

Lived Experiences of
Music Therapist-Mothers:
An Interpretative Phenomenological Analysis

by

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LIVED EXPERIENCES
OF MUSIC THERAPIST-MOTHERS

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Lived Experiences of Music Therapist-Mothers

Navigating the dual roles of music therapist and parent can be a challenge. Ethical dilemmas, logistical problems, boundary issues, and identity crises are commonly experienced by music therapist-parents as they juggle professional and parental responsibilities (Dindoyal, 2018). The detrimental effects of personal-professional enmeshment are well documented in the psychology literature (Cray & Cray, 1977; Farber, 1983, 1985; Henry et al., 1973; Maeder, 1989; Zur, 1994), and it is likely that most music therapist-parents are at least somewhat familiar with them and are mindful to avoid them. However, the heavy use of music in music therapy, as opposed to in psychotherapy, may further blur the lines between personal and professional, increasing the potential for countertransference and boundary-crossing behaviors.

Benefits to maintaining the dual roles of music therapist and parent are likely present, too, such as the cross-pollination of skills and knowledge from one role to another. It is therefore important to the field of music therapy that this phenomenon be understood and contextualized to the extent possible. This study aims to explore the lived experiences of actively working music therapists who are also mothers, with a specific focus on how they perceive the interaction between their dual roles. The study will explore three specific research questions:

- What is the impact of being a music therapist on one's parenting?
- What is the impact of being a parent on one's music therapy practice?

- What are the key issues involved in maintaining dual roles of music therapist and parent?

Epoche

The intersection of music therapy and parenthood is of particular interest to me, as at the time of undertaking this study I am both a music therapy graduate student and a new mother. During my very limited experience as a parent, I have begun to notice overlap between my music therapy training and my approach to parenting, which has suggested to me that these roles may be more intertwined than I had previously considered. For example, I have found myself using music quite intentionally in an attempt to influence my baby's behaviors, especially around sleep and play. Lullabies and play-songs have featured heavily in my early parenting journey with admittedly mixed results. At times, my music therapy knowledge has been shaken by my baby's refusal to comply with my understanding of how music "should" be affecting her. At other times, I have found music therapy training to be an invaluable resource for understanding my baby's developmental stage and the appropriate musical activities for her optimal development. It is from this practical application of my professional knowledge to my parenting that the current research topic emerged along with a series of questions and concerns.

I have become personally concerned with various issues surrounding the combination of music therapy work and motherhood. These issues include integrating dual roles within my family life, integrating dual roles within my own sense of identity, protecting professional and personal

boundaries, and the impact of working as a music therapist on my child's development. Having never worked as a music therapist—my clinical experience being limited to student fieldwork—my concerns and hypotheses are mostly speculative. Therefore, I am interested to learn about the ways in which parenthood affects the lived experiences of actively working music therapists and how they navigate the pleasures and perils of these dual roles.

Review of Literature

At the time of writing, there is scant literature to be found on the subjective experiences of music therapist-parents and the perceived effects of these dual roles on their work and family lives. A small-scale ($n=3$) qualitative interview study by Dindoyal (2018) explored the experiences of music therapist-mothers in the U.K. and the impact that motherhood had on their music therapy practice. It did not explicitly explore the reciprocal impact of music therapy work on one's parenting. Results showed that music therapist-mothers experienced a complex and interdependent relationship between their dual roles, and that each role was affected by the other in both positive and negative ways. Participants expressed high degrees of emotional conflict in navigating their personal and professional responsibilities, which they attributed largely to the social pressure to both work and be a mother, and to the emotionally charged and maternal nature of both mothering and music therapy. Issues of maternal countertransference were reported to interfere with clinical practice, as were personal internal conflicts about the morality of their divided attention. They expressed a need for firmer boundaries between their personal and professional lives. They also reported benefits to their therapy practice, including an increase in empathy for clients and compassion for clients' parents, and

drew upon motherhood experiences to inform therapy. However, they did not report specific reciprocal benefits to their parenting.

These findings provide an interesting but limited starting point for exploring the present research questions. Qualitative literature adjacent to the topic offers some additional insight into factors that may impact the experiences of music therapist-parents. These factors—sourced from research in the fields of music therapy, psychotherapy, and music education—provide further context and rationale for the present study, and are documented under the following headings:

- Similarities between the roles of parent and therapist
- Knowledge and use of psychological and developmental theories
- Dynamics of the therapeutic relationship
- Benefits of music therapy for the parent-child dyad
- Musicianship and musical parenting

Similarities Between the Roles of Parent and Therapist

Music therapists engage with clients (many of them children) in work that is essentially nurturing, empathetic, musical, and, to an extent, instructional (Bruscia, 2014). These attributes, arguably, match those of a good parent. Perhaps of most significance to the music therapist is the attribute of musicality. From an evolutionary perspective, parenting, and particularly mothering, is inherently musical (Trehub, 2001). Communication between infants and their mothers is considered to be musical in nature due to its mutuality, rhythmicity, and turn-taking (Trevarthen, Gratier, &

Osbourne, 2014; Shoemark & Grocke, 2010). This musical communication can often evolve into improvised and traditional songs and may be one of the main activities shared by parents and young children (Custodero, 2006; Ilari, 2005). It could therefore be argued that the use of music brings the role of music therapists into closer alignment with that of parents than other types of therapists.

Relatedly, music therapists share a particularly unique quality with parents, and that is an understanding of the importance of play. Marlin (1988) reported having learned—through the lens of a parent—the importance of a child’s play in working out their developmental crises. This firsthand personal experience helped her to recognize the importance of play in her clinical work, noting that when therapy is going well it has a playful element to it (p. 476).

The role of parent and therapist, in general, are similar in many ways. Winnicott (1975) suggested that therapists ought to adopt a maternal attitude toward their clients, stating that a therapist has to:

...display all the patience and tolerance and reliability of a mother devoted to her infant; has to recognize the patient’s wishes as needs; has to put aside other interests in order to be available and punctual and objective; and has to seem to want to give what is really only given because of the patient’s needs. (Winnicott, 1975, pp. 202–203)

This ability to pay close attention to, and prioritize, the emotions, expressions, and needs of others is inherent in the roles of both parent and therapist. Marlin (1988) described how the similarities between parenting and therapy can feed into one another, stating that parenting made her more

attentive to her patients' feelings and needs (p. 476) and that the changing dynamics of the parent-child relationship throughout the child's development is similar to the changes that occur in the therapeutic relationship as the client develops (p. 471).

Both parents and therapists must have knowledge of growth and development, be responsive to the unique individual in their care, and respect their need for autonomy (Marlin, 1988). They must cultivate the ability to suffer frustration and to have the patience to wait for rewards that may or may not come, while containing their own intense emotions (Winnicott, 1975). Pertinent to music therapy, Winnicott hypothesized that the mother may use lullaby singing — particularly lullabies with morbid lyrics, such as “Rock a By, Baby”—as a container for her anger and frustration at the process of child-rearing. This would suggest that the use of music as catharsis for difficult feelings and for physiological entrainment is a staple in the repertoire of music therapists and mothers alike.

