA) is a type of qualitative analysis that “seeks *idiographic* accounts of people’s views and perceptions: how participants themselves
make sense of their experiences” (Finlay, 2011, p. 140). These accounts are then put together by
the researcher to “propose a general description of the phenomenon” (p. 140). This method is
considered to be a hermeneutic approach, in that there is an overall acceptance of the inability to
acquire direct access to the experience of a participant, instead requiring the participant to
explain their perspective as best as they can which is then interpreted by the researcher as
accurately as possible. More specifically, IPA uses a double hermeneutic, which is the
researcher’s perception of how the participant is interpreting a phenomenon. Although the
perspective of the researcher will always be at play in IPA, it is important to note that the
interview text should be the driving force of the data analysis.

Semi-structured interviews are usually used in IPA because they allow “researchers to
reflect carefully about what they are asking and how to phrase any particularly sensitive
questions” (Finlay, 2011, p. 142). During my interview processes with participants I found that
sometimes new questions arose during discussions. The flexibility of the semi-structured
interview allowed for me to ask new questions that were based on the particular context of a
participant.

Data Analysis

Finlay (2011) presented an IPA step-by-step guide to illustrate the data analysis process:

1. Reading and re-reading – immersing oneself in the original data

2. Initial noting – free association and exploring semantic content (e.g. by writing
   notes in the margin)

3. Developing emergent themes – focus on chunks of transcript and analysis of notes
   made into themes.

4. Searching for connections across emergent themes – abstracting and integrating
themes.

5. Moving to the next case – trying to bracket previous themes and keep open-minded in order to do justice to the individuality of each new case.

6. Looking for patterns across cases – findings patterns of shared higher order qualities across cases, noting idiosyncratic instances.

7. Taking interpretations to deeper levels – deepening the analysis by utilizing metaphors and temporal referents, and by importing other theories as a lens through which to view the analysis (p. 142).

These guidelines helped to determine my own process for analyzing the data for my interviews.

After conducting the four interviews and audio recording them, I transcribed each interview one at a time. I typed up each interview as I heard them in the audio recording and made sure to include things such as pauses and laughter in the transcription. Once this was complete, I coded my interviews using the following method.

1. I read and re-read the transcribed interviews.

2. I analyzed transcriptions one statement at a time and assigned a code to each statement. I did this by copying and pasting statements from the transcription to a separate Word document that included the derived codes. In some instances, statements applied to multiple codes.

3. I grouped the initial codes into code sections.

4. I looked for relevant code sections that specifically pertained to moments of insight in personal therapy and/or professional impact and grouped these accordingly.
5. Upon reading and re-reading transcription quotes that pertained to relevant codes, four themes emerged based on patterns among participants.

**Approval from Human Research Ethics Board**

Approval to conduct this study was granted by the State University of New Paltz Human Research Ethics Board. This study qualified for interview/survey research exemption as it was determined that there was minimal risk of physical, psychological, or social harm, minimal risk of undue stress, and minimal risk of participant identification. All participants were above the age of 18 and were capable of providing informed consent.

**Results**

The emergent themes of the four semi-structured interviews were *empathy for clients, therapeutic presence, clear boundaries,* and *learning new skills.* *Empathy for clients* contained four sub-themes: *role of the client, self-awareness, interpersonal countertransference,* and *musical countertransference.* *Therapeutic presence* also contained four sub-themes: *clarity, authenticity, confidence,* and *role of the therapist.* See Figure 1 for themes and sub-themes. These themes all represent a unique professional impact that was derived from participant experiences in personal therapy. In some examples, these themes directly relate to the moments of insight that participants described in their interviews. In addition, some participants shared moments of insight from their perspective as a music therapist that also helped to derive the four emergent themes.

Three out of four participants discussed moments of insight they experienced in personal therapy. Participant 1 shared that she could not recall one specific moment but that her experience was more of an ongoing insight process.

I don’t know if it was one particular moment. There were pieces and I think over time
they kind of pulled themselves together (Participant 1).

Figure 1. Themes and sub-themes derived from interviews. Each theme represents a unique professional impact that was derived from participant experiences in personal therapy.

**Empathy for Clients**

All participants shared that their experiences in personal therapy enhanced their sense of empathy for their own clients. Gardstrom and Jackson (2010) also reported this theme from their study involving music therapy students in personal therapy. Students reported increased empathy towards their clients to be the most significant part of their personal therapy experiences. Participants shared that they experienced increased empathy from personal therapy in a variety of ways, resulting in four sub-themes: *role of the client, self-awareness, interpersonal countertransference, and musical countertransference.*
Role of the client. Probst (2014) states that “experiencing how it feels to be a client fosters empathy, patience, and tolerance” (p. 52). Three participants reported an increased sense of empathy towards their clients by experiencing the client role themselves. Participant 2 shared that experiencing the client role was particularly valuable to empathizing with his clients.

They say that doctors and therapists are their own worst clients and it’s like, learning to learn from your clients and then also to see yourself as a client and to learn through that experience. (Participant 2)

Participant 1 discussed a similar feeling of experiencing the client role as a way to further empathize with her clients.

I think that, I think, actually is the biggest part, is being able to, to put myself in their shoes. Not necessarily knowing exactly what they are going through, but having been on the other side of it, and knowing how difficult it is to talk to a therapist. So I think my expectations of having them reach their ‘a-ha’ moment are a little more [pause] understanding in giving them the time to reach where they need to go and not rush the process. (Participant 1)

Participant 3 described an experience where she worked through her own cognitive distortions in personal therapy.

