

Molloy College

**DigitalCommons@Molloy**

---

Theses & Dissertations

---

2020

## **From Student to Practitioner: Formal Music Education's Influence on The Practitioner's Informed Music Therapy Practice**

Daniel M. Salaway

Follow this and additional works at: <https://digitalcommons.molloy.edu/etd>



Part of the [Music Therapy Commons](#)

[DigitalCommons@Molloy Feedback](#)

---

**From Student to Practitioner: Formal Music Education's Influence on The Practitioner's  
Informed Music Therapy Practice**

A THESIS

Submitted in partial fulfillment of the requirements

For the degree of Master of Science

In Music Therapy

by

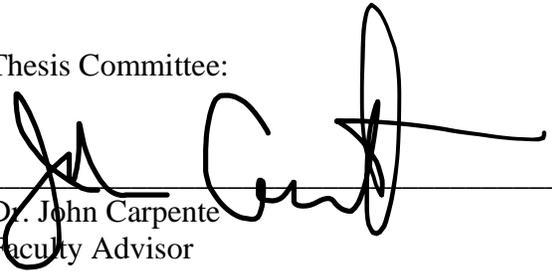
Daniel M. Salaway, MT-BC

Molloy College

Rockville Centre, NY

2020

Thesis Committee:

  
\_\_\_\_\_  
Dr. John Carpentre  
Faculty Advisor

May 15, 2020  
Date

  
\_\_\_\_\_  
Dr. Suzanne Sorel  
Committee Member

May 15, 2020  
\_\_\_\_\_  
Date

  
Dr. Suzanne Sorel  
Director of Graduate Music Therapy  
Notice of Copyright

May 15, 2020  
Date

**Copyright**

Daniel Salaway 2020

Molloy College

Spring 2020

### **Abstract**

This study sought to understand further the relationship between the music therapist's personal experience in formal music education and their music therapy practice. Key questions asked by the researcher included how music therapists describe, view, and conceptualize their own experiences of formal music education through the lens of music therapy practice. Data collection included semi-structured interviews from three practicing music therapists. The themes revealed within the data were organized into areas of intrapersonal and interpersonal experiences. Results of this study included themes of self-realization during music learning, identifying musical identities during early formal music education, personal uses of music, gratefulness for early formal music education, personal relationships with music educators, educators' recognition of potential in research participants, and modeling of student-teacher relationships in clinical work. Discussion of future research areas emerged after the completion of this study, including examining the professional relationships and boundaries between music therapists and music educators working cooperatively within education settings.

*Keywords:* music therapy practice, formal music education, intrapersonal experiences, interpersonal experiences

### **Acknowledgments**

I would like to thank all the music educators and music therapists that have guided me along the way:

To Mr. David Elliot, Mr. Thomas Commerford, Mr. Joshua Seifert, Mr. Bryan Carrot and Mr. Edward Balsamo, thank you helping me find my calling and instilling a love of music within me.

To Mrs. Elizabeth Schwartz, Mrs. Lora Heller, and Mrs. Ilene “Lee” Morris, thank you for patience and mentorship. You have helped me find myself within music therapy.

Thank you to Dr. John Carpente and Dr. Suzanne Sorel for advising me and keeping me focused during this thesis process.

A special thank you to my participants for recognizing the importance of this research.

Your stories and experiences have inspired me.

I would also personally thank my family:

Thank you to my parents Michael and Christina Salaway for your constant support. Dad, you were my first music teacher, and I will always admire you and the hard work you did for your students. Mom, you have always been an amazing counselor and parent to my sister and me. I love you both so much.

Lastly, thank you to my beautiful wife Jessica Salaway for motivating and anchoring me to what is important in life.

### Table of Contents

Abstract.....	4
Reflexology.....	9
Epistemology .....	12
Literature Review .....	13
Intrapersonal Experiences of Musical and Personal Development.....	13
Interpersonal Experiences with Music Educators .....	17
Methodology Description .....	20
Participants.....	21
Data Collection .....	22
Data Analysis .....	23
Results.....	24
Intrapersonal Themes .....	26
Self-Realization Through Music Learning. ....	26
Identifying Musical Identities During Early Formal Music Education Experiences.....	28
Personal Music Making During Formal Music Training.....	31
Gratefulness for Early Music Education Experiences. ....	33
Interpersonal Themes .....	35
Discussion .....	42
Limitations .....	46
Conclusion and Areas for Future Research .....	46
References.....	50
Appendix A.....	52
Appendix B.....	55

## Introduction

For music therapists, formalized music education may be the first setting where music therapy practitioners develop their relationship with music. Within early educational settings, music educators guide students as they develop their relationship to music through formalized education and training. Relationships with educators continue into music therapy training as part of an undergraduate or graduate degree program and beyond with music therapy professional development. This study sought to develop a further understanding of the relationship between the music therapist's personal experiences in formal music education and their music therapy practice. Examining these relationships include discovering meaning from significant events experienced by music therapists during periods of formalized music education.

*The Oxford Dictionary* (2019) defines the word "education" as "The process of receiving or giving systematic instruction, especially at school or university" ("Education," 2019), while the term "formal" is defined as having a "conventionally recognized form, structure, or set of rules" ("Formal," 2019). For this study, the researcher is defining formal music education experiences as music learning experiences that are systematically developed over time by a music educator in a structured setting. This includes, but is not limited to, regularly occurring music lessons at home or a facility, music instruction provided as part of a general music education within a private or public-school system, and formal music instruction within a collegiate music or music therapy program. Due to the nonlinear nature of education, development, and the practice of music therapy, this study included formal learning experiences from any period in the music therapist's life and career.

Experiences of music therapists who are self-taught or have not had a formal music education prior to entering a music therapy degree program were not included in this study. This

research is intended to gain an understanding of the interpersonal student-teacher relationship and its implications on music therapy practice. Therefore, the self-taught music therapist's experiences did not fall within the scope of this research study.

In a study exploring a theoretical model of music therapy student development, Dvorak, Hernandez-Ruiz, Jang, Joseph, and Wells (2017) suggest that "Music therapy students negotiate a complex and evolving relationship to music and its use in clinical work throughout their music therapy education and training" (p. 197). Negotiating this evolving relationship influences how music therapy practitioners conceptualize their music therapy practice. Learning about the music therapist's experiences in formal music education will provide insight into how music therapy practitioners negotiate their relationship with music, their clients, and themselves when working in a music therapy session.

For most music therapy students, a music therapy degree program is where they begin to associate music-related skills with the context of clinical work and therapeutic intent. As per the American Music Therapy Association's (AMTA) music aptitude requirements, music therapy students must demonstrate functional music skills on guitar, piano, voice, and percussion and the ability to lead and accompany on each of these instruments (American Music Therapy Association [AMTA], 2019). To satisfy the AMTA musical aptitude requirements, music therapy students receive formal music education as part of their undergraduate and graduate music therapy programs. However, the level of formal music training varies and is based on each institution's curriculum, theoretical orientation, and music therapy specializations. The AMTA *Standards for Education and Clinical Training* (2019) state,

Academic institutions and clinical training programs have the responsibility for determining how their programs will impart the required professional and/or advanced

competencies to students (i.e., through which courses, requirements, clinical training experiences, etc.). The standards have been designed to allow institutions and programs to meet this responsibility in ways that are consistent with their own philosophies, objectives, and resources. (para. 9)

Before entering college for a degree in music therapy, students may have received music education as a part of their general education in school or from private instruction. While the formal music education experiences of students vary, it is within collegiate music therapy programs where students begin to adjust their relationship with music to align with the clinical mindset of the music therapist (Dvorak et al., 2017). However, the formal music education experiences of the music therapist before and after completion of a music therapy degree program are still significant and influential in the context of clinical work.

Aigen (2014) stated that clinical practice is “deeply rooted in one’s personal experience in music” (p. 18). In this respect, personal experiences with music educators and music education would potentially influence the music therapist’s clinical practice as they are in of themselves musical experiences. The researcher’s personal experience in formal music education and background as a music educator served as the motivation to explore the relationship between the music therapist’s experience in formal music education and their music therapy practice.

### **Reflexology**

Throughout my adolescence, my musical and personal development progressed by participating in school performing ensembles and weekly private instruction at home. As a child, I was diagnosed with severe attention deficit disorder, suffered from depression, and struggled to create meaningful relationships with my peers. The meaningful relationships I did have involved music-making. Playing percussion in the middle school band increased my self-confidence,

which motivated me to build relationships with my peers. The more I practiced and developed music competency, the more success I found in school. This development increased my feelings of self-worth and began to shape my identification with music and percussion.

