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Parallel Process in Music Therapy Supervision

Gabriela S. Ortiz

This research was completed as part of the degree requirements for the Music Therapy Department at Molloy College.

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Parallel Process in Music Therapy Supervision

A THESIS

Submitted in partial fulfillment of the requirements
For the degree of Master of Science
in Music Therapy

by

GABRIELA S. ORTIZ
Molloy College
Rockville Centre, NY
2012
MOLLOY COLLEGE
Parallel Process in Music Therapy Supervision

By

Gabriela S. Ortiz

A Master’s Thesis Submitted to the Faculty of Molloy College
In Partial Fulfillment of the Requirements For the Degree of Master of Science August 2012

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Abstract

The purpose of this study was to better understand parallel process in individual music therapy sessions with a child with Williams Syndrome and the subsequent supervisory relationship. This study consisted of an exploration of parallel process employing the qualitative analysis of first-person research and reflexive phenomenology. Data was collected through video- and audio-recordings from a total of three sessions (two clinical and 1 supervision). The method included analyses of personal journal entries, interpretive coding, and musical and verbal transcriptions. Musical and interpersonal themes were then identified within the therapeutic and supervisory relationships using retrospection and holistic listening. The findings from both relationships and emerging themes were then compared to one another to determine whether they were related. Results demonstrate that parallel processes emerged throughout the context of the therapeutic and supervisory relationships, and included themes of controlling, demanding, and helplessness. In addition, the influence of unconscious mechanisms proves to be significant as a method for enacting the phenomenon. Special attention was given to the role of improvisation and supervision. The examination of improvisation provided a deeper understanding of countertransference and transference. In addition, it proved to be an invaluable tool for identification of parallel process related issues. Supervision was also beneficial in expanding the researcher’s awareness of the similar dynamics occurring in the music therapy and supervisory relationships. Conclusions and implications for music therapy supervision and practice are also presented.

Key words: parallel process, music therapy, supervision, therapeutic relationship, improvisation.
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Introduction

I didn’t know it at the time, but enrolling in the Nordoff-Robbins certificate training program in August of 2011 marked the beginning of a journey towards self-growth. I was initially unaware of the client’s and my own processes in music therapy, as well as the ways in which they mirrored each other. For example, during the first few months of treatment, the client often attempted to leave the session room, even succeeding to escape on many occasions. He appeared more concerned with taking apart the various instruments in the session room, or looking at his reflection in the piano, than engaging in music making with my Nordoff-Robbins supervisor (as co-therapist) and me. The client also displayed a great deal of distress in the session room, actively rejecting the musical invitations by the co-therapist and me. He required a significant amount of hand-over-hand assistance to stimulate his interest and engagement in music making. This support typically resulted only in curt, fragmented participation, as the client would soon wiggle his way out of the supervisor’s grasp and attempt to run away again.

After careful examination, I realized that I was engaging in a similar manner during supervision. I found ways to sidestep criticism from my supervisor, such as forgetting my indexed session notes and steering the conversation into irrelevant tangents. Leading sessions in the presence of my supervisor was difficult and uncomfortable for me, and so I tried to find ways of escaping. It became apparent to me that I was resistant to self-growth, afraid of exploring the causes of my unconscious behavior, and anxious about being judged.

My evasive behavior also carried over into music therapy. I frequently neglected to practice the pre-composed songs my supervisor and I selected, and avoided leading the sessions, instead relying on my supervisor to direct them. These behaviors were atypical for me, and although they were intended to protect me from judgment, the measures I took were self-
centered and self-sabotaging. I was apprehensive and closed-off during sessions, disconnected from my client and his needs, and unable to be present and available to him during therapy.

However, with the aid of my supervisor, and through a great deal of self-evaluation, I began to recognize these behaviors and improve upon them. I became much more emotionally and musically invested in the process of self-growth, focusing on and working to improve my musical limitations, as well as directly addressing my personal fears and inhibitions. I also gained a better understanding of the client. The experiences within supervision as a result paralleled how I began to relate to my client in music therapy. I began to grow more aware of my client’s needs and provided him with richer musical experiences during the sessions. He began to show signs of increased participation, responsiveness, and communication on a musical and emotional level. He displayed enhanced levels of attention and extended periods of participation, as well as a burgeoning proclivity for related and mutual music making, which increased his ability to connect with and relate to others.

This phenomenon is not exclusive to my experience. Another trainee observed similar dynamics between her and her client. In therapy, the client’s musical interactions with the therapist and her Nordoff-Robbins supervisor (as co-therapist) were short and fragmented. The client showed difficulty focusing his attention on one experience, constantly moving from one musical idea to the next. The trainee found herself engaging in music making similar to her client’s, and jumped quickly between musical themes. She later described feeling as though she followed his lead musically, and that both were caught in a cyclical pattern of music making. In order to further engage him, she created musical forms with shorter phrases and themes. As a result, both the therapist and her client were able to maintain lengthier and more substantial musical interactions. In supervision, the trainee perceived a similar dynamic with her supervisor.
She felt as though the same issues were recurring and that she was caught in a cyclical pattern of relating.

Instances such as these have made me slowly recognize the concordance of my client’s and my own evolution in therapy. My client and I shared themes of resistance and avoidance in the beginning, when neither of us was willing to be open to relationships and the possibility of growth. Once I recognized my inhibitions and worked to overcome them, I changed my approach to be more connected and responsive, and my client followed suit. As a result, our sessions flourished into engaging, meaningful, and mutually beneficial interactions. I realized how beneficial this level of awareness could be to other practitioners in the field of music therapy, and felt it deserved further exploration. This phenomenon that I experienced, the interconnected dynamics within the therapeutic relationship and subsequent supervisory relationship, is known as parallel process (Ekstein & Wallerstein, 1958; Grey & Fiscalini, 1987; Jacobson, 2007).

Parallel process is described as “a chain reaction that may occur in any interconnected series of interpersonal situations that are structurally and dynamically similar in significant respects” (Grey & Fiscalini, 1987, p.131). The phenomenon has been viewed as a useful clinical tool in psychodynamic literature, as it analyzes the relational process in supervision.

The term, “parallel process,” itself is seldom discussed in clinical music therapy work, and little research has been conducted on the phenomenon within the field. A small number of case studies (Odell-Miller & Krueckeberg, 2009) and three articles (Edwards & Daveson, 2004; Dvorkin & Rafieyan, 1999; Young & Aigen, 2010) on the use of parallel process in supervision have been published. The majority of existing literature on parallel process consists of various qualitative (Cassoni, 2007; Corn, 2001; Jacobson, 2007; Volkinburg, 1998; Walker, 2004) and
quantitative studies (Walker, 2004 & Pollack, 1990) based primarily in the field of psychology, with emphasis on the psychoanalytic perspective.

Examining parallel process in music therapy supervision is important since supervision plays an important part of a therapist’s training. My literature review emphasizes that improvisation is an untapped resource for providing insight into this phenomenon, as the interactive process of music making between a supervisee and supervisor and client and therapist can result in a myriad of parallel processes that can be studied. This research is of infinite importance to the field of music therapy, especially as we move towards psychodynamic practice and the exploration of unconscious processes.

The purpose of this study is to examine parallel process based on two consecutive music therapy sessions with a child, and the resulting supervision session. I will be analyzing the supervisee and supervisor dynamic, and how it relates to the therapeutic relationship. The following research questions will be explored:

1. What are the dynamic mechanisms of parallel process that manifest in my music therapy and supervision sessions?
2. What are the types of parallel processes?
3. How does the therapist’s experience in the supervisory relationship parallel the development of the therapeutic relationship?

Investigating parallel process in music therapy will enhance my understanding of the therapeutic relationship with my client and, in turn, help me interact with him—and future clients—more effectively. The research may also provide other music therapists with information about the potential influence of parallel process on the therapeutic relationship. It also has the potential to draw the attention of therapists who are interested in self-growth. By gaining an
understanding of parallel process, therapists can potentially enhance their clinical skills as well as evolve, both personally and professionally, in order to better serve their clients. This study may encourage supervisors to examine the dynamics occurring between themselves and their supervisees, and provide a framework for learning and self-awareness in supervision.
Literature Review

The following is a review of literature related to parallel process. It includes studies and articles on countertransference and transference, supervision, client and therapist process in therapy, and clinical case studies that discuss the therapeutic relationship.

Parallel Process

A review of the psychology literature reveals studies focused on defining and examining parallel process in therapy and supervision. Searles (1955) introduced the concept of “reflective process” (p. 135) in supervision, establishing that the “processes at work currently in the relationship between patient and therapist are often reflected in the relationship between therapist and supervisor” (p. 157). In his research, the reflective process provided valuable information about these dynamic relationships. By establishing a possible bilateral development between the supervisor and supervisee, Searles’ contribution was a significant expansion to the field of supervision. Ekstein and Wallerstein (1958) later introduced the term parallel process to describe how therapeutic themes between the patient and therapist are unconsciously mirrored in the supervisory relationship. The following paragraphs will review major components of the phenomenon.

It is believed that unconscious systems are at play in parallel process, including countertransference and transference (Grey & Fiscalini, 1987; Perlman, 1996; Stimmel, 1995; Volkinburg; 1998). Countertransference refers to the transmission of feelings the therapist may have towards a client. The unconscious emotions a client may have towards their therapist is called transference (Bruscia, 1998b). These phenomena are typically based on past experiences and/or relationships. Freud (Corey, 2008) asserted that the emergence of transference was extremely important for clients, as it assisted them in bringing repressed emotions to the surface.
Being aware of these dynamics can help clients better understand their modes of relating. In working through unconscious systems, the psychodynamic process unfolds, bringing about positive changes as well as building a stronger, more trusting relationship between client and therapist.

Countertransference and transference are not meant to define parallel process, but rather are methods for enacting parallel process. Volkinburg (1998) writes:

As the therapist empathizes with the patient, the therapist may unconsciously identify with the material, resulting in an inability to view the material objectively. Later, when the therapist reports the session in supervision, the earlier identification with that part of the patient’s material is apt to be transported verbally, behaviorally, and emotionally to the supervisor while remaining unconscious to the therapist. (p. 6)

From this perspective, a client may present issues of co-dependency, for example, seeking comfort from the therapist and casting him or her into a parental role. This dynamic may then be mirrored in supervision, with the therapist unconsciously wanting a sense of paternal reassurance from the supervisor regarding his or her therapeutic method. “The therapist and patient seem to be constantly working on the same problems… It is as though we work with a constant metaphor in which the patient’s problem in psychotherapy may be used to express the therapist’s problem in supervision—and vice versa” (Ekstein & Wallerstein, 1958, p. 179-180).

Thus, the identification of unconscious mechanisms like countertransference and transference proves useful in understanding parallel process in therapeutic work.

Supervision can also provide various opportunities for exploring the occurrence of parallel process in music therapy. This may be due to the many similarities between supervision
and therapy. Both settings involve self-disclosure, introspection, fees, appointments, and a feeling of privacy or confidentiality between parties (Volkinburg, 1998, p. 5). There also appear to be structural similarities. “Every supervisory process—like every therapeutic process—has its problems around the beginning, the use of time, the meaning of structure, the handling of crises, the impingements of external reality, and termination, to mention some that are more widely recognized” (Ekstein & Wallerstein, 1972, p. 215). Another commonality is the fact that both the client and therapist-supervisee are in a situation focused on learning. The authors distinguish between two problems: “learning problems” and “problems about learning.” The former refers to the “predisposition (of the therapist) to react in a particular patterned way to the patient” (p. 137), while the latter refers to the “predilections and idiosyncrasies brought by each to the (supervision) interaction, which together determine what will be learned and how it will be learned” (pp. 140-141).

Historically, literature (Cassoni, 2007; Corn, 2001; Volkinburg, 1998) has examined the phenomenon of parallel process mostly within the confines of psychotherapy. Given the level of insight gleaned from these publications, it is reasonable to assume that further research with a focus on parallel process in music therapy would be useful. Understanding parallel process is important for supervisors, as their familiarity with the concept will provide them with a window into their supervisee’s perspectives. Supervisors will have a deeper understanding of the dynamics in supervision, and will be able to find ways to work through issues with their supervisees. In turn, this awareness will help therapists become more effective clinicians, enabling them to identify and alter any negative dynamics between them and their clients.
Examples of Parallel Process in Psychotherapy

The following is a review of several psychotherapy studies and journal articles exploring the concept of parallel process. This section provides an analysis of the connections between supervision and psychotherapy, and illustrates that the awareness of parallel process directly influences a therapist’s ability to self-reflect, empathize, and recognize unconscious mechanisms.