She [personal therapist] gave me a worksheet on cognitive distortions … it was very much life-changing because I’m looking at all of these cognitive distortions and going “oh, I do that, and oh, I do that; oh I do that.” and just finding it all really relatable ... I brought this back to this therapist the next week and said, “This is where I’m at. I knew what I was thinking. I knew what I was feeling, but I couldn’t identify, like, what distortions these are. I couldn’t come up with a more rational balanced thought. Like, I
just couldn’t do it.” And she really met me with, “That’s really okay. This is really difficult.” (Participant 3)

After she had worked on this for a while with her personal therapist, she decided to bring it to her own groups and found that clients reacted to cognitive distortions in the same way that she initially did, which created a sense of empathy.

At one point when I had gotten pretty good at this whole cognitive distortions thing and you know, replacing the automatic thoughts with alternative thoughts, I was like, “They could really benefit from this and I’m gonna bring this into group.” And I have… I really relate to my patients when they’re first presented with those things and go, “Oh my god, I do that; oh my god, I do that; oh my god, I do that.” Just like I did. And when they come to me later in the day and say, “Hey I tried to do this and I really couldn’t get there,” you know, I relate to that and I understand it because I’ve been there. (Participant 3)

Participant 3 used a cognitive distortion technique with her clients that she worked on in her own personal therapy. She found that the way in which her clients reacted to this technique was similar to how she initially struggled with it, thus creating a sense of increased empathy for her clients. Participant 2 noted the importance of learning through the experience of viewing yourself as a client and maintaining an awareness of how he takes his own advice. Participant 1 notes that being in the client role helped her to understand that it is important to give clients time and space to process what they need to, developing a sense of patience.

**Self-awareness.** Participants reported a deepening sense of self-awareness in personal therapy through gaining a better understanding of their own emotions and thoughts. This sense of self-awareness helped some participants to develop a heightened sense of empathy for clients.
They were able to see their clients more clearly, and were not as distracted by their own thoughts and feelings that arose in response to them.

Participant 1 shared how she practiced self-awareness by bringing attention to her daily feelings and observed how they impacted her presence as a therapist.

I think for me, a lot of it was being able to reflect back how I was feeling ... So being able to reflect back what I was experiencing and how that related to what I was bringing for the client or what I was bringing into a session, you know, what was my attitude that day? (Participant 1)

Participant 3 noted a moment in her own personal therapy where her feelings were not rational in response to her therapist’s suggestion of a lower session frequency.

He brings up that I probably don’t need to go every week, that maybe I could go every other week or change the schedule or something like that and I just had this instant, visceral reaction to that, and the thoughts that just jumped right into my head are, “He doesn’t want to work with me anymore;” or “He wants to make space in his schedule for more interesting patients;” or “He just doesn’t like me as a person;” or “I’m wasting his time.” Just like this deep insecure vulnerable little part of me that I tend to forget is there because it doesn’t surface very much, thank goodness. And this was actually a pivotal moment in therapy for me, even though it sounds not great. (Participant 3)

She then related this reactional feeling of vulnerability to client experiences, noting that developing insight about her own vulnerable reactions helped her to authentically validate her clients.

I realized that I was experiencing similar things to what a lot of my patients experience but, you know, my self-awareness of where that feeling was coming from was pretty
good, and my self-awareness of “this feeling is not necessarily my reality” … So yeah, definitely this pattern of me gaining insight into myself and how my own brain works and where my insecurities and where my vulnerabilities are and, you know, then seeing those things in a lot of the patients that I work with, and using that as a tool to connect, and just be like, “Yes, you are not the only person who has felt this and it is completely valid that you are feeling it.” (Participant 3)

In particular, Participant 3 described a particular client case in which she noticed that a client was reacting to a situation in which she felt irrationally abandoned, similar to Participant 3’s experience in personal therapy.

She just really wanted to listen to this one song she knew would help her calm down. And so, you know, I say yes, and she can, and we find the song on the computer and we realized the song was eleven minutes long. Well, I realized, she knew that. And I knew that I needed to leave in about five minutes and so, you know, I said like, you know, “We can listen to part of this but we can’t listen to the whole thing because I’m gonna need to go” … she was reasonably okay with that, but then later that evening she comes into open recreation … she comes in and she sits and she looks directly at me and starts ripping out chunks of her hair and throwing them on the floor. You know, I think this was kind of a you know, “You abandoned me before when I needed you and so I am gonna get your attention one way or another” … I obviously didn’t like the behavior that she was doing but I really understood why she was doing it, if that makes sense.

These two accounts of experiencing self-awareness in personal therapy both relate to how the participants acted in the role of a music therapist. Participant 1 became increasingly aware of the emotions she brought into sessions and personal therapy helped her to better manage these
emotions by becoming more self-aware. Participant 3 felt irrationally abandoned by her therapist in response to a simple suggestion of lowering the frequency of her sessions. This distorted experience helped her to more easily empathize with clients who experience similar distorted feelings that become their reality.

**Interpersonal countertransference.** Participants described experiences or feelings from their past that they noticed in reference to their clients, which is defined as countertransference (Bruscia, 2014). From these participant accounts, it was found that the awareness and management of countertransference feelings can lead to a greater sense of empathy for clients.

Participant 1 related her own past experiences of starting personal therapy to an uncertain client with whom she had just started working. When she made this connection, it helped her empathize with the client.

So sometimes you would go in as a therapist with the expectation of, “Here’s what we’re gonna do and here’s how it’s gonna work, and this is the process we’re gonna take,” when they would sit there and not really talk to you and say, “Okay, well, yeah, I guess I like that,” or “No, I’m not sure,” or “I don’t know.” So I think being able to say, “Yeah, well I was that, that was me when I first started.” And I was scared and nervous and I’m wondering if maybe they’re feeling the same way … So not necessarily, “Hey, when I was in therapy,” but, “You know, I’m noticing that you seem a little nervous,” or “I’m noticing that you haven’t mentioned this.” So I think knowing my own experiences and being able to bring that into the session and to empathize a little bit more with what they are going through. (Participant 1)

Participant 2 identified that his past experiences of using cognitive behavioral techniques in personal therapy were coming up when he was facilitating the same techniques with his
clients. He felt that it was required that these techniques “work” for him personally in order to be using these techniques with his clients. However, this was not always the case. As a result, he experienced a countertransference reaction about using these techniques with his client who he perceived to be in a more difficult position than him.