Knowledge and Use of Theory

Music therapists draw heavily upon psychological, developmental, and learning theories to inform their clinical practice. This depth of theoretical knowledge—particularly in human growth and development— may provide benefits when it comes to parenting. Golden and Farber (1998) reported that children of psychotherapists expressed appreciation for their therapist-parent's expert skill and knowledge in the areas of child development and human nature and behavior, noting that they were skilled in navigating childhood crises and emotionally charged situations (p. 137). However, the children also bemoaned their therapist-parent's tendency to act like a therapist at home, indicating that the use of theory may not always be welcome or appropriate within the parent-child dyad.

Theoretical knowledge may undermine a therapist-parent's confidence in their natural parenting instincts. Wallerstein (1981) reported that therapist-parents may experience greater anxiety in their parenting role due to their reputation as experts in human psychology and development, and the expectations associated with that expertise (p. 290). This conjecture was supported by Sheridan and Bain (2020) who interviewed 20 psychodynamic psychotherapist-mothers to examine how the dual identities of psychotherapist and mother shape, enrich, and conflict with one another.

Participants expressed that their knowledge of psychological and developmental theory contributed to a high degree of pressure and anxiety around parenting and an inability to be present in the moment. This was related particularly to their awareness of attachment theory. However, they also expressed that theory helped them to manage this anxiety by providing supportive mental structures on which to draw during times of parental stress, such as Winnicott's (2005) concept of the "good enough mother"¹.

Philpot (1987), a family therapist and mother, reported a similar phenomenon in her relationship to family systems theory. She described seeing problems with her children as problems with the whole family system, putting extra responsibility and stress on herself to fix them. However, she also recognized the benefits of seeing these problems within a theoretical context. She stated that, unlike many parents, she owns her contribution to the children's difficulties and is thus able to treat her children with more compassion and provide insight and possible solutions to their problems by changing her own behavior.

Inversely, experiences in child-rearing may impact a therapist-parent's theoretical thinking by animating theoretical principles. A parent has the benefit of observing the developmental process unfold before them, providing a kind of model or example of theory in action. Marlin (1988) confirmed this phenomenon, reporting that being a parent enhanced her work as an analyst, helping her to better understand human growth and development, to be more flexible, to attune to the feelings and needs of others, to be empathetic, and to appreciate the human drive for growth and autonomy (pp. 473–474).

It is possible that music therapist-parents may experience a high level of self-efficacy and satisfaction with their parenting role as a result of their knowledge and experience with theories of psychology and human development, as self-efficacy and satisfaction are determined both by knowledge of what is required to effectively raise children and the self-confidence to implement these tasks (Coleman & Karraker, 2003). In addition to psychological and developmental theories, music therapists also increasingly draw upon theories native to music therapy, such as the Iso Principle and the theory of entrainment. It is possible that knowledge of these theories may lead to their active use with one's children. The results of such an application may be beneficial and/or detrimental.

Dynamics of the Therapeutic Relationship

The lives of psychotherapist-parents caught the interest of psychology researchers during a brief period in the 1970s through to the 1990s. A small collection of studies from this time thus explored the lived experiences of psychotherapist-parents and the impact of practicing psychotherapy on their interpersonal and family lives. The extent to which the experience of the music therapist-

parent parallels that of the psychotherapist-parent from several decades ago is yet to be determined. However, overlap between the two professional domains supports exploration. These studies show that psychotherapists suffer a range of interpersonal problems as a result of their intensive work within the unique dynamics of the therapeutic relationship. They also experience several benefits to their personal and family lives.

According to many of these studies, psychotherapists often have difficulty separating their professional and personal roles (Farber, 1983, 1985; Henry et al., 1973; Maeder, 1989; Zur, 1994) and often function in unhealthy ways in their personal relationships perhaps because, unlike their professional relationships, personal relationships are equal in power and equal in vulnerability (Cray & Cray, 1977; Guy & Liaboe, 1986; Maeder, 1989). Guy and Liaboe (1986) reported on the phenomenon of isolation in the face of intimacy, commonly experienced by psychotherapists as a result of the inherent one-way dynamics of the therapeutic relationship. This kind of psychic isolation can have negative effects on psychotherapists' ability to relate meaningfully with family and friends outside of the therapy room. The objective and observational stance psychotherapists adopt within the therapeutic relationship can then generalize into everyday life, leading them to take an interpretivist position in all interpersonal interactions. The cycle of client assessment, treatment, and termination may leave therapists experiencing repeated feelings of loss, isolation, loneliness, and abandonment (Greben, 1975). Problems with intimacy, self-disclosure, and interpersonal relatedness may follow.

Additionally, Cray and Cray (1977) reported that emotional reserves of psychotherapists seem to become depleted as a result of conducting psychotherapy, causing one to become distant and aloof

with family and unwilling or unable to be empathetic toward one's spouse and children. Farber (1983) found that conducting psychotherapy decreased psychotherapists' emotional investment in their own family. Marlin (1988) wrote "It is this continuous emotional strain of being available optimally, as well as containing and processing conscious and unconscious affects without acting them out toward our patients, that is so very draining" (p. 473). Maeder's (1989) book on the children of therapists, in which adult children of therapists were interviewed about their experiences of being raised by a therapist-parent, portrayed a particularly negative view of the psychotherapist-parent as narcissistic, over-intellectualizing, and afflicted with illusions of superiority.

Maeder (1989), suggested that knowledge of human nature and psychology gives one power over others and that psychotherapist-parents may abuse this power, using their professional skills and knowledge to manipulate their children. However, an exploratory study of therapists' children aged 10–18 found that being a therapist is, on balance, beneficial to one's children provided that professional skills are not applied indiscriminately (Golden & Farber, 1998). The children interviewed identified their therapist-parent's professional skills of empathy, tolerance, and expertise in handling problems to be of particular benefit to them. By contrast, their therapist-parent's tendency to act like a therapist at home, long hours worked, and occasional intrusions of patients into their home life were seen as detrimental.

Philpot (1987), a family therapist-parent, reported similar experiences. She stated that her children appreciated many aspects of their mother's professional skill and manner, including open communication, a nonjudgmental atmosphere, a high degree of empathy, and being valued for their

own unique strengths and personalities. Marlin (1988) also wrote of the dynamics of the therapeutic relationship as an asset to her parenting, particularly when her son began to require more independence. Philpot (1987) summarized the negative effects of the dual roles of therapist-parent as a tendency to overanalyze child behavior and to act like a psychologist with one's children. On balance, both authors felt that the benefits of being a therapist-parent outweigh the detriments.

Guy and Liaboe (1986) suggested that personality and personal development may play a role in why some therapists experience a positive impact of practicing psychotherapy on interpersonal relationships and others do not. Therapists who have worked through their own personal issues during training, supervision, or personal therapy, may have experienced greater personal growth and become better able to navigate personal and professional boundaries. Similarly, Sheridan and Bain (2020) found that the individual psychotherapists' personality and relationship with theory affected whether they experienced negative outcomes in their parenting as a result of their practice. This suggests that therapists who have undertaken their own inner work in order to withstand the rigors and challenges of sustaining the therapeutic relationship may be better able to utilize the benefits and avoid the pitfalls of their professional expertise in their parenting and family lives.