In adolescence, I had a private music teacher who visited my home weekly for music and percussion lessons. I viewed him as a supportive man that effected my musical development positively. He nurtured my musical development by reinforcing skills such as reading and interpreting rhythms and striking drums with the proper technique. I often had the opportunity to present him with a piece of music I found challenging from my school's band. As a result, I became adept at playing in the band and eventually began playing with the advanced performing ensembles in my school district. I remember my private teacher consistently demonstrating patience and enthusiasm with my musical growth during my time studying with him. The positivity and care I felt from this teacher shaped my relationship with music and myself.

While I had positive musical experiences during my high school years, I did interact with a few music teachers whom I felt did not come from a place of support and understanding. These relationships made me feel uneasy and left little room for the development of a personal relationship. After completing music therapy clinical training as part of a graduate degree, I was able to view these relationships with a broader perspective. This worldview allowed me to gain an appreciation for these relationships and how they influenced my musical development.

After graduating from high school and attending college for music education, I quickly realized the standards of my music classes required me to improve my musical aptitude. I sought out additional music instruction and devoted more of my time to practice my instrument. I struggled during this time because my sense of self-worth was tied directly to my ability to perform. As I began to devote more time to practicing and studying with a new private teacher,

my views of self-worth changed with musical and personal maturity. I found satisfaction that my efforts allowed me to be the best version of myself, rather than the best musician in my class. I learned to enjoy the process of musical development and thus became more process-oriented when I began to teach students myself. This process-orientated way of thinking led me to look at music therapy as a field of study for my master's degree.

During my music therapy internship, I was able to place all my experiences of formal music education into the context of a music therapy practice. In my music therapy practice, I wish to bring the same joy I experienced as an adolescent playing music with others to my clients. My training as a percussionist has helped me conceptualize my music therapy practice by trying to “lock-in” to my client's music and work to provide a rhythmic foundation and motivation for their musical expressions. My musical development led to my personal growth through confidence building and establishing relationships. My experiences with teachers shaped my worldview and how I approach music therapy as a clinical practice.

I believe my experiences as a music student deeply affected my relationships with others, my relationship to music, and my relationship with myself. The meaning I have derived from my experiences in a formal music education setting help shaped my conceptualization of music therapy practice. Aigen (2014) describes the effect of nonclinical music experiences on his conceptualization of music therapy practice by stating,

Soon after becoming a music therapist I began to realize how much they [music experiences] influenced my conceptualization of clinical work. I increasingly became aware of how the needs of clients reflected deficits in areas of experience that my nonclinical musical experiences provided for me. (p.19)

Formal music education experiences can be significant to practicing music therapists and music therapy students as they shape the lens through which clinicians perceive intrapersonal and interpersonal relationships. My experiences in formal education developed my identity and shaped my trajectory towards self-discovery and self-awareness through musical development. This qualitative study sought to uncover the meaning of experiences similar to mine that have influenced music therapists. This is why an interpretive phenomenological analysis was the most effective method to use in this study.

### **Epistemology**

The epistemology for this study incorporated an interpretive phenomenological analysis of formal music education experiences lived by music therapists. As stated by Bruscia and Wheeler (2016), the phenomenological approach is “concerned with how a person perceives, feels, thinks, and derives meaning from a lived phenomena” (p. 60). The purpose of using a phenomenological approach is to understand how music therapists have interpreted experiences from their formal music education by hearing directly from the music therapist. In an interpretive phenomenological study, the focus remains on the individual’s personal experience by suggesting they are experts of themselves, and the meaning they make from their experiences is valid research (Allan & Eatough, 2016).

Music therapy literature recognizes the influence of formal music education on informed music therapy practice as both Mitchell (2016) and Dvorak et al. (2017) produced results relevant to this topic. These results included citing music educators as people of influence to practicing music therapists (Dvorak et al., 2017). However, few music therapy studies examine the music therapist’s specific experiences within a formal music education setting and conclude their influence on music therapy practice. This research will expand the current music therapy

literature on how music therapists view their lived experiences of music education, and how those experiences shape their music therapy practice.

The potential benefits of this study to the field of music therapy include documenting the lived experience of music therapists as well as establishing connections from musical and personal development to music therapy practice. Music educators working with students preparing to attend college will also be able to make use of this study to educate students about music therapy by connecting their current experiences to that of a music therapist.

### **Literature Review**

There is an abundance of articles that compare and contrast the goals, values, and philosophies of music therapy and music education. To identify the scope of the research included in this study, the researcher defined the music therapist's personal experiences in formal music education in two ways. The first included the intrapersonal relationship the music therapist formed with music as a practiced medium. This relationship consists of the music therapist's experiences in music and clinical development as well as personal and musical growth through formalized instruction. The second included literature on the interpersonal relationships' music therapists have developed with music educators during formal music training and how those relationships are significant to the practitioners' clinical practice.

### **Intrapersonal Experiences of Musical and Personal Development**

Music therapists derive meaning from the personal growth achieved from the time spent as a music student in a formal education setting. When discussing the theoretical foundations of music-centered music therapy practice, Aigen (2005) suggests that a parallel process of musical and personal development exists in which the individual can experience therapeutic gains from musical development. Aigen (2005) states, "musicians as craftsmen understand that working on

their craft is simultaneously working on themselves which, after all, can be the primary focus of therapy” (p. 103). Due to a similar area of study of musicians, music therapists, and music therapy students, this intrapersonal relationship and process of musical and personal development are a shared experience between professions.

Mitchell (2016) conducted a qualitative study of an emerging model of therapeutic music education linking the philosophies and experiences of music education with that of music therapy. This therapeutic music education model was grounded in the premise that music education experiences have the potential for therapeutic development, and music education and music therapy experiences exist on a continuum of therapeutic implementation (Mitchell, 2016).

Mitchell (2016) utilized a phenomenological interview process with six participants recruited through purposive sampling from the music facilities of two universities in Ontario, Canada. Of these six participants, three were university music educators that viewed music education as a “setting for therapeutic growth,” while the other participants were university music students who claimed to have “experienced personal growth with studio lessons” (Mitchell, 2016, p. 27). The results of Mitchell’s (2016) study presented three core themes among the interviews including, “teacher’s awareness, music as a medium, and student’s personal growth” (p. 27). Within Mitchell’s (2016) study, sub-themes emerged that included intrapersonal experiences centered on a parallel process of musical and personal growth where participants reported achievement of potential, development of self-awareness, and self-identity.

Mitchell (2016) states that the ultimate goal in teaching relates to helping students realize their potential by becoming the best version of themselves through realizing their potential. Potential, as it is described here, is synonymous with expanding one’s creativity, expressivity, and imagination (Mitchell, 2016). Music therapy and music education experiences are

interconnected in this sense as both are meant to promote the achievement of the individual's potential; though each practice achieves this through different means. A participant in Mitchell's (2016) study shared this personal development by stating,

How wonderful to be able to say, 'You let go enough to be able to have the flexibility to sing that coloratura easily is the same thing that is going to open your eyes to your own potential to deal with that abusive man. (p. 30)

Based on the participant's report of her intrapersonal experience in music education, she attributes her personal growth to her musical development.

The development of self-awareness, self-identity, and musical identity is also explored in Mitchell's (2016) therapeutic music education model. Participants shared their experiences developing self-awareness and identity through music study. One participant stated that music study is a "vehicle with which you have a relationship with yourself" (Mitchell, 2016, p. 31). The participant elaborates by stating, "through voice lessons I tried a new way of seeing myself, exploring myself through exploring my instrument" (Mitchell, 2016, p. 31).

In an unpublished manuscript of musical identity and clinical musicianship, Sorel (2019) discusses the music therapist's unique musical autobiography which encompasses personal, educational, and professional experiences that have brought students and practitioners to the field of music therapy. Sorel's (2019) manuscript incorporates questions prompting readers to report and record musical experiences that have affected them personally. Sorel (2019) also encourages the reader to actively improvise musical experiences to create a "musical toolbox" specific to the musical identity of the reader (p. 4). This exercise is designed for the reader to assess their musical resources ascertained directly from their personal experiences in music and evaluate areas where development is needed for clinical practice.

In 2017, Dvorak et al. developed a theoretical model of the music therapy students' developmental process, which began at the University of Kansas. Participants included fifteen music therapy students who completed a sixty-minute intensive interview, which was preceded by a twenty-minute member check meeting (Dvorak et al., 2017). Interviews included a series of open-ended questions to explore the process of development for participants. Interviews were recorded, transcribed, and analyzed utilizing ATLAS.ti, a qualitative data analysis software program (Dvorak et al., 2017). The themes that emerged included "personal connection to music, turning points that led students to pursue a career in music therapy, adjusting their relationship with music, and growth and development" (Dvorak et al., 2017, p. 204).