If I’m going to give a game plan to someone who has a brain injury and I’m talking about them getting over their depression, like “Oh you just need to motivate yourself a little bit. You just need to look at the cognitive behavioral way of changing your behaviors, changing your actions will change your feelings and your thoughts.” And when I think about it compared to myself, that there was a time where my therapist was telling me to do something that I’ve read about in other cognitive-behavioral books. And I would tell my client, “I’m doing this right now.” And it’s, like, how crazy is that: I’m having difficulty doing this when this is something I- I can’t take my own advice when I would be giving my advice to a client who in a lot of ways is in a much worse position than I am. (Participant 2)

During a Bonny Method of Guided Imagery in Music (BMGIM) session, Participant 4 had a significant insightful experience in which he became emotionally fused with his mother.

So what came was that I was an infant in my mother’s arms and completely frozen. She had postpartum depression. So I’m in her arms, in love with her, of course, and I can tell something is wrong. So now I want to help her, but she’s not there and I can’t help here because I am a baby. She’s depressed but I’m merged with her and I want to merge with her further, so I get pulled into the depression. (Participant 4)
He reflected that this insightful experience helped him to identify that he was feeling emotionally entangled with clients if they had depression, because he related it to his own depression. This identification through this insight helped him to see clients more clearly.

What was going on was that there was that enmeshment, that fusion of my own depression as an adult and my early experiences with her [his mother]. So that certainly changed how I viewed clients. I was able to see them more clearly because I was able to do a better job of not doing the same with them. I realized that I had been getting fused with them, especially if they had depression, and was not even realizing what was happening. (Participant 4)

These three examples of identifying countertransference associations all helped participants to more deeply empathize with their clients. Participant 1 empathized with a client who was uncertain about the beginning of a therapy process, an experience she herself had felt before. Participant 2 expressed frustration in that he couldn’t take his own advice in his own personal therapy and projected this feeling on to the client. This awareness was a first important step for him to realize the countertransference. Participant 4 had a significant imagery experience in which he was fused with his mother’s depression. This experience illuminated how he became emotionally fused with clients who presented with depression and this helped to inform his practice.

Musical countertransference. In addition to having countertransference feelings in reference to clients, therapists also have inner responses to the music itself that are based in their own personal histories. Participants 2 and 4 both experienced strong associative reactions to music used in their own sessions. Scheiby (1998) defines musical countertransference as “sound patterns that reflect or evoke feelings, thoughts, images, attitudes, opinions, and physical
reactions originating in and generated by the music therapist, as unconscious or preconscious reactions to the client and his or her transference” (p. 188). Participant 2 associated the instrument of the Native American flute with his then-girlfriend. He was also working with a client who expressed an interest in this instrument.

There was a client who, she said she really liked Native American music, specifically Native American flute. And I had done something in my relationship at the time with my girlfriend where I had just bought her a Native American flute because she was really into Native American flute music and then it just, it created a strange connection.

(Participant 2)

Participant 2 then noted the importance of maintaining a boundary between professional and personal experiences.

Hearing Native American flute reminds me of this ex-girlfriend, but it also reminds me of this client...it was just something that kind of struck a chord and made me understand how much you need to work at understanding the dynamic of keeping your professional life and your personal life separate. (Participant 2)

His identification of the musical countertransference brought him awareness to the importance of creating an internal boundary so that he is working for his client and not influenced by his past associations.

Participant 4 shared that the awareness of his own reactions to the music in his facilitation of a BMGIM session helped him to maintain primary focus on empathizing with the experience of the client and guided him accordingly. It is important to note that he experienced this piece of music in his own BMGIM sessions and therefore had his own associations with the piece.
I remember when I used it [piece of music], being very keenly aware of my own experiences so that I could not only be in there with him, because I know the music so well, but to also separate my own issues out; and be conscious of my own issues in the moment so that I could be present to both and make sure that I was in his service and not in mine. (Participant 4)

Becoming more fully aware of these countertransference associations with music interventions was important so that a sense of clarity and focus on the client were maintained in the music experiences.

**Therapeutic Presence**

All participants referenced moments in personal therapy that helped to inform their own therapeutic presence. This is supported by Macran, Stiles, and Smith (1999) who found that it was important for therapists to identify and manage their personal presence in the therapy context. Personal therapy experiences influenced aspects of therapeutic presence such as *clarity, authenticity, confidence, and role of the therapist.*

**Clarity.** Three participants reported a developing sense of clarity as a result from their experiences in personal therapy. In particular, this clarity applies to their overall presence as a music therapist. Participant 1 stated that identifying her emotions in personal therapy helped keep her therapeutic presence clear. It helped her see past her feelings of anxiety and self-doubt about herself as a therapist.

So one of the things that before [facilitating] music therapy sessions I would get really anxious, so being able to go to therapy and talk about this, and understand that my panic attacks or my feelings of anxiety about a session didn’t make me a bad therapist. Or the doubt that I felt wasn’t necessarily my inability to be a therapist, but it was just my brain
telling me lies about who I was and all those things. So it definitely affected the way that I approached therapy. It made me feel more confident in what I was doing, and I was able to look at it more - what’s the word I want to use - I think, more clearly, so it wasn’t filtered through the lens of doubt and the lens of negative thoughts about myself, but filtered in a way that I was seeing what was actually happening. (Participant 1)

By upholding a clear therapeutic presence, she was able to more accurately see what was happening in sessions as opposed to being distracted by her emotions about herself. Participant 4 reported a similar feeling of being able to see clients more clearly as a result from a significant moment of insight during personal therapy. This moment was when he experienced an enmeshment with his mother’s depression during a BMGIM session.