It is worth mentioning that a therapist's family experiences may also affect—positively and negatively— how they function within the therapeutic relationship. Guerin and Hubbard (1987) argued that relationship experiences in one's own family life constitute essential foundations and training ground for the development of an effective therapist. This is because the interaction between the roles of family member and therapist are intertwined and multidirectional. They also argued that

this interconnectedness of roles results in both strengths and weaknesses in one's therapy practice (pp. 58–59).

Benefits of Music Therapy for the Parent-Child Dyad

Research has demonstrated that participation in music therapy sessions can have a positive impact on the relationship between parent and child. Pasiali (2012) described the impact of music therapy on measures of mutuality, reciprocity, and harmonious communication within the relationship of the parent-child dyad. Greeting songs, turn-taking improvisations, musical games, and songwriting were shown to encourage bidirectional parent-child interaction and to promote mutually responsive orientation (MRO). Nicholson et al. (2008) found that participation in music therapy helped to promote positive parent-child relationships in marginalized parent-child dyads, improving parent and child behaviors, irritable parenting, educational activities in the home, parent mental health, and child communication and social play skills. Teggelove et al. (2018) studied the effects of a short-term music-based parenting program on positive parenting practices. They found that participation in music therapy increased self-reported measures of parent competency, efficacy, and satisfaction. It also increased clinician-observed ratings of parental responsiveness, including play and consistency.

Music therapy has been shown to be effective in strengthening the bond between mother and infant (Pasiali, 2014; Cevasco, 2008) and alleviating maternal depression (Mackinlay & Baker, 2005; Cevasco, 2008; Friedman et al., 2010) through cultivating a mother's natural vocal skill in the singing of lullabies. Secure attachment between parent and infant, which is enhanced by singing, leads to

significant and lifelong benefits for the child (Gillath et al., 2016). It is asserted that music therapy is also effective in repairing severed attachment throughout the lifespan (Pasiali, 2014).

According to Pasiali (2012) young children develop interpersonal skills through four contexts within the parent-child relationship: attachment, play, teaching, and caregiving (p. 304). Music therapists are generally equipped with musical interventions suitable for all of these contexts. Familiarity with parent-child musical activities and knowledge of their positive effects on child outcomes might conceivably lead music therapists to implement musical activities—either spontaneously or intentionally—with their own children at home. Therefore, children of music therapist-parents may develop strong interpersonal skills and experience a relationship of mutual responsiveness and secure attachment with their parent as a result of regular “adaptive reciprocal interactions” (Pasali, 2014, p. 203).

Musicianship and Musical Parenting

The musical skill and knowledge required of a music therapist may benefit their children’s development through increased exposure to high quality musical experiences at home (Dell et al., 2015). Custodero and Johnson-Green (2018) found that musically experienced parents were more likely to play and sing music for their infants. Parents with experiences related to singing were much more likely to sing often to their infants and sing a variety of repertoire than those without. Instrumental players were more likely to sing invented songs and to play classical, jazz, and world music genres for their infants. Ilari and Young (2016) found that music, dancing, and singing in the home play a central role in creating and sustaining mutuality in families with middle-school-aged

children (p. 48). They also found that professional musician parents engage frequently in family music making for music's sake, whereas nonprofessional musician parents tended to rely on more formalized music experiences specifically to foster the developmental needs of their children.

The presence of a working music therapist at home, complete with practicing instruments and composing songs, may act as a model for music making. A case study from the music education literature described how a mother's musical journey in learning to play the piano normalized the experience of music making in their home, modeled important lessons to her children, and inspired them to pursue their own musical endeavors (Koops et al., 2017). The author reported that music-making around the piano fostered increased eye contact, physical affection, and verbalizations, suggesting the relational importance of such musical interactions (p. 217). Through her dedication to music, the mother also modeled several qualities and principles that parents would commonly like to impart to their children, including focus and attention, the importance of breaking difficult tasks down into manageable components, and prioritizing quality over quantity.

Parental beliefs, attitudes, and cognitions are known to influence parent-child musical interactions (Okagaki & Bingham, 2005). Music therapist's' beliefs about the power and purpose of music may affect their children's musical development and musical involvement. According to Ilari (2018), there is a strong connection between parental beliefs about the role of music in one's life and levels of involvement in children's music education.

Summary

This overview of the literature has highlighted the unique role of music in healthy childhood development, music therapy interventions that have been shown to improve attachment and relationship dynamics within the parent-child dyad, and specific knowledge and expertise typical of the average music therapist as it might apply to parenting. It has also identified several similarities between the roles of therapist and parent. One implication of this research is that a music therapist's knowledge of psychology and expertise in the use of music for growth, development, and general wellness may potentially be applied—intentionally or unintentionally—to the task of parenting, and with unknown outcomes. Another implication of the research is that parenting experience may reciprocally affect the clinical practice of music therapist-parents.

It is yet to be determined whether this phenomenon of reciprocal influence currently occurs among music therapist-parents. However, the small collection of lived experiences of psychotherapist-parents published within the psychology literature would seem to suggest that psychotherapist-parents consider their dual roles to be highly interconnected and to influence the ways in which they practice their profession and parent their children. Given the common overlap between the two fields, it is reasonable to assert that a similar phenomenon may exist among music therapist-parents.

Method

Design

This study was designed as an exploratory investigation into the experience of music therapists who are also parents. Semi-structured interviews were conducted to gather qualitative data from a small sample

($n=3$) of individual participants. Data was analyzed using Interpretative Phenomenological Analysis (IPA). Ethical approval for this study was obtained from the State University of New York at New Paltz Human Research and Ethics Board. Approval letter may be found in Appendix A.

Participants

Purposive sampling was used to identify female music therapists in the United States who had worked in music therapy for at least three years while also being a parent. The purpose of requiring three years of overlap was to focus the study on the active management of dual roles. Three years of overlap would ensure that participants had adequate time to accumulate lived experiences and to develop a degree of hindsight and reflexivity about these experiences. It would also demonstrate a professional commitment to the field of music therapy, thus deepening the significance of any findings to music therapy as a whole.

The purpose of excluding non-female subjects was to limit a major demographic variable, allowing for a clearer comparison between participant experiences that were already widely diversified by factors such as age, location, clinical population, stage of parenting etc. The American Association of Music Therapy's (AMTA) Workforce Analysis (2021) suggests that female music therapists outnumber male music therapists by a significant margin, with female survey respondents making up 86.44% of total respondents. Therefore, it was hypothesized that focusing the study on females would provide the most applicable results. Additionally, it was hypothesized that focusing on females would foster relatedness between myself, as a female researcher and interviewer, and the participants,

facilitating more in-depth, informed, and relevant interviews, and a more empathetic interpretation of the data.

A total of four music therapists, known to myself and my thesis chair as individuals with children and with the potential to provide a rich account of their unique experiences, were invited via email (see Appendix B) to participate in the study. All of these individuals were located in the U.S. to minimize cultural discrepancies. Three of these individuals agreed to participate. Additional inclusion criteria included a minimum age of 18 years, ability to consent, and ability to interview in English. Exclusion criteria included being male or non-female, under 18 years of age, unable to consent, non-English speaking, or having less than three years of work experience as a music therapist while also being a parent. The age of participants' children did not affect inclusion. Participants completed a brief demographics questionnaire (see Appendix C) prior to the interview to confirm that they met inclusion criteria.

