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**MUSIC THERAPIST EXPERIENCES OF MEANINGFUL MOMENTS IN SHORT-  
TERM MEDICAL SETTINGS: A THEMATIC ANALYSIS**

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A Thesis Submitted to Molloy College  
Music Department, Rockville Centre, NY

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In Partial Fulfillment  
of the Requirements for the Degree

Master of Science  
in  
Music Therapy

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by

Haojie Lyu

May 2022

Molloy College

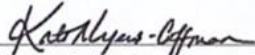
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**Music Therapist Experiences of Meaningful Moments in Short-Term Medical Settings: A Thematic Analysis**


Presented by Haojie Lyu

A candidate for the degree of Master of Science in Music Therapy

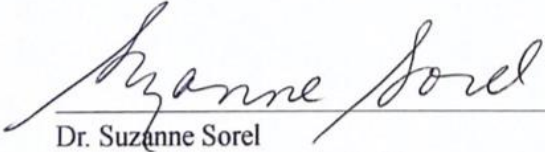
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## ABSTRACT

Meaningful moments in music therapy sessions may only occur in small moments, imperceptible or fleeting, but can have a tremendous impact on the overall treatment process, especially in short-term medical settings. The literature on the topic of "meaningful moments" in music therapy is sparse, with even less mention of "meaningful moments" in single sessions or short-term clinical settings. In this study, I explored the personal experiences of music therapists to gain a better understanding and awareness of meaningful moments in short-term medical settings. I used semi-structured interviews and thematic analysis to explore the research question, "What are music therapists' experiences of meaningful moments in short-term medical settings?" The final themes that emerged were: 1) Affirming and connecting to one's humanity, 2) Navigating challenges in facilitating meaningful moments due to the short-term setting, and 3) Impact of patient insight on recognizing meaningful moments. The clarification of these three themes contributes to developing therapist awareness and understanding of meaningful moments in a short-term setting and helps direct therapists to ways they can promote relevant moments in this time-constrained environment.

*Keywords:* Music Therapy, Meaning, Meaningful Moments, Therapist Experience, Short-Term Medical Setting

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## Introduction

The concept of how “meaningful moments” emerge in music therapy has been a great interest to me given my work in short-term medical settings. In trying to learn more about the topic, I found the existing literature sparse, with even less mention of "meaningful moments" in single sessions or short-term settings. For this reason, I wanted to explore the topic through my own research, where I could draw on my own personal experiences and hear about the experiences of other music therapists.

In my previous studies and clinical work, I have learned about and worked with therapists who practice from diverse clinical and theoretical orientations. I understand that these differing orientations lead to variability in how music therapists understand their clinical work, whether in the interpretation of client responses or in the design of treatment plans; some are similar, some are vastly different, but in the end, clinical interpretations may show them all to be effective. What exactly is affecting the healing process? This led to my earliest reflections and explorations of what might be considered "commonalities" in music therapy clinical work.

I used to believe that whether it was "music in therapy" or "music as therapy", the answer to this question should be "therapeutic relationships." However, when I started my internship at Mount Sinai Beth Israel (MSBI) in September of 2020, this idea was challenged. Unlike my previous clinical experiences at various institutions and with different populations in China, which were mostly long-term clients and group sessions, MSBI is a short-term setting where patients stay for a very limited time and rotate quickly. The therapeutic



relationship can be affected by the overall duration of therapy, and the therapist and client may experience less dynamic changes when the client can only possibly experience two or three music therapy sessions, or even only one session (Bruscia, 2014).

It got me thinking, what are the critical factors in the short-term medical setting that go further than the therapeutic relationship, or that play more of a role in influencing the treatment process? After reviewing my internship journey and discussing it with my supervisor and peers, "meaningful moments" came to mind.

Based on my personal experiences, I have learned that both therapists and clients can usually remember the moment of change in the client's behavior, attitude, or feelings during the session. This "moment" appears to transform aspects of a client's life whether in the session or outside in a special way. At the same time, as a therapist, whenever these moments occur, it also becomes more apparent to me that the treatment process and the level of treatment are moving forward. I was curious if other music therapists felt the same way about this. My search through the music therapy literature on the topic of "meaningful moments" revealed a limited amount and a minimal exploration of "meaningful moments" in short-term settings. This led me to ask the following research question: What are music therapists' experiences of "meaningful moments" in short-term medical settings?

## **Definitions**

### **Short-Term Medical Setting**

In the short-term medical setting, care is goal-oriented. Short-term care services typically last several weeks or a few months, depending on the severity of the condition being

treated. The current average length of an inpatient stay has decreased from 7.8 days to 4.8 days, according to statistics from the Centers for Disease Control and Prevention (CDC, 2022), and the average length of stay for different diseases ranged from 2.2 days to 10.6 days, indicating short-term and quick rotation. Because of these shorter stays, short-term music therapy in medical settings often focuses on outcome-oriented goals (e.g., interventions for improving anxiety or pain in the here and now), so that improving psychological and physiological symptoms and experiences can occur within this short treatment time frame (Bruscia, 2014).

### **Meaningful Moments**

In reviewing the existing literature on the topic of “meaningful moments”, a number of definitions were found in the fields of psychotherapy and music therapy. Maslow (1962) called the moment of experience that affects the client's change in treatment a “peak experience,” or “moments of pure, positive happiness when all doubts, fears, inhibitions, tensions, and weaknesses are left behind” (p. 9). Stern et al. (1998) called it a “moment of meeting” that “changes the client's relationship with the therapist and thus the patient's sense of himself” (p. 904).

According to Laski (1962, as cited in Amir, 1992), loss of time and space, joy, understanding, and physical sensations were some of the features of ecstasy that people experienced. May (1958, as cited in Amir, 1992) defined the Aha! experience as a “moment of heightened awareness,” when a person immediately grasps the meaning of a significant occurrence. In her seminal study on the topic, Amir (1992, 1993, 1999, 2001) interviewed

music therapists and clients and identified 15 meaningful moments that highlighted inter-and intra-personal elements of the therapeutic experience. "Clients experienced a powerful insight that virtually changed their lives" (Amir, 1992, p. 92).

Gavrielidou and Odell-Miller (2017) defined "pivotal moments" as "turning points," "moments of pivoting," or "transformation" in which something is observed from a different perspective or point of view and appears to be significant to the individual concerned. Turning points, according to Natterson (1993), may detail shifts in one's behavior, attitude, feeling, mood, personal insight, or emotional experience that are initiated within a therapy session and may occur in or outside of a session. These turning points can be initiated from a brief interaction or a product of long-term therapy (Natterson, 1993).

"Meaningful" is defined as "having a meaning or purpose" and "full of meaning: significant" (Merriam-Webster, 2021). "Moments" is defined as more of a time unit in the dictionary; they can be short or long. Considering my own understanding of meaningful moments from clinical experiences in addition to all of these definitions, I offer the following definition to guide understanding of meaningful moments for the purpose of this proposed study: 'Meaningful Moments' describe a turning point in the treatment process, a significant moment when the state of the client or the therapeutic relationship changes. It is of great significance to both the client and the therapist and influences the development of the treatment process.