What was going on was that there was that enmeshment, that fusion of my own depression as an adult and my early experiences with her [his mother]. So that certainly changed how I viewed clients. I was able to see them more clearly because I was able to do a better job of not doing the same with them. I realized that I had been getting fused with them, especially if they had depression, and was not even realizing what was happening. (Participant 4)

Participant 2 discussed how personal therapy influenced his relationship to himself as a music therapist, stating that it helped him to clarify his role as a music therapist.

Now I’m not a student at all, now I’m just a music therapist and I’m supposed to know what that is and who I am and you know sometimes I feel insecure about calling myself a music therapist because I don’t feel that I’m there yet or what’s the difference so my relationship to myself would be like gaining clarity, I guess get a more like lucid
understanding that I’m a music therapist now but I’m still the same person I was and it’s just a new role. (Participant 2)

Participant 1 experienced clarity by becoming more self-aware of her emotions that come up during her own sessions, helping her to see clients more clearly. Participant 4 experienced a similar feeling of clarity in how he viewed his clients after he realized he was becoming emotionally enmeshed with clients who presented with depression. Participant 2 explored his identity as a music therapist in personal therapy and found clarity in the fact that he is still the same person he was before becoming a music therapist and simply has a new role to play. These two different forms of clarity derived from these three experiences can be described as ‘clarity of therapist perception of clients’ and ‘clarity of role’.

**Authenticity.** Authenticity is defined as the therapist remaining true to him- or herself in relation to the client (Bruscia, 2014). Two participants shared experiences in which their authentic therapeutic presence was further developed from their experiences in personal therapy. Participant 3 explained that her improved confidence in the therapy process and her own self-acceptance gained through personal therapy have played an important role in developing her authenticity as a therapist.

So yeah, without developing, I guess, the confidence that I have in personal therapy and without developing the self-acceptance that I have of, you know, “I’m gonna suggest interventions that don’t work, and that’s not a personal reflection on me, that’s me being human.” Or, “I’m gonna say something in group and I’m gonna mix all my words up and say something ridiculous and go bleh [laughter] and realize I’m talking,” and that’s okay. I think he [personal therapist] helped me realize that, you know, my own messing up, and my own quirkiness, and my own nerdiness, the different elements of *me* actually work in
my favor, and they make me relatable and they make me human. And I think I have connected to patients much more deeply since I’ve started showing more of myself. (Participant 3).

Participant 4 shared that his own experiences in personal therapy with a certain piece of music helped him be more authentically involved as a music therapist. He asserted that his authentic experience in the music helped him to be more present with the client.

I think the main thing was that I could live in that music more deeply, which is the point right!? I could live in that music more deeply, and live in it in service of somebody else because I had experienced it so deeply in my own personal work. It’s a subtle thing, but so important. (Participant 4)

Both experiences focused on developing authentic therapeutic presence but in different ways. Participant 3 shared that once she developed enough confidence in personal therapy, she was more comfortable showing authentic sides of herself while still maintaining the therapist role. Participant 4 developed a more authentic presence because of his own personal experiences with a certain piece of music. This connection with the music itself allowed him to be more present with his client in a way that was rooted in his own authenticity.

Confidence. Confidence in reference to therapeutic presence can be referred to as to the degree in which therapists believe in the interventions they provide for clients. Two participants shared experiences in which confidence or lack of confidence played a role on their relationship with clients. Personal therapy experiences were cited in both cases, referencing the moments in which they struggled with confidence issues. Participant 3 shared that her lack of confidence heavily impeded the effectiveness of the music intervention she was using.
I remember the first time that I ever took out instruments in a group ... we were gonna try improvisation on percussion. They looked at me like I had six heads. Maybe one person was tentatively tapping something and the rest were staring at me ... I think my lack of confidence with that really showed, and I think that just really weighed on the room (Participant 3).

She then shared that her work in personal therapy helped her to develop a sense of confidence and self-acceptance in her therapeutic presence and how she presents interventions to clients.

Through my own personal growth in working with this therapist, he has really taught me that the way I am is okay ... things [interventions] that I would’ve been afraid to try, you know, I will now try and I will try with an amount of confidence, be it real or fabricated. (Participant 3)

Similarly, Participant 2 shared an experience in which a client noticed that he was lacking confidence in his singing.

There was some time where I was singing a song to a client and she was kind of annoyed with me for not being more confident in my singing, for not singing louder and everything, and it kind of just like sparked a little bit. Just this kind of like, “Oh, this, you know, like, I’m not being confident in my singing.” This is something I’ve talked about in therapy because I don’t feel confident being a music therapist or something, and that’s related. (Participant 2)

He directly related his lack of confidence using his singing voice to his identity as a music therapist, an issue he had been working on in personal therapy. In the cases of both Participant 2 and Participant 3, a lack of confidence manifested in their therapeutic presence and was noticed by clients. Participant 2 connected this lack of confidence to identity issues involving his role as
a music therapist. Participant 3 worked on developing a sense of self-acceptance that helped her to act confident in sessions. Through their work in personal therapy, these participants came to different realizations in reference to their lack of confidence and returned to their work as a music therapist with a different perspective.

**Role of the therapist.** Two participants shared that their experiences in personal therapy helped to inform how they view the role of the therapist. It is possible that experiencing their own therapists in a role they prefer or don’t prefer can help to inform how they want their role as a therapist to look like. Participant 4 stated that his experience in the role of the client improved his overall effectiveness as a therapist.