Corn (2001) examined the interplay between therapy and supervision by examining herself, a patient, and a supervisor in case examples. Through analysis of sessions, as well as through personal insights gained from Corn’s own therapy, the occurrence of similar themes, such as acceptance, lack of emotional connectedness, and resistance, became evident in both therapy and supervision. This article demonstrates that, through self-exploration, a therapist may in fact discover similar, unconscious processes to those of his or her clients, which would otherwise go unnoticed.

One case study by Cassoni (2007) discusses parallel process in supervision. It involves a group of social workers in a residential community for adolescents who had emigrated from non-European, community-oriented countries. At the time of the case study, the residential community had undergone several changes. The social workers (supervisees) asked Cassoni (supervisor) to focus the supervision session on the adolescents’ rebellion against the new rules of the community. While working, Cassoni stated “the group reacted passively or with strong opposition, attacking the supervisor and boycotting the activity by deviating from the topic of discussion” (p. 138). Cassoni gave the group feedback regarding their behavior, and they were able to identify their own issues concerning these new changes. What emerged were feelings of fear, discontent, and uncertainty. Cassoni identified that when the supervisees were able to recognize these emotions, they were also able to understand the interconnected dynamics
between them and the adolescents they worked with, allowing them to empathize. This example illustrates that recognizing parallel process enables a therapist to understand his or her client’s perspective in the therapeutic process.

Finally, Walker (2004) examined six supervisors and four therapists over an eight-month period to understand the parallel dynamics between the therapist’s and supervisor’s countertransference. To examine these dynamics, therapists and supervisors were given the Countertransference Interview, created by Walker, after each supervision and therapy session. Each inquiry contained four query prompts, totaling 336 responses from supervisors and 728 responses from therapists, which were categorized and analyzed. Qualitative analysis results revealed a broad spectrum of countertransferential experiences that had not been previously reported in literature, such as positive countertransferences as exemplified through facilitative thoughts, feelings, and behaviors. According to the data, the behavior most often paralleled between therapists and supervisors was the display of a more authoritative role in sessions. Other themes related to parallel process were also identified, such as the supervisee providing the client with similar supportive interventions as he or she had experienced in supervision.

Based on her research, Walker asserts that countertransference is one of the main focal issues of parallel process. By exploring the essence of countertransference experienced by the therapist and supervisor, the researcher was able to identify unconscious replication of the therapy dynamics in the supervision dynamics and/or the unconscious replication of supervision dynamics in therapy.

The above examples illustrate the interplay between supervision and therapy. By understanding the similar processes arising within these relationships, the supervisee/therapist
can achieve more advanced forms of introspection, gain a deeper sense of empathy towards the client, and develop a keener awareness of countertransference.

**Parallel Process in Music Therapy**

Thus far, this study has been focused on the origins and concept of parallel process within psychoanalysis. What follows is a description of the phenomenon within the field of music therapy. In this section, three clinical examples will be explored.

Young and Aigen (2010) describe their experiences as a supervisor and supervisee, in the teaching apprenticeship-training program at Temple University. A particularly unique aspect to the apprenticeship training experience was that Young, a PhD student, as well as her undergraduate and graduate students, simultaneously experienced assuming the roles of supervisees and faced similar challenges in the same learning environment. One instance involved Young being cast into a parental role by one of her students. Young mirrored this action, as she similarly began seeing Aigen as a parental figure. Musical improvisation and verbal processing were used in order to explore and examine any present transference and countertransference. Young and Aigen state, “verbalizations led to work in the music and musical improvisation also led to verbalized insight” (p. 133). Themes related to parallel process emerged using this method, as it was discovered that Young did not always feel valued by her students, and felt a need to give Aigen the impression that she valued him.

The use of live music making in supervision proved beneficial on many levels, serving as a vehicle to receive projections, identify issues to address, and explore dynamics of the supervisor and supervisee relationship. This aspect of music therapy supervision can aid in examining parallel process, as “musical knowledge can sometimes precede the conscious
verbalized knowledge” (Young & Aigen, 2010, p. 133), accessing areas within the unconscious and bringing them into conscious awareness.

Edwards and Daveson (2004) also describe parallel process between a student music therapist and supervisor. In their narrative, the student was exhibiting similar behavior to her client, a five-year-old boy experiencing anxiety about his current situation in the hospital. Throughout sessions, the boy would forget about what he was singing mid-song, and changed the topic and task often. Mid-way through supervision, the student music therapist admitted to forgetting about what she and her supervisor were discussing, and that she did not prepare the work that was assigned to her. Finding this behavior unusual for the student, the supervisor took the opportunity to consider the potential parallel process between the therapist and her client, and discovered that the phenomenon had indeed occurred.

Finally, Dvorkin and Rafieyan (1999) explore parallel process between Rafieyan, the therapist and supervisee, Pat, her thirty-year-old client, and Dvorkin, her supervisor. Many themes emerged as both client and therapist struggled to adjust to a new way of working, which emphasized the examination of how each of them experienced the relationship. In supervision, the therapist’s expectation of her supervisor was that she would provide answers to her answers. Instead, she was encouraged by her supervisor to problem solve independently. Concordantly, the client’s expectation in therapy was for the therapist to provide answers or to direct their interactions. Other themes emerged as well, such as both client and supervisee wanting longer sessions. In supervision, the therapist was asked to explore her relationship with the supervisor. Doing so expanded the therapist’s awareness of the similar dynamics being played out in the music therapy sessions with her client. The therapist’s increased self-awareness and ability to self-reflect allowed her to modify her behavior in sessions. As a result, the client began to show
similar signs of growth. He began to communicate and express his feelings through music, and exhibited positive changes in his affect. Due to this newfound understanding, both the therapist and client developed strong feelings of confidence. The therapist felt strongly enough about her work to present it at a conference, and the client developed friendships with others and a willingness to take part in social outings.

These examples illustrate the importance of a supervisor being aware of the different aspects of his/her supervisee’s caseload. Doing so may enable the supervisee’s feelings and behaviors to be processed in relation to the clinical work and provide insight into these developments, as well as aid in facilitating self-awareness.

**Parallel Process When Working with Children in Music Therapy**

There is extensive literature on parallel process with adult populations in the field of psychotherapy, but very little involving children. In one study, Deering (1991) refers to Schowalter’s (1985) proposal that countertransference when working with children can become more “extreme,” as he/she becomes involved with the child in a motoric way, such as by crawling around on the floor, playing with puppets, toys, and instruments, and engaging in creating imaginative stories and songs. Through this, Deering (1991) and Schowalter (1985) suggest that these activities cause a regressive pull into primitive issues and materials.

According to Deering (1991), there are also several differences in parallel process between children and adults. Firstly, because therapists of children are involved with families, they may reproduce or identify with reactions either from the child or the parent. Secondly, the age difference between therapist and client may create a parental relationship, which could easily be mirrored in supervision, thus playing out a similar dynamic and powerful transference (Deering, 1991). For example, the therapist may unconsciously view the supervisor as a maternal
figure, looking to him or her for comfort and nurturing. This transference relationship can be a powerful dynamic that influences the supervisory and therapeutic processes.

**Working with Children with Developmental Disabilities: Parallel Process**

Identifying transferences and countertransferences with children can be complicated, since they have a tendency to express emotions differently than adults. Whereas an adult is able to articulate his or her negative emotions, for example, a child who is unhappy may instead begin to cry. Depending on his or her level of functioning, the child may not have the ability to self-soothe. Throughout the course of a child’s development, he/she will undergo various changes in emotional understanding, which will alter their modes of relating and interacting.

A majority of child therapy occurs on a non-verbal and symbolic level. This is especially true for children with developmental disabilities who may lack the ability to engage in verbal interactions. Communication between this type of client and therapist in music making is therefore non-verbal. As a result, children with developmental disabilities may work out their issues through musical play, requiring no interpretation at all. Unlike adults, who may need to be warmed up in order to improvise, children with developmental disabilities often express their feelings immediately.

Music therapy with children with developmental disabilities can be particularly prone to parallel process. As stated by Deering, “the child’s tendency to express conflicts symbolically seems to result in a similar tendency for the therapist to mirror this expression in an unconscious parallel process” (p. 107). As a child begins to reveal core deficits and issues through the action of music making, therapists may struggle with the process that neither party has yet to put into words and play out the dynamics in supervision. Therefore what happens in music therapy can bypass the therapist’s conscious. These subtle unconscious processes can therefore create a
parallel process within the therapeutic relationship and respective supervisory relationship if not worked through (Deering, 1991).

**Musical Transference and Countertransference**

This section seeks to provide information regarding the unconscious mechanisms that spark parallel process throughout music making and supervision. Transference and countertransference may reveal themselves in music making, appearing as something out of context from what the therapist or client’s expression is at the moment (Bruscia, 1998c). The emergence of transference and countertransference may not be as easy to detect because the client may not be fully expressing certain thoughts or feelings. These phenomena may emerge with resistance or strong emotional reactions. Music, however, can provide the therapist with cues, highlighting their presence. For example, a client may begin to force the music by accelerating the tempo, playing out an aggressive transferential relationship with the therapist. The therapist can then make a note of this and explore the issues that arise.

Scheiby (2005) explores musical countertransference in a music psychotherapeutic context and how it can be utilized as a diagnostic tool. The author discusses different ways to make use of countertransference, such as sharing with the client any thoughts, feelings or images that are evoked through the music made together. She later examines excerpts from her private practice and methods of looking at the usefulness of acknowledging countertransference. Scheiby writes:

> Music as a processing tool can offer unexpected insights and possibilities, not only for the client but for the clinician as well. If there is a willingness to look at one’s own pain and shortcomings, there is a willingness to grow and change.

(p. 16)
Therefore, in order for transformation to take place, the therapist and client must be able to go on a “musical journey together” (p. 10). The therapist must be open to the process musically and verbally in a natural way. Music can therefore offer unexpected insights and possibilities into the therapeutic relationship.

**Use of Music in Supervision**

The following discussion examines key components of music in the supervisory setting. Supervision, according to Forinash (2001), is a “relationship, one in which both supervisor and supervisee actively participate and interact” (p. 1). Furthermore, it is a process of “unfolding—not simply following a recipe, but engaging in a rich dynamic relationship” (p. 1). Therefore, exploring this paradigm within music therapy and the use of live music in supervision is essential to gaining a better understanding of the dynamics at play from different theoretical perspectives.

Music in supervision offers an opportunity to:

- work with the manifestations of transference and countertransference as they arise in concrete forms, structures, dynamics, articulations, rhythms, tone colours, affective qualities, phrasing, and idioms. By means of recordings, music therapists, their clients, and supervisors can review these phenomena and discuss the insights they provide, when warranted. (Scheiby, 1998, p. 214)

Utilizing music within supervision is important, as it offers therapists a medium through which they can better understand themselves and their clients. By giving them the opportunity for self-exploration in this capacity, therapists may be more attuned to countertransferences and transferences that arise when music making with clients, and better equipped with the resources for dealing with such a phenomenon.
Scheiby’s (2001) experience as a supervisor in Analytical Music Therapy training has led her to believe that music can enhance the supervisory relationship. In her approach, the therapist goes into clinical supervision immediately after the clinical session, in order to quickly identify verbal and musical issues utilizing improvisation. Following the improvisation, Scheiby and her supervisee look to identify any parallel processes, determining whether what occurred in the supervision session was repeated from therapy.

To better assist the supervisee, Scheiby uses a variety of musical techniques, such as musical release. This involves engaging the supervisee in the symbolic release of tension to help him or her identify its source. Scheiby offers many reasons for using music in supervision. For one, it enables the supervisees to learn how to express and address emotions using music, and assists them in developing their musical identity. By learning how to address their own challenges, the supervisees can, in turn, be more effective when working with clients, as their experience can provide a level of empathy and understanding.