### **Review of Literature**

Now that we have a working definition of meaningful moments, the following is a

review of the literature to see how these moments exist in music therapy.

### **Peak Experiences**

Peak experience is a term coined by humanistic psychologist Abraham Maslow in his Hierarchy of Needs theory (Maslow, 1962). It refers to the transient, expansive, and blissful experience when people reach self-actualization after satisfying their basic needs. It is an experience of satisfaction and perfection that tends to peak, transcending time, space, and the self. To my knowledge, there are no music therapy studies in short-term medical settings that address peak experiences, but Low (2012), Nicholson (2015), and Rana et al. (2009) have explored this topic in other music therapy contexts.

Low (2012) conducted a content analysis of 36 articles published in English-language music therapy journals that referenced peak experiences and surveyed certified music therapists on the topic of peak experiences observed in clinical practice with clients. The author used data collected from the literature review and the survey to create a theoretical model of the peak experience process in music therapy settings. The model consists of four phases: Andante, Accelerando, Fuoco, and Maestoso. In the Andante phase, the therapist provides a safe, contained musical space that allows sufficient room for freedom and creativity. In the Accelerando phase, clients are more engaged in the music therapy experience and participate more fully in the present moment. The Fuoco phase is the 30 to 40 second period immediately preceding the peak experience. At this point, the client is more fully immersed in the experience than before. Finally, in Maestoso, the client has a peak experience during which the client experiences an altered state of consciousness, self-

transcendence, and a sense of ease in music-making (Low, 2012; Nicholson, 2015).

These four phases structure the time points from pre-peak experience to peak experience and show the specific goals for each phase (Low, 2012). The first two phases, in particular, provide a safe space for clients and encourage them to pay more attention and participate in the here and now, which is also a primary goal pursued in the music therapy sessions in short-term medical settings. However, the limitation of these four phases in short-term settings is the lack of a fixed and stable time to build this safe space (e.g., the patient's own physical state, medical team checkups, or family visits). Also, how trusting and open the patient and therapist are to each other and to the session itself has a clear impact, which is reflected in Nicholson's (2015) study.

Nicholson (2015) explored music therapists' music-induced peak experiences and the impact of such experiences on music therapists in their clinical practice and individual growth. The author conducted semi-structured qualitative interviews with five music therapists from which five categories emerged:

- 1) **Meaningful Experience:** All study participants recognized the significance of music-inspired peak experiences, whether in the therapeutic relationship with clients, in professional aspects like therapeutic processes, professional identity, and growth, or in how experiences occurring in a professional setting affect life outside the workplace.
- 2) **Connection:** Participants agreed that the peak experience led to an increased sense of connection with their clients. At the same time, the experience provided

therapists with a deeper appreciation and understanding of the power of music to foster a sense of connection between people.

3) Change Within: All participant experiences seemed to center on witnessing some kind of change in the client. In turn, these peak experiences lead to various changes in the therapists themselves.

4) Letting Go/Openness: This category centered on the role of the therapist, revealing that one of the factors more likely to contribute to peak experiences being achieved was a relaxation of control - allowing things to happen, trusting the process, and accepting and welcoming the possibilities and potential.

5) Strong Positive Feelings/Significant Physiological Reactions: All participants reported experiencing strong positive feelings and significant physiological responses during their peak experiences, such as joy, comfort, gratitude, satisfaction, surprise, euphoria, beauty, warmth, chills, rapid heartbeat, and changes in breathing.

Each category in Nicholson's (2015) study highlighted the positive impact of peak experiences in the clinical setting and the significant facilitation and change in the therapeutic process. In the context of short-term medical settings, a therapist may only have one session with the patient and thus may more purposefully direct a session in order to facilitate progress towards the outcome-oriented goals. This may hinder the potential for Nicholson's experience of the theme "Letting Go/Openness" as there is not as much time in the session to let things naturally unfold. At the same time, a patient's enjoyment and connection to music could impact the direction of the session such that this experience of letting go and openness is still

possible even given the limited time and frequency restrictions of the setting.

Rana et al. (2009) explored the perceptions of peak musical experiences on people's subjective well-being in a cross-cultural qualitative research study. The researchers conducted semi-structured interviews with six White British and six Pakistani participants recruited from a variety of occupations over a range of socio-economic backgrounds. The authors analyzed the participants' interview responses through grounded theory to identify underlying themes and commonalities in the experiences. The common effects between the participants' peak musical experiences were categorized into ten major themes, namely: "relaxation, enjoyment, confidence/morale boosting, recall, therapy, absorption, expression of feelings, improved performance, physiological reaction, and realization" (Rana et al., 2009, p. 41). Rana and colleagues concluded that the impact of peak experiences of music contributed to their subjective well-being given the properties of all themes were positively inclined. Many of these themes are experiences we can facilitate in short-term medical music therapy (e.g., relaxation, expression of feelings, physiological reactions), thus there is the potential to for patients in short-term settings to similarly have these peak experiences.

The researchers of the aforementioned studies noted that some potential prerequisites for peak experiences are that the therapist and client must be a) in a strong, trusting relationship with each other, and b) willing to let go of control in the session to let peak experiences organically emerge (Low, 2012; Nicholson, 2015; Rana et al., 2009). This can be challenging in short-term settings, where therapists and clients may meet each other for the first time, even if only once, and may be focused on specific, outcome-oriented therapy. At the same

time, the peak experience is more of an ongoing experience for the music, while the "meaningful moment" is more of a "moment" in time. As well, the literature described peak experiences often as positive, transcendent experiences. While this can be the case, I have also witnessed moments of emotional outbursts, such as sadness and anger, that some may interpret as experiencing negative emotions. These experiences can be equally meaningful to some clients and ought to be considered within the broader context of meaningful moments in music therapy.

### **Pivotal Moments and Significant Moments**

Departing from peak experiences, some researchers have explored similar concepts of pivotal and significant moments. Grocke (1999) conducted interviews with seven clients and two therapists. The interviews with clients focused on understanding their experiences of pivotal moments in Guided Imagery and Music (GIM). The interviews with the GIM therapists focused on perceptions of being identified as part of pivotal moments by their clients. The Ferrara-Giorgi phenomenological analysis approach was used to examine the music chosen for the GIM session. From these client and perspectives, Grocke (1999) defined a pivotal moment as:

...an intense and memorable GIM experience that stands out as distinctive or unique. The pivotal moment may be an embodied experience and may come from feelings or images which are uncomfortable and distressing. The moment of the pivotal change occurs as something is transformed or resolved so that there is a feeling of



freedom or a resolution of a struggle (p. 112).

The music underlying a pivotal moment may lengthen or drive the moment. This is consistent with the description of the first Andante phase of the aforementioned model by Low (2012), where the therapist facilitated a safe and contained musical space that gave room for freedom and creativity to emerge. Grocke's (1999) research also resonates with my understanding of how meaningful moments can be a certain moment in the client's peak experience.