Summaries of the three participants demographic information are presented below:

Participant A

Participant A is a mother of two adult children, aged 29 and 26, and has been married to her musician husband for nearly 30 years. She is American and has practiced music therapy in the Mid-Atlantic region of the United States for over 30 years, working mostly with older adults, specializing in dementia and stroke rehabilitation. Her theoretical orientation is humanistic and neurologic.

Participant B

Participant B is 43 years old, married, and a mother of three children, a seven-year-old daughter and four-year-old girl/boy twins. She is American and has worked as a music therapist for 18 years. She currently works with the homeless population in an urban area in the Mid-Atlantic region of the United States from a Community Music Therapy orientation. In addition to her dual roles as parent and music therapist, she is also a music therapy doctoral candidate.

Participant C

Participant C is 28 years old, married, and a mother of two boys, aged four and three. She is currently pregnant with her third child. She is American and has been practicing music therapy for four years, working in the school setting with elementary aged children in the Mid-West region of the United States. Her theoretical orientation is holistic and resource-oriented.

Interviews

Semi-structured interviews were conducted individually with each participant by the researcher using Webex online conferencing software and followed a predetermined interview protocol (see Appendix D). Participants gave verbal consent at the beginning of the interview for the use of their demographic information, their participation in the interview process, and for recording of the interview. During the interview, participants were asked a series of open-ended questions (see Appendix E) regarding their thoughts, feelings, and experiences surrounding being music therapist-parents and the reciprocal influence of these two roles. Participants were encouraged beforehand to be as transparent as possible with their responses. Interviews lasted approximately 45 minutes and were

recorded. After the interviews, participants were sent a copy of their transcript and given the opportunity to remove any confidential or identifying information.

Each interview recording was transcribed verbatim using a combination of automatically generated and manual transcription. Before analyzing the data, I engaged in bracketing by freewriting my own experiences and interpretations of the interviews and transcripts. This allowed me to identify preconceptions and biases that may have affected the analysis. I then read each transcript several times while listening to the recordings, noting important verbal cues and adding comments in the margins. Once an adequate understanding of tone, inflection, and meaning had been achieved, the recordings were destroyed.

Data Analysis

Interpretative Phenomenological Analysis (IPA) was used to analyze the interview transcripts. This approach was chosen for its emphasis on both the emic and etic perspectives, encouraging psychological interpretation of participants' expressions while protecting against overly reductionist thinking (Pietkiewicz & Smith, 2014). To ensure proper protocols and sufficient rigor, I followed the IPA framework outlined by Pietkiewicz and Smith (2014). The first stage of this analysis protocol involved multiple readings of the transcripts while noting exploratory observations, reflections, thoughts, and comments, and highlighting important phrases for future reference. The second stage of the analysis involved transforming these notes into emerging themes. According to Pietkiewicz and Smith (2014), the researcher's aim at this stage is "to formulate a concise phrase at a slightly higher level of abstraction which may refer to a more psychological conceptualization" (p. 12). I therefore

summarized my notes into short phrases that encapsulated the essence of each expression.

Triangulation was then employed to verify that my interpretation of the themes was reasonable.

Excerpts of the interview transcripts were sent to my thesis supervisor, who independently reviewed them, made notes, and extracted emerging themes, herself. Our respective interpretations were found to be in agreement. The third stage of the analysis involved seeking relationships between emerging themes and consolidating themes into clusters. This was achieved by compiling all of the themes for each transcript and then grouping them under descriptive labels. A final, additional stage involved creating a comparison chart that cross-referenced themes from each of the three interviews. This allowed me to then extract overarching themes that were common to all three participants.

Results

A total of 11 common themes emerged from the IPA data analysis. These themes fall within three distinct categories: 1) effects on parenting, 2) effects on therapy practice, and 3) challenges.

Table 1.

Categories & Themes

Categories	Effects on Parenting	Effects on Therapy Practice	Challenges
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Themes	a) Mindful musical parenting b) Strengths-based, resource-oriented parenting c) Socially aware parenting d) Use of therapeutic skills and knowledge in the parenting role	a) Strengthening of the therapist-client relationship b) Increased perspective and empathy for the client experience c) Use of parenting skills and knowledge in the clinical space	a) Logistical challenges b) Financial challenges c) Psychological challenges d) Ethical challenges
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Category 1: Effects on Parenting

Participants described various ways in which their dual roles affected their parenting. These emerged within four distinct themes common to each of the participants: a) mindful musical parenting, b) strength-based, resource-oriented parenting, c) socially aware parenting, and d) use of therapeutic skill and knowledge in the parenting role. Each theme demonstrates aspects of participants' parenting approaches that they perceived as both beneficial and directly influenced by their role as a music therapist.

Mindful Musical Parenting

Participants expressed a high degree of mindfulness in their approach to musical parenting. They each described an intentionally rich musical home life, in which their children were exposed to a diverse range of live and recorded music listening experiences, and they considered this to be beneficial to their children's development:

I think we're a very music centered household in terms of, like, listening and hopefully breeding tolerance for a wide range of music from all over the world [...] We do a lot of, like, listening and dancing, and a lot of that comes from what I'm listening to, which could be influenced by clinical work. This morning we listened to The Cranberries. My son loves, um, REM lately. Um, I'm trying to think...Oh, Eye of the Tiger, the whole Rocky Balboa theme. I don't know, it's like all over the map. I love Latin American music, so they're well versed in Mark Anthony. Um. What else...? There's, like, movies stuff, too, but, like, I do try and, you know, let them hear different kinds of music. So, I think that would be the biggest influence in parenting.

(Participant B)

Both my husband and I are professional musicians, so there was a lot of music, a lot of music, um, when they were growing up [...] My kids were the ones before each number (at a performance of The Nutcracker) that would shout out with the next...as soon as the orchestra started with the opening note to go "Oh, that's The Waltz of the Flowers! Oh!" People turn around and say "Who are these kids?" (Participant A)

I play a wide variety of music and I think if there's something that has a really kind of notable guitar sound or, like, a repetitive refrain they kind of lock onto it and they'll remember what it's called and they'll ask for it when they're in the car. (Participant C)

In addition to music listening, interactive parent-child musical experiences featured prominently in participants' accounts of their musical home lives. These experiences were characterized by an emphasis on process over product, and pure parental enjoyment in engaging musically with their children:

If I'm practicing at home, which doesn't happen as much as it should, but when I do, like, they tend to jump right in right. They really like it. Um. If I open up the piano, which again should happen more but it doesn't...But when it does, like, it can be, um...really fun. (Participant B)

I just I figured out the chords and I played it ("Rock-a-Bye Your Bear", by The Wiggles) on the piano and he sang along with it. And the first time, he is just kind of watching what I'm doing and it's sort of call-and-response so he sang the response [...] And then, once I got to the kind of interlude part, he started doing *this* *mimic hand motions banging on piano*. It was like he watched what I was doing, and he paid attention to what was happening in the song. And then he tried to do it, too, with me. It was great. (Participant C)

Participants mentioned using music in a goal-oriented manner with their own children very rarely, if ever:

I don't think I ever acted, interacted musically with them as I would with a patient, you know...Improvising, making up songs had no goals other than purely in the

moment to be present in sharing an experience, rather than looking for any outcomes.