I think until you’re in the role of a client in a music therapy session, you just don’t know what it’s like. So there’s no way you can understand what it’s like to be in that position until you do your own therapy. And once you do your own therapy, I certainly think it makes you a better therapist. (Participant 4)

Participant 3 noted that her initial presence as a music therapist didn’t seem to be effective with her clients.

It’s very difficult to figure out what your role is here, because my instant reaction as a recently graduated student, as a recently certified music therapist is “I learned all of this stuff in school and I’m gonna tell you how to live your life better.” And [laughter] you know, I’ve got all of this academic stuff backing me up and that does not go over well. (Participant 3)

Participant 3 noted two contrasting therapist roles that don’t seem to be beneficial for her clients, and her desire to be aware of where she falls on this spectrum.

So you know, either extreme of like, “I am in control and I know what I’m doing and you
don’t,” or you know, “We know what we’re doing equally and let’s journey together.”

Neither one of those really works great. So, this is the second component of this, like figuring out, “Okay, where do I fall in this spectrum and where is this gonna work?” You know, what role do I have in the scenario where this works and I work here effectively and I am most beneficial for my patients. (Participant 3)

Participant 4 stated that understanding the therapeutic process from the client role helped him to understand his role as a therapist. Participant 3 explored various approaches to her role as a therapist and found that her initial take on the role didn’t seem to work for her clients. However, she looked at this more closely in personal therapy and examined that she sought to find a balance in between two extremes of the therapist role. Both experiences advocated that exploration in personal therapy can help to define a music therapist’s role.

**Clear Boundaries**

Three participants stated the importance of maintaining clear boundaries in a therapeutic relationship whether it be with their own personal therapist or with their clients. This is supported by two studies that identify boundaries as an important issue to be aware of in reference to the therapist-client dyad (Martin, Stiles, & Smith, 1999; Ciclitira, Starr, Marzano, Brunswick, and Costa, 2012).

Participant 4 referenced the ease in which boundaries can become unclear when unconscious material becomes involved during music experiences with clients.

You’ve gotta know your own stuff, you can easily get pulled into your own unresolved issues and not even be conscious of it. That’s the other thing, the unconscious gets involved. The unconscious is always involved in human relationships but in the music it’s
like the unconscious of two people jump in a boat together and they go for a ride.

(Participant 4)

Participant 4’s moment of insight was when he experienced an emotional fusing with his mother’s depression in a BMGIM session. The insight that followed was that he found that he was becoming emotionally enmeshed with clients who had depression because of how it related to his own depression. This insight-experience helped to bring this unconscious association to his awareness.

Participant 2 shared that going to personal therapy helped him to identify boundaries and define his role.

I think it helps a lot, it helps immensely to actually see a therapist, to learn more about your boundaries and role and stuff as a music therapist (Participant 2).

Participant 2 also noted the importance of maintaining a boundary between professional and personal experiences.

Hearing Native American flute reminds me of this ex-girlfriend, but it also reminds me of this client. And in the time, like, at the exact time of seeing that client, it was, I don’t know, it was just something that kind of struck a chord and made me understand how much you need to work at understanding the dynamic of like, keeping your professional life and your personal life separate. (Participant 2)

When asked about the possible disadvantages of personal therapy for professional development, Participant 1 stated that developing a clear boundary about the level of therapeutic work at the beginning of therapy is important. Her rationale is that going too deep into analysis about your own work as a therapist can sometimes be risky to your relationship with clients and is not always necessary.
I think it can be really easy to get caught up in your own process, so I think communicating early on with the therapist that you are seeing is important to say, “Hey, I’m a therapist too and I don’t want this to affect my work, my own work as a therapist.” And being able to have that conversation is important because I think over-acknowledging what you are experiencing could possibly, I don’t know the research for it, could affect the relationship that you have with your clients, especially if you’re over-analyzing your own response when it’s not necessarily all that. (Participant 1)

Participant 1 states that there is a risk of over-analysis when discussing one’s clinical work in therapy. She advocates for clear boundaries being set at the beginning of therapy.

Participant 4 shared a positive experience of a therapist who maintained clear boundaries.

And there was only one therapist that was – she was really great at keeping the boundaries clear and that she was really able to take us both in and I didn’t feel like it was in all in any way about her, she just seemed very clear. (Participant 4)

From this account, it seems that the boundaries being upheld are between the therapist’s countertransference feelings and her presence as a therapist. This way, Participant 4 felt that this therapist could see the session with increased clarity and felt that her issues didn’t impede the therapeutic process in any way. It is possible that this is how Participant 4 strives to keep his own boundaries as a music therapist.

These three accounts all reference clear boundaries but in different ways. For Participant 1, it was the setting of a boundary between her and her personal therapist so that her work as a music therapist isn’t influenced by exploring her work too deeply. In contrast, Participant 4 states the importance of bringing awareness to unconscious associations because of how easily these
associations are brought up in music experiences. Participant 2 noted that it was important to uphold a clear boundary between him and his client when it came to his associations with the Native American flute that was used in their sessions. Overall, these three participants all agree that developing clear boundaries in personal therapy was an important professional impact.

**Learning New Skills**

Three participants identified the development of new skills that were derived from their own experiences in personal therapy. Each participant then used their acquired skill in their own music therapy practice. This theme is supported by Probst (2014) who interviewed thirty clinical social workers who had participated in personal therapy and found the theme of lessons learned, referring to both theoretical approaches and practical skill.

Participant 1 said that as an intern, she didn’t feel prepared to support her clients verbally when difficult issues came up in conversation.