Similar research by Lin et al. (2010) explored key moments and major changes achieved through the Bonny Method of Guided Imagery and Music (BMGIM) from the perspective of five patients experiencing depression. Semi-structured interviews were conducted with these patients after eight BMGIM sessions to gather events that were impressive, significant, or valuable to the participants and to discover meaningful changes. From their analysis, they highlighted three pivotal moments: 1) "Moments of releasing mind-body rigidity," 2) "Moments of awareness and inspiration," 3) "Moments of acceptance and inner transformation" (Lin et al., 2010, p. 1143). The researchers suggested that by recalling key moments, participants could develop deeper insights and become more motivated to think about how to handle their problems or navigate difficult situations during therapy. The authors identified pushing through barriers of physical stiffness, irritability, and insecurity before signaling a "turning point," and also suggested that eight weekly therapy sessions are needed for a meaningful change process to occur. Unfortunately, multiple sessions or long-term therapeutic experiences are harder to achieve in short-term settings. However,

understanding how differently pivotal moments arise in short-term settings and what impact they will have would be worthwhile to explore.

Gavrielidou and Odell-Miller (2017) explored pivotal moments in adult mental health care in music therapy. Their study involved conducting semi-structured interviews with three music therapists to understand their experiences and understanding of the role, purpose, and importance of pivotal moments in music therapy settings. They also integrated a case study detailing how pivotal moments emerged in individual music therapy sessions with a man diagnosed with schizophrenia to support the information gained in the interviews. Their findings revealed specific qualities of pivotal moments and their impacts on patients' lives and therapists' work. Their clinical work involved 14-15 sessions over four months, and the description and exploration of their case shows the stages of client change. Of importance, the authors identified the seventh session of fourteen sessions as the pivotal moment. This timeframe shows the potential to not need as long of a time frame to reach a pivotal moment in mental health care, which is of relevance to short-term clinical settings.

In a recent study, *Significant Moments in Improvisational Music Therapy*, Beebe (2021) mentions that significant moments in therapy may not only be peak experiences, but also peak moments. Significant moments can also involve moments of tension, sadness, anger, new insights, and/or sharing. Beebe found that, especially with clients diagnosed with intellectual and developmental disabilities (I/DD), changes in movements, and facial expressions may serve as points of contact for establishing familiarity.

Beebe (2021) talked about the (a) Emotional Process; (b) Communication and

Information Source; and (c) Countertransference as an Information Source across four cases in relation to significant moments in improvisational music therapy. Beebe concluded that without verbal processing and communication between the therapist and the client, important and critical musical moments as a source of information can greatly facilitate the therapeutic process and relationship. These moments are essential for growth and change. Being able to better identify and understand such moments may influence the direction of therapeutic progress, relationships, and development (Beebe, 2021).

### **Meaningful Moments in Music Therapy**

In a seminal study on the topic written 30 years ago, Amir (1992) provided a comprehensive overview and summary of meaningful moments in music therapy. Amir interviewed eight participants in intensive, open-ended interviews (four music therapists working from a humanistic perspective, and four clients who had been in music therapy for at least four months). Participants were tasked with summarizing and analyzing 15 meaningful moments in the music therapy experience: (a) Moments of Awareness and Insight; (b) Moments of Acceptance; (c) Moment of Freedom; (d) Moments of Wholeness and Integration; (e) Moments of Completion and Accomplishment; (f) Moments of Beauty and Inspiration; (g) Moments of Spirituality; (h) Moments of Intimacy with self; (i) Moments of Ecstasy and Joy; (j) Moments of Anger, Fear, and Pain; (k) Moments of Surprise; (l) Moments of Transformation; (m) Moments of Physical closeness between therapist and client; (n) Moments of Musical intimacy between therapist and client; and (o) Moments of Close contact between the client and a significant person in their life.

The study revealed that the factors that fostered these moments were music, how the music therapist employed and responded to their knowledge, experience, intuition, and client levels of readiness, courage, and trust (Amir, 1992). These moments reportedly improved the clients' self-esteem, enhanced their physical and emotional health, and strengthened interpersonal relationships. They also contributed to the therapist's knowledge and self-growth. Amir's (1992) research laid the groundwork for exploring meaningful moments in music therapy, and the fifteen "moments" she lists are moments that can be experienced in short-term medical settings.

In a subsequent study, Amir (1993) developed more focused interpretations of meaningful moments through her research *Moment of Insight in the Music Therapy Experience*. Here, Amir used qualitative research methods to explore the various types of insights that emerge during music therapy, as well as the conditions and outcomes that facilitate these moments in the lives of clients and therapists. Amir found that moments of insight occur when the client engages in creative dialogue (musical or verbal) with the therapist and is experienced in intellectual, physical, spiritual, and emotional ways. For the client, the experience of these moments of insight led to improvements in physical and emotional well-being. These changes improved their decision-making and risk-taking abilities in their lives, improved their personhood and dramatically changed their self-esteem.

At the same time, therapists who were interviewed as part of this study experienced moments of insight as they shared their clients' journeys: (a) insight about the process; (b) insight about the client, and (c) insight about the therapist's self-process (Amir, 1993). The

therapists consistently described the results of the insights as a sense of inner joy, a clearer understanding of their work, and a stronger sense of who their clients were as people. Similar research would be useful to conduct in short-term settings to better understand how therapists perceive their clients, their clients' therapeutic journeys, and their own processes and experiences within short-term medical settings.

Focusing on improvisational methods, Austin (1996) explored and defined improvisation in therapy as a bridge between the unconscious and the conscious through a case study. Austin focused on a client that came to therapy due to low self-esteem, challenges in asserting herself, and problematic relationships. Improvising as a pure "here and now" experience served as a unique symbolic language in this case. The different moments of the client's improvised music were analyzed through the connection and exploration of her inner consciousness. In this process, as the client became aware of and accepted the different emotions that arose, her music reflected these changes as they occurred and shifted. This result affirms the symbolic nature of improvisation as a response to emotion in the "here and now." Discussing the "musical moment" seemed to help the therapist and client draw connections between the musical experience and the emotional life, and to deepen the capacity for insight and change.

Hadar et al. (2018) compared the joint improvisation experiences of five musicians and five music therapists through semi-structured interviews and musical examples for analysis. The study revealed three core themes that constructed the meaning of joint improvisation amongst the musicians' group: (1) Moments of listening and attuning; (2) Moments of

forming musical relationships; and (3) Musical proficiency, all of which form the grounds for moments of mutuality to transpire. Four core themes construct the meaning of joint improvisation amongst the music therapists' group: (1) "Moments of listening and attuning to the client's being"; (2) "Moments of creating a significant bond between therapist and client;" (3) "Transforming the moment"; and (4) "Moments of insights in joint improvisation" (Hadar et al., 2018, p. 51).