In the theme of "growth and development," a sub-theme emerged in which subjects claimed that academic music experiences were influential and "shaped their understanding of music and its effect on people" (Dvorak et al., 2017, p. 212). Participants noted that music therapy course work affected their "interactions with music, and the role it played in helping them define music within their own lives" (Dvorak et al., 2017, p. 212). The researchers found that when transitioning to the study of music therapy, the music therapy student begins to place their personal experiences of formal music education into the context of clinical work. Dvorak et al. (2017) states,

At some point in their development, music therapy students are expected to make sense of their evolving relationship with music, develop insight and self-awareness through a combined process of evaluation and self-reflection, and find meaning within their profession and within the music they play, create, and share. (p. 200)

Music therapists and music therapy students constantly negotiate a complex relationship within themselves that manifests within clinical music-making and shapes the practitioner's music

therapy practice. The process of gaining self-awareness and developing a personal and musical identity are steppingstones towards developing a music therapy practice.

### **Interpersonal Experiences with Music Educators**

In formal music education, the goal of the music teacher is not necessarily to promote the personal growth of the student. However, music educators can recognize the parallel process of both musical and personal development to guide students to become a fully realized individual. The personal identity and self-awareness students develop through formal music education are the characteristics needed from a music therapist.

In Mitchell's (2016) model of therapeutic music education, she distinguishes the music educator's role in the personal development of students while defining the term therapeutic music education. Mitchell (2016) defined therapeutic music education as the "contexts of music education in which the educator recognizes the potential for students to achieve personal growth alongside musical growth and intentionally works towards both with students" (p. 22). In this model, the music educator must be aware of the potential opportunity for the student's personal growth in order to be considered being therapeutic.

The themes of Mitchell's (2016) study, therapeutic music education, teacher awareness, and student-teacher relationships are significant aspects of the author's model. Mitchell (2016) stated that "a holistic awareness lay at the core of each therapeutic music educator's pedagogical approach" (p. 27). Music educators participating in Mitchell's (2016) study noted that "there is a whole person involved in the lesson," and "You're always thinking about students as people as much as you are musicians" (p. 27). Mitchell (2016) discusses the student-teacher relationship of the therapeutic educational model by stating, "Participants recognize parallels between the student-teacher relationships developed in their educational contexts and those within a traditional therapy setting" (p. 28). Similar to the therapeutic alliance, the student-teacher

relationship was characterized by “support and empathy,” in which the teacher demonstrated these traits during the learning process of the student (Mitchell, 2016, p. 28).

In Dvorak’s et al. (2017) study of music therapy student development, themes arose that included the music therapy student’s relationship with music educators as being significant to their development as a music therapist. In the theme of “personal connection,” the participants reported a music teacher as an influential person who “solidified participant’s desire and commitment to music through close teacher-student interactions, and in some cases by directing participants to music therapy as a career” (Dvorak et al., 2017, p. 206). Additionally, another sub-theme mentioned early influential musical experiences where music therapy students took part in school music lessons and performances. These experiences included performances in band, choir, and orchestra, all of which were facilitated by a music educator (Dvorak et al., 2017).

Lonie and Dickens (2016) conducted research regarding how young people learn music both formally and informally. Participants of this study were a diverse group of individuals from London, England, between the ages of 16 and 20. The research took place in a series of focus group discussions within a youth leadership program (Wired4Music) based in East London. The research considered processes in which music learning took place, including factors of influence on student-teacher relationships (Lonie & Dickens, 2016).

Lonie and Dickens (2016) accounted for student-teacher relationships by including an analysis of the role of music educators in formal music learning. The researchers stated, “teacher-directed and group-led forms of musical learning with primary aged children and found that while both could be effective, the most productive forms of autonomous musical learning occurred where teachers took on more informal, facilitative rather than directive roles” (Lonie &

Dickens, 2016, p. 90). According to Lonie and Dickens (2016), music students found their music educators were effective when they facilitated musical growth in students rather than directing students through a music curriculum.

Draves (2008) conducted qualitative phenomenological research on the cooperating music teacher's experience training student music teachers. Three cooperating music teachers participated in formal interviews, and four weekly email prompts, where they discussed their relationships with their student music teachers (Draves, 2008). Interviews and email prompts were recorded, transcribed, and analyzed for emerging themes. Data analysis discovered the theme "power structures" was prevalent among the transcriptions (Draves, 2008, p. 9).

Each subject in the study had a different perspective on how power should be shared between the cooperating and student-teacher. Two participants reported they "felt most satisfied and energized by the collaborative partnerships they enjoyed with student teachers" (Draves, 2008, p. 14). Draves (2008) described a collaborative partnership as a relationship in which student teachers share power and responsibility with their cooperating teacher to promote mutual learning. Similar to Lonie and Dickens (2016), participants in Draves (2008) study benefited from educational relationships where learning was facilitated through shared power rather than teacher direction.

Glathar (2017) conducted a qualitative study to examine "the impact of having a background in music education on music therapy professional practice" (p. 2). In the study, she conducted three semi-structured interviews with three practicing music therapists who acquired degrees in music education before receiving a degree in music therapy. Glathar (2017) utilized an interpretive phenomenological analysis (IPA) to interpret data collected from the participants.

Themes that emerged from the data included “training to become a music educator, retraining to become a music therapist, professional practice as a music therapist” (Glathar, 2017, p. 2).

Glathar (2017) included a personal account of her experiences in music education that led her to a master’s degree in music therapy. Glathar (2017) stated, “some of the most influential people in my life were teachers. I had never heard of music therapy, so a collegiate major in music education seemed like an obvious choice” (p. 5). Glathar (2017) noted the significance of her music teacher relationships in her music therapy practice by stating,

Although I believe that music therapy is more aligned with my goal and personal philosophy of music, I never would have pursued a career in music therapy if it were not for all my incredible music teachers who helped me along the way. Additionally much of what I learned in my undergraduate studies helped inform my work as a music therapist in training...I am comfortable working in large groups...knowledge of early childhood development and have classroom management skills that I may not have gained through a bachelor’s degree in music therapy. (p. 6)

The interpersonal relationships practitioners develop with music educators can be a significant dynamic in influencing music therapy practice. Music therapists can incorporate skills learned as a student of different disciplines into their music therapy practice. Empathy, support, and relationships based on understanding the student as a whole person are significant attributes of music educators that influence the music therapist’s practice, development, and in some cases, are the factors that guide students to a career in music therapy.

### **Methodology Description**

This study explored the music therapist’s experiences of formal music education and the influence of those experiences on their music therapy practice. The researcher sought to illustrate those influences by asking the following research questions:

- How do the music therapist's personal experiences in formal music education influence the music therapist's clinical practice?
- How do music therapists describe their personal experiences in formal music education?
- How do music therapists view their music education in terms of their music therapy practice?
- Does the music therapist's formal music education influence the conceptualization of their music therapy practice?
- How has the music therapist's relationship with music been shaped through lived-in experiences in formal music education?

The methodology of this study incorporated an interpretive interview design to deepen the understanding of music therapists' perspectives on formal educational experiences as it pertains to clinical practice. Creswell (2014) stated that qualitative interviews involve "unstructured and generally open-ended questions that are few in number and intend to elicit views and opinions from the participants" (p. 239). This method of research provided participants the opportunity to reflect upon their personal experiences as a music student, including experiences with teachers or specific events. The participants had the opportunity to discuss the significance of those experiences as they pertained to their music therapy practice.

### **Participants**

Following Institutional Review Board (IRB) approval, three participants were recruited through purposive sampling, professional recommendation, and personal affiliation with the researcher and participated in a personal semi-structured interview. Candidates were screened by the researcher to ensure they met the criteria for participation in this study. After the participant agreed to participate in the study, they received via email a formal human subject consent form

to sign and return to the researcher. The researcher organized each consent form into an individual folder for each participant.

Criteria for participation in this study included currently holding a music therapy certification (MT-BC) granted by the Certification Board for Music Therapists, have had past or current experiences as a student in a formal music education setting, and to be currently practicing music therapy. Participants also had to have at least two to three years of professional experience and four years of formal music education experience. While having an abundance of professional and educational experience is beneficial to the working music therapist, this study sought participants who have been practicing long enough to have integrated their formal music education experiences into their work and become aware of the influence of those experiences on their music therapy practice.

### **Data Collection**

Participants participated in an initial forty-five-minute, semi-structured interview where they answered a set of questions related to their experiences as a student in formal music education. The questions were open-ended to prompt the participants to reflect upon the significant events and relationships they experienced during their formal music education and its influence on their music therapy practice. Additional communication with participants after the initial interview verified the raw data transcribed by the researcher. Each interview transcription was sent to the corresponding participant to be reviewed.