Turry (1998) examined the use of live music within the framework of Nordoff-Robbins Music Therapy (NRMT) supervision to investigate the supervisee’s musical tendencies. Doing so enables these tendencies to be understood as being appropriate to the clinical moment, an emotional block, or a countertransference—especially when music is played in a repetitive manner. In NRMT supervision, the process may involve musical role-playing, where the supervisee plays the part of the client, engaging in music making in a way that is typical of this client. The supervisor may then play music that the supervisee provides and begin to add elements that the countertransference prevented the supervisee from using in session. Through role-playing, the supervisee can identify the emotions being repressed, as well as the countertransference reactions at play during therapy. This awareness enables the supervisee to
check these dynamics and begin to provide clinical and musical support to his or her client without any emotional blocks and/or fears.

**Therapeutic Relationship**

Several case studies in music therapy have emphasized the importance of the therapeutic relationship (Carpente, 2011; Lee, 1996; Nordoff & Robbins, 2007). Bruscia (1998a) asserts that this is an essential element that defines music therapy. Therefore, an understanding of the therapeutic relationship is essential to examining parallel process in music therapy. In spite of a significant amount of support for the importance of the therapeutic relationship, however, its definition appears to be elusive. Lee (1996) states, “the true essence of music and the therapeutic relationship surely lies within the ethereal qualities of their own form rather than within the more concrete elements of other theoretical orientations” (p. 149).

However, the therapeutic relationship in music therapy, as described by Aigen (2006), is the musical relationship, which facilitates mutuality and equality between client and therapist:

> In Creative Music Therapy there is, even at the simplest level, this give-and-take between the client and the music, and between the client and the therapist through the music. The dialogue we have with the material or other people in making something new in the world is an exploration of our thought and feeling, not just a simple expression…Improvised musical dialogue has its life between the personal worlds of two or more people: as a totally authentic creation of both of us, whilst being a purely personal ‘self expression’ of neither of us. (p. 127)

A strong interpersonal and musical relationship is essential to building trust and the level of comfort necessary for a client to achieve and do meaningful work. Nordoff and Robbins’ (2007) case of Edward, a five-and-half-year-old boy diagnosed with emotional disturbance and
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autistic and symbiotic psychotic features, studied his progress while involved in 13 music therapy sessions. Much of the case study detailed the progression of Edward’s speech, as well as his growing comfort and relationship with the therapists. As exemplified by Nordoff and Robbins, the process of promoting communication in Edward was closely involved with the development of relatedness with one another (client, therapist, and co-therapist). They perceived the development of the relationship as corresponding to the development of his achievement from session to session. This was exemplified through the following sessions: in the first, Edward saw the therapists as threatening, as observed through his tantrums and attempts to leave the session. The second session involved some tentative acceptance, which made some co-active singing and crying possible in his third session. His comfort with the therapists became much more apparent in the fourth and fifth sessions, as he began to share in movement and instrumental play. Later, in session nine, Edward climbed onto the co-therapist, wanting to be held by him. Nordoff and Robbins later stated in their case study that Edward’s vocal expressions were directly influenced by the quality and level of their relationship (p. 41).

Similarly, Carpente (2011) studied the effectiveness of Nordoff-Robbins Music Therapy within a Developmental, Individual-Difference Relationship-based (DIR®)/FloorTime™ framework) to address the individual needs of children with autism. He studied four clinical cases centered on helping the children develop the skills for relating, communicating, and thinking by building relationships in interactive musical play. One case discusses the process of a client, Matthew, a seven year old boy diagnosed with Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS), over the course of a five-month period using the hybrid approach as described above in individualized music therapy. Throughout the case study, Matthew’s process consisted of moving up “the developmental ladder” (p. 147), which involved
integrating and building upon his ability to musically engage, relate, and communicate. Music appeared to be a significant tool for communication, converting his once-isolated sensory-motor play into shared musical interactions. Carpente (2009) states:

The music helped Matthew make meaning out of something that had no meaning, in regard to relating to others, promoting continuous flow of musical interaction that builds a musical relationship, and the desire to be in a shared world. (p. 148)

As a result, the relationship throughout this process grew, both musically and interpersonally. This was observed in his trusting the process between the musicians (i.e. child, intern, and therapist) and the music, which facilitated independence and higher levels of initiating, communicating, and thinking (p. 147).

It is the researcher’s belief that the relationship between therapist and client is of the utmost importance. Through this relationship, the client and therapist assume a collaborative stance. The therapist may lead the client and/or follow the clients’ intrinsic aims, enabling them to direct their own path of self-discovery. Supporting them through the therapeutic process, the therapist must impart deep respect and acceptance for who they are. This relationship is important, as it lays the foundation for the therapeutic work and builds the trust and intimacy necessary for the client to open up and address difficult subjects and issues, both conscious and unconscious. Developing trust and a rapport with clients will make them feel safe and encouraged to move towards positive growth.

As these case studies demonstrate, music making provides opportunities for a client and therapist to develop a deep and meaningful interaction, and is the core of the therapeutic relationship. Therefore, musical dynamics between the therapist and his or her client must be considered when examining parallel process in music therapy.
Therapeutic Process

Another relevant component of parallel process is the therapeutic process. The client’s and therapist’s experiences in therapy are essential to understanding this. Together these experiences direct the course of treatment. What follows is a clinical example of Lee (1996) discussing the therapeutic process between him and Francis, a client suffering from AIDS. The study describes sessions, giving full descriptions of what occurred, such as the dynamics, processes, and thoughts from the therapist. Lee utilized music therapy as a tool for bringing insight into Francis' feelings about living and dying. In doing so, he was able to delve into his own beliefs about therapy in palliative care as well as in music therapy. This exemplifies how, through self-exploration, one can gain deeper understanding into our work as music therapists.

Summary

As reviewed above, parallel process involves the unconscious systems of transference and countertransference between the therapeutic and supervisory relationships. In addition, the identification and examination of parallel process can lead to a heightened self-awareness, as well as an ability to empathize with clients. Supervision is also an important aspect of a clinician’s development, as it provides opportunities for the supervisee to discover and understand the unconscious systems at play in his or her therapeutic relationships. Utilizing music within supervision can also offer the supervisee a medium through which to explore and understand themselves and their clients. The following section will delve into the methodology of this study with greater detail.
Operational Definitions

- **Parallel Process in Music Therapy**: The concordant interpersonal and musical dynamics that occur between the therapeutic and supervisory relationships.

- **Transference**: The emotions, conflicts, desires, or attitudes a client has towards a therapist in therapy that corresponds to past experiences or relationships.

- **Countertransference**: The emotions, conflicts, desires or attitudes a therapist has towards a client in therapy that resembles the therapist’s past experiences or relationships.
Method

A qualitative approach of first-person research (Varela & Shear, 1999; Bruscia, 2005) and reflexive phenomenology (Giorgi, 1985) guided this study and facilitated a deeper understanding of my experience as I investigated the phenomenon of parallel process. A description of the method is offered.

Participants

As the researcher and clinician, I was the primary source of data. I am a music therapist with three years of professional experience working with a wide range of children and adult populations. I completed my Level I Nordoff-Robbins Certification Training at The Rebecca Center for Music Therapy at Molloy College in 2011. For the past two years, I have been practicing music therapy in a clinical setting with children and adolescents with developmental disabilities. My primary approach is music-centered, using a hybrid of the Nordoff-Robbins Music Therapy and the Developmental, Individual Difference, Relationship-based (DIR®/Floortime™) models. In addition to my role as a therapist, I have also been a clinical training supervisor for undergraduate music therapy students for the past two years.

The selection for the clinical case in this study is based on the following criteria:

1) The client must have already been in music therapy sessions with me for a minimum of six months.

2) Sessions evoke strong countertransference reactions from me.

Based on the selection criteria, the client in this study, “David” is an eleven-year-old boy diagnosed with Williams Syndrome. He is of short stature, and has a protruding mouth that remains open, with prominent lips and widely spaced teeth. However, his smile is infectious and inviting to all who meet him. He is non-verbal, and communicates using sounds and gestures.
David has an extremely amiable personality. He is at ease with complete strangers, often approaching them to have them clap their hands and join him in singing songs.

It is well known that children with Williams Syndrome are musical. During his intake/evaluation session, he presented himself as a musically sensitive young boy. He exhibited a high level of awareness in the area of tonality (organization of pitches), and tempo (how fast or slow), as well as both legato (fluid) and staccato (detached) phrasing. Although his musical interactions with the therapists were dynamic, sustaining an interaction for extended periods of time proved to be difficult. It seemed that when the therapist presented musical changes (i.e. increasing tempo), David’s attention and engagement was greatly enhanced. During these moments he exhibited a high degree of intentionality and musical mutuality, showing the ability to adjust his pitches in order to match the therapist’s tonality on the piano, for example.

David also easily adapted to call-and-response interplay when singing with the therapist. Throughout the intake, David was able to enter musical-play in a communicative and related manner. This was observed by his ability to be related to the musical elements and changes presented by the therapist. At the beginning of the data collection, David had been attending 1:1, thirty-minute music therapy sessions once a week for eleven months.

A Nordoff-Robbins Music Therapy-trained supervisor with more than 20 years supervisory experience assumed the role of supervisor. She provided me with the opportunity to further explore, through reviewing clinical video-excerpts, verbal discussions, and improvisation, any thoughts and feelings that arose in sessions with the client.

Upon formulating this research design, the following study was reviewed and approved by the Institutional Review Board of Molloy College (see Appendix A).
Epoch

I have had many experiences with countertransference and transference. My interactions with certain clients have incited a wide range of emotions in me, including frustration, happiness, excitement, impatience, and love. I’ve come to accept these feelings as useful tools, which provide valuable insight into the therapeutic relationship. Many schools of thought may deny or discount the existence and significance of these phenomena. I, however, strongly believe in countertransference and transference, and try to be mindful of their occurrence in my clinical practice.

For the past two years I have worked as both a supervisee and a supervisor, and each role has had its challenges. My struggles as a supervisee were with feelings of insecurity and self-doubt, as I wanted to appear competent and knowledgeable in front of my supervisor. As a result of my reticence with these emotions, I was not growing. Eventually I understood that supervision is a relationship. In order to progress, I needed to be open and honest—open to the process, and honest with both my supervisor and myself. I am now able to clearly see how these changes directly affected my clinical practice. As I became more open within supervision, I found myself being more available and authentic with my client during sessions. The relationship I grew to have with my supervisor was crucial to my development, and I strive for that level of influence in sessions with my supervisees.

Being a supervisor has also presented certain challenges. With my first supervisee, I dealt with feelings of insecurity, and wanting to appear as though I knew everything. Eventually, I came to acknowledge that taking this stance was not beneficial for the client, the supervisee, or for me. Showing the supervisee that clinicians do not have all the answers became a much more important and effective method, as therapy is a process that can be elusive, difficult, challenging,
and rewarding all at once. This issue, of insecurity and the desire to be perceived as competent, manifested itself in the relationships I was engaged in, both as supervisee and as supervisor, and the dynamics paralleled one another. My awareness of these relationships and how they affected each other granted me insight into how my clinical work may also be influenced by these factors.

Along with countertransference and transference, I also acknowledge the existence of parallel process. I have found evidence of its occurrence when reflecting on my relationships with my client as well as with my supervisor. For example, there have been instances where I found similarities between my client and me, such as the need to work on boundaries and empower the voice. The more I identified and addressed these challenges within myself, the more productive sessions with my client became.

**Design**

The research design in this study utilized first-person research (Varela & Shear, 1999; Bruscia, 2005) and reflexive phenomenology (Giorgi, 1985). First-person research is defined as “any method in which researchers or participants gather data from themselves, using processes such as introspection, retrospection, self-perception, self-observation, self-reflection, self-inquiry, and so forth” (Bruscia, 2005, p. 379). Therefore, my direct personal experience as a clinician served as the data for examining parallel process in music therapy.