The studies by Austin (1996) and Hadar et al. (2018) explored the moments of the music itself, the embodiment of the client's inner moments in interaction with the musical moments, and the therapist's connection to the client's moments of presence through music. The authors highlight how these moments give meaning to framing the overall therapeutic environment and drive perception and change for both client and therapist. Whether or not these moments also occur and hold similar meaning in the short-term medical setting has yet to be explored.

Chen (2019) conducted a pilot study to learn about therapists' experiences with single-session improvisational group music therapy with individuals in inpatient psychiatric care. Data were collected through interviews, group improvisations, and a group post-session interview for a multi-perspective analysis. Results showed that this brief period of time in the participants' therapy made it possible and highly impactful for the therapist to focus on the here and now. As with many of the aforementioned studies noting the changes and the effects of "meaningful moments," I found it equally profound how "change" was considered in Chen's (2019) study: Even when changes occurred within a person, they were not always visible, especially in the short-term inpatient psychiatric treatment. However, what someone

can gain from this brief period of time may emerge and develop in the future, staying with them long after the therapy sessions are over (Chen, 2019). This idea reinforces the need to better understand and recognize meaningful moments in short-term medical settings by exploring the therapist's experiences and then assisting clients to focus on these moments.

Coomans (2018) conducted a literature review on the topic of *Moments in Music Therapy*. The review summarized 16 articles touching on the concept of special "moments" in music therapy and discussed two of the recurring themes: (1) the relationship between the concept and change, and (2) specific therapeutic attitudes and interventions as facilitating moments. This review covers a wide range of clinical contexts, including spanning the life course of clients with varying conditions, diagnoses, and experiences. The theoretical backgrounds represented in the articles also varied, so the author did not attempt to lead to or summarize a clear and universal concept of the "moment"; rather, the review as a whole presents the reader with a great diversity of conceptualizations of certain meaningful phenomena. These differences stemmed from the concerns of the client, the theoretical background of the therapist's training, and even philosophical value, which are important considerations when undertaking research.

Reviewing the aforementioned literature, a large number of studies have demonstrated the existence and importance of "meaningful moments," but it can be observed that they hardly discuss the context of short-term medical settings. Do "meaningful moments" arise in the same way in situations where the client experiences only a limited number of sessions? Do they affect changes in the treatment process?

## **Methods**

The purpose of this study was to understand and analyze the "lived experiences" of the research participants in a participant-oriented qualitative manner. Qualitative research lets us explore the more internal and less objective elements of the music therapy experience (Amir, 1993). Through the method of thematic analysis, the content of the interviews (i.e., what is important or interesting in the data) was identified, and these themes were used to better explain and understand the research question guiding this study (Maguire & Delahunt, 2017).

### **Participants**

#### Inclusion Criteria:

- Board-Certified Music Therapists (MT-BC) working in the United States;
- Minimum five years of clinical experience;
- Minimum Master's degree in music therapy;
- Working in short-term medical settings

The inclusion criteria aimed to ensure that the interviewees would have sufficient insight and reflection on the details that occur in the clinic session. Upon IRB approval, I used purposive sampling to identify music therapists who met the eligibility criteria. Potential participants were contacted via email (see Appendix B) and interested potential participants were provided with verbal and written explanations of the study procedures, including information about the purpose and methods of the study, possible risks and benefits of the study, and methods of confidentiality (see Appendix C).

Three participants who met the inclusion criteria and were invited to take part in the



study through purposive sampling, volunteered to be interviewed and completed informed consent. All three participants identified as male, with one identifying as White, one as Asian, and one as Hispanic/Latino. Ages ranged from 30 to 59 years (median age of 45 years), with two participants working primarily in inpatient psychiatry and one working in a general hospital music therapy department. The number of years in practice ranged from 5 to 22 years. All three participants had a predominantly humanistic theoretical orientation in their music therapy clinical practice. Each of the three participants signed an informed consent form after confirming their participation.

### **Data Collection Procedures**

I conducted a video conference with each participant via Zoom. Participants each completed an interview lasting approximately 30-minutes. All the interviews were audio-recorded, and I transcribed each one verbatim. The questions asked in the interview were as follows, with prompts to help get more information from the people who answered them.

1. What is your philosophy of music therapy practice? For example, what do you believe happens in our clinical work and why do you think it happens?
2. What do you think are motivational factors for clients in music therapy?
3. How would you define meaningful moments that can occur in music therapy sessions?
4. What did you notice about clients before, during, and after these meaningful moments?
5. What is it like for you as a therapist to experience these meaningful moments in

session?

6. Can you please share with me a specific story of a time when you felt a meaningful moment was being experienced in a session?

### **Data Protection Procedures**

All research data were stored on a password-protected computer to which only myself and my thesis advisor had access to. Participants' identities were anonymized and any potential characteristics in all interview answers were adjusted to maintain confidentiality. In order to comply with Molloy College IRB audit requirements, all interview data will be kept for three years after the completion of this study and then securely destroyed.

### **Data Analysis**

After transcribing the interviews, I followed the thematic analysis framework proposed by Maguire & Delahunt (2017) to analyze and compare the textual data. First, I read and reread the data, taking notes to eliminate redundant statements in order to become familiar with the transcribed data. Next, I generated initial codes by conducting a thorough review of keywords, significant quotes, and specific events that appeared in the transcribed data. I explored the relationships between the data by drawing a conceptual map. I reduced large amounts of data into small, connected aggregates and developed and modified the codes in the process. Third, I searched for themes and organized the data into preliminary themes. Fourth, I reviewed and modified themes to determine if the relevant data really supported the associated themes. Fifth, I defined themes and made sure they addressed the research questions. Last, I wrote a narrative description of the results and drew my conclusions and

interpretations. My thesis advisor, who was the second coder on this study, reviewed my analyses at multiple points to ensure the credibility of the results.

## Results

The analysis of three participant interviews yielded three major themes that describe the therapists' experiences and understandings of meaningful moments in short-term medical settings as follows. The themes, related descriptions, and sample statements are presented in Table 1.

**Table 1**

*Thematic Findings: Meaningful Moments in Short-term Medical Setting*

<b>Themes and Description</b>	<b>Example Statements</b>
<p><i>Theme One - Affirming and Connecting to One's Humanity:</i> When a patient feels their humanity is affirmed and connected to, this can serve as a catalyst for a meaningful moment to occur.</p>	<ul style="list-style-type: none"> <li>- I think any time a patient can break through that acute, frenetic quality that hospitalization can have, they can be seen as a human being with a story. (P1)</li> <li>- I focus on each patient's experiences. This experience includes their day-to-day lives. We want to understand the patient experience as much as possible. (P2)</li> <li>- Sometimes patients just want to do something fun. (P2)</li> <li>- But all of a sudden, in this group, I (the patient) am acknowledged, I am heard. I am here and I am not alone. (P3)</li> <li>- It was another patient that extended his hand and then made his offer. Which connected the two of them. (P3)</li> </ul>
<p><i>Theme Two - Navigating Challenges in Facilitating Meaningful Moments due to Short-Term Setting:</i> Institutional constraints further highlight the general barriers to</p>	<ul style="list-style-type: none"> <li>- There are professions that are built to objectify, trained to objectify, because it allows their work to happen with less burden. (P1)</li> <li>- I think in short-term care, the propensity is not to attend to those moments because you don't have a lot of time. (P1)</li> </ul>