Each interview was recorded using a voice memo application from an iPhone 8 and Macbook Air and stored on the internal memory of the device. The iPhone 8 was password and fingerprint protected while the Macbook Air was password protected and the data encrypted in order to secure the integrity of the data. The researcher had access to the raw audio data, while the participants were given a transcription of their interviews for confirmation. Participants were

not provided with access to each other's interviews in order to maintain the confidentiality and the integrity of their answers. Pseudonyms were used to protect the privacy and anonymity of the participant and to maintain confidentiality. The research advisor was granted a copy of each transcription to incorporate member checking. Each transcription was submitted to the corresponding participant before the researcher's final analysis to confirm the transcription's representation of the participant. Each transcription and recording will be destroyed three years after the completion of this study.

### **Data Analysis**

The data collected from each of the interviews were analyzed using interpretive phenomenological analysis (IPA). This methodology was best for this type of study as it incorporated the researcher's interpretation of data collected from the participants (Smith & Osborn, 2008). Allen and Eatought (2016) further explain the elements of an IPA by stating that

It is an inductive approach; participants are experts on their own experience and are recruited because of their expertise in the phenomenon being explored; researchers analyze data to identify what is distinct (idiographic study of persons) while balancing that with what is shared in the sample; and the analysis is interpretative, grounded in examples from the data, and plausible to the participants, readers, and general public. (p. 407)

After all of the raw data were collected from the participants, the researcher began the transcription process by listening to each recording. While transcribing each interview, the researcher noted each participants' tone when answering each interview question. Smith and Osborne (2008) highlighted the importance of the transcription process in IPA by stating, "the level of transcription is generally at the semantic level: one needs to see all the words spoken, including false starts; and significant pauses, laughs, and other features are also worth recording"

(p. 36). Member checking was utilized by requiring participants to review their individual interview transcription. Participants reviewed and returned their interview transcription to the researcher with few notes as to how their statements were represented. Some participants requested that the researcher omit gender pronouns when reporting on interpersonal experiences with educators. This practice of confidentiality was applied to each transcript to remove identifiable data.

The researcher read and re-read the transcriptions multiple times while annotating passages of interest, repeating the process for each participant's transcription. The researcher then reviewed the annotations to identify emergent themes within the transcriptions (Smith & Osborne, 2008). After identifying the emergent themes among each transcription, the data were organized into a table with a description of how they emerged from the interviews.

The final analysis included the production of a master table which incorporated all themes synthesized from each participant's interview transcriptions. Participants reviewed a transcript of the final data analysis to ensure their experiences were authentically represented. The master table and transcriptions were used to write the study's results.

### **Results**

The themes annotated within each interview were integrated to answer the key research questions asked by the researcher. These questions included:

- How do the music therapist's personal experiences in formal music education influence the music therapist's clinical practice?
- How do music therapists describe their personal experiences in formal music education?
- How do music therapists view their music education in terms of their music therapy practice?

- Does the music therapist's formal music education influence the conceptualization of their music therapy practice?
- How has the music therapist's relationship with music been shaped through lived-in experiences in formal music education?

Interview questions were organized into periods of the participant's life and career, including periods of early formal music education and experiences of formal music training in a music therapy degree program. The closing questions required participants to directly connect intrapersonal and interpersonal formal music education experiences to personal development and informed clinical practice.

Each participant had a diverse background in music therapy practice, formal music education, and perspective on how their experiences in formal music education have influenced their informed clinical practice. Included are short descriptions of the participants.

- **P1-** Music therapist working in hospice and palliative care. Began their career as a music teacher.
- **P2-** Nordoff-Robbins (NRMT) trained music therapist. Received early formal music education from both a public-school system and a contemporary music-based program.
- **P3-** Neurologic Music Therapist (NMT) working within rehabilitative medical and early childhood settings. Received early formal music education in school and from a classically trained private piano instructor.

Themes from the master theme table were organized into areas of intrapersonal and interpersonal experiences. These themes included self-realization during music learning, identifying musical identities during early formal music education, personal uses of music, gratefulness for early formal music education, personal relationships with music educators,

educators' recognition of potential in participant, and modeling of student-teacher relationships in clinical work. Participants in this study recalled, reflected, and reported on formal music education experiences that have influenced their informed music therapy practice. The following are the results of the data collection.

### **Intrapersonal Themes**

**Self-Realization Through Music Learning.** Within the interviews, participants noted significant experiences of musical growth and self-realization during formal music education experiences prior to and during music therapy training. Significant realizations took place for each participant during educational experiences that had both personal and clinical implications on the participant's musical and personal growth. During P1's music therapy training, they recalled an experience that led to a significant realization that had an implicit effect on their personal development. P1 said,

and the upper register had caused some anxiety. Like, I would try to push these notes out, they were harder to play...and there was an understanding of needing to relax for upper register. Which kind of created a metaphor in my life. Like when you're reaching for something that feels hard or unobtainable or your worried about it, that tightening is not going to help that happen. Needing to relax.... and also, with upper register, just too add to it, is the realization say going from, like an F at the top of the stave to like four ledger lines or three above that. You don't have to change that much to get there...It's very subtle. (personal communication, February 3, 2020)

In this experience, P1 compared high register playing to personal development, approaching challenges with mindful self-regulation. In the context of the same metaphor, subtle changes in approach to challenges can result in success in both high register playing on the flute and in non-

musical challenges. Participants also found meaning within music learning that directly led to clinical development.

During their early music education, P2 experienced a significant realization while learning Led Zeppelin's *Dazed and Confused* on the electric bass guitar. P2 said,

It was a chromatic descending line on two strings...and once I got it, I was like, "Oh, that's it?" I remember thinking "That amazingly awesome song, that's all it is? Like, there was one of those moments of, "Oh, I can do this!" That changed everything for me. (personal communication, February 7, 2020)

During music therapy training, P2 studied clinical improvisation under an NRMT educator. P2 reported, "They were teaching us very basic things looking back now, but I remember my concept of clinical improvisation at the time was very rich and complicated sounding music." (personal communication, February 7, 2020). This preconception of clinical improvisation was altered when the instructor demonstrated a musical intervention played only on the tambourine.

It was so interesting to see them just use anything they had to make an experience... It was sort of another one of those, "I can do that" moments. In me, it's sort of unlocked that feeling of learning *Dazed and Confused*. I started doing my sessions completely different[ly]. Like, I threw out everything I was doing! (personal communication, February 7, 2020)

P2 realized the significance of simple music-making within clinical contexts. P2 compared this realization to an event that took place earlier in their formal music education while learning Led Zeppelin's *Dazed and Confused*. By changing their notion of what clinical improvisation could entail, they expanded their perception of clinical possibilities and began to make deeper connections within their clinical relationships.

P3 described an experience from their early music education in which their classroom music teacher performed John Cage's *4' 33''*. In this piece, the composer sits at the piano for four minutes and thirty-three seconds but does not play any notes. P3's stated,

and one by one we realize that she's sitting by the piano and she's not playing anything. I remember having a thought, "Oh no, she must be so mad. We're making noise, and she's had it!" I was thinking to myself, "Just say something, please! I'm sorry!" and she explained to us...Because of course, you know what she was playing. (John Cage's *4' 33''*) I was just so relieved. Then I remember thinking, "That's music?" She explained that our twittering and perhaps our nervous giggles were all part of the music. So that was a little mind-blowing. (personal communication, February 11, 2020)

During this realization, P3's notion of what music is was broadened by their teacher's performance of *4' 33''*. When asked to relate this experience to clinical practice, P3 replied,

The one thing that I can say is that sometimes a surprise, something that they're not expecting, can sometimes change the energy just a little bit. Sometimes when you need to change the energy a little bit, doing something that's not expected at all is a nice way of achieving that. It could be one of your many clinical decisions. `

P3's definition of music was changed by this experience and allowed for greater effectiveness of their clinical interventions as a practicing music therapist.

### **Identifying Musical Identities During Early Formal Music Education Experiences.**

When asked about early formal music education experiences, participants described an event in which they self-identified with a musical experience. Participants recognized the significance music had in the development of their personal and clinical identities. Clinical implications of

musical identity can include the practitioners' awareness of how musical events, especially those experienced in music therapy clinical work, can affect the development of their clients.

While reporting on their early formal music education experiences, P1 stated music's significance in their development of self-expression and identity. P1 said,

Yeah. I think music from the earliest stage all throughout my development. I really feel like music was my voice. That's how I expressed myself, it was part of my identity. I know in third grade when we all got recorders, I have two older sisters, one played the sax, one played the clarinet. So, I always saw their black cases, right? So, I took a shoebox and made it my recorder case because I wanted to have a case too, right? I wanted to be like my older sisters, but I wanted that identity of being a musician by carrying my instrument with me.