I know when I first started internship and we were working on having conversation with our clients and talking to them about, you know, what was happening outside of the hospital, and how is that affecting them now. But not really knowing what to say when they might respond with something that was really heavy or really difficult for them to talk about. And that wasn’t something that we had talked about a lot in my undergrad (Participant 1).

Participant 1 shared that a significant contribution to developing her counseling skills came from her experiences in personal therapy as she observed what verbal techniques were helpful for her.

I think my own therapy and observing how my therapist had responded to things that were really hard for me to talk about, and I could say, “Yeah, I really appreciated how they responded.” Or on the opposite end, maybe I wasn’t so sure, “That made me really
uncomfortable with how they responded.” So I think that was a big part (Participant 1).

A similar experience occurred for Participant 3 when she was given a worksheet about cognitive distortions that she worked through in personal therapy. At first, this was a difficult process for her, but by working it out in personal therapy and practicing it over time, she developed this identification and management of cognitive distortions into a useful coping skill.

She gave me a worksheet on cognitive distortions … it was very much life-changing because I’m looking at all of these cognitive distortions and going “oh, I do that, and ‘oh, I do that; oh I do that.” and just finding it all really relatable. And then I got to an actual situation, you know, to use this worksheet on and it was the, “I had to call out of work because I was sick,” and that doesn’t sound like a major thing but I was having such intense guilt about it, you know? That, like, at the same time two polar opposite things were going through my head which is “My coworkers’ days are going to be awful because I’m not there and I’m not gonna help;” and “My patients are gonna miss me,” and all of that stuff. And then I was also having the, “They’re not gonna even notice that I’m gone and they’re gonna think it’s easier without me.” And these two conflicting things happening at once and so I’m like, “Okay I gotta sit and do this worksheet” [laughter]. And I could not get through it … I brought this back to this therapist the next week and said, “This is where I’m at. I knew what I was thinking. I knew what I was feeling, but I couldn’t identify, like, what distortions these are. I couldn’t come up with a more rational balanced thought. Like, I just couldn’t do it.” And she really met me with like, “That’s really okay. This is really difficult.” And we spent probably that whole session working on it … I really learned how to do this and then, you know, as I did it for
more and more situations it began to get much easier and it began to really help.

(Participant 3)

Participant 3 then decided that her clients could benefit from this skill like she did and decided to bring it into one of her groups. Since she had experienced this intervention herself, she empathized easily with clients when they were first presented with the concept of cognitive distortions.

At one point when I had gotten pretty good at this whole cognitive distortions thing and you know, replacing the automatic thoughts with alternative thoughts, I was like, “They could really benefit from this and I’m gonna bring this into group.” And I have … I really relate to my patients when they’re first presented with those things and go, “Oh my god, I do that; oh my god, I do that; oh my god, I do that.” Just like I did. And when they come to me later in the day and say, “Hey I tried to do this and I really couldn’t get there,” you know, I relate to that and I understand it because I’ve been there (Participant 3).

A third example was Participant 2’s experience of a mindfulness-focused music intervention while in personal therapy. After he personally experienced the benefit, he used this intervention with one of his own clients.

I can think of a counselor who showed me a technique that was a singing bowl kind of thing for, like, grief or something I was going through. And it was just the perfect intervention to use with a client that I had … assisted mindfulness with assisted music, like music to assist the mindfulness process and that worked really well for me and it seemed to really help a client who I was working with who was going through the same issues and he responded well to it. (Participant 2)
These three examples of learning new skills included the use of cognitive distortion awareness, counseling techniques, and a mindfulness-focused music intervention. In all three cases, these skills were acquired by experiencing them firsthand in their own personal therapy.

**Other Methods of Professional Development**

As a related topic, participants were asked to identify other methods they use for professional development besides personal therapy. In addition, they were asked to briefly compare and contrast these other methods to personal therapy. Other methods of professional development that participants referenced were supervision, self-care (exercise, playing music, listening to music, emotional expression), and continuing education.

**Advantages of other methods.** Participant 3 shared that one of the benefits of supervision is the ability to talk about specific cases and discuss how to employ effective team treatment.

> Supervision has the big benefit of being able to really look at specific patients in specific situations, and how the treatment teams are working together, and how effective we are, and other things we might try and, you know, being kind of a unified staff force. It’s really great for those things. (Participant 3)

Participant 4 stated that developing his musical self by playing and recording music (self-care) has worked in conjunction with his personal therapy as a tool for professional development.

> It [developing his musical self] has been the best thing for my depression, to feel centered in the music and be able to record myself and say “that’s me, that’s my voice, I hear myself and also I hear that wow I can be open in the music too” so it’s not just about me. To hear that is like, “alright now I can do this whole thing because in that space I can
do both, I can be here and separate myself and not be enmeshed in somebody else. I mean that’s it”. (Participant 4)

**Disadvantages of other methods.** Participant 1 shared that she has difficulty pushing herself to practice methods such as self-care.

Exercise is a big one and so planning moments for myself to relax, to take time to do something that I want to do, practicing mindfulness techniques have been really helpful … I’ll say “Oh I’m fine, I can deal with it, or I’ll deal with it later, I don’t need to do it now’ and then of course it gets pushed back and pushed back …Well, I think it depends on the person. For me, I have hard time motivating myself to work on these things. (Participant 1)

Participant 2 noted that it is helpful for him to have another person to get a different perspective other than his own, which may not happen with other experiences like self-care.

Well I think that when it comes to the other things that I just said when it’s like self-care and everything, you don’t have the other person to bounce off of. (Participant 2)

Participant 3 referenced that it is sometimes difficult for her to talk about clinical situations with co-workers (peer supervision) because she worries if the situations she describes will upset them.