Themes and Description	Example Statements
implementing music therapy and the challenges of enabling meaningful moments to occur.	<ul style="list-style-type: none"> <li>- You see a patient during one group, and then the next day you don't see them anymore. (P3)</li> <li>- ... to you, it's big, it's a drastic change, it's a huge moment, it's significant. But to other people, it might be subtle, like hardly anybody notices. (P3)</li> </ul>
<p><i>Theme Three - Impact of Patient Insight on Recognizing Meaningful Moments:</i></p> <p>The importance of helping patients become aware of and reflect on meaningful moments that happened in a session.</p>	<ul style="list-style-type: none"> <li>- Seize those moments and make remarks on them, to reflect back to someone. (P1)</li> <li>- We also tend to point out the significant moments for patients. They might not be aware what it is. (P2)</li> <li>- The patient shared that experience, and he might not be aware that it's a meaningful moment yet. (P2)</li> <li>- Check in with them and reinforce what you did. (P3)</li> <li>- So, you help just gauge where they are, after the group how it's helpful, and then you help guide them towards where they want to be. (P3)</li> </ul>

### **Theme One: Affirming and Connecting to One's Humanity**

The content of the participant interviews revealed that a meaningful moment is not just a single moment, but a process. It is based on patient needs and provides a music therapy experience in which a connection is made between the patient and themselves, the patient and the music, the patient with other patients, and the patient and the therapist. Participants shared how meaningful moments allow us to get in touch with each other's humanity and build relationships, letting the patients feel seen, heard, and acknowledged. It was shared how this process gives extraordinary meaning to the moment and drives it to happen.

Participants shared how patients' diagnoses are often seen first in short-term medical settings. But in addition to medical interventions and management, when patients' needs,

especially as human beings, are seen and respected, they are more likely to connect and respond positively to the outside. Participant 2 used the word "hope" to describe how patients felt when their recreational needs were met and their emotional needs were released in a limited environment.

Participant 3 mentioned how music therapy affords a unique ability to address any level of emotionality in a patient in the short-term setting. For example:

People don't always want to talk about deep topics, and it takes a lot of time to get to those topics. So, if the patient doesn't want to talk, that's fine. Maybe play (music) will make them feel safer. So, getting there is a little easier. And then, by starting in that way, the patient might be a little more willing to talk about those difficult topics and things like that.

As well, patients connecting with other individuals or groups and experiencing being seen, heard, affirmed, and provided with a sense of belonging, is at catalyst for creating meaningful moments.

There are indeed certain roles in therapy, but sometimes it is necessary for the therapist and patient to step out of these specific roles and simply be present. Participant 1 shared an example of the connection between patient and therapist, and they looked at each other and started laughing because the nurse used an unusual tone of voice intonation to announce something on the overhead speaker. "...And every time we started, this announcement came on and we just looked at each other and started laughing. The universe is going to let us have this moment, isn't it? And this person broke through the pain, and it was like a real human

exchange."

Connections also occur between other patients, or between patients and groups. In sharing their clinical stories, the participants described patients' examples of feeling validated by others and gaining greater social skills outside of the group after treatment. Participant 2 shared:

The group improvises together. The music was fantastic and beautiful.

There is one patient who is actually leading the music, leading at some point. And he actually shared that he feels like being part of something.

And the moments, he actually points out one moment where the music kind of comes together, he feels like existence belongs, like he's part of something.

In this example, the patient shares how, as an individual, he developed a sense of belonging to the group as a whole when the musical experience was able to coalesce.

Participant 3 shared the experience of another very withdrawn patient during a group session:

In a multilingual group setting...we're doing improvisational music therapy. And there was a moment where a particular Mexican patient... he was so withdrawn, wouldn't do or say anything. When a Cuban patient offers the Mexican patient one Mexican folk song, all of a sudden, you could see a smile on the Mexican patient's face and then he's sort of brighter. He's engaged and he's singing along with it. After the group on

the unit, he's integrated more. He's interacting more with some of the patients that were in that group. So now, he's not as withdrawn, he's not as isolated, and he's more integrated. It was one that connected the two of them, and that gave the Mexican patient strength and confidence.

In this example, the participant reported that, as a therapist, the only thing he did was play a song provided by the Cuban patient. But with such a cultural song, the Mexican patient suddenly felt seen and acknowledged in the group. The participant further mentioned that this sense of identity eased the patient's loneliness in such a multilingual environment where it was easy to feel isolated. This gave the patient an interpersonal connection with others and the external environment. His social skills were enhanced in both clinical and non-clinical settings.

### **Theme Two: Navigating Challenges in Facilitating Meaningful Moments Due to the Short-Term Setting**

One of the participants (P2) used the term "hopeless" once to describe the medical unit: "...hopeless in the place. Think about that. They (patients) just stay in the hospital and will be there for a few days without being able to go outside and without being able to really talk to their families or friends. They could call but were limited." The short-term medical setting system itself operates on the basis of efficiency. Another participant (P1) stated, "It operates on a clock. Care has to happen at a certain time." Rigid institutional policies, ambiguous lengths of stay, and short sessions impact the ability to make meaningful interpersonal connections. The participants shared that these institutional parameters sometimes risk needs

being intentionally or unintentionally ignored.

Despite these setting challenges, participants highlighted how patients still made meaningful connections in music therapy. Clinical stories showed how often patients first made a connection on a musical level before making a connection with someone else on a human level. Especially in the group setting, the aesthetic experience of music and the sudden harmony and cohesion were easily perceived or detected. One participant (P3) shared how patients sometimes have clear feedback about these moments: "What music does is that it allows for a space where you can develop a therapeutic relationship faster, develop a safe space faster, and have an outlet for emotional expression that doesn't require words."

Participants also mentioned that the interdisciplinary collaborative model of the hospital system inevitably leads to differences in clinical goals and understanding among physicians, therapists, or caregivers, as determined by the practice philosophy of their respective training or experience. One participant (P3) shared, "They might see a patient playing too loudly or not loud enough, and then they're like forcing it, telling the patient, 'hey, don't do that, that's too loud!'" Inevitably, therefore, these care providers break the connections that are being made and interrupt the occurrence of meaningful moments because of this different way of seeing things. What music therapists see as "significant; that was actually a huge moment..." is not seen in the same way by other interdisciplinary team members and caregivers.

### **Theme Three: Impact of Patient Insight on Recognizing Meaningful Moments**

Participants expressed a consistent attitude toward pointing out moments of insight. In a multidisciplinary team working together, certain moments of significance may be obvious



and huge to the music therapist, but may be very subtle and imperceptible to others, including the patients themselves. The moment of insight is both a requirement for the therapists to be more focused in short-term settings, to pay attention and discover, but also to be able to explain to other collaborative staff what is happening so that they are not unnecessarily forcing patients to do something or stop what they are doing.