P1's first experience hearing the flute during a general music class was expressed as being significant to the development of their identity. P1 reported, "The flute sounded like me. It felt representative of who I was.... I like how it always had the melody" (personal communication, February 3, 2020). P1 elaborated further on musical identity in early formal education experiences by describing their different musical roles in school performing ensembles.

P1 interpreted themselves as being in a supportive role as an alto voice in the chorus and a leading role as a flutist in the middle school band. P1 stated, "like as someone who was maybe more shy growing up like I didn't metaphorically have the melody, right? In chorus, I was an alto, like, I was very supportive as a kid but not like, the star! (laughs)" (personal communication, February 3, 2020). In music therapy clinical work, music therapists recognize roles and musical relationships the clients experience during sessions. Understanding this concept has implications both in and out of clinical work. Music students assume roles within

school ensembles that serve the larger purpose of making music. The music therapist's clinical training allows them to observe these roles and recognize the social, emotional, and cognitive implications of that role for the client.

P2 described identifying with music as a means to form relationships with others and explained that their musical identity was representative of their musical interests nurtured from their contemporary music study and modern ensemble playing. P2 described using clothing and hairstyles associated with those musical interests to signal to peers with similar musical interests and establish relationships based on shared musical preferences. P2 elaborated by stating,

Well, [the]more that I think about it, especially in those developmental years, we all are wearing flags, right? Like how we dress, how we look, it's a flag. This is who I am, and we're really attached to those.... I think part of the reason I looked the way I looked was to fly flags to other people who also looked like that. It was like, "Hey, you like this stuff?" I could see a kid walking down the hall with a Jimi Hendrix t-shirt, and I could be like, "Oh, I love that album" and (snaps finger) we're friends. (personal communication, February 7, 2020)

In P2's experience, musical interests were sufficient contact points to establish relationships with peers during formal music education experiences. Within the context of a music therapy practice, musical relationships are formed within the foundation of shared musical interests. Recognizing these shared interests establishes a contact point for new relationships; both clinical and non-clinical.

Finally, P3 expressed the visceral need of making music each day when coming home from school regardless of whether a piano lesson was scheduled. P3 stated,

I would viscerally feel that I couldn't wait to get home to get my hands on an instrument.

I would have an idea in my head... there's a stage... I used to feel this while practicing certain pieces on piano.. (personal communication, February 11, 2020)

P3 went on to describe their process of music learning and its implications on their personal identity.

When you first started to play, you would play it slow, you'd get sections wrong or whatever. On the other end of the spectrum, there's the stage where you're fluent, and you can play pretty well. But there's a stage in the middle that's like this stage of highest excitement. It's when it's starting to come together, and the notes are rolling around in your head. There's nothing about it that you're sick of yet. It's this wonderful stage where it's just the most beautiful and wonderful piece in the world. Like if it was a person, it'd be your best friend. I loved being there, and there is always a piece like that for me on deck. (P3, personal communication, February 11, 2020)

Here P3 describes a personal relationship to music development and recognizes the clinical implication of process-oriented learning. Understanding the engaging aspects of music learning for practitioners leads to greater awareness of the client's levels of engagement and their process in clinical work. During P3's closing statements, they reiterated the importance of music as a developmental medium within their own clinical identity, "I'm keeping in mind we are always learning and should always learn" (personal communication, February 11, 2020).

**Personal Music Making During Formal Music Training.** Personal music-making was an experience reported by participants during music therapy training and early formal music education. In these cases, participants utilized their music training for their own recreational use including playing in bands and composing music using available technology. P2's experiences in

the contemporary music program encouraged group music-making among the students enrolled.

P2 described their personal use of music playing and performing in bands by stating,

Well, it definitely was an outlet for me. But it was also my social circle. The majority of my friends were the musicians I hung out with, and we would be in each other's bands.

Umm, and even more outside that during those years, the rock school that I went to...at sixteen and seventeen I was there almost every day after school doing something whether as a student or as an assistant. So, I was putting all my recreational time into it... I think a huge part of it was the social engagement.... It was this thing that kind of... helped me build relationships outside. (personal communication, February 7, 2020)

P2's recreational music experience involved participation from others who had similar musical interests within their contemporary music education setting. Music-making with others led to relationship building and later translated to clinical work as a base for creative partnerships within music-centered practice.

P3 described recreational music-making as an event they frequently used at home during their early formal music education by stating,

I just loved it. I just felt like it was what I wanted to do...you couldn't surf the internet or play a computer game, none of that was around, so I would play and sing. I had a little cassette recorder, and I would make these corny little songs. They were my creations, some of which I could still play for you. (personal communication, February 11, 2020)

P3's creative use of music supplemented recreational media such as television or the internet.

This encouraged the natural exploration of music as a recreational medium. This relationship to music translates to clinical practice as recognizing these curiosities within clients. During music therapy training, P3 found a musical partner with whom to perform and compose frequently.

I had a singing partner at..., and they were also a music therapy major. We both kind of wanted to find a singing partner. We blended beautifully. So, one of the things that were true, even though it wasn't music therapy. We were working on music, we were interacting with music, we were interacting with each other, we were getting gigs coffee houses, and doing a little bit of traveling around... So that was something that happened that was concurrent with my music therapy training. I wouldn't call it a direct outgrowth, but it was certainly part of the whole music training at the time. We were gaining more confidence in being musical in front of people. There really wasn't a whole lot of that beforehand. (P3, personal communication, February 11, 2020)

Here, P3 grew in their expressiveness by making music with others in a public context. Engaging in music-making in this context established confidence in expressiveness during clinical training. In clinical work, the performance of the music may not be the intention of the practitioner. However, understanding expressiveness in musical elements is the foundation for engaging music interventions in clinical work.

**Gratefulness for Early Music Education Experiences.** Participants shared gratefulness for their early formal music training as it has assisted them in conducting clinical work as music therapists. Participants reported gratefulness for their relationships with private instructors in areas of time spent with the participant, the support they felt, or the confidence the instructors instilled.

P1 directly attributes success in music therapy training to experiences in formal music education by stating,

I felt really confident as a musician...I understood theory, I understood how to build chords. Like, that was all really helpful. Knowing piano, you know, as a music educator,

was helpful, and I just think that my relationship to music helped me once I entered this field. (personal communication, February 3, 2020)

When asked about how they contextualize their music education experiences within their music therapy practice, P1 stated,

Music was a gift in my life, and I'm so grateful that I was able to take it and unwrap it and keep it. Because not everybody has that opportunity or gets to. I feel like that's what the work is about, giving all these people, that could have so many disadvantages, a gift that they can keep forever. Especially in my work in end-of-life. It was individuals who have never received a gift like that. So, it was so tender and so potent...people writing songs in their last few weeks of life, becoming songwriters...and I think if I'm being even more honest, like, when I heard that flute it was me hearing myself. Like I am the gift. All my clients have the gift already, but if I can present it to them and let them connect with that, then that's what my work is. (personal communication, February 3, 2020)

P1 describes music as a gift or event they can bring to their clients in palliative care. P1 recognizes that some clients may not have had experiences similar to them in music education and music therapy training. P1's role within clinical work could include offering music as a platform for clients to express themselves during end-of-life care.

While how they viewed their music education in terms of their music therapy practice, P2 briefly discussed music competency standards of music therapy educational programs.

I think the music education that I got from the rock school was incredibly valuable...I think some of the formal music education I got from my undergraduate degree was not enough...we were sort of given a pass on the lowest capacities on the guitar, piano, and voice I think our standards for music education in music therapy educational programs

are all over the map...If you pull new graduates from different programs, which I am now as I interview interns, they're all over the place, and there's no standard. (P2, personal communication, February 7, 2020)

P2 discusses how undefined the music proficiency standards were of their undergraduate degree program and recognizes that the standard of music education for music therapy interns are significantly contrasted. For some participants, experiences of gratefulness included the time music educators spent with them. P3 recognized the amount of attention that their private piano instructor provided for them despite their age and other commitments. P3 stated,

[They were] a really good piano player and a composer. They actually had some published works, so I actually have some of the things that she wrote. Umm, and at that point, she was a little bit older, so I don't think they were teaching a lot. They gave me quite a bit of their attention. They were very structured in the way she went about things. (personal communication, February 11, 2020)

P3 possibly understood the significance of their educator's time and retroactively expressed appreciation for the time they had spent with them during their early formal music education.

P3's description of their gratefulness for this educator seemed to be purely of developing musical competency on the piano, a crucial aspect of music therapy training and practice.