(Participant A)

However, Participant C, who works with children in her clinical music therapy practice, described how she has used a specific action song occasionally to assist with parenting her young children:

There's a...there's a song I use. Er, it's...it's not even really a song. It's just 10 seconds of helping a kid wait for 10 seconds. So, it's singing *sings* "Waiting, waiting, we are waiting. Waiting, waiting to"...whatever...play some more. Um, and I definitely have used that with my own kids when I just need them to wait for something and it kind of helps them slow down and it helps me slow down. So, I'm not getting impatient with them for being impatient with me. It gives me...it makes it constructive in the moment, I guess.

Participants demonstrated a detailed awareness of their children's musical preferences, skills, and abilities:

Yeah, they're funny. They like, uh...they like rock music...they don't seem like they care for music that doesn't have vocals, if that makes sense. Like, sometimes I listen to like bluegrass or anything classical and they're not really or...I mean, even choral music, where you can't really hear the words super well and they're, like, not really...not really into it. They like a loud guitar and loud vocals. (Participant C)

Both of them have an incredible sensitivity to music [...] well, the younger one, it's interesting because the younger one, um, had poor pitch, you know, couldn't sing in tune when they were in middle school— was it middle school? Elementary school because they had done the elementary school...—this... a group of parents got together and wanted to do, like a Broadway review type of thing and she sang a song and I remembered when they first started they couldn't sing in tune. And the parent who was doing it was actually a Tony nominated Broadway actress who gave them the private lessons and after that, they have incredible pitch. It's just amazing. So, that was sort of a learning thing that they had to adjust. (Participant A)

Participants considered access to musical opportunity and musical encouragement to be important aspects of their parenting role.

We looked for houses in districts where there were really good arts programs, because we thought that was very important, um, for the kids. And also, obviously good academics and stuff, but really more the integration of arts and academics, as opposed to like, really good academic places that didn't have lots of programs. (Participant A)

I've always kind of chosen more musical, like, TV shows and things like that to introduce them to. Um, they have a couple of play instruments that they've had for a long time. Um, and I, you know, when we noticed that they were singing along at

church, then we're like, "Oh, I heard you singing, your voice sounded so pretty!" Um.

We kind of try to nudge it along, I guess. (Participant C)

However, participants also unanimously expressed mindfulness of the risk of pushing music onto their children, and an aversion to forcing their children into musical pursuits:

I never pushed my kids to go beyond playing—you know, learning an instrument—and it was always based on what their affinities seemed to be toward, what they took joy in doing. I just, I think...I don't know if that's the therapist in me after all these years of working and sort of knowing it's always better to do something you love than being forced into doing something you have to do for approval (Participant A)

It's been really exciting to watch and kind of encourage their musical development, but I also...I don't want to be too, like, hands on and pushy 'cause I don't want them to, um, like, lose...lose interest in it because of that. (Participant C)

My daughter, Sophie, the seven-year-old, she wants to learn piano, but she wants me to teach her and I just think that's not a good formula. So, um, because I know it's frustrating, right? Like you get frustrated and...and I just think she'd do better if it was somebody not as invested as me, right? (Participant B)

Strengths-based, Resource-oriented Parenting

Participants' parenting styles favored strengths-based, resource-oriented approaches. They tended to focus on their children's individual personalities and interests, encouraging intrinsic rather than extrinsic motivation:

One of my kids is very, like...social-emotional skills are really his strength. He's always been just an extrovert and so good with people and so interested in other people. Um. So, I'm not necessarily going to stop him from playing with friends so that he can develop his fine motor skills or whatever, which is kind of his weaker area. Um, and then my other kid is really active. Gross motor skills are his thing. He's always like kicking a ball or running around outside and I would rather find a way to pull the other skills into, like, I would rather find a way to encourage him to work on the other stuff after he's done...after he's played outside all he wants and he's tired, you know?

Laughs I'm not...I can't tell the kid not to play outside. (Participant C)

Providing their children with autonomy and choice, while monitoring for safety, was an important tenet of parenting common to all participants:

I only give...I give advice if they ask for it. But I think I've, I've defaulted on letting them make their own decisions unless I thought it was dangerous to them. And maybe in that case, I'm more of a therapist than a...but then I guess it's similar to being a parent. (Participant A)

I let them kind of lead their own play time, I guess, which also might be because I am working with kids all the time. So, I like when they can kind of play independently, with me as, like, a happy spectator and supporter. But it's exciting to, you know, turn them loose and then a little while later, like, see them using their imaginations. It's really exciting. (Participant C)

They're very excited to just do imaginary play and they occupy themselves and it's the best thing, and then they're like, proud of themselves and, you know, that, like, self-gratification keeps them going. (Participant B)

As a parent of teenagers, Participant A encouraged her children to navigate difficult situations on their own by allowing them space to access their own inner resources, while maintaining a protective and watchful presence. She describes utilizing this approach in a situation where her teenage daughter had started associating with a dangerous group of peers:

...I just kept my eyes open for things that were happening and who she was seeing, making sure she didn't do anything that was dangerous to her and to her friends, and by doing so what I found out was that she was, like, giving her friends help. She felt...if I had stopped it from the beginning, it would've, I think, interrupted development in that sense because what she was doing is actually being the sounding board for her friends who had very difficult behaviors. (Participant A)

Socially Aware Parenting

Participants expressed that music therapy work promoted a heightened awareness of social issues and helped them to cultivate skills in navigating these issues with their children. Participant B conveyed that music therapy work provided opportunities for her children to experience human diversity and human struggle. An example of this was her daughter's attendance at a music therapy choir performance:

But she got to see me playing, she got to see them singing, you know? She could tell there were...you know, some people with some challenges. Whether she could articulate that, she at least saw it, you know, um...And so, I was glad she got to see that.

(Participant B)

She continued to express her parental conviction of the importance of exposing her children to social issues:

...wanting to not isolate them from things that happen that are real. Like, I'm a very...I'm a realist, like, I, I, I'm not going to pretend that it's all rainbows and unicorns just because you're a child, right? And because you do have the privilege of being, you know, Caucasian in this world...Um...The, the deck is stacked against you if you identify as female, right? So, if you're...So far they're identifying...two of them are identifying that way. So, you know, there are things to teach, and I don't know...I, I...Part of me wants to, to expose them to see...to hear their thoughts, right? Like, not

even to maybe steer them one way or another, although I hope I demonstrate something that way that's helpful, but part of it is just to start them thinking about or asking questions, you know...so, I think that's part of it, like, exposing them to the real life of, of the, of the, of the world.