One participant (P2) urged that it is also very important that "we also tend to point out the significant moments for patients, they might not be aware that". Whether this is a post-session formal assessment or an informal brief check-in, getting feedback from the patient can help with identifying and understanding insight gained from sessions. One participant (P3) asks "Do you think you can do this when you get out of the hospital?" "Can you do this in your daily life?" Checking in can help the patient reflect and become aware of what is actually happening and reinforce what the therapist is doing. This process, according to one participant (P3), is also a way to help the patient sort through and navigate their way to mastering "healthy coping mechanisms."

### **Discussion**

The purpose of this study was to develop a better understanding and awareness of meaningful moments in the short-term care setting by analyzing music therapist's personal experiences. Adding to the existing literature on the topic, this study showed that meaningful moments indeed exist in the short-term care setting and are represented in different forms. This study also highlighted how it is not only the feelings and changes in the "moment," but also a holistic process with many details that pave the way for the "moment" to occur within

short-term session parameters.

One of the participants suggested that the process of achieving meaningful moments is a process of creative self-actualization. Through the participants' descriptions, this experience of self-actualization is similar to, yet not identical to, the experience of peak satisfaction and perfection depicted by Maslow (1962). This self-actualization may be closer to more subtle and fundamental experiences, such as a fuller engagement with the present moment and a subtle shift in consciousness, as described in Low's (2012) research.

The study findings suggest that the most essential source of these different shifts in consciousness is the awareness and validation of the patient's needs and humanity. These needs may not even be perceived or made explicitly understood by the patients themselves. Based on participant input, an example of this was the need for emotional release in a restrictive environment such as a hospital or the need for relief from loneliness in an already fragile physical and mental state. All participants reported the patient's needs that transcended the diagnosis and somatic symptoms: the need to break through the objectification, the need to connect as "human beings." Nicholson (2015) found that music-induced peak experiences led to an increased sense of connection between the therapist and the client. The process of witnessing this experience with a patient provides the therapist with a deeper appreciation and understanding of the power of music to facilitate connection between people (Nicholson, 2015). The thematic findings of the present study support this conclusion, and the increased connection is not only through music, but also in any broad human connection, such as sharing laughter or silence with a patient. At the same time, the connection brings about an

inner change and a shift in consciousness, not only between the patient and the therapist, but also between the patient and the music, and between patients within group therapy, which can give them a sense of belonging and a feeling of being heard, seen, or affirmed.

Themes of overcoming challenges inherent in short-term settings as well as connecting to a patient's humanity are echoed in Nicholson's (2015) work that references relaxing a degree of control, allowing things to happen, trusting the process, and accepting and welcoming possibilities and potential. Kindness, a quality that I believe should necessarily be present as a clinician or healthcare worker, risks being eroded and worn away in today's fast-paced state of life and the rigidity that comes with the hospital system. When a patient is in a unique environment like a hospital and in a relatively more vulnerable state physically and psychologically due to illness, kindness from the outside world and affirming one's humanity is more likely to be perceived and detected by the patient. It contributes to the human connection and has a positive impact on the patient.

As another identified limitation, the reality of how healthcare systems operate is to ensure efficiency and time-based care delivery. Lack of adequate time and process-based care makes the overall environment more likely to be overwhelming and anxiety-provoking. But even so, the ability to quickly create a non-verbal space and communication pathway in a single 30-60 minute session, using music as a medium, deserves recognition. More than once, examples from the participants related the "sense of belonging" that the sudden integration and cohesiveness of the music experience brought to the patients. This somewhat supports Beebe's (2021) view that, in the absence of verbal processing and communication between

therapist and client, important and critical musical moments as a source of information can greatly facilitate the therapeutic process and relationship.

One major theme of the present study was that of insight. Although not necessarily a fact of life, the occurrence of a known meaningful moment was often accompanied by a subtle change in mood or awareness in the examples reported by participants. All three shared how their patients experienced a "sudden feeling of being heard or seen, a feeling of being affirmed," or "a sense of belonging." This idea of increased insight was also described in studies by Amir (1993) and Lin et al. (2010). For example, in Amir's (1993) research, moments of insight occurred when clients engaged in creative dialogue (musical or verbal) with the therapist and were experienced intellectually, physically, spiritually, and emotionally. For the client, the experience of these moments of insight lead to physical and emotional improvement. These changes strengthened the client's ability to make decisions and take risks in their lives, improve their personalities, and significantly alter their self-esteem. Building on Amir's (1993) and Lin et al.'s (2010) research, this study's findings highlighted how remaining aware, witnessing, and checking in with the patient helps them become aware of meaningful moments occurring, developing their insight and gradually guiding them into coping mechanisms.

There are a number of limitations to the present study. Given the small sample size, results cannot be generalizable and transferability may be limited. Initially, it was desired to recruit and interview three music therapists from different theoretical orientations and sociocultural backgrounds in order to draw from diverse perspectives. However, due to the

time constraints of completing this study within an academic semester coupled with limited responses from potential participants, all three participants were male and represented predominantly humanistic theoretical orientations. This limits the diversity of perspectives and presents more similarity in the clinical experiences shared.

Participants all shared experiences that represented meaningful moments to them. This reflects the strong positive feelings each therapist has gained from witnessing meaningful experiences of the patient and being profoundly influenced in the therapeutic process and in growing in professional identity (Nicholson, 2015). However, another potential limitation is that there may be a degree of memory bias between the stories shared in relation to when the clinical scenarios actually occurred versus how they were recalled in the interview. Minimizing the time lapse between these two time points can help to further improve the reliability of the content in question.

### **Conclusions**

Meaningful moments in music therapy sessions may only occur in small moments but can have a tremendous impact on the overall treatment process, especially in short-term medical settings. Participants in this study shared their own personal experiences and understandings through interviews, and a thematic analysis identified three relevant themes: 1) Affirming and connecting to one's humanity, 2) Navigating challenges in facilitating meaningful moments due to the short-term setting, and 3) Impact of patient insight on recognizing meaningful moments. The clarification of these three themes contributes to the development of therapist awareness and understanding of meaningful moments in a short-

term setting and helps point therapists in some direction to consciously promote relevant moments in this time-constrained environment.

While understanding the therapist's perspectives on clinical work is important, it is also critical to understand how clients perceive meaningful moments and their actual internal experiences. Therefore, future research on meaningful moments in short-term medical settings would benefit from 1) including clients as participants to learn from their experiences, 2) including as many therapists of different theoretical orientations and sociocultural locations as possible to find commonalities in a larger sample size and in the context of different values and identities, and 3) optimizing the understanding of meaningful moments by having the therapist and client articulate the same experience separately to gain different perspectives.