### **Interpersonal Themes**

**Personal Relationships with Music Educators.** Each participant noted one or more music educators with whom they had a personal relationship. The educators represented in each participant's interview were able to provide them with individual support and guidance throughout the process of musical and personal development. P1 notes their experience with a

private flute instructor who guided them during a difficult time in high school under a new band director. P1 states,

I actually still take lessons from them today. They were like a parent to me. I mean, I love the parents that I have, but they were like a musical parent to me. They really guided me... they led me. They really focused on how to bring emotion into music, which was really important to me. (personal communication, February 3, 2020)

The participant had a private instructor who was able to give them individualized support and attention. This relationship created cohesion between the teacher and student and perpetuated the participant's musical development. This aspect of the participant's relationship with their private instructor is represented within music therapy clinical work with cohesion, trust, and support.

P2 and P3's experiences with private music instruction had a similar influence on their development, respectively, though their teachers had different approaches to provide support and guidance. P2 reported an equal musical partnership from their instructors when studying in their contemporary music program. P2 stated,

They were such egalitarians in the way that they approached you about music. If you learned this cool little thing and they heard you play, my bass teacher would be like, "Show me that! That was cool, where did you learn that?" There was also a spontaneity in our lesson time together, which I loved! We would be working on a certain piece perhaps, and I would walk in one day and he'd be playing something and go, Man! I just learned this crazy thing today, let me show it to you. (personal communication, February 11, 2020)

P2's relationship with their private bass instructor was one that was built on spontaneity and engagement in music learning. This type of musical partnership would later become the foundation of P2's music therapy practice. P2 supports this by stating,

The egalitarianism I had at the rock school had to have an influence on the way I work with clients now. Because we were just people engaging in music, and that's what I do now with the least amount of power between us as possible. It had to have. It had a much more profound effect than I had thought about previously. (personal communication, February 7, 2020)

P3 earliest formal music education experiences were with their private piano instructor. According to P3, this instructor was much older and structured in their approach to music education.

They actually had some published works, so I actually have some of the things that they wrote. Umm, and at that point, they were a little bit older, so I don't think they were teaching a lot. They gave me quite a bit of her attention. They were very structured in the way they went about things...I didn't do any jazz... I never did anything outside the realm of classical. (P3, personal communication, February 11, 2020)

Upon further discussion with P3 about their relationship with their piano instructor, there was a sense that P3's early piano instruction was limited to the realm of classical music. However, P3 was exposed to other contemporary styles of music through interacting with friends that also received music lessons. P3 stated, "I remember going over to my friend's house, who also was taking piano lessons... they showed me the blues scale... So, I was able to bring a few things into my playing that I wouldn't have been shown otherwise" (personal communication, February 11, 2020). The musical relationship P3 had with their piano teacher taught them that musical

rigidity might limit the musical growth of the student. In clinical practice, musical flexibility is beneficial and, at times, required of the practitioner to adapt to different clients' needs and clinical goals. This practice could include being versed in different styles of music.

**Teacher's Recognition of Potential Within Participants.** Within each student-teacher relationship, musical development was always a common objective. In each interview, the participants mentioned that the teachers significant to them recognized their potential for growth. P1 reported a very different relationship with their high school band director than they had with other music teachers.

They demanded a lot... It wasn't a quality that I responded well to... I appreciate more positive reinforcement and nurturing, versus being yelled at or spoken about what we're not doing, versus what we are doing. But I had this lovely balance of having my private flute teacher. (P1, personal communication, February 3, 2020)

Having a supportive private flute instructor created a balance for P1 when interacting with each instructor, which motivated P1 to keep participating in the high school band. P1 reported a change in their relationship with their teacher after communicating their educational needs.

I wrote them a letter telling them what worked for me as a student and what would make me better. Like, this is how I want to be taught...they really respected that [and] our relationship changed after that. They were much more supportive in the way I needed support... I looked at them very differently after that. (personal communication, February 3, 2020)

P1's experience with their band director was an important lesson in communicating needs. In clinical practice, P1 may avoid approaching clients by demanding high levels of musicality but

support them in their musical expression. This type of support may include providing space for the client's self-expression while utilizing and expanding on their musical strengths.

P2's involvement within the contemporary music program and school ensembles led to their teacher's recognition of their potential for musical growth. P2 reported involvement in multiple music ensembles within their high school including the jazz band, marching band, and percussion ensemble.

Jumping into the school's jazz band, I found a little bit more fun. Umm, and I enjoyed playing in that... I eventually joined the jazz band as a bass player rather than a trumpet player. Umm, a little bit more fun, but I didn't know how to play upright (bass). (P2, personal communication, February 7, 2020)

P2's teacher offered them the opportunity to become more familiar with the upright bass as a means for them to expand their repertoire. P2 said,

I think at the end before summer break happened, the band director of the high school even said, "I'm going to lend you an upright for the summer. Take it home and just spend some time on it. I played it twice. (personal communication February 7, 2020)

While P2 ultimately refused the notion of learning the upright bass for their jazz band, their teacher was altruistic in their approach while supporting P2's musical growth. In clinical settings, altruistically offering clients the platform for trying something new creates the opportunity for which clinical development can occur. An example of this could include offering the client a different instrument to play during a familiar music experience. The client may reject the gesture, but the music therapist still has made a platform for development available to them.

P3 reported experiences where their collegiate piano instructor recognized the potential within them. P3 said,

Okay, so along those lines [they] believed I could play better than what I was playing. They believed I could play more challenging pieces. So, from my previous teacher to them, my playing went way up. I showed them some of the pieces I was playing previously, and they were legitimate pieces, but they were still learning pieces, whereas they gave me performing pieces...we did develop a rapport. (personal communication, February 11, 2020)

Greater musical expectations were placed upon P3 by music educators when transitioning into a music therapy degree program. Within P3's undergraduate music therapy degree, private instruction was provided by the general music staff while clinical training was provided by the music therapy staff. P3's piano teacher helped P3 achieve greater musical competency as a pianist before entering their fieldwork. While discussing educational relationships, P3 shared their thoughts on teacher-student dynamics. P3 said,

I think a productive student-teacher relationship, and probably any relationship... but definitely in music, [is one in which] the student wants to please the teacher. The teacher wants to see the students succeed, but the student wants to strengthen the relationship by enabling that teacher to feel like they're doing a good job. He taught me how to approach some difficult music, which is kind of a life lesson in itself. (personal communication, February 11, 2020)

**Modeling of Student-Teacher Characteristics in Clinical Work.** In the interviews, participants reported the direct impact of their educational relationships on their clinical relationship with clients. Characteristics demonstrated by music educators were significant to the participants during their early formal music education and shaped their clinical foundations in music therapy practice.

P1 described that their band instructor in middle school created an environment in the performing ensemble where the participant felt they were able to express themselves. P1 stated, Seventh grade when you're just going through so much as a person... I didn't really rebel so much as a kid but, I rebelled in band. I whittled my way down to second to the last chair. I like, slumped in my chair like I didn't care. It was probably the only place I felt safe rebelling...they called me the prodigal son (laughs)... I could just get it back like no harm done. (personal communication, February 3, 2020)

P1 trusted that their relationship with their middle school band teacher would remain intact despite their rebellious attitude. P1 described the same sense of emotional permission with their private flute instructor.

When any time I would go to play, I would just start crying. [Because] flute was really the only way I knew how to express myself at that time...But I would go to the lesson, and they would just let me cry and just witness and be there for me, and there was no right or wrong... just permission. So, I think of that when I'm working. Just bring that sense of permission like you can be anything you want in here. (P1, personal communication, February 3, 2020)

Both teachers extended permission to P1 to express themselves, regardless if it detracted from the educational objective. In P1's work in palliative care, giving clients permission and emotional space creates a platform for clients to express themselves when sensitive topics arise. P1's acknowledges that the emotional space and permission music educators offered them works towards creating the same environment for their clients.

P2 experienced a realization during the interview process that musical partnership and egalitarianism were characteristics that influenced their music therapy practice. P2 stated,

Yeah, all of my clients are my musical partners, creative partners. I wonder if that influenced it? I think it had to. It had to! The egalitarianism I had at the rock school had to have an influence on the way I work with clients now. Because we were just people engaging in music, and that's what I do now with the least amount of power between us as possible. I had to if had a much more profound effect than I had thought about previously. I think it was one of the first times someone on another level than me, didn't treat me that way. That's what happens in my sessions now. A lot of the time musically, I'm on another level. But I don't treat them that way. I think I'm just repeating that relationship pattern. (personal communication, February 7, 2020)

P2 recognized the clinical significance of their educational relationships with their teachers. Removing the power imbalance between the client and therapist's musical proficiency creates a platform for sharing ideas equally. In some music therapy practices, shared power in relationships are paramount to the client's cognitive and social-emotional development as the client's relationship to music is a fundamental aspect of music-centered clinical work.