When Participant B and her young daughter encountered a group of homeless men in the train station on their way to a concert, she was equipped with the social skills to both protect her child from danger and to model humane and socially-conscious behaviors:

Having seen so much humanity and interacted with so many people at the center, um, like, I was able to just look him in the face and, like, talk. I think I said "Thank you" or "Have a good evening" or something, right? But I...it wasn't in passing without looking, right? Like, I, I acknowledged him, like, and I...I feel like I received what he said, you know, I didn't dismiss it. Um, but I don't...I don't think I would have had that, um, ability, I guess...capability to do that if I hadn't gotten to know so many people in a similar situation, you know, um. Yeah.

For Participant A, exposure to the diversity of humanity through her musical community facilitated her social awareness and ultimate acceptance of her child's transgender identity:

I've had colleagues, of course, who, um, not music therapy colleagues, but music professionals who are part of the LGBTQ community so being in that world for a long time, I didn't have any hesitations about any...anything that might come up. I know

this is a rich world of people and I think the most appreciative thing that I...feelings I have is that the world's opened up and, you know, in acceptance and things like that.

Use of Therapeutic Skill and Knowledge in the Parenting Role

Participants described using their music therapist skills, knowledge, and experience to help them understand their children and provide emotional and developmental support:

I think being a therapist, um, that's helped me, too, in just understanding them and understanding the process of being open to their experience and being there to support. (Participant A)

Both of my kids have told me that they like that I tend to listen a lot...and let them...let them express themselves (Participant A)

Participant A described using her therapist-honed ability to remain emotionally grounded and nonreactive during a conflict with her daughter surrounding a family vacation:

The first thing she said was how much she hated me for making these decisions and how she didn't have a life and how horrible this was. And I just let her rant. I didn't...My husband was surprised I didn't respond other than let her rant and, and I say "I know you're really upset, but let's, we'll work it out, we'll figure out what works best for you." And then she came on vacation. (Participant A)

Heightened awareness of their children's behaviors, emotional needs, and developmental needs as a result of their therapist role was a common experience for participants. This was considered both a benefit and a detriment to parenting:

...being a therapist and being really aware of psychology is being hyper-focused on...on my kids and...and their development over time. So, I think it...so it makes us vulnerable to, to, um, thinking...overthinking. (Participant A)

My pediatrician has said that she can tell that my kids are raised by someone with kind of that mindset (a knowledge of developmental theory) because, like, in her words, I'm working on it with them without actually...without trying, without working on it. (Participant C)

Participant B demonstrated how this heightened awareness allowed her to anticipate her child's needs and to provide support during a music therapy concert her child attended:

I think it was a little intimidating for her because she was the only kid, right? Um, but I talked with her about what, you know, what she might see before we went. And I wanted her to experience that, right? Like, that's...that's real life being the only one of some kind, you know, in a space, like, even if...Like, that's gonna leave an impression, right? As a seven-year-old.

As a kind of antidote to the tendency to hyperfocus on one's own children, it was expressed that being a therapist also helped to alleviate parental anxiety by providing context for children's behaviors:

Having the context of working with kids with a wide variety of abilities, um, has helped me put into perspective whatever I'm dealing with at home... (My son) does some just kind of hand flapping sometimes when he's excited, but having worked with a lot of autistic kids in my work, you know, I'm able to kind of put it in perspective and say, you know, "This isn't something to be freaked out about." (Participant C)

Category 2: Effects on Therapy Practice

Effects of the dual roles on participants' therapy practices emerged as three common themes:

a) strengthening of the therapist-client relationship, b) increased perspective and empathy for the client experience, and c) use of parenting skills and knowledge in the clinical space.

Strengthening of the therapist-client relationship

Pregnancy and motherhood were experienced by participant B as a humanizing and equalizing factor in her therapeutic relationships with clients:

Even traversing that clinical space while I was pregnant, um...there was like a level of humanity with the clients where it was like, okay, we're just human to human here, right? Um, there's no power hierarchy; therapist, you know, client. (Participant B)

They knew me before being pregnant and then they knew me after having the baby, you know, and it was like...There was like a check in at times...from them, you know, and I...I was really happy to be authentic with them to a point...right?...of like, baby's doing good, you know, um, and then they'd share maybe about their kids or their grandkids. So, there would be this, like, I don't know, like, camaraderie kind of, um. Not, not better than if I wasn't a parent, but just a different area, you know, a different way of relating. (Participant B)

Pregnancy and motherhood also served as catalysts for client self-expression during music therapy sessions:

I think that she was from Jamaica, but she had come here. She left her kids. Um, and I don't know if she had some feelings about that or, um, and that was maybe why, you know, she also wanted to hear...um...But she always did seem very happy to talk about it, you know, and would have that conversation. (Participant B)

I was doing some sessions, a local nursing home, different from my regular job, where we'd go on the weekends to play and I took my, my older kid there in the bassinet and so having a child there during those sessions—and they were more, like, sing-along-type things and it was it wasn't psychotherapy in any, any sense of the word—so, having the child there became a catalyst for how the residents chose songs and

interacted. So, I think just the fact that a baby was there changed the type of music that I used in the group. (Participant A)

Being a parent exposed participants to the newest and most popular children's music, which gave them an immediate connection with child clients:

There have been times when I'm with a kid at work and, like, maybe they're just playing, or they're really fixated on a certain thing right now and I'll remember that song (a popular children's song favored by her son) and I'll start singing it and they'll just kind of look at me, from whatever they were doing and, like, they don't want to show that they're excited, but they're like, "Oh, I didn't think you would know that song." And that's really exciting. (Participant C)

Increased Perspective and Empathy for the Client Experience

Two of the participants were practicing music therapists before becoming parents. For these participants, becoming a parent changed the way they viewed the experience of child-clients and their families:

My daughter has some medical needs and so I've been in the hospital where I've been on the flip side of a child life specialist coming to the room, right? Young, right? Like, twenty-something, I'm sure. Um. I'm pretty sure they didn't have any kids, you know? Talked about their boyfriend, you know? And stuff like that. And I was like...I was like "Wow, is that how I occurred for parents?" (Participant B)

Navigating this increase in empathy and perspective required reflexivity and self-compassion:

And I had to reconcile that for myself of “Well, I...I know I was going in trying to provide something for their child. Yes, I didn't have that commonality of being a parent at the time, but I, I think I was still able to contribute to the child and the family, hopefully their quality of life in that moment” right? Like, that was my hope, um. But I remember having to really think about that and be like...I was a bit embarrassed at first, like “Oh, man, I was so green.” Like, I had no idea, you know?