I will conclude by reflecting on my own learning processes, training, and clinical practice experiences. I am accustomed to being music-centered and have a strong humanist/existentialist orientation. I feel that when a patient's needs are recognized as the core and first priority, the meaningful moment that the patient identifies with and the actual internal experience of that moment are more compelling. As a therapist, it is a process of repeating awareness, witnessing, asking the patient for confirmation, and reapplying as experience. It is important to avoid neglect or even indifference in this process or taking certain feelings and ideas for granted. In acknowledging how these perspectives and beliefs ultimately cannot be separated from how I analyzed the current study, I do feel like I gained a better understanding of how increased insight, an awareness of setting specific barriers and

facilitators, and a need to always recognize a patient's humanity can promote meaningful moments in short-term medical music therapy.

## References

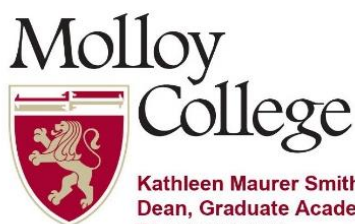
- Amir, D. (1992). *Awakening and expanding the self: Meaningful moments in the music therapy process as experienced and described by music therapists and music therapy clients* (Publication No. 9237730) [Doctoral dissertation, New York University]. ProQuest Dissertations and Theses Global.
- Amir, D. (1993). Moments of insight in the music therapy experience. *Music Therapy, 12*(1), 85–100. <https://doi.org/10.1093/mt/12.1.85>
- Amir, D. (1993). Research in music therapy: Quantitative or qualitative? *Nordic Journal of Music Therapy, 2*(2), 3–10. <https://doi.org/10.1080/08098139309477795>
- Amir D. (1999). Musical and Verbal Interventions in Music Therapy: A Qualitative Study. *Journal of Music Therapy, 36*(2), 144–175. <https://doi.org/10.1093/jmt/36.2.144>
- Amir, D. (2001). Layers of meaning. *Nordic Journal of Music Therapy, 10*, 209 - 220.
- Austin, D. S. (1996). The role of improvised music in psychodynamic music therapy with adults. *Music Therapy, 14*(1), 29–43. <https://doi.org/10.1093/mt/14.1.29>
- Beebe, K. (2021). Significant moments in improvisational music therapy. *Voices: A World Forum for Music Therapy, 21*(3). <https://doi.org/10.15845/voices.v21i3.3152>
- Bruscia, K. (2014). *Defining music therapy (3<sup>rd</sup> Ed.)*. Barcelona Publishers.
- Centers for Disease Control and Prevention (2022). National Hospital Discharge Survey, average length of stay and days of care. Retrieved from [https://www.cdc.gov/nchs/nhds/nhds\\_tables.htm](https://www.cdc.gov/nchs/nhds/nhds_tables.htm)



- Chen, Y.-Y. (2019). Single-session improvisational group music therapy in adult inpatient psychiatry: A pilot study of the therapist's experience. *Nordic Journal of Music Therapy*, 28(2), 151–168. <https://doi.org/10.1080/08098131.2018.1528560>
- Coomans, A. (2018). Moments in music therapy – A review of different concepts and connotations in music therapy. *Musiktherapeutische Umschau*, 39(4), 337–353. <https://doi.org/10.13109/muum.2018.39.4.337>
- Grocke, D. E. (1999). *A phenomenological study of pivotal moments in Guided Imagery and Music (GIM) Therapy*. <http://minerva-access.unimelb.edu.au/handle/11343/39018>
- Gavrielidou, M., & Odell-Miller, H. (2017). An investigation of pivotal moments in music therapy in adult mental health. *The Arts in Psychotherapy*, 52, 50–62. <https://doi.org/10.1016/j.aip.2016.09.006>
- Hadar, T. (2018). *The meaning of joint improvisation: Between musicians and between therapist and client in music therapy* [Unpublished doctoral dissertation]. Bar-Ilan University. <https://doi.org/10.13140/RG.2.2.32060.80007>
- Low, M. Y. (2012). *Peak experiences in music therapy* [Unpublished master's thesis]. Texas Woman's University. <https://twu-ir.tdl.org/handle/11274/8943>
- Lin, M.-F., Hsu, M.-C., Chang, H.-J., Hsu, Y.-Y., Chou, M.-H., & Crawford, P. (2010). Pivotal moments and changes in the Bonny Method of Guided Imagery and Music for patients with depression. *Journal of Clinical Nursing*, 19(7–8), 1139–1148. <https://doi.org/10.1111/j.1365-2702.2009.03140.x>

- Maguire, M., & Delahunt, B. (2017). Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars. *All Ireland Journal of Higher Education*, 9(3), Article 3. <https://ojs.aishe.org/index.php/aishe-j/article/view/335>
- Maslow, A. H. (1962). Lessons from the peak-experiences. *Journal of Humanistic Psychology*, 2(1), 9–18. <https://doi.org/10.1177/002216786200200102>
- Natterson, I. (1993). Turning points and intersubjectivity. *Clinical Social Work Journal*, 21(1), 45–56. <https://doi.org/10.1007/BF00754911>
- Nicholson, B. (2015). Music-elicited peak experiences of music therapists. *Qualitative Inquiries in Music Therapy*, 10, 53–76.  
<https://www.barcelonapublishers.com/resources/QIMT10/QIMT2015Nicholson.pdf>
- Rana, S. A., Tanveer, S., & North, A. C. (2009). Peak experiences of music & subjective well being (A qualitative approach). *Journal of Behavioural Sciences*, 19(1/2), 41–57.  
<https://www.proquest.com/docview/522163106?pq-origsite=gscholar&fromopenview=true>
- Stern, D., Sander, L., Nahum, J., Harrison, A., Lyons-Ruth, K., Morgan, A. C., Bruschiweiler-Stern, N., & Tronick, E. (1998). Non-interpretive mechanisms in psychoanalytic therapy. The “something more” than interpretation. The Process of Change Study Group. *The International Journal of Psycho-Analysis*, 7(5), 903-921.  
<https://pubmed.ncbi.nlm.nih.gov/9871830/>

## Appendix A: IRB Approval Letter



1000 Hempstead Ave., PO Box 5002, Rockville Center, NY 11571-5002  
[www.molloy.edu](http://www.molloy.edu)

**Kathleen Maurer Smith, Ph.D.**  
**Dean, Graduate Academic Affairs**  
 T: 516.323.3801  
 F: 516.323.3398  
 E: [ksmith@molloy.edu](mailto:ksmith@molloy.edu)

**DATE:** January 20, 2022

**TO:** Haojie Lyu  
**FROM:** Molloy College IRB

**PROJECT TITLE:** [1847112-1] Thesis Project  
**REFERENCE #:**  
**SUBMISSION TYPE:** New Project

**ACTION:** DETERMINATION OF EXEMPT STATUS  
**DECISION DATE:** January 20, 2022

**REVIEW CATEGORY:** Exemption category # 2

Thank you for your submission of New Project materials for this project. The Molloy College IRB has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations. However, exempt research activities are subject to the same human subject protections and ethical standards as outlined in the Belmont Report.