Retrospection (Bruscia, 2005) and reflexive phenomenology (Giorgi, 1985) was also incorporated because they allowed me to examine aspects of my own experience, and gave me the opportunity to offer my perspective on the parallel process unfolding between the client and therapist, and supervisor and supervisee relationships. These were the best tools for conducting this research, as the utilization of subjectivity encouraged in-depth self-exploration and self-
growth. Neither of these qualitative methods was designed to seek absolute truth, but rather to provide me with a deeper understanding of parallel process and subsequently guide my research.

Another aspect of my work involved musical analysis. This included analyzing the improvisations (Bruscia, 2001) between the client and therapist, and supervisee and supervisor relationships. I used holistic listening, which entailed “listening to the entire improvisation several times in order to obtain a sense of the whole” (Lee, 2000, p. 150). In doing so, I was able to examine the unfolding musical relationship and enhance my awareness of parallel process as it occurred.

**Procedure**

1. I conducted once weekly 30-minute music therapy sessions on an individualized basis with a music therapy client each week over a one-month period. The format of the sessions included the application of clinical improvisation and/or pre-composed songs through various modes of musical expression, such as the use of instruments, voice, movement, gestures, etc. Individual sessions were structured to facilitate relatedness, communication, and engagement, among other goals.

2. Two consecutive clinical sessions with the client were selected and video-recorded.

3. Before and after each clinical session, I wrote a journal entry to record thoughts, feelings, and reactions.

4. Following each clinical session, I received clinical supervision for one hour with a qualified Nordoff-Robbins supervisor. The salient moments identified from musical and video-recorded transcripts were brought into supervision and used as a focus to uncover any unconscious thoughts and emotions I had in order to gain a deeper understanding of
the dynamics unfolding. This session was audio-recorded so that musical themes and verbal dialogues could later be transcribed.

5. The procedure of supervision sessions included reviewing session excerpts, verbal discussion and improvisation as a means of bringing clarity, and identifying issues and themes related to the therapeutic relationship. However, the format of the session was flexible in order to accommodate my needs at that time.

6. Before and after each supervision session, I wrote a journal entry to record my thoughts, reactions, and feelings.

Materials

Materials used included a desktop computer, a video camera to record sessions, Finale Music Composing & Notation Software to transcribe music, Microsoft Word to journal and keep records, and a voice recorder to document supervision. The piano, a guitar, and various handheld and percussive instruments were used in clinical sessions.

Data Analysis

The following data analysis steps as are follows (Bruscia, 2001; Lee, 2000):

1. Each of the recorded clinical sessions was reviewed several times to obtain a sense of the whole experience.

2. Each session was transcribed, documenting the events from moment to moment. The transcription was reviewed several times, where I highlighted segments that evoked strong thoughts, emotions, and reactions from the client and me. I wrote personal narratives of the highlighted segments and identified moments of transference and countertransference.
3. Pertinent musical themes were then transcribed using Finale Music Composing & Notation Software. Musical transcriptions were thoroughly reviewed and sections that evoked strong emotions and reactions from me were highlighted. I then wrote a narrative regarding my perception of the musical and therapeutic relationships (Lee, 2000) based on the musical transcripts. The musical narratives were reviewed, segmented, and coded for moments of transference and countertransference.

4. I transcribed the supervision session verbatim, including any music played, using Microsoft Word and Finale Music Composing & Notation Software, respectively. The transcription was sent to the supervisor for confirmation in order to ensure trustworthiness. The transcription was then reviewed multiple times, where I highlighted segments that evoked strong thoughts, emotions, and reactions within me. I wrote personal narratives in reference to highlighted segments and identified moments of transference.

5. With this data, I triangulated the data from these three sources: musical and verbal session transcripts and personal journals. Emerging themes from the clinical and supervision processes were then compared to one another to determine whether they were related. I then organized a summary of the parallel process between my therapeutic and supervisory relationships.

Ensuring Integrity

In order to maintain the trustworthiness of this research, I was involved in supervision to assist me in uncovering information that I may not have been unaware of, as well as deepened my understanding of the dynamics at play. To insure credibility, I sent transcriptions of the supervision sessions to my supervisor for confirmation.
To further preserve integrity, thorough descriptions of sessions were used throughout this study. This involved detailed accounts of events, which helped to describe the actual situations unfolding (Shenton, 2004) and limited subjectivity.
Results

The purpose of this study was to better understand the parallel process in my individual music therapy sessions with a child with Williams Syndrome and the subsequent supervisory relationship. The following discussion of the research findings will be based upon three research questions: 1) What are the dynamic mechanisms of parallel process that manifest in the music therapy and supervision sessions? 2) What are the types of parallel processes? 3) How does the therapist’s experience in the supervisory relationship parallel the development of the therapeutic relationship?

There were several methods for identifying parallel process including journaling, transcription of session events, music analysis, and interpretive coding. Putting writing entries into a personal journal both before and after my clinical and supervision sessions allowed me to explore my experiences and provided insight into the parallel processes occurring therein.

Analyzing the music created in sessions also served as a tool for viewing the supervisor and supervisee, therapist and client dynamics. Each piece of music was meticulously documented. As a result, I was able to discover subtleties and dynamics occurring in the musical interactions, enriching the level of understanding I drew from session analysis.

Finally, I utilized interpretive coding, which highlighted moments within sessions that conjured strong thoughts, emotions, and reactions in me. These events were categorized as follows: client’s responses, therapist’s responses, therapist’s reactions, and transference and countertransference. Supervision sessions were then classified as: supervisee’s responses, supervisor’s responses, supervisee’s reactions, supervisee’s transference and supervisor’s countertransference. These classifications enabled me to easily identify parallel processes in both the therapeutic and supervisory environments.
Interpreting David’s Transference

David is non-verbal and developmentally disabled. His cognitive skills are limited, therefore I, as researcher, had to interpret his transference by observing his musical and interpersonal reactions in our sessions. Musical responses involved various modes of expression—including the use of instruments, voice, movement, and gestures—and consisted of musical elements (i.e., timbre, pitch, rhythm, etc.). Interpersonal responses were non-verbal, and included facial expressions, gestures, moods, and behaviors.

After analyzing data from supervision and clinical sessions, I was able to identify parallel process related issues between David and me. I gained a tremendous amount of insight into my transference within supervision, as well as David’s countertransference in sessions. My interpretations of David’s musical and interpersonal responses in session have led me to believe that his unconscious processes (transference) in music therapy paralleled my transferential experiences in supervision. This will be further explored in Research Question 2.

David’s Music Therapy Goals

This section will describe David’s music therapy goals during the time of the study. This is important to note in order to better understand the music therapy process and David’s course of therapy. Throughout the beginning stages of treatment with David, I administered the Individual Music-Centered Assessment Profile for Neurodevelopmental Disorders (Carpente, 2009). The assessment is a music therapy assessment profiling tool that targets six areas of musical responsiveness as they pertain to a client’s ability to engage, relate, and communicate in music making. Each level is based on the client’s musical, social, and emotional responses, and is assessed through the application of clinical improvisation and/or pre-composed songs while observing and listening to him/her through various modes of musical expression (instruments,
voice, movement, and gestures) (Carpente, 2009). The results of the assessment were critical in the process of intervention because it provided me with David’s functioning level, which led to recommendations for treatment, and the establishment of goals and objectives.

David’s music therapy goals are based upon the results of the former assessment tool and are as follows:

1) Musical Mutuality: David will engage in music making that is mutually related (i.e. tempo, dynamics, rhythmic phrasing, etc.) to the therapist’s music making.

2) Musical Adaptation: David will adapt to the dynamic (volume) piano (soft volume) while extending his music making.

3) Musical Adaptation: David will adapt to the tempo (speed) adagio (slow) while extending his music making.

4) Musical Interrelatedness: David will initiate a musical idea (i.e. movement, gesture, vocalization, and instrument) with the intent to relate to the therapist.

To that end, the following sessions are based upon his clinical goals.

**Session Summaries**

The following are based on two of David’s music therapy sessions and one supervision session. Supervision took place three days after the first music therapy session, and the subsequent music therapy session occurred two weeks later. The following sections will describe what occurred during each session in greater detail.

**In the music therapy session #1.**

David arrived to music therapy exhibiting his usual signs of resistance. His father physically directed him to the room as I played our greeting song, entitled, “Hello,” by Clive and Carol Robbins (Robbins and Robbins, 1995), on the piano. David entered the room covering his
ears, as his father closed the door and left. David then walked over to play at the upper register of piano using his index fingers and rocking his body back and forth. Throughout the context of the greeting song, I attempted to engage David in shared music making by accelerating my music to match his tempo, and also presented changes in tempo (speed) and dynamics (volume) to increase his emotional and musical flexibility.

Afterwards, David walked over to the drum, turned his back to me, and began to play by himself. I attempted to turn him around to face me, but he resisted and continued to beat the drum and vocalize on his own. David then ran over to the C Major tuned xylophone on the other side of the room and began to play it. I moved the drum away and rolled the xylophone toward the piano so that we could face one another. Even as I moved the instrument however, David did not stop playing. I continued to roll the xylophone towards piano and joined him with a lively, C Major improvisation in order to establish mutuality and shared attention.

The improvisation lasted approximately ten minutes and stayed primarily in the A section. I introduced changes, but rarely deviated from the established theme. David did not seem to mind this stasis, as he seemed to gain a great deal of satisfaction in playing the music. When I moved away from the established theme, David would stop playing, and when I returned to the motif, he immediately responded with a smile and rejoined the music making. David and I also often took turns initiating accelerandos (increase in tempo), which the other would follow. He seemed to enjoy playing in a lively, up-tempo manner, as observed by his emotional interest and ability to maintain the basic beat.

To conclude the session, David played on the snare drum as I improvised a lyrical, legato (fluid) D flat Major improvisation on the piano titled, “Goodbye.” It appeared that David wanted to play faster, and took it upon himself to direct our musical route by playing irregular,
syncopated beats. I accented every downbeat of the established motif to provide him with a clear and steady tempo. David, however, continued to play against the basic beat with polyrhythmic and dense patterns. David then concluded his playing with me and placed his mallets on the drum before leaving the therapy room.

**In the supervision session #1.**

As I went into supervision, I already had in mind what I would talk about. I wanted to remain in control by preparing ahead of time, issues and events to discuss. This way I would have a good idea of what would happen and I’d feel less vulnerable. When describing my frustrations regarding David’s seeming impulsivity, I found that I did not leave much room for my supervisor to reply. Before she could really get a word in, I told her that we should watch the video of my clinical session. We observed the first four minutes and then stopped to dialogue. I told my supervisor that David was an impulsive player, to which she responded, “Is that impulsive? ...He’s ready to keep going, so I’m not sure why it had to end—why you didn’t go somewhere with him. …You have him there! He’s clearly engaged with you.” My supervisor and I also explored my need to be in charge of the sessions. She told me, “I think you can either pretend in a way that he’s not a musically engaged child…and you can get distracted by your own need to control the situation.” I wasn’t sure if this was the case, and replied, “I need to think about it.”

Afterwards, my supervisor and I continued to watch session footage, consisting of David’s and my xylophone and piano improvisation. I brought up these issues, of frustration and feeling blocked, with my music making. I told my supervisor that I felt creatively stunted. I said, “I am just at a loss because I feel musically stuck with [David] at times. I also get into this scripty (sic) way of playing, where I don’t feel like I am going anywhere with him.” I said, “I go
in a circle and I’m wanting him to get out of his circle, but then I am in a circle. So then we are stuck in this circular pattern that neither one of us can really get out of.” I also repeatedly told her that I felt stuck—which was my passive way of asking her to make music with me. My expectation was that my supervisor would give me answers and show me how to expand my music making.

My supervisor then asked me to play the theme on the piano for her. We began to analyze my music and observed that the melody I had created ascended up to the sixth and then descended to the tonic. The theme did not have a melodic opening, creating a musical loop, which I had difficulty breaking out of. My supervisor and I then played together on her piano. She showed me different ideas about where to take the theme I had established such as changing the tempo, modulating into another key or time signature, and shifting the rhythms. Although I never directly asked her to play for me, I gave many indirect cues as a way of requesting these ideas from her. My supervisor then played on the upper register of the piano, modeling a Tango-inspired improvisation for me, as well as another in 3/4 time. She also suggested I change the time signature of my original improvisation from 4/4 to 2/4, leading me with her voice as I played it on the piano. The final improvisation involved my supervisor demonstrating a modulation of key signatures on the piano as I observed.