(Participant B)

Becoming a parent also changed the way they understood adult clients who were parents, increasing the sense of empathy and understanding:

Oh, yes, yes, yes, absolutely. That sense of...the sense of...knowing...(Participant A)

That made me hyper-conscious about older people and their relationships to their children, and the awkwardness of that. (Participant A)

Use of Parenting Skill and Knowledge in the Clinical Space

Participants described how being a parent increased their level of comfort and skill in interacting with child clients:

Since having kids, I've also done some work with children, more so than I used to do, and just being very aware of...of developmental stages and, especially from neurologic

development and stuff, and being very much more able than I thought I would be to, to, um, really play and interact. So, I think parenting has helped music therapy in just being more conscious of what kids need and what they respond to. (Participant A)

He wanted to, like, sit in my lap and have me sing to him. He wanted me to give him, like, sensory input by running my fingers down his arms, or, like, um, I would tap his back to the beat sometimes while I would sing. Um, and I definitely don't think I would have been comfortable with that prior to having my own kids that climb on me all the time. (Participant C)

Observing and experiencing their own children's development helped to contextualize developmental theory and deepen theoretical understanding:

I think I've re-learned it (developmental theory) though, because of, um, my youngest having some challenges. So, I think that's helped me, you know, kind of re-learn it and be reminded of...of the stages and the language from the therapist. (Participant B)

Category 3: Challenges

Various challenges were expressed by participants regarding their dual roles. These are divided into four common themes: a) logistical challenges, b) financial challenges, c) psychological challenges, and d) ethical challenges.

Logistical Challenges

Pregnancy and the post-partum period were described as particularly difficult to navigate while maintaining music therapy clinical work, with breastfeeding posing a common logistical issue for participants:

Going back to work after maternity leave. Like, being...traveling around to different schools and houses all the time while trying to breastfeed is really difficult. And I just...oh, oh, it was hard... I set it up so that I could, um, use my breast pump in the car while I drove. Um, and that helped so much 'cause I didn't have to take time out or find a private place, (Participant C)

I remember, I think I was breastfeeding at one of the board meetings because... *laughs* It was a bunch of doctors, so they didn't really care anyway, but it was that kind of thing. It's like, "Well, you have to be here. You're the only one who can do this, just work it out." So I said, like, I said "The kid comes with me" and every presentation I did, the kid was with me and I would...whatever I needed to do to take care of them, I did. (Participant A)

The rigidity of work schedules during infant-parenting years also affected participants' experiences:

There's also been times where, um, we are going through something at home that makes me not be sleeping as well and then I have to go to work anyway and that's not ideal. (Participant C)

Difficulty arranging childcare for young children while managing music therapy work often resulted in a child being brought to professional engagements:

She was, from a very early age, was dragged around to all of this. So I was...I only took six weeks off from work, um, because I had... 'cause I was the breadwinner and had to get back to work, too. (Participant A)

We did this event where it was for...it was a sensory friendly event through the Philadelphia orchestra and we had a table, and there were different music therapists there and, um...My husband was able to have the twins, but it was going to help if I could take one kid. Right? Like, pick one. Well, I was like, I'll take the oldest because she can pretty much occupy herself and I knew she'd be good. You know, she's potty trained, you know? All those things, right? Bring her a couple of snacks. She's fine and, um, it ended up being totally fine... (Participant B)

Participants experienced the need to bring children to work as a significant stress in their lives, especially when faced with resistance from institutions and colleagues. However, they tended to persevere, displaying a sense of empowerment in their choice to defy convention and judgment:

Some of the people at the place where I worked were very misogynistic and it was almost like the kid was an obstruction to work I had to get done. And so I just made them accept the fact that I brought the kid every place. (Participant A)

I've stopped asking, I think I used to be more apologetic about it. But now I feel like I'm just like "Oh, can I bring my kid?" like...like, just kinda like "Oh, I'll bring their iPad" and, you know, like...Honestly, they don't have an iPad, they have a Kindle, but, like, I'll be like, oh, bring some things for them to, to occupy them. (Participant B)

One participant framed this issue in terms of inclusivity and accessibility:

...if we're talking about inclusivity in many ways, right? Um. I think we have to also include accessibility for people that need childcare or...or maybe, you know, have to bring their kid along to a, to a presentation. (Participant B)

Having the choice and opportunity to work part-time while raising young children seemed to alleviate scheduling and childcare concerns and to create a sense of balance:

I really think that being at home part time and working part time and having both of those has really forced me to have a balance. Um, so many of my classmates, you know, they went straight from their internship to working full time. And a lot of them burned out. (Participant C)

I have Mondays where my kids are at preschool and I am not working. I don't have any scheduled sessions, so I get to do my planning in quiet mostly. And that makes me feel really ready for the week. (Participant C) [...] I only have two days, uh, where I can work and, uh, I'd work really hard not to bring work home. It really just forced me to have good boundaries, I guess. (Participant C)

Participants all emphasized the importance of support, flexibility, and collaboration from spouses, supervisors, and bosses in enabling them to handle the logistics of their dual roles:

Luckily, my supervisor has a baby, right? And she is all for inclusivity and she was like "Yeah, that should be fine." (Participant B)

My boss is a mom as well. She's a mom of four and right now we have almost too many clients, so we're working on hiring someone else but, um, she is also ideally only working part time, so she totally gets it. And if I have to call off because I have a sick kid, um, she, like, totally understands. That really helps. (Participant C)

When I went back to my internship after having our first, he (my husband), during the week, was a stay-at-home parent, and the cost of living in that area was so low that we could almost make it work, um...but we did have to kind of break into savings and get help from family for that time. Um. And then, uh...Uh, when first started working, um, for private practice, um, he was happy to let me work evenings if that's what worked for the families that I was working for. Um. And he said, like, his goal in his

work is for me to work as much or as little as I want to. Um, so it's just been crucial to have that support. (Participant C)

It's really the support systems, financially, right? Both financially and professionally, um, to be able to juggle the two and make it work. (Participant A)

Financial Challenges

Financial concerns factored heavily into participants' experiences of managing their dual roles. The pressure to provide financially, combined with the low pay scale and lack of financial security in many music therapy jobs, led to anxiety and stress for participants and their children:

My younger kid had a really major anxiety attack when I lost that job and I wasn't sure if they could stay in school. I didn't tell them, but they sort of figured it out. So, even after all the stuff I've done, if a job ends and you have to find a new place and you're not sure for those six months it was pretty stressful, but I didn't let it out. I sort of kept it in, you know, internally. (Participant A)

It was, you know, federal minimum wage. So, I was making \$7.25 an hour and...because we kind of lived in the middle of nowhere in a very...a really low cost of living little town, uh, we made it work. And then when my son was born, I took five weeks off, unpaid. (Participant C)

Returning to work soon after giving birth to their children was a common experience for participants:

I was in labor, I gave birth—it was a long labor. While I was in the hospital recuperating, the person who was—then we had just started the Institute—calls saying we got the grant, but they have all these questions. They're having you have to get me the answers by Friday. *Laughs* So, I'm here and trying to recuperate and be writing this grant while I'm still in the hospital. (Participant A)

Financial concerns necessitating full-time work meant that participants often did not get to spend as much time with their children as they would have liked:

The only thing I feel bad about is that I couldn't afford...since I was the breadwinner—my, my husband's a freelance musician— I had to pay the bills and had to make sure...I had to have a steady job to do that. So, in that case, I...I wish I had had more time, you know, to be part of a PTA or, you know. (Participant A)

Psychological Challenges

The main psychological concern shared by participants was the tendency to hyperfocus on their children's development and to engage in spontaneous psychoanalysis of their own and their children's thoughts, feelings, and behaviors. This appeared to cause elevated anxiety around the parenting role and a heightened sense of responsibility for their children's healthy development. For example, Participant A's interpretation of her child's dream reflected and reinforced her feeling that she was not spending enough time with her children:

It's always been a challenging balance to do to both...my younger one used to have this nightmare that, um, something would happen to me and my husband—I don't know if kids have this kind of nightmare when they're young—and how her older sister would be responsible and all they would eat would be Cheerios all day. And there wouldn't be any food and they'd have to live off Cheerios and how horrible that would be. So, I'm sure there's some...I'm sure there was something in that about my being away and maybe not coming back.