### **Discussion**

Results reported in this study expressed intrapersonal and interpersonal themes of the music therapist's personal and musical development including how experiences of formal music education have influenced their informed music therapy practice. The themes that emerged from the data supported the notion that experiences of formal music education have influenced the music therapist's informed music therapy practice in many ways. One of the ways this occurs is in the form of the musical competency development required of all music therapists as part of a music therapy degree program. However, after considering the participants' experiences, and the

meaning they have derived from events, formal music education represents more than just musical competency within the scope of informed clinical practice.

Self-realization through music learning was a theme that emerged for each of the participants and varied in different periods of early formal music education experiences and music therapy training. P1 reported an experience of direct personal growth while mastering the high register of the flute and viewed their musical development as parallel with their ability to succeed during challenging personal events. Mitchell's (2016) study had similar interpretations of this parallel process as each participant reported the same musical and personal development. However, it is P1's clinical training as a music therapist that allows them to contextualize their musical and personal processes within the scope of clinical practice.

Sorel's (2019) unpublished manuscript focuses on clinical exercises that encourage the clinician's self-awareness and development of clinical musicianship. This exercise is one example of how the music experiences of the clinician can be incorporated into musical identity. The participants of this study expressed different interpretations of how musical identity can be used within clinical work. This interpretation included using musical identity as a means of self-expression, establishing relationships with peers, and developing musicality during significant periods of growth. In a study of musical identity construction for senior keyboard players, Taylor (2011) states that musical identity is shaped over the lifespan in response to events and challenges experienced by the individual. Events experienced by participants in educational settings would also constitute as events that have shaped musical identity.

When discussing personal uses of music, the participants described playing music with others in contemporary settings and composing music using available technology. Personal uses of music are also represented in Dvorak et al.'s (2017) theoretical model of music therapy

student development. Dvorak et al. (2017) stated that music therapy students utilized music as “motivation, distraction, inspiration, enjoyment, self-expression, emotional expression, and connection to others” during music therapy training (p. 207). Participants within this study reported personal uses of music during periods of early formal music education in addition to their time spent training as a music therapist. This development within the data could have emerged as the participants may have retroactively discovered meaning in early personal uses of music as a result of music therapy clinical training. Mitchell (2016) discussed self-awareness as relating to both personal and musical awareness, similar to what music therapists experience during clinical training. A participant of Mitchell’s (2016) study stated, “everything we do as humans, it’s so... we are self-actualizing more and more” (p. 29).

For participants of this study, gratefulness for early formal music education pertained to experiences of self-actualization and experience of personal growth and musical competency required of music therapists. Participants described the development of personal relationships of emotional space in those relationships, musical flexibility developed in early music education, and time spent with private music educators as experiences they are grateful of.

In regard to P2’s statements concerning their music therapy educational program, AMTA Education and Clinical Training Standards place the responsibility on the academic institution to impart the required professional and advanced competencies to students (2019). However, the varied practices, objectives, and philosophies of different music therapy degree programs would then produce interns of varying degree of musical proficiency. P2’s response to this primary research question directly answers how this music therapist views their music education experiences in terms of their music therapy practice.

Themes of interpersonal experiences in this study included personal relationships with music educators, educator's recognition of potential, and modeling of teacher characteristics within clinical work. Personal relationships with teachers offered the participants an influential person during early formal music education and music therapy training. Dvorak et al. (2017) supports this statement as their results reported music educators as influential people to music therapists that "solidified participant's desire and commitment to music" (Dvorak et al., 2017, p. 206).

Educators identified potential within the participants and encouraged them, to varying lengths, to expand their musical expressiveness and proficiency. Participants found the musical growth they experienced working with music educators was valuable to clinical training and later in clinical practice. The music educators reported by participants elicited different emotional responses and, in some cases, required participants to navigate their relationship with teachers to communicate their educational and motivational needs.

In an article review of teacher-student relationships and the effect it has on the well-being of teachers, Split et al. (2011) discusses the teacher's need for personal relationships and relatedness with students. Personal relationships with students afford teachers "internal rewards and give meaning to their work." (Split et al., 2011, p. 460). The author discusses interpersonal theories such as the self-determination theory of motivation in which "autonomy, belongingness and competence" are recognized as student needs (p. 461). These needs are satisfied through "emotional involvement, provision of structure and autonomy support from teachers" and have been shown to contribute to the student's motivation and achievement (Split et al., 2011, p. 462). Interpersonal themes within this study could have been reported by participants as the educators they had a personal relationship with attempted to satisfy those needs.

Participants that modeled characteristics of their educational relationships recognized that the benefits of those relationships could be as beneficial to their clients as it was to them. P1 experienced emotional permission and space from music educators which allowed them to express themselves authentically. Later in clinical work, the participant found that their clients could benefit from the emotional permission offered by their music teachers. The same was reported by P2 while working within music-centered practices as their clients benefited from the egalitarian musical partnership provided by P2 and P2's music teachers.

### **Limitations**

The limitations of this study included interviewing participants within the timeframe of forty-five minutes. At the time of writing the description of data collection for this study, the researcher believed that forty-five minutes would be sufficient to obtain a complete history of formal music education experiences. As a result, the researcher believed the interview process was condensed and possibly limited the participant's ability to reflect on personal experiences.

If given the opportunity to recreate this study, the researcher would attempt to recruit additional participants from various educational backgrounds. The participants of this study did offer many unique perspectives into formal music education though they were not completely different from one another. Though, diversifying participants could have led to more contrasting experiences and themes synthesized for the results of this study, the effort required to interview, record, and transcribe data from additional participants would have been difficult to accomplish within the timeframe provided.

### **Conclusion and Areas for Future Research**

Based on the results and discussion of this study, participants answered the key questions regarding how formal music education has influenced and informed their music therapy practice.

The practitioner's description of formal music education varied based on events that were significant to the participant. All the participants recalled experiences that were described positively, and even within challenging events, participants recognized the opportunity for personal growth. Participants viewed their music education as preparation for skills required of music therapists. Education experiences offered participants opportunities to explore the personal roles music had assumed in their lives. These personal music experiences were brought into clinical practice by participants to address the needs of their clients. Finally, the conceptualization of clinical practice was shaped by the participants' intrapersonal experiences, including their view of themselves as practitioners and their relationship with music as a practiced medium.

To observe the influence that formal music education has had on music therapy practice, I reiterate Aigen's (2014) statements describing his music-centered music therapy practice.

Aigen (2014) states,

Soon after becoming a music therapist I began to realize how much they [music experiences] influenced my conceptualization of clinical work. I increasingly became aware of how the needs of clients reflected deficits in areas of experience that my nonclinical musical experiences provided for me. (p.19)

Formal music education offers participants a platform for musical growth and experiences paralleling personal awareness and discovery. The music therapist's clinical training brings the spectrum of musical and personal development into view within a clinical context and addresses the client with a range of experiences specific to music.

To clarify my perspective, it is essential to recognize that I do not consider the experiences of the participants as forms of music therapy. Rather, they are experiences of growth

that have informed music therapists' navigation of self, music, and the clinical relationship. My purpose in conducting this study was to expand upon the current music therapy literature that highlights the parallels of musical development within music education and music therapy. A secondary goal was to be able to provide literature to music educators to inform them of music therapy as a career option for graduating students. However, I had a third personal goal of articulating their processes of personal and musical development within the context of formal music education. I recognize now that the clinical training I received was necessary to develop the personal insight required to begin this study and has brought new discussions of qualitative research to my attention.

There exists an interpersonal relationship between both student and teacher and client and practitioner in both the music education and music therapy professions,. However, professional, ethical, and legal boundaries, dictate the importance of contrasting interpersonal aspects of both professions as not to mistake the job description of music educators as being the same as that of a music therapist. According to Mitchell (2016), clinical training distinguishes music therapy practice from music education. It is clinical training that prepares music therapists to “navigate sensitive issues and work with clients’ towards growth and well-being in various domains” (Mitchell, 2016, p. 33).

Aigen (2005) states that “musicians as craftsmen understand that working on their craft is simultaneously working on themselves which, after all, can be the primary focus of therapy” (p. 103). Aigen (2005) describes that the experience of musical development can itself be the primary platform for therapeutic development. Music educators address students within the practiced medium of music which is similar to what Aigen (2005) is describing. Of course,

ethical boundaries and the necessity of clinical training prohibits music educators from conducting music therapy interventions within the scope of their profession.