After completing five short improvisations with my supervisor, she asked me, “When you are in the moment and feeling like you’re in that non-productive loop and you are in your head and not really listening anymore…what is stopping you from coming up with those ideas yourself?” She continued, “…Except the fact that it’s more than ideas—you don’t just need ideas in supervision.” She continued telling me that if I analyzed my own music, I could come up with my own answers. She stated, “If the tables were turned and I came in and showed you that
theme, I have a feeling you’d be able to say something about the melody. If you removed
yourself a little bit. You know, if I said, ‘This is what I am doing.’ I think at this point, with your
training behind you, I think you would know that this is a loop.”

Afterwards, my supervisor and I began to talk about our dynamic with one another. She
felt that I wanted to be rescued. She stated, “But if you are stuck, you are stuck…so part of me is
rescuing you and giving you ideas.” She added, “So I am satisfying that need of yours…you
know, ‘rescue me.’ So there is some satisfaction in that. But, I don’t think it’s productive for you
to be in that.” But she pointed out that there is a dichotomy, stating “[this] really goes
against…like…that really competent side that you have to yourself… You are so competent as
an individual, as a therapist…you have a lot of gifts and talents and abilities to do this…so I
don’t know why there are these two separate sides.” At times, I found that I became clouded by
emotions, and my supervisor was able to look objectively at the issue and provide an outsider’s
perspective. Together, we concluded the session with a dialogue about the need for supervision.

**In music therapy session #2.**

Based on my supervision session, I planned to work on being emotionally connected to
David’s and my own feelings. I also practiced the musical ideas my supervisor had
recommended prior to the second music therapy session. David came to the music therapy clinic
in his typically distressed mood. He grabbed and pulled at his father’s shirt in the waiting room
before the session began. His father physically walked him into the session room as I began to
sing our greeting song in a *legato*, gentle manner. This time, David gave me a big smile and
joined me at the piano as his father closed the door and left. David joined me, playing on the
upper register of the piano.
Immediately following our greeting song, I introduced a rhythmic, Spanish-style improvisation to stimulate his interest. David played *staccato* and *forte* with his index fingers on the piano. I introduced a *ritardando* and shifted my dynamic to *piano* as a means to expand his flexibility and social-problem solving skills. My playing was expressive and lyrical, using the tempo *rubato* (expressive and rhythmic freedom). At times, David clapped as a means to signal the end of the experience, or he grabbed my hand and forced it up and down in order to accelerate my tempo. When doing so, I placed some resistance to my hand as David continued to push down. Having appeared to be unsatisfied, David resumed his playing on the piano in a fast and rhythmic manner.

With his shoulders raised, he rocked his body back-and-forth, communicating his desire to play more rhythmic and lively music. I looked at David and smiled to let him know that it was safe to explore new music with me. He then sat down next to me on the piano bench. As I continued to sing to him and play in an expressive manner, David eventually stood up and gently played glissandos on the upper register of piano in a gentle manner. I followed his music making and also played glissandos to establish mutuality. I concluded the improvisation soon after.

I then moved the xylophone towards the piano and reintroduced the improvisation in C Major from the previous clinical session to bring in familiarity and structure to our music making. I began by playing and singing the established theme. He immediately smiled and excitedly vocalized in response. I soon introduced a variation, modulating the theme into the key of D Flat Major, and then E flat Major, as well as expanding on the melodic motif and introducing new harmonic chords. David noticed these changes and appeared to be listening intently. He effortlessly joined the themes I established, adapting his music making and singing to meet my own, and appeared to be getting a great deal of satisfaction from doing so.
After some time, I modulated to the key of D Flat Major and gradually began to integrate our “Goodbye” improvisation. David joined me on the xylophone, playing the basic beat of the song. When I concluded the improvisation, David placed his mallets on the xylophone and walked over to me and held my hand. He sang the melodic theme to our C Major Improvisation, as we left the session room.

**Research Question One**

The following section addresses the research question: What are the dynamic mechanisms of parallel process that manifest in the music therapy and supervision sessions?

**In the music therapy session #1.**

*Client’s transference.*

It seemed that David’s transference, as evidenced by his rocking back and forth, rigid posture, and irregular rhythms was a resistance to slower and softer music. Throughout the context of our xylophone and piano improvisation, David appeared to project his need to control the musical direction, and me, by stopping his playing and only resuming when his preferred theme returned. This seemed to be a passive approach to getting the outcome he wanted. When running towards the instruments and playing with his back turned away from me, he appeared to be persistent and self-directed. It seemed as though he wanted to make music on his own terms. His overall transference appeared to entail a reluctance to explore music that did not suit his need for faster music.

*Therapist’s countertransference.*

I had a difficult time thinking clearly and was unsure of where else to move musically. I reverted to musical tendencies of mine, consisting of *staccato* (detached) playing and block chords (I, IV, and V). I became increasingly frustrated with myself, as I felt trapped in my own
musical loop. In addition, I felt incapable of making musical changes outside of what I was playing, which caused me to feel insecure and unassertive. Usually, I have too many musical ideas, and I had a difficult time staying with just one, so this was a strange occurrence for me.

Throughout the session, I also felt a need to frequently present *accelerandos* in order to meet David’s musical demands. At times, I got the feeling that there was a power struggle between David and me. Throughout our closing song, I attempted to establish a strict tempo when singing “Bye,” by accenting the downbeats and became frustrated when David played irregular rhythmic patterns and did not follow suit. My overall countertransference involved a desire to control the musical direction.

**In the supervision session #1.**

*Supervisee’s transference.*

I was resistant to growth in sessions, and unconsciously acted upon this by preparing events and topics to discuss with my supervisor. I didn’t want her to discover problems, because then I would be in a vulnerable position. Also, I felt intimidated by my supervisor and extremely anxious of being judged, so I reacted by attempting to direct supervision towards issues and topics I knew I could handle.

I also cast my supervisor into a parental role. I was asking for answers and creating a maternal dynamic. I passively communicated to her that I was “stuck,” so that she could provide me with answers as to what to do with David and my music making. I wanted her to show me how to expand on a theme, when I could have easily done it myself. I became helpless, putting myself down and not giving myself credit for my accomplishments. It was unusual for me to behave in this manner, as I typically make an effort to seem confident and put together. I had an overwhelming sense of wanting my supervisor to rescue me.
Supervisor’s interventions.

My supervisor was direct when providing me with feedback. Her questions were straightforward and geared towards facilitating self-awareness and self-reflection. I felt as though she sensed that I was under-performing in session by telling me that I could find the answers on my own and that I didn’t need her. It seemed as though she did not want to take care of me in that way I wanted her to. Instead, she was forthright with questions about my mode of relating and only offered me suggestions on how to work with David.

It also seemed as though she wanted to be nurturing and supportive of me throughout the session. When examining session footage, she often praised my music making and provided me with encouragement. She was honest and willing to discuss her personal feelings about our dynamic, challenging me to think about my dynamic with her and David. For example, she would disagree with my ideas and provide me with a differing view of the situation.

In the music therapy session #2.

Client’s transference.

Upon entering the session room, David appeared to exhibit signs of negative transference, as he did not want to enter the music therapy room. At first, David did not follow the changes of piano, rubato, and legato music. He continued to demand music making on his terms when it did not suit his interest. He appeared to directly indicate a desire to play lively and fast music by pushing my hand up and down, rocking his body back and forth, and clapping to signal the end of the experience.

David also appeared to be open and willing to accept new ideas by readily joining the themes I created within our xylophone and piano improvisation. David seemed to enjoy the changes and new motifs I presented, as exhibited by his smiling and continuing to participate.
David also seemed to show fluidity in his music making when adapting to the changes I presented.

It also seemed that David continued to experience positive transference towards the therapist with his willingness to explore more expressive and rhythmically free music making within the Spanish-style Improvisation. As evidenced by his gentle glissando playing on the piano and closeness with the therapist, David appeared to show me that he was willing to be intimate, vulnerable, and trusting of my music and me.

**Therapist’s countertransference.**

I tried to control the session by tacitly asking David for responsiveness to my music. I became consumed with David’s impulsivity and his need to control the session by engaging in a power struggle. I, too, became domineering in session, at times, wanting David to play only *piano* (soft) and *legato* (fluid) music. At times, I had a hard time letting go, and seemed unable to remain open and available to what David was asking of, and offering to me. I felt frustrated and somewhat angry when he grabbed my hands and pushed them up and down. I did not want him to direct me in a physically forceful manner.

When David played glissandos on the piano, I felt as though I was able to reach deeper levels of exploration with him. I felt a tremendous amount of love and positive acceptant attitude toward David. I also did not feel a need to be in charge of the musical direction, as I wanted to explore and be open to where he could take lead us musically. I felt confident and assertive within my music making and mode of relating to David. The insight I gained in supervision enabled me to take control of my feelings of helplessness and be more effective later in the session.
Research Question 2

In the following section, I illustrate the types of parallel processes as they pertain to the therapeutic and supervisory relationships in regards to the following question: What are the types of parallel processes? Based on the countertransference and transference mechanisms discussed above, I was able to find three types of parallel processes: 1) Controlling 2) Demanding 3) Helplessness. The following Table 1 will illustrate the interconnected dynamics between the music therapy and supervision sessions. The left and right columns describe the client and therapist interaction within the first and second sessions. The middle column describes the dynamics between the supervisee and supervisor within supervision.
Parallel processes.

**Table 1.**

*Examples of parallel processes between the music therapy sessions and supervision sessions.*

<table>
<thead>
<tr>
<th>1st Music Therapy Session</th>
<th>Supervision Session</th>
<th>2nd Music Therapy Session</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example 1</strong> Parallel Process: Controlling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C only wanted to play lively, up-tempo music and did not follow T’s music</td>
<td>T controlled the supervision session by preparing topics and events to discuss</td>
<td>C attempted to control the music by playing faster and irregular rhythms</td>
</tr>
<tr>
<td>T played piano and <em>ritardando</em> music and did not reflect or follow C’s music</td>
<td>S addressed and shared insight with T regarding the topics she presented</td>
<td>T continued to play piano and <em>rubato</em> music and wanted C to follow her music making</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1st Music Therapy Session</th>
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<th>2nd Music Therapy Session</th>
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<tbody>
<tr>
<td><strong>Example 2</strong> Parallel Process: Demanding</td>
<td></td>
<td></td>
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<tr>
<td>C would stop playing when T left the established musical theme, and only resumed playing when T played the theme</td>
<td>T wanted answers from S</td>
<td>C grabbed T’s hands, moving them up and down to play lively and up-tempo music</td>
</tr>
<tr>
<td>T would return to the established musical theme when C would stop playing</td>
<td>S provided T only with ideas and confronted T about her need for answers</td>
<td>T placed some resistance to her hand and continued to play piano and rubato music</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1st Music Therapy Session</th>
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<th>2nd Music Therapy Session</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example 3</strong> Parallel Process: Helplessness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C’s parent appeared to be helpless, asking T for answers with C</td>
<td>T viewed S as a critical parent during the session</td>
<td>C adapted his music making to meet the T’s <em>rubato</em> and piano music</td>
</tr>
<tr>
<td>T felt emotionally blocked and reverted to musical tendencies, which she was unable to break out of</td>
<td>S was direct with T, asking her questions about her need to be rescued</td>
<td>T was assertive with C, asking him to explore rubato and piano music</td>
</tr>
</tbody>
</table>

*Notes: C= Client, T=Therapist/Supervisee, and S=Supervisor*

The three types of parallel processes manifested through interpersonal and musical interactions in both the clinical and supervisory sessions. For purposes of this study, the music
was transcribed in order to uncover the dynamics occurring therein. In order to provide context to how these dynamics manifested during music making, Tables 2, 3, and 4 are also presented.

**Example 1: Controlling**

**Table 2.**

*Spanish improvisation from music therapy 2nd session.*
Example 2: Demanding

Table 3.

*Spanish improvisation from music therapy 2\textsuperscript{nd} session.*

*Notes:* David grabs the therapist’s right hand and moves it up and down in order to make her play faster in measure 5.
Example 3: Helplessness

Table 4.