‘Cause even like, if there were a situation that was really difficult at work and I’m talking about it with a coworker who was also there, I always have this worry and this fear of, you know, “Okay what I’m gonna say about this situation is gonna be triggering for my co-worker,” or “It’s gonna make them relive this,” or “It’s gonna hurt them in some way because I’m saying that I didn’t agree with what they did.” (Participant 3)
**Advantages of personal therapy.** Participant 1 stated that having a therapist helps to keep her in check when she might be putting off a certain issue. She also referenced the fact that the encouragement of another person is beneficial for her.

I think having the personal therapist helped me to acknowledge it now and not wait for a better time or wait for later and say, “Yeah this is important now and it’s okay to address it now” ... It’s like a cheerleader, someone to encourage me to say, “Yeah, you know, it’s okay to do that.” (Participant 1)

Participant 3 referenced the importance of having a space to specifically focus on her personal countertransference reactions to clients. She also stated that she needs a place to vent out her own emotions so that she doesn’t go into work in a vulnerable state.

I need a space to look at, you know, things on a personal level, you know, “Why do I have particular countertransference towards this patient? Oh, they remind me of my mother.” You know, the realizations like that are happening in personal therapy … And just the other things that I carry with me. You can’t go into inpatient psych group sessions feeling emotionally vulnerable, you know? You have to check your baggage at the door and be able to compartmentalize and everything, but those things need somewhere to come out and they need somewhere to surface and that, for me, is definitely personal therapy. (Participant 3)

**Disadvantages of personal therapy.** Participant 1 shared that a potential disadvantage of personal therapy would be if the process of therapy caused the person to overanalyze their relationship to clients.

I think it is really important to not get too caught up in that aspect of, “Oh everything I do is gonna relate onto the client.” … So trying not to get too caught up in your process of
therapy … remembering that those two things are separate, that are your client’s therapy and your own therapy. (Participant 1)

Professional development comparison. Overall, participants seemed to use other methods in addition to personal therapy when it came to their professional development. Participant 1 noted that it was helpful for her to have another person keeping her in check so that she doesn’t put off addressing her problems. Another advantage of personal therapy that was referenced by Participant 2 when compared to self-care was the inclusion of an outside perspective. Participant 3 noted that supervision also provides another perspective. In supervision, Participant 3 found that this perspective was helpful in that it was directly related to clinical scenarios and encouraged team collaboration. However, working in peer supervision with a co-worker sometimes became difficult for her due to the fear of upsetting her co-worker. In contrast, a personal therapist helped Participant 3 focus on just her emotions without having to worry about co-worker boundaries. Participant 4 noted that developing his musical self as a form of self-care was an important part of his professional development. Preference of other methods varied among participants, but it was clear that all participants valued personal therapy.
Discussion

The purpose of this study was to examine the ways in which moments of insight from personal therapy impacted the professional lives of music therapists. Semi-structured interviews were conducted and participants contributed detailed descriptions of their experiences in personal therapy that related to their professional work as music therapists. Participants also shared experiences from their perspective as a music therapist, connecting their work in personal therapy to their careers.

All participants shared that personal therapy experiences heightened their empathy for clients and influenced their therapeutic presence. Three participants shared that personal therapy experiences helped to develop clear boundaries with their clients and that they learned new skills as a result of being in personal therapy. These learned skills were then applied to their own work as music therapists.

Similarities between participant experiences helped to determine the themes and sub-themes. However, differences of opinion between participants did sometimes occur. For instance, Participant 1 stated that in certain cases it is important to be cautious of working too deeply when analyzing one’s responses to clients. As a contrasting point, Participant 4 stated the importance of becoming aware of unconscious associations with clients because of how easily these associations might get brought up during music experiences.

Each participant shared that they value personal therapy as an important resource in their own professional development. In addition to personal therapy, participants shared that other methods are also useful for professional development, such as supervision, self-care, and continuing education.
Trustworthiness

To ensure accurate results of my interpretations, I emailed each participant with their transcript quotations in the context of the emergent themes. I asked if any changes should be made to either the quotations or my interpretations to more accurately portray their lived experiences. Three out of four participants responded to this email with edits. Two of these participants changed their quotes by removing extraneous words to help keep their quotations easily understandable. These participants accepted my interpretations of their quotes. A third participant suggested several changes to quotes and my interpretations which I then incorporated into this paper.

Implications for Future Research

Future research in relation to this topic can focus in on the observed impact of personal therapy for music therapists from the therapist role. In addition, the topic of music interventions can be further explored in reference to personal therapy. Another suggestion would be to focus on the concept of musical countertransference, to find out if this is a phenomenon that occurs for many music therapists. Further research can be done using quantitative methods such as surveys to find out how personal therapy impacts music therapy practice on a wider scale. A future study could compare and contrast professional benefits depending on the type of personal therapy that a music therapist experienced.

A limitation of this study is that the sample size only includes four participants. Sample size should be increased in future research on this topic. Another limitation is that my perspective on this subject adds a potential bias to results because I myself have observed professional benefits from personal therapy. Future research could include multiple researchers to check for bias. A final limitation of this study is that the sampling of participants is inherently
bias because it only includes people who believe personal therapy has a professional impact. Future research could include participants that have contrasting opinions on this topic.

**Conclusion**

This study explored the phenomenon of music therapists gaining insight in personal therapy and how it professionally impacts them and their clinical practice. One finding of this research suggests that personal therapy can be a valuable tool for music therapists to develop heightened empathy for their clients through self-awareness, understanding the role of the client, the maintenance of countertransference reactions to clients, and the maintenance of countertransference reactions to the music used in sessions. Another result is that through personal therapy, a music therapist can enhance their therapeutic presence, maintain clear boundaries, and learn new skills that can apply to their own work. However, I believe that personal therapy may not benefit everyone due to the subjective nature of who the therapist is.