Confusion can occur when incorporating music therapists in educational settings, as identifying the purpose of each profession can be misconstrued. Defining the roles of both music professionals within educational settings is the beginning of building a bridge to professional understanding. In this avenue of thought, music therapists and educators are in a unique position to form a professional alliance that addresses the student on a spectrum of music experiences.

### References

- Aigen, K. (2005). *Music-centered music therapy*. Barcelona Publishers.
- Aigen, K. (2014). Music-centered dimensions of Nordoff-Robbins music therapy. *Music Therapy Perspectives*, 32(1), 18-29. <https://doi.org/10.1093/mtp/miu006>
- Allan, R., & Eatough, V. (2016). The use of interpretive phenomenological analysis in couple and family research. *The Family Journal*, 24(4), 406- 414. <https://doi.org/10.1177/1066480716662652>
- American Music Therapy Association (2019). *Professional competencies*. <https://www.musictherapy.org/about/competencies/> (Original work published in 1998).
- American Music Therapy Association (2019). *Standards for education and clinical training*. <https://www.musictherapy.org/members/edctstan/> (Original work published in 1998).
- Bruscia, K. E. (2014). *Defining music therapy* (3<sup>rd</sup> ed.). Barcelona Publishers.
- Bruscia, K. E., & Wheeler, B. L. (2016). Overview of music therapy research. In Wheeler, B. L. & Murphy, K. M. (Eds.), *Music therapy research* (51- 67). Barcelona Publishers.
- Creswell, J. (2014). *Research design: Qualitative, quantitative and mixed methods approaches* (4<sup>th</sup> ed). SAGE Publications.
- Dickens, L., & Lonie, D., (2016) Becoming musicians: Situating young people's experiences of musical learning between formal, informal and non-formal spheres. *Cultural Geographies*. 23(1) 87-101. <http://doi.org/10.1177/1474474015587477>
- Draves, T. J., (2008). Firecrackers and duds: Cooperating music teachers' perspectives on their relationships with student teachers. *Journal of music teacher education*, 18(1), 6-15, <http://doi.org/10.1177/1057083708323140>
- Dvorak, A.L., Hernandez-Ruiz, E., Jang, S., Kim, B., Joseph, M., & Wells, K.E. (2017). An emerging theoretical model of music therapy student development. *The Journal of Music Therapy*, 54(2), 196-227. <http://doi.org/10.1093/jmt/thx005>
- Education. (2019). In *Oxford Online Dictionary*. <https://www.lexico.com/en/definition/education>
- Formal. (2019). In *Oxford Online Dictionary*. <https://www.lexico.com/en/definition/formal>
- Glathar, K. (2017). *The impact of a degree in music education on music therapy professional practice: A qualitative interview study* (Master's Thesis). <https://digitalcommons.molloy.edu/etd/63>

- Mitchell, E. (2016). Therapeutic music education: An emerging model linking philosophies and experiences of music education with music therapy. *Canadian Journal of Music Therapy*, 22(1), 19-41.
- Smith, J. A., & Osborn, M. (2008). Interpretive phenomenological analysis. In Smith, J. A. (Ed.), *Qualitative psychology: A practical guide to research methods* (53-80). SAGE Publications.
- Sorel, S. (2019). Clinical musicianship and musical identity. Unpublished manuscript.
- Split, L.J., Koomen, M.Y.H., Thijs, T.J. (2011). Teacher wellbeing: The importance of teacher-student relationships. *Educational psychology review*, 23(4), 457-477. doi:10.1007/s10648-011-9170-y.
- Taylor, A. (2011). Continuity, change and mature music identity construction: Using 'rivers of musical experience' to trace the musical lives of six mature-aged keyboard players. *British journal of music education*, 28(2), 195-212. doi:10.1017/S0265051711000076.

## Appendix A

### Interview Guidelines and Questions

#### What do you want to know?

How formal music education experiences have influenced music therapy practice.

#### Areas of questioning

**Interpersonal-** Relationships with teachers, dynamics and perception of those relationships. Student teacher dynamics have influenced client-therapist dynamics.

**Intrapersonal-** musical identity, personal growth related to musical growth, revelations and motivation to become a music therapist. Clinical musicianship as a result of formal music education?

#### Research Questions-

How do music therapist's personal experiences in formal music education influence the music therapist's clinical practice?

How do music therapists describe their personal experiences in formal music education?

How do music therapists view their music education in terms of their music therapy practice?

Does the music therapist's formal music education influence the conceptualization of their music therapy practice?

How has the music therapist's relationship with music been shaped through lived-in experiences in formal music education?

#### Semi-Structured Interview Questions

##### Music Therapy Career (5-10 mins)

How long have you been practicing music therapy?

Where have you worked?

Where do you work now?

What populations do you work with?

Did you begin your career in music therapy or in another field? If so, why did you switch to music therapy?

**Ask to elaborate as needed.**

**Music Therapy Education**

Where did you complete your undergraduate degree?

Master's degree?

Any specializations or advance trainings? (can come back to base on answers).

Where did you complete your Internship? What type of population(s) did you work with.?

Did you have a specific interest or reason for working with that population for your internship? If so, why?

**Music education prior to entering music therapy degree program** (10-15min)

Can you describe your early music education?

Where did it take place?

What did you start learning?

Who were your teacher(s)?

Did you play an instrument during this time? If not, vocal? if so, which?

Did you participate in any performing ensembles at school? If so, which?

What was that experience like for you? (intra-personal)

What was your relationship to music at this time? (intra-personal)

How did you view yourself when playing music at this time?

Can you describe what your relationships were like with your teachers? (interpersonal).

Can you describe an interaction with a teacher that altered or changed your relationship to them?

Can you describe any significant experiences while learning to play your instrument? Or singing.  
(Interpersonal) Social, emotional, cognitive?

**Experiences in Formal Music education as part of a music therapy degree program**

(10 -15min)

Can you describe how your prior experience in music education up to this point influenced your training as a music therapist?

How did music making (musicking) change for you while training to be a music therapist?

Can you describe how your relationships with your music therapy professors contrasted to your relationships with your music teachers?

Can you describe your relationship with your supervisor during your internship?

Can you describe musical experience from your music education that conceptually shaped the development your MT practice?

**Closing questions** (10-15 min)

“In a 2016 study on a therapeutic music education model, participants reported a parallel process of musical development and personal development when studying with teachers that viewed music education experiences as having potential for therapeutic change.”

Can you describe a music education experience that led to personal development or clinical development?

Can you describe how your relationship with educators (music and music therapy) have affected your relationship to your clients as a music therapist?

As a music therapist today, how do you view your music education as it applies to your clinical work?

**Clarify where needed if time permits.**

## Appendix B

**Study Title: From Student to Practitioner: Formal Music Education's Influence on the Practitioner's Informed Music Therapy Practice.**

**Approved: January 6, 2020**

**Approval No: 04190112-0106**

Dear Dr. Carpente and Mr. Salaway:

The Institutional Review Board (IRB) of Molloy College has reviewed the above-mentioned research proposal and determined that this proposal is exempt.

It is considered an EXEMPT category 45 CFR 46.104(2) (1+2) per the requirements of Department of Health and Human Services (DHHS) regulations for the protection of human subjects.

As per 45 CFR 46.115(b) and 21 CFR 56.115(b) require that all IRB records be retained for at least 3 years, and records relating to research which is conducted be retained for at least 3 years after completion of the research.

Please note that as Principal Investigator (PI), it is your responsibility to be CITI Certified in both the Responsible Conduct of Research and Human Subjects Research and to submit the evidence in order to conduct your research.

Remember, all consents and recruitment flyers for any research protocol need to have Molloy IRB dated stamps of approval. To obtain the official stamp, please contact Ms. Gina Nedelka ([gnedelka@molloy.edu](mailto:gnedelka@molloy.edu)) to arrange a time to meet with her in her office in Kellenberg-Room 009. You will bring one clean consent (of each consent and/or assent) and any recruitment flyers to the meeting with Ms. Nedelka for IRB dated stamp of approval. You then make copies of stamped materials and use those copies for recruiting and consenting.

You may proceed with your research. Please submit a report to the committee at the conclusion of your project.

This acknowledgement expires within three years- unless there is a change to the protocol. However, the IRB requires an annual ongoing report of your exempt protocol (the application for ongoing/continuing review) is available on the IRB webpage.

If there is a proposed change to the protocol, it is the responsibility of the Principal Investigator to inform the Molloy College IRB of any requested changes before implementation.

A change in the research may change the project from EXEMPT status and requires prior communication with the IRB.

Sincerely,



Patricia A. Eckardt, PhD, RN, FAAN

Chair, Molloy College Institutional Review Board  
Professor, Barbara H. Hagan School of Nursing  
[peckardt@molloy.edu](mailto:peckardt@molloy.edu)