*Spanish improvisation from music therapy 2nd session.*

Research Question 3

The following section addresses the research question: How does the therapist’s experience in the supervisory relationship parallel the development of the therapeutic relationship?

Exploring challenges.

Supervision was more productive for me when I was open to exploring the challenges and questions my supervisor posed, as it helped me look outside myself and view what was unfolding more objectively. The experiences from supervision began to parallel how I began to relate to David in the following music therapy session. When I let go of my need to control in supervision and opened up to what my supervisor was offering me, I found that I was able to do the same with David. For example, when I allowed David to take the lead, sessions became
much more productive and positive, as evidenced by his gentle glissando playing, as well in his ability to join the basic beat and follow musical changes I presented.

**Need to be rescued.**

In supervision, I had an overwhelming need to be rescued. I unconsciously created problems in my clinical session so that my supervisor could help me solve them. I did not feel like it would be supervision if there weren’t some kind of issue for her to rescue me from. My supervisor eventually confronted me about this, and I gained valuable insight into my mode of relating. I realized that I was playing out the same dynamic with David. I unconsciously wanted him to take care of me and validate my music. In our next clinical session, however, I was more aware of these dynamics and, as a result, found ways to work through them. I was more emotionally available and I was able to create musical changes and easily move from idea to idea without feeling stunted. Similarly to my supervisor, I was able to challenge him during the subsequent session.

**Nurturing and supportive.**

Throughout supervision, my supervisor addressed my issues in a nurturing and supportive manner, encouraging me to examine my mode of relating with her and David. In sessions, I also found ways to be more nurturing and supportive of David, such as by following his lead and providing him with a more gentle and playful disposition. It was a new way of being with David for me. I was vulnerable, open, and willing to explore new experiences with him.

Supervision served as a means through which I could explore my underlying fears, inhibitions, countertransference, and transference. My supervisor encouraged me to examine my mode of relating with her, as well as with David. By doing, so I was able to uncover the parallels in both relationships. When she and I processed these dynamics, I realized how these
unconscious processes impacted my work with David, and that they were a detriment to our therapeutic relationship. When anxiety, a possible emotional block, or uncertainty as to where to go musically arose in me, the simple act of acknowledging it enabled me to view the relationship and dynamics more objectively. By becoming aware of my mode of relating with my supervisor, I was able to break through my own limitations and gain a better understanding of my mode of relating to David and other clients.
Discussion

Based on the findings in this study, a discussion will be presented on my experience with the phenomenon, as well as suggestions of working with parallel process when working with children in music therapy. In addition, implications for music therapy supervision will also be included.

Identifying Parallel Process

As Sumerel (1994) states, “Identifying the occurrence of [parallel process] requires an acute and ongoing awareness of one’s own issues and the events that trigger the issues” (p. 1). Although at the beginning of the study, I was aware of my strong emotions toward David, it seemed that I lacked insight into the root of their existence. Conducting this study provided me with opportunities for introspection and self-observation from a variety of angles, including journaling, indexing sessions, and supervision. As a result, the strong reactions that I felt when working with this client became elucidated, helping me to become better prepared mentally for my future sessions with him.

Parallel process: controlling.

The first step I took towards identifying the parallel process of controlling involved recognizing when it occurred (Deering, 1994). Whenever my supervisor and I reviewed session footage and she addressed my need to control the clinical situation, I found that she was right. It became apparent that I was focused primarily on David’s behaviors, and was distracted by my own need to control the situation. Once I recognized my behavior, I examined whether David was behaving similarly. It became apparent that he, too, was attempting to direct the musical direction of our sessions. I then closely examined my mode of relating with my supervisor, and determined that there was in fact an interconnected dynamic taking place. I began to explore my
need to control and found that my behavior stemmed from a place of insecurity, fear, and avoidance. I believe that David’s fear of the unknown led him to attempt to control the situation by avoiding music that was legato and piano.

**Parallel process: demanding.**

In our clinical sessions, David appeared to demand constant and lively music from me, and had a low tolerance for musical space. I felt intimidated by this and I was not sure how to respond. I therefore became demanding in session by wanting him to play in a particular way. I had a hard time letting go, and seemed unable to remain open and available to what David was asking of, and offering to, me.

This dynamic was mirrored in supervision, as I became demanding with my supervisor. I was unaware of my desire to direct the supervision process, and I became preoccupied with fulfilling my own needs instead of observing the situation more objectively. My supervisor considered the possibility of me wanting answers from her by asking me this question. In doing so, she moved herself out of the active parallel process and instead provided me with recognition of the dynamic (Williams, 1997). This method is known as intervening (Deering, 1994), a tactic which enabled me to better assess the interaction and explore its similarity to therapy with David.

**Parallel process: helplessness.**

I was experiencing the feeling of helplessness with David in our clinical sessions. He appears to be a confident individual who takes initiative and needs to control the direction of the music. In my perception, David rarely appears to exhibit helplessness. I recognized that this dynamic plays out with his parents, and in particular, with his mother. When I see David’s mother in parent meetings, she displays a sense of overwhelming helplessness. This is evident, as she frequently seeks answers from me, as though I have solutions for David’s issues. I realized
that I was identifying with David’s mother in session by becoming helpless, emotionally blocked, and unsure of myself. This is atypical of my music making, as I usually have an abundance of musical ideas and struggle with committing to just one. I unconsciously identified with his mother’s feelings in session and later played out this dynamic with my supervisor.

In supervision, I wanted my supervisor to take care of me. It was unusual for me to take on this role, as I typically make an effort to appear confident and self-assured. However, through reflection and hearing my supervisor’s perception, I had an overwhelming sense of wanting her to rescue me. Deering (1994) states that one of the most common signs for parallel process involves atypical behavior from the supervisee. This aspect of my behavior proved to be cyclical, enabling me to avoid intimacy and vulnerability with both David and my supervisor.

**Future plans.**

I learned that the parallel processes that unfolded throughout this study are recurring themes for me. It is important for me to address these issues so that they do not negatively impact my clients, distort the therapeutic process, or cause any harm to relationships in my personal life. Many of the processes that emerged dealt with my need to control. In the future, I need to find ways to meet my needs prior to sessions with clients so that I can be more open and available for them. For instance, continued supervision can provide me with the opportunity to receive objective feedback. The aim of supervision is towards developing a supervisee’s ability to identify: “1) their own issues that could be of detriment to the clinical process, and 2) any type of potential harm through incompetence, boundary violations, and/or ethical and unprofessional behavior” (Forinash, 2001, p. 33). Although supervision is not therapy, it is a supportive relationship where I can practice self-observation.
Continuation of personal therapy will also offer me a place to develop greater self-awareness. In addition, the use of a personal journal will help me to explore my feelings regarding clients, supervision, and parallel process. Having a safe space to reflect on my emotions and ruminate on the parallel processes unfolding throughout my clinical and supervisory relationships is vital.

The procedures described in this study may appear obvious and elementary, but they added a structure and framework that enabled me to delve deeper into my clinical work and myself. It is my hope that music therapists will explore themselves and their mode of relating in this manner, as it has been an invaluable learning process for me that will benefit my growth as a music therapist.

**Implications for Music Therapy Practice with Children**

The implications for parallel process in music therapy practice can be examined in relation to working with children. Parallel process is important to identify when working with children because unconscious mechanisms can be amplified. Countertransference may occur more easily, as the therapist may identify with a child’s issues and experience a regressive pull into unconscious childhood issues (Deering, 1994). These unconscious behaviors may then manifest between the therapist and their supervisor, creating a more intense parallel process. As Deering (1994) suggests, however, countertransference may play a role in stirring up the issues, but the ultimate result of parallel process is one that involves a dyadic interchange from therapy to supervision.

Parallel process with children can also be intense, as they often express their feelings and issues immediately (Deering, 1991; Schowalter, 1985). Unlike an adult who may take time to discuss personal feelings, a child may immediately play out an issue through play. In addition,
throughout the course of a child’s development, he/she will undergo various changes in emotional understanding, which will alter their modes of relating and interacting.

Children are also usually part of a family unit, whether it is a biological or adoptive (Marsh & Fristad, 2002, p. 121). Therefore, these family dynamics can play out in the clinical setting and complicate the relationships further; much like it did in this study. For example, I realized that I was identifying with David’s mother in session by becoming helpless, emotionally blocked, and insecure. I unconsciously began to identify with her feelings in session, and played out this dynamic with my supervisor.

A suggestion I would like to offer to clinicians interested in understanding parallel process with children is to be open and aware of the dynamic mechanisms present in their relationship. Because parallel process with children can arise from the inter-related dynamics of the family, I recommend that therapists examine the dynamics and patterns of relating between family members. Each family system is unique, and may influence the way in which clients view themselves, the world and, ultimately, the therapeutic relationship.

A therapist will also need to interpret the client’s unconscious motives, desires, and transferences, especially if they play out issues in a symbolic, non-verbal manner (Deering, 1994). A suggestion I would like to offer clinicians seeking ways in which to further understand a client is to write a soliloquy as the client. This method enabled me to gain a better understanding of David’s perspective.

There are a variety of methodological approaches to investigate parallel process. Once parallel process is identified, I advise therapists to ask themselves, “How can I use the insight to facilitate effective therapy, as well as professional and personal growth?” Depending upon the situation, each therapist may handle the next step differently. Ultimately, how and when the
parallel process interventions are used is important to their success in facilitating growth and self-awareness.

**Implications for Supervision**

Supervision is one of the most important factors in the development of a competent therapist (Forinash, 2001). It is a widely accepted notion in the field of music therapy that professional supervision is beneficial, whether the clinician is experienced or not. For the purposes of this study, supervision was an effective method for gaining self-awareness and a deeper understanding of the dynamics that were unfolding. Although difficult at times, supervision sessions were invaluable and helped me to face unconscious issues that were emerging. Forinash (2001) defines supervision as, “a journey, or odyssey of sorts, in which supervisor and supervisee learn and grow, and from which both will very likely leave transformed in some way” (p. 1). The focus on dialoguing provided me with the opportunity to develop connections between the interpersonal and musical events experienced in sessions, as well as patterns that occurred in my everyday relationships. My supervisor presented me with a variety of clinical techniques, such as confronting, probing, and reflecting, that elicited introspection and self-observation (Bruscia, 1987, p. 556) and led me to recognize the parallel processes occurring in my sessions.

There are different styles and approaches a supervisor may employ when dealing with the discovery of parallel processes. One method, as proposed by Deering (1994), suggests that, if the supervisory relationship is fairly new, it may not need to involve a supervisor confronting the issues directly. Instead, he/she may shift the way in which they interact with the supervisee in order for them to come to the realizations independently. Another method would have supervisors describing their own experiences of the process, or asking the supervisee what
dynamics they think are at play in their relationship. This was the approach my supervisor took in our session. Her comments to me were focused primarily on issues of self-awareness. She gave me specific examples about my mode of relating in the supervisory and therapeutic relationships, which helped me understand the dynamics that were occurring. Her style of supervision was both directive- and process-oriented, where she encouraged me to express my feelings and associations regarding the clinical and supervisory material. In doing so, she allowed me the opportunity to verbalize any of the unconscious conflicts impeding my development.

One benefit of examining parallel process in supervision is that it can enhance empathy between supervisor and supervisee (Deering, 1994). As they explore the dynamics of both relationships, the supervisor will gain a better understanding of the supervisee’s struggles. In turn, the supervisee will have a firmer grasp of the client’s perspective and be more effective when working with him or her (Scheiby, 2001). By becoming aware of my transferences in sessions, I was able to change my mode of relating to better understand David. For example, when I became less controlling and more open to David and his music, he appeared to be more flexible with his music making and willing to explore rubato and piano music.