**You may proceed with your project.**

This acknowledgement expires within three years- unless there is a change to the protocol.

Though this protocol does not require annual IRB review, the IRB requires an annual report of your exempt protocol (Expedited and Exempt Research Protocol Annual Report Form) which 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.

We will retain a copy of this correspondence within our records.

If you have any questions, please contact Patricia Eckardt at 516-323-3711 or [peckardt@molloy.edu](mailto:peckardt@molloy.edu). Please include your project title and reference number in all correspondence with this committee.

Sincerely,

Patricia Eckardt, Ph.D., RN, FAAN  
 Chair, Molloy College Institutional Review Board

## Appendix B: Recruitment Email

Hello \_\_\_\_\_,

My name is Haojie Lyu, and I am a graduate music therapy student at Molloy College. As my thesis project, I am conducting a qualitative study exploring music therapist's experiences of meaningful moments in short-term medical settings.

I am contacting you because you meet the study eligibility criteria of being a Board-Certified Music Therapist (MT-BC) working in the US in short-term medical settings with a master's degree and a minimum of five years clinical experience.

Study participation would involve an audio-recorded interview lasting approximately 30-minutes. This interview could take place virtually through Zoom or in-person if you are in the greater NYC area.

The content of your interview would be transcribed verbatim and analyzed. Your identity would remain anonymous, and any potential characteristics in all interview answers would be adjusted to maintain confidentiality. Interview data will be stored on a password-protected computer. Only myself and my thesis advisor, Dr. Kate Myers-Coffman, will have access to these data.

Your participation in this study is entirely voluntary. If you choose to withdraw at any time, your data will be securely destroyed immediately.

If you are interested in participating in the study, you will be asked to sign an informed consent form. I am happy to send you the consent form to review as well as the interview questions if you'd like.

If you have any questions about the study, please feel free to contact me or my thesis advisor.

Thank you in advance for your consideration!

Haojie Lyu ([hlyu@lions.molloy.edu](mailto:hlyu@lions.molloy.edu))

Thesis advisor: Dr. Kate Myers-Coffman ([kmyers-coffman@molloy.edu](mailto:kmyers-coffman@molloy.edu))

## Appendix C: Consent Form



Music Department/Music Therapy  
1000 Hempstead Ave  
Rockville Centre, NY 11570  
Phone Number: 516-738-8168

### Title of Study:

**Music Therapy Experiences of Meaningful Moments in Short-Term Medical Settings: A Phenomenological Study**

**This study is being conducted by:** Haojie Lyu, hlyu@lions.molloy.edu

Faculty advisor: Katherine Myers-Coffman

### Key Information About This Study

**This consent form is designed to inform you about the study you are being asked to participate in. Here you will find a brief summary about the study; however, you can find more detailed information later on in the form.**

This study seeks to explore music therapists' experiences of meaningful moments in short-term medical settings. This will be completed through semi-structured interviews with one to three music therapists working in short-term medical settings that will be transcribed verbatim and analyzed using interpretive phenomenological analysis. This study looks for how the therapist defines the meaningful moments, and the research results will be used to develop therapists' awareness and understanding of meaningful moments in short-term settings.

Participants in this study will meet the following criteria:

- Board-Certified Music Therapists (MT-BC) working in the US
- Minimum five years of clinical experience

- Minimum Master's degree in music therapy
- Working in short-term medical settings

The above-mentioned screening criteria will ensure that the interviewees have sufficient insight and reflection on the details that occur in the clinic session.

If you agree to participate, you will complete an audio-recorded interview last approximately 30 minutes through Zoom. The interview will include some questions and prompts to help gain more details about participant responses.

All research data will be closely guarded and only the researcher and thesis advisor will have access to them. Any potential characteristics that can be easily linked to your identity will be adjusted to remain anonymous. If any potential risks arise that may alter your willingness to participate, we will inform you of these findings. You may opt out of the study at any time, and if you do so, your data will be destroyed immediately.

### **Why am I being asked to take part in this study?**

You meet the eligibility criteria for participation in this study and can provide unique insight to the study topic.

### **What will I be asked to do?**

You will complete an audio-recorded interview lasting no more than 30 minutes. There are questions in the interview that will help guide you in your thinking and review. The questions will be on the topic of meaningful moments in music therapy practice within short-term medical settings.

### **Where is the study going to take place, and how long will it take?**

Given the current state of COVID-19 and New York State policies, interviews will be conducted through Zoom only.

### **What are the risks and discomforts?**

The risks that may arise from this study relate primarily to the privacy and confidentiality of your individual experience.

It is not possible to identify all potential risks in research. However, reasonable safeguards have been taken to minimize known risks. If new findings develop during the course of the research that may change your willingness to participate, we will tell you about these findings.

### **What are the expected benefits of this research?**

There are no benefits to you personally by participating in this research. However, it is the hope that study findings will help develop therapists' awareness and understanding of meaningful moments in short-term settings.

**Do I have to take part in this study?**

Your participation in this research is your choice. If you decide to participate in the study, you may change your mind and stop participating at any time without penalty or loss of benefits to which you are already entitled.

**What are the alternatives to being in this study?**

Instead of being in this research, you may choose not to participate.

**Who will have access to my information?**

All research data will be stored on a password protected computer, only the researcher and the thesis advisor will have access to these data. If you choose to withdraw, your data will be securely destroyed immediately. Participant identities will remain anonymous, and any potential characteristics in all interview answers will be adjusted to maintain confidentiality.

**How will my information be used?**

All recorded interviews will be transcribed verbatim and analyzed by the researcher to compare the different text data, describe the results, draw further conclusions, and potential themes will be presented as research findings. The text data will not be made available to anyone outside the research team. The result will be a thematic narrative of the findings.

To ensure that this research activity is being conducted properly, Molloy College's Institutional Review Board (IRB), whose members are responsible for the protection of human subjects' rights for all Molloy-approved research protocols, have the right to review study records, but confidentiality will be maintained as allowed by law.

**Can my participation in the study end early?**

You may exit the study at any time.

**Will I receive any compensation for participating in the study?**

There is no compensation available for participation in this study.

**What if I have questions?**

Before you decide whether you'd like to participate in this study, please ask any questions that come to mind now. Later, if you have questions about the study, you can contact Haojie Lyu at [hlyu@lion.molloy.edu](mailto:hlyu@lion.molloy.edu) or Dr. Kate Myers-Coffman, PhD, MT-BC at [kmyers-coffman@molloy.edu](mailto:kmyers-coffman@molloy.edu).





### **Appendix D: Interview Questions**

1. What is your philosophy of music therapy practice? For example, what do you believe happens in our clinical work and why do you think it happens?
2. What do you think are motivational factors for clients in music therapy?
3. How would you define meaningful moments that can occur in music therapy sessions?
4. What did you notice about clients before, during, and after these meaningful moments?
5. What is it like for you as a therapist to experience these meaningful moments in session?
6. Can you please share with me a specific story of a time when you felt a meaningful moment was being experienced in a session?