Overall, personal therapy has the potential to be a valuable tool for music therapists, especially if they are looking to clarify their boundaries, improve their presence as therapist, learn new useful skills, or empathize more with their clients.
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Appendix A: Consent Form

Researcher:
Jeffrey Starace MT-BC
Graduate Student at SUNY New Paltz, New Paltz, NY 12561
B.A. Music at Queens College
M.S. Music Therapy at SUNY New Paltz, expected December 2018

Purpose:
The purpose of the proposed research is to investigate how moments of insight in personal therapy impact the professional lives of music therapists.

Description of Thesis:
After agreeing to participate in the study, the researcher and participant will establish a mutually convenient time to discuss moments of insight in personal therapy and how they relate to their professional life as a music therapist. Interview questions will be asked either in person in a private room, or via telephone or Skype. The interview will last up to one hour and will be audio recorded. Four participants will be interviewed.

Risks:
There are no known risks to participants in this study. If a participant is uncomfortable with any question or topic, he/she should notify the researcher. Participants will be offered an opportunity to listen to the recorded interview. If a participant is uncomfortable with any portion of the recording, the researcher will delete that portion.

Expected Benefits to Participants:
Participants may gain insight into particular experiences they have had as a client and may further develop their self-awareness as a music therapist.

Confidentiality:
The researcher will record the interview on his password protected personal computer. No identifying information will be included in the recording. The audio recordings will only be used to examine how moments of insight in personal therapy impact the professional lives of music therapists. A copy of the consent form will be kept in the researcher's locked desk for three years at which point they will be shredded.

Contact Information:
Jeffrey Starace
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Phone: (718) 986-2739
Faculty Advisor: Dr. Michael Viega, Program Director and Assistant Professor, Music Therapy, SUNY New Paltz
Faculty Phone: (845) 257-2707

One copy of this consent form will be kept with the researcher and his records. The participant will be given a copy to keep.
The Human Research Ethics Board of SUNY New Paltz has determined that this research meets the criteria for human subjects according to Federal guidelines.

Participation in this research is voluntary. Participants are able to withdraw from this study at any point in time by notifying the researcher. There is no penalty associated with withdrawing from this study. Even after agreeing to participate in the study and signing the consent form, the participant may leave the study at any time.

For questions about your rights as a research participant, contact the SUNY New Paltz Human Research Ethics Board (which is a group of people who review the research to protect your rights) at (845) 257-3282

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

Name: _________________________________________________________________

Signature: _________________________________________ Date: ______________
Appendix B: Recruitment Letter

Hello fellow music therapists!
You have been invited to participate in a qualitative study titled ‘How do moments of insight in personal therapy impact the professional lives of music therapists?’ This study is being conducted by Jeffrey Starace in fulfillment of his master’s degree at SUNY New Paltz.

Qualifications: You have been contacted because you are a board certified music therapist (MT-BC). I am seeking four MT-BC’s who feel that their experiences in personal therapy have impacted their professional lives.

Purpose: The purpose of this research is to investigate how moments of insight in personal therapy impact the professional lives of music therapists. If you agree to take part in this study, you will be asked to participate in a phone, skype, or in-person interview. The interview will include questions about your professional development as a music therapist, your significant experiences in personal therapy that relate to your career, and other methods that you use for professional development (e.g. supervision, self-care, education).

Time: The phone, skype, or in-person interview will last up to one hour.

Benefit: Participants may gain insight into particular experiences they have had as a client and may further develop their self-awareness as a music therapist. Your participation in this research may increase understanding about the professional benefits of personal therapy for music therapists.

Risks: There are no known risks to participants in this study. If a participant is uncomfortable with any question or topic, he/she should notify the researcher. Participants will be offered an opportunity to listen to the recorded interview. If a participant is uncomfortable with any portion of the recording, the researcher will delete that portion.

Confidentiality: The researcher will record the interview on his password protected personal computer. No identifying information will be included in the recording. The audio recordings will only be used to examine how moments of insight in personal therapy impact the professional lives of music therapists. A copy of the consent form will be kept in the researcher's locked desk for three years at which point they will be shredded.

Questions?: If you have any questions about this research project, please contact the researcher, Jeffrey Starace, 718-986-2739, jeffstarace@gmail.com or the Chair of the Music Department, Vincent Martucci, 845-257-2701, martuccv@newpaltz.edu.

This study has been approved by the Human Research Ethics Board (HREB) at SUNY New Paltz. If you have any problems or complaints regarding this research project, please contact the HREB Chair, Dr.Maryalice Citera, at hrebchair@newpaltz.edu.

If you are interested in participating in this study, please contact me at jeffstarace@gmail.com.
Thank you for your time and interest!
Jeffrey Starace, MT-BC, MS Candidate
SUNY New Paltz
Appendix C: Interview Questions

A. Demographics
1. What gender do you identify as?
2. How old are you?
3. How long have you practiced music therapy?
4. What is your highest level of education?
5. How long have you been in personal therapy?

B. Moments of Insight in Personal Therapy
1. What population do you primarily work with? What population while in therapy?
2. Can you tell me a little bit about your relationship with your personal therapist? Are you still in therapy?
3. Did you discuss your music therapy practice while in therapy?
5. Was there a particular moment in personal therapy that you feel impacted your practice as a music therapist? If not, was there a particular moment during your music therapy practice where you made a connection to your experiences in personal therapy?
6. How do you think personal therapy is beneficial, specifically for music therapists?

C. Professional Development
1. What other methods do you use for professional development as a music therapist?
2. How does this method compare to personal therapy?
3. Are there any particular advantages/disadvantages when using personal therapy as a resource for professional development? Any particular advantages/disadvantages for your other methods of professional development?