Similar to any therapeutic relationship, trust and acceptance need to be established between supervisor and supervisee in order to effectively explore therapeutic interactions. A supervisor should avoid being judgmental or authoritarian when exploring parallel process (Feder, 2002). Doing so may intimidate the supervisee and cause them to be resistant toward examining session dynamics. My supervisor addressed me in a nurturing and supportive manner, which encouraged me to examine my mode of relating with her and with David. Because of this I felt more comfortable dealing with parallel process-related issues.
A supervisor, however, must also be able and willing to examine the unconscious systems at play, including countertransference and transference (Grey & Fiscalini, 1987; Perlman, 1996; Stimmel, 1995; Volkinburg; 1998). By watching session recordings and listening to musical excerpts, the supervisor will have a healthy vantage point from which to determine if there are any parallel processes arising between therapy and supervision. To explore parallel process, music was used in supervision. Scheiby (2001) states,

the student therapist will often be overwhelmed by feelings of incompetence, inner critiques, impotence, failure, feelings of having to rescue the client, feelings of not knowing enough or not being good enough, feeling stuck, and mixed emotions released by the previous session. The supervisor has to be able to receive, retain, and sit with these feelings, and eventually help the student to express them in music, accompany and give shape to the expressions, so that the student does not feel alone with this, and feels accepted. After the musical expression he/she can help the supervisee to gain insight from the music. (p. 315-316)

Throughout supervision, music served as an opportunity to explore my feelings of being emotionally disconnected with David. Young & Aigen (2010) state that musical improvisations can serve various functions in supervision, including: helping to process issues first arising verbally, to identify things to work on, to serve as a vehicle to receive projections, to provide the student therapist with role-play for the purpose of developing empathy, insight, and awareness of countertransference, and to explore dynamics of the supervisor-supervisee relationship (p. 133). I learned new methods of musical expression by improvising in different styles and idioms with my supervisor. This not only served as an opportunity to improve my improvisational skills, but also to provide an outlet to explore my feelings of frustration. As Young & Aigen (2010)
suggest, “musical knowledge can sometimes precede the conscious verbalized knowledge” (p. 133). Therefore, musical improvisation can give the supervisee the ability to identify issues he/she should address.

If parallel process is not worked through, both the supervisory and therapeutic relationships will suffer tremendously (Doehrman, 1976; Sumerel, 1994). The unconscious dynamics that arise, whether positive or negative, can interfere with a client’s treatment and a supervisee’s professional growth. For instance, the client may demonstrate some resistance in therapy, such as refusing to explore personal issues with the therapist. In supervision, the supervisee may then unconsciously play out a similar dynamic towards the supervisor by avoiding the discussion of personal feelings. This parallel process may dominate the relationships and impede the work being done in both instances, which is what occurred in my experience. If a supervisor and supervisee come together to analyze the prevalent dynamics, they can find some resolution to these parallel processes, strengthening both the clinical and supervisory relationships (Doehrman, 1976).
Conclusion

Limitations

Although this research accomplished its goals, I am aware of its limitations. It is important to note that there was a dual relationship between the researcher and clinician—professor and student; and supervisee and supervisor. This dynamic warrants attention due to the possibility of roles overlapping and therefore affecting the method and results of the study. However, my supervisor and I identified this risk and subsequently defined and clarified our roles in order to prevent this dynamic from affecting the research.

Another limitation is that the study relied on my interpretations of the therapeutic and supervisory process, transference, countertransference, and parallel process. While I, as researcher, was able to understand my own perspective, David is non-verbal, so his transference required interpretation. These interpretations, based on his musical and interpersonal behavior within sessions, were intended to be as objective as possible, but my perception may have been clouded by unconscious motivations. Therefore, I received supervision to help me gain a better grasp of the dynamics at play. Furthermore, my interpretations of my supervisor’s countertransference also required interpretation, which was set out to be as objective as possible.

It is important to note that due to time constraints, this study had limited data. I was required to complete this study to fulfill the degree requirements for my Master of Science degree in Music Therapy in a limited time. Therefore, I was unable to gather data from additional clients and sessions.

Implications for Future Research

Further studies could examine parallel process with various music therapy populations to allow for a wider range of findings. This particular study could also be replicated in academic or
internship settings where supervision takes place. Doing so can assist other music therapists in learning about the unconscious processes influencing the dynamics of the supervisory and therapeutic relationships.

Future research could also examine the different types of supervision interventions and how they affect the dynamics of parallel process. For example, one could explore music versus verbal process in supervision. This would allow for a greater understanding of interventions and strategies for dealing with parallel process in music therapy supervision.

Lastly, because this research was a first-person study, future investigation could examine not only the therapist/supervisee’s experience with parallel process, but also receive input from the supervisor, as a means to fully understand the supervisory dynamics. A study of this nature would allow for richer findings and a more in-depth understanding of the supervisory perspective.

Conclusion

This study afforded me with the opportunity to examine the occurrence of parallel process in my music therapy and supervision sessions. By employing a qualitative analysis of first-person research and reflexive phenomenology, I was able to uncover parallel processes of control, demanding, and helplessness. In clinical sessions, David wanted music in a particular way and attempted to direct the session. I became emotionally blocked and controlling. In supervision, I prepared discussion topics to guide the course of the session, and also sought rescue and reassurance from my supervisor in much the same way David’s mother did with me. These behaviors prevented me from opening up to the experiences and opportunities for growth that David and my supervisor were offering me. Becoming aware of these parallel processes has aided my evolution as a therapist. In my efforts to work through these inhibitions I was able to
identify more deeply with David, as well as other clients, which both enhanced the therapeutic process and furthered the development of my clinical practice.

The exploration of parallel process within the supervisory and therapeutic relationships is a vast, untapped resource for insight regarding musical and interpersonal dynamics. An awareness of the phenomenon will help therapists uncover issues inhibiting their development as clinicians and as individuals. Moreover, because supervision is such a crucial aspect of a music therapist’s training, the exploration of parallel process in this setting can dramatically enrich and expedite a therapist’s personal and professional growth. Apart from helping to recognize pre-existing issues, supervision, when properly utilized, can equip the supervisee with strategies for recognizing and dealing with parallel processes as they arise, drastically speeding up the learning curve. Research has barely scratched the surface of the various ways in which the identification of parallel process can aid current and future music therapists, but what little information there is has already given me a deeper understanding of myself. It has allowed me to grow by leaps and bounds, both as a therapist and as a person, and provided me with the tools with which to facilitate a stronger, more profound connection with my clients.
References


Date: February 1, 2012

To: Gabriela S. Ortiz

From: Lillian Bozak-DeLeo, Ph.D.
Chair, Molloy College Institutional Review Board

I am pleased to inform you that your proposal, “Exploring the Parallel Process Between the Client and Therapist in Music Therapy” has been approved by the Molloy IRB. You may proceed with your project.

Good luck with your research.

Lillian Bozak - DeLeo, Ph.D.
A LETTER OF PERMISSION FORM

Title: Exploring the Parallel Process between the Client and Therapist in Music Therapy

Researcher: Gabriela Ortiz, MT-BC
Molloy College
1000 Hempstead Avenue
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516-678-5000 ext. 6983
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Advisor: Seung-A Kim, PhD, AMT, LCAT, MT-BC
Assistant Professor/ Music Department, Molloy College
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The following research project is part of the Molloy College Graduate Music Therapy Program: MUS 540 (Thesis: Music Therapy). My research involves using supervision and self-exploration to examine the parallel process between the researcher/clinician and client in music therapy. The researcher will also be focusing on the supervisee and supervisor dynamic, and how it relates to the therapeutic relationship. The researcher will be the source of data and session videos will be analyzed.

This project will be conducted with_________________ at The Rebecca Center for Music Therapy at Molloy College.

This course is a requirement for graduation. Approval is contingent upon the Executive Director in accordance with the Molloy College Review Board procedures.

Executive Director Signature: ________________________________

Researcher Signature: ________________________________

Date: ________________________________
CONSENT FORM

Title: Exploring the Parallel Process between the Client and Therapist in Music Therapy

Researcher: Gabriela Ortiz, MT-BC
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Dear Parent/Guardian:

My name is Gabriela Ortiz and as part of the requirement for my music therapy graduate degree at Molloy College, I will be conducting a study to examine parallel process. As researcher and clinician, I will be the primary participant and source of data. This topic will examine my process as a music therapist by focusing on the supervisee and supervisor dynamic, and how it relates to the client and therapist relationship. By examining this topic, I will explore how awareness of parallel process can be used to better facilitate the therapy process and understanding of the therapeutic relationship.

Your child’s sessions will be videotaped for analysis purposes. The video-recorded sessions will be used with the focus of studying my own process as a music therapist within sessions. Written documentation, video excerpts, and musical transcriptions of sessions will also be used.

Confidentiality of your child will be strictly maintained throughout the study. All of the data will be completely anonymous. The recorded sessions and written transcriptions kept throughout the process will be shared only with my faculty advisor and supervisor, and these meetings will remain strictly confidential. All written and video data will be kept in a locked file in my office. There is no foreseeable risk inherent with this study.

This study has been reviewed by Molloy College’s Institutional Review Board. Your child will not be compensated for participation in this study. You will not be charged for your child’s participation in this study.
If you have any questions or concerns, please do not hesitate to contact me at my office at The Rebecca Center at (516)-678-5000 ext. 6983. You may also contact my faculty advisor, Dr. Seung-A Kim at (516) 678-5000 ext. 6348. For questions about your child’s right in this study, you may contact the Institutional Review Board, Molloy College, 1000 Hempstead Ave., Rockville Centre, NY 11371, (516) 678-5000.

Signing your name below indicates that you have read and understood the contents of this consent form and that you agree to have your child’s video-recorded sessions used in this study. Please note that if you wish for your child to discontinue in the study, you may withdraw him/her at any time after signing this form without consequences of any kind.

Thank you.

Gabriela Ortiz

I understand that I will receive a copy of this signed form.

Child’s Name: ______________________________________________________

Parents Name: ______________________________________________________

Signature: _________________________________________________________

Date: _____________________________________________________________
VIDEO RECORDING PERMISSION FORM

Title: Exploring the Parallel Process between the Client and Therapist in Music Therapy

Researcher: Gabriela Ortiz, MT-BC
Molloy College
1000 Hempstead Avenue
Rockville Centre, NY 11570
516-678-5000 ext. 6983
gortiz@molloy.edu

Advisor: Seung-A Kim, PhD, AMT, LCAT, MT-BC
Assistant Professor/ Music Department, Molloy College
1000 Hempstead Avenue
Rockville Centre, NY 11570
516-678-5000 ext. 6348
skim@molloy.edu

I give Gabriela Ortiz permission to videotape my child at The Rebecca Center for Music Therapy. This videotape will be used only for research purposes. I have already given written consent for my child’s participation in this study. My child’s name will not be shared in the study.

I give permission for the videotapes to be used from January 2012 to June 2012. I agree to have my child videotaped during his/her regularly scheduled individual 30-minute music therapy session at The Rebecca Center for Music Therapy.

I understand that I can withdraw my permission at any time. Upon my request, the videotapes will no longer be used. I understand that my child will not be paid for being videotaped or for the use of the videotapes.

If I want more information about the videotapes, or I have any questions or concerns at any time, I can contact the researcher and advisor at the numbers provided at the top of this page. I understand that my signature below indicates my voluntary consent for my child to be videotaped. I understand that I will be given a copy of the signed form.

Child’s Name: ______________________________

Parents Name: ______________________________

Signature: ________________________________

Date: ________________________________
CONSENT FORM

Title: Exploring the Parallel Process between the Client and Therapist in Music Therapy

Researcher: Gabriela Ortiz, MT-BC
Molloy College
1000 Hempstead Avenue
Rockville Centre, NY 11570
516-678-5000 ext. 6983
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Dear __________:

As part of the requirement for my music therapy graduate course at Molloy College, I am conducting a research study utilizing supervision and self-exploration to examine the parallel process between my client and me in music therapy. I will also be focusing on the supervisee and supervisor dynamic, and how it relates to the therapeutic relationship. This study will enhance my understanding about the therapeutic relationship with my client and in turn it will help me serve the client more effectively.

Your participation in this study is entirely voluntary. Participation in this study will not result in any compensation for you and you may not necessarily benefit from it. There is no physical danger inherent in this study.

The supervision session for this study will be held in person and take place between February and April of 2012. A total of two (2) sessions will be held. Each session will be audio-recorded so that musical themes and verbal dialogues can be later transcribed by the researcher. After you and the researcher have agreed upon a convenient date and time, each supervision session will last approximately 1 hour. Supervision sessions will include reviewing session excerpts, verbal discussion and improvisation as a means to bringing clarity, and identifying issues and themes related to the therapeutic relationship for the researcher. However, the format of the session will be flexible.

You may withdraw at any time during the course of the study without any consequences. Confidentiality will be strictly maintained throughout the study. All of the data will withhold your name and limited personal information will be discussed in the content of the thesis paper. Only the researcher and the
faculty advisors will have access to the data, and these meetings will remain strictly confidential. All written and audio data will be kept in a locked file in my office.

If you have any questions or concerns, please do not hesitate to contact me at my office at The Rebecca Center at (516)-678-5000 ext. 6983. You may also contact my faculty advisor, Dr. Seung-A Kim at (516) 678-5000 ext. 6348. For questions about your right in this study, you may contact the Institutional Review Board, Molloy College, 1000 Hempstead Ave., Rockville Centre, NY 11371, (516) 678-5000.

Signing your name below indicates that you have read and understood the contents of this consent form and that you agree to have the audio-recorded supervision session used in this study. Please note that if you wish to discontinue in the study, you may withdraw at any time after signing this form without consequences of any kind.

Thank you.

Gabriela Ortiz

I understand that I will receive a copy of this signed form.

Participant Name: ______________________________________________________

Participant Signature: ___________________________________________________

Date: ________________________________________________________________
AUDIO RECORDING PERMISSION FORM

Title: Exploring the Parallel Process between the Client and Therapist in Music Therapy

Researcher: Gabriela Ortiz, MT-BC
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I give Gabriela Ortiz permission to audio-record supervision sessions. The audiotapes will only be used for research purposes. I have already given written consent for my participation in this study. I understand that confidentiality will be strictly maintained. Only the researcher and the faculty advisors will have access to the data. For privacy protection, my name will be withheld and limited personal information will be discussed in the content of the thesis paper.

I give permission for the audiotapes to be used from January 2012 to June 2012. I understand that I will receive a transcript of the supervision session from the researcher and be asked to confirm or change the content of the session for accuracy.

I understand that I can withdraw my permission at any time. Upon my request, the audiotapes will no longer be used. I understand that I will not be paid for being audiotaped or for the use of the audiotapes.

If I want more information about the audiotapes, or I have any questions or concerns at any time, I can contact the researcher and advisor at the numbers provided at the top of this page. I understand that my signature below indicates my voluntary consent for supervision session to be audiotaped. I understand that I will be given a copy of the signed form.

Participant Name: ______________________________________________________

Participant Signature: _____________________________________________________

Date: ___________________________________________________________________
## APPENDIX B

### Sample Data Analysis

**Table 1.**

*In the music therapy session #1.*

<table>
<thead>
<tr>
<th>Client’s Responses</th>
<th>Therapist’s Responses</th>
<th>Therapist’s Reactions</th>
<th>Transference</th>
<th>Counter-transference</th>
</tr>
</thead>
<tbody>
<tr>
<td>C is anxious in the waiting room (his distressed vocalizations can be heard from the waiting room). C’s father helps him to the therapy room, as he reluctantly walks into the room while covering his ears.</td>
<td>T introduces familiar music to C from their F Major “Hello” to invite him into the session room. T says, “Come on,” in a gentle way once she sees C in the hallway.</td>
<td>C seems to be anxious and resistant to coming into the therapy room. Is he feeling unsafe? I want to help him transition into the therapy room by presenting familiar music.</td>
<td>C appears to be actively resistant to coming into the session room, as evidenced by his father needing to escort him to the session room and distressed vocalizations.</td>
<td>I feel a need to take care of him and let him know that the musical environment and I are safe.</td>
</tr>
<tr>
<td>C plays the B and F natural keys on the upper register of the piano using his index fingers, while rocking his body side to side. He accelerates his tempo. When T slows down, C grasps her right hand and pushes it up and down. T continues to play single notes in the upper register of the piano.</td>
<td>T matches C’s rhythmic patterns and joins his basic beat. T then introduces a ritardando. When C grasps her hand, T begins to play a descending pattern down the register of the piano.</td>
<td>C seems to enjoy playing faster, yet I want to slow him down. He seems anxious and I want to help him musically regulate by introducing a ritardando.</td>
<td>C appears to want faster music. He demonstrates a desire to direct me by pushing my hand up and down. He does not seem comfortable with slower music. He appears to display a desire to fulfill a sensory need.</td>
<td>I feel frustration towards C. I am not sure why he has to touch me. I don’t like that.</td>
</tr>
<tr>
<td>C turns around and grasps the sticks on the drum. He begins to play while singing nonsense syllables to the melody of “Old McDonald.” As T attempts to turn him around, C runs over to the xylophone and begins to play. T moves the xylophone towards the center of the room, as C continues to play it even as it is moving.</td>
<td>T is attempting to turn C around so that he can face her while music making. When C runs over to the xylophone, she asks him, “Would you like play this one?” Seeing that he is playing the xylophone, she says, “Okay” and brings it towards the center of the room.</td>
<td>I wonder if he needs me in the session room. It appears as though he would be content playing independently. Does our relationship mean anything to him?</td>
<td>C appears to want to direct the therapy process. He demands music on his terms.</td>
<td>I feel frustrated with him. I have a desire to direct the session, and I feel a power struggle with him.</td>
</tr>
</tbody>
</table>
T leaves the melodic theme throughout the xylophone improvisation. C stops playing and resumes when T introduces the theme again.

T returns to the melodic theme in attempts to engage him in active music making again.

What else can I do to sustain his interest outside of lively and up-tempo music?

C appears to want only lively and up-tempo music. He appears to be enjoying what I present and wants to stay with this idea.

C appears to want to play only fast music. He seems uncertain and uncomfortable with slower, legato music. I don’t like what I am playing. I feel musically limited and unable to leave this theme. I feel a need to please him and meet his expectation.

T transitions into the goodbye song by slowing down the tempo. C looks at her with a different gaze, seeming to have a hard time finding where the basic beat is. He begins to accelerate his playing and his rhythms begin to get faster and irregular.

T introduces a change to lead into the goodbye song. Seeing that C is unsure of the basic beat, she strongly accents the “one” of every measure. T also matches C’s rhythmic patterns at times.

Why does he always leave legato and slower music? He seems to have a musical tendency and appears to use music as a means to fulfill sensory and impulsive needs.

C appears to want to play only fast music. He seems uncertain and uncomfortable with slower, legato music.

I feel resistance towards his music. I want him to follow me and match the music I present. I don’t know why.

Notes: C= Client and T=Therapist

Sample Data Analysis

Table 2.

In the supervision session #1.

<table>
<thead>
<tr>
<th>Supervisee’s Responses</th>
<th>Supervisor’s Responses</th>
<th>Supervisee’s Reactions</th>
<th>Transference</th>
<th>Counter-transference</th>
</tr>
</thead>
<tbody>
<tr>
<td>When dialoguing with S, T states, “So generally here, I try to check myself, but generally when we try to end something…he’ll run up to everything and you saw that… that impulsive playing.”</td>
<td>“Is that impulsive? You know when you start playing music with someone, you are setting off…you’re setting something up…you’re starting something. You’re engaging something in them. Physical, emotional, communicative…and when you’re playing…you what whatever that is (Plays piano) right? You’re reinforcing what he’s doing. But you’re also supporting and elevating it. So, he’s”</td>
<td>I hadn’t thought about what my supervisor posed before. I now feel as though I am getting caught up in C’s behavior and becoming consumed with this.</td>
<td>I feel frustrated with my work with David and am wanting to my supervisor to view my perspective and agree with me.</td>
<td>It appears as though my supervisor is direct when providing me feedback. She seems to want to offer me a different perspective.</td>
</tr>
</tbody>
</table>
not just doing this (clapping rhythm with hand) on his own anymore. You’re with him there.”

<table>
<thead>
<tr>
<th>T says, “Yeah, I have such a need to want to control everything…”</th>
<th>S responds, “He’s giving you gold! To me, I’m not in the room, I don’t feel what you are feeling, but he is a kid who wants to continue to play music. You know of all the children and adults who you’ve worked with who you need to draw them into music. He does not need that. I think for you perhaps it is a fear of what to do with that. You know? This is what we should discuss.”</th>
<th>She was right. I feel intimidated by him. He embodies music and I feel limited as a musician. This brings out my insecurities. I am not sure if I am “good-enough.” I am opening up to what S is saying. I did not want her to explore or dive deep, but she is getting at the core of my issues.</th>
<th>I feel vulnerable and exposed. I see what she is saying.</th>
<th>S appears to understand the dynamics at play here. She is delving deeper and posing questions in a straightforward manner.</th>
</tr>
</thead>
</table>

T repeatedly told the supervisor that she felt stuck.

| T states, “There is a meta-level of supervision that is going on here…That has played out with us before…And I know with “Kevin” (Nordoff-Robbins Supervisor) too. You know, “recue me.” So there is some satisfaction in that, but I don’t think it’s productive for you to be in that.” | I feel as though I have been helped with many things in my life. When I am around elders, I begin to relate in this way. But why? | I want S to take care of me. I want her to give me answers and tell me what I need to do. I am casting her into a maternal role. | S does not seem to want to take care of me. She appears to want to bring awareness to me by bluntly asking the question. |

T states, “But then what other way could I work? I don’t know. Because this is how I know how to relate in supervision. You know what I mean? This is my…maybe I need to come in differently.”

| S responds, “I think it’s curious…I think you come in with a problem to be fixed.” | Why am I doing this? Is there a way to be in supervision? What is beneficial for me? I feel exposed and vulnerable. She is right. I am coming in with a problem. I am continuing to be uncertain and helpless in front of her. | I am engaging in a helpless manner. I want her to take care of me. | My supervisor is straightforward and appears to not want to take care of me the way I want her to. |

Notes: C= Client, T=Therapist/Supervisee, and S=Supervisor
Sample Data Analysis

Table 3.

*In the music therapy session #2.*

<table>
<thead>
<tr>
<th>Client’s Responses</th>
<th>Therapist’s Responses</th>
<th>Therapist’s Reactions</th>
<th>Transference</th>
<th>Counter-transference</th>
</tr>
</thead>
<tbody>
<tr>
<td>T presents a lyrical and expressive Spanish improvisation in D Major. C plays in a <em>staccato</em> and <em>forte</em> manner with his index fingers on the upper register of the piano. He is rocking his body back and forth. He grasps the T’s hand and pushes it up and down. He begins to play fast rhythms above T’s music.</td>
<td>T places some resistance to her hand. She resumes singing in the same tempo.</td>
<td>I am wondering where my resistance is coming from in regards to joining his music. Why do I want him to validate me?</td>
<td>C appears to be unsatisfied with T’s music. He seems to want to play <em>only</em> fast music. He appears to directly tell T to play faster music.</td>
<td>I did not want to play faster up-tempo music. I wanted him to follow my music and in some way validate me.</td>
</tr>
<tr>
<td>C claps to T’s music. He is looking at T while she plays. He is intermittently playing fast, erratic rhythms on the piano.</td>
<td>T looks at him and smiles. She is gently singing to him and playing in an expressive manner to <em>legato</em> and <em>piano</em> music.</td>
<td>I wanted to let him know that it was safe to explore this style of music. I wanted to provide him with deeper, more meaningful experiences.</td>
<td>C does not seem to want to explore <em>piano</em> and <em>legato</em> music. He appears to want T to end the experience by clapping.</td>
<td>I did not feel as though I want to control the session. Instead, I want to genuinely provide him with a new musical experience.</td>
</tr>
<tr>
<td>C sits down next to T. He is intently listening to T. He stands up and begins to gently play glissandos on the upper register of the piano.</td>
<td>T continues to play and support his music, by leaving space and playing quarter notes. T matches C’s music by playing glissandos.</td>
<td>I felt that this was an important moment between David and me. This is the first time he shows willingness to explore music outside of his comfort zone.</td>
<td>C seems to be willing to explore new music making. Glissandos are not typical to his musical repertoire. He seems to be communicating a sense of vulnerability and openness.</td>
<td>I feel immense respect and love for C. I want to impart respect and a sense of mutuality and relatedness by joining his glissandos.</td>
</tr>
</tbody>
</table>

*Notes: C= Client and T=Therapist*