The burden of worry and anxiety about being away from one's children was also present in Participant B's analysis of her own experience, replete with the use of therapist language and psychological frameworks to understand and describe her thoughts, feelings, and behaviors:

Even when I'm working in the clinic, I'm still, on an unconscious level, like, holding the space for my kids. Right? I might not be actively thinking or talking about them, but there's still, you know, they're like... they're here *touches hand to chest* right? And they're in my mind, but I...maybe not in the forefront, right? (Participant B)

However, participants were also often aware of this analytical behavior and were able to consciously label it as it occurred:

My partner, I would venture to bet money that he's not as emotionally invested in mealtime as I am. You know? And, and I don't know if, if some of that is like...Is that out of guilt, for me? Like, knowing my daughter has, like, eating issues and stuff. You

know, is it me projecting my...Here's the therapist brain, right?...Me projecting my, um, you know, what I should do, what I haven't done, right? (Participant B)

I just remember saying "Well, you know, that's okay. So, maybe...maybe they'll be more masculine" or whatever. And then they became very, very feminine at one point. Um. And that might have been autocorrect to try to fit in is what I'm thinking. That's the therapist, you know, analyzing it. It might have been a trans...their own inner type of checking out if "Am I really this person?" (Participant A)

Another psychological strain was the underlying expectation of oneself to be an exceptional parent due to advanced psychological and therapeutic expertise. For Participant A, she was surprised to be caught off guard when her child recently came out as transgender:

I think, because I'm a therapist, I think I should have noticed some differences or some changes. (Participant A)

During the global COVID-19 pandemic, in-person clinical work posed a threat to the safety of participants' families, which was psychologically distressing to participants:

Going back after COVID was really difficult because I would worry a lot about what I was bringing home. (Participant C)

On balance, participants seemed to view their dual roles as beneficial to their psychological wellbeing. They valued being able to maintain a sense of identity in doing work that they enjoyed:

I think if I liked it any less, you know, maybe I would resent it, but I, I just really enjoyed the...I really enjoyed where I was, and I really like where I am now. So, it's really easy for all of the external stress to kind of melt away when I'm with my clients.

(Participant C)

Usually when I go there (the music therapy center) I'm pretty fresh because I'm happy to be going to work and having that professional identity. (Participant B)

They also recognized the healthy shift in values that parenthood brought to their work lives:

I think over time, um, being the parent and... and feeling responsible and obligated in that sense definitely changed my workaholic behavior 'cause I've never...um, I stopped being work first. Um. Well, my family might not say that, but to me, I feel like I don't...I'm not as, uh...well, as super focused on work as I was 30 years ago, so yeah.

(Participant A)

Balancing multiple roles was viewed, ultimately, as a psychologically challenging but pragmatic issue and was accompanied by a sense of acceptance:

And my life has always been this balance between work, kids, relationships, you know...things...and making it work. (Participant A)

Ethical Challenges

Motherhood as self-disclosure emerged as an ethical dilemma for Participant B during her pregnancy and also later when she was conducting music therapy sessions virtually:

My sister in law would take the kids outside so I was HIPPA compliant and, um...I would facilitate the group and then the client saw...I was in my...the twins bedroom, and she saw the crib, and she was like, “Oh, you have baby, you have a...” and then I was like “Oh, I have two.” And, like....But it...again, it was like, she was so excited to talk about that. And then I turned my camera. Like, I think I was still adjusting my, my space, right? So then I turned the camera enough so you really couldn't see the crib so it wouldn't be distracting, right? Like, here we are, like...She's somebody that had communication challenges. She was excited to talk about that and here I am trying to, like, hide it?

These types of experiences led her to question the rigid boundaries surrounding therapist's personal lives:

I think of, like, the word “professionalism,” right? Are we being professional by compartmentalizing these personal aspects of ourselves? Yeah, I mean, it depends what the aspect is, but I'm like, why do we have to compart...Why do we feel? Why do *I* feel...I'll speak for me...Why do I feel I have to compartmentalize my children, right?
(Participant B)

Another potential ethical concern emerged from participants' general lack of clarity regarding role differentiation. The concept of interconnectedness and reciprocal influence between parent and music therapist roles had not been consciously considered prior to the interviews:

To tell you the truth, I never really thought about it 'cause it seems to be such a normal part of my...my life. So, it's not something...until you talked about it, it just seems to be another professional thing that one has to do to...to manage the both. (Participant A)

Cursory thoughts on the subject were limited in scope:

I like to think that being a music therapist makes me a better mom and being a mom makes me a better music therapist. (Participant C)

One participant demonstrated difficulty defining the difference between the therapeutic relationship and the parent-child relationship, despite holding certain strong convictions:

Well, I know I'm not my kids' therapist, for sure. Um...So, I listen differently. I mean, I, I listen openly... [...] So, so I don't...I only give...I give advice if they ask for it. But I think I've, I've defaulted on letting them make their own decisions unless I thought it was dangerous to them. And maybe, in that case, I'm more of a therapist than a, than a...but then I guess it's similar to being a parent. (Participant A)

Participants frequently demonstrated such overlap between their dual roles as well as a tendency to cross-pollinate skills and knowledge from one role to another. These behaviors

were considered largely beneficial, and, besides the tendency to be analytical in their parenting role, little thought was given to the potential detriments or risks of enmeshing dual roles.

Finally, participants were notably hesitant to discuss the potential influence of their parenting role on their clinical music therapy practice. A strong sense of professionalism curtailed discussion in many instances. Experiences pertaining to the influence of the music therapist role on the parenting role were therefore significantly more numerous and detailed by comparison.

Discussion

The themes that emerged from this study suggest that the roles of music therapist and parent are mutually beneficial and interdependent but may also pose conflicts to one another and to the music therapist-parent. These findings mirror those of a similar study conducted by Dindoyal (2018) in many ways. Participants in both studies experienced enhanced empathy for music therapy clients and clients' parents as a result of their own parenthood. The difficulties of motherhood, feeling torn between roles, and struggling to balance competing parts of one's life were common to participants in both studies, and supportive work environments were considered similarly instrumental in successfully navigating these issues. However, participants in the present study were, overall, more optimistic about their dual roles. They seemed distinctly more preoccupied with logistical concerns than psychological or emotional concerns. They used less emotive language in describing their experiences, often framing them within societal, institutional, or logistical contexts. They were less openly distressed about the conflicts between their roles and approached problem-solving with a sense of pragmatism about "making it work." They were also significantly less forthcoming in sharing the

negative influences of their parenting role on their clinical practice. Dindoyal (2018) described several detrimental effects of participants' parenting role on their clinical practice, including "intense countertransference feelings linked to their maternal identities," (p. 108) leading to acting out of the empathetic maternal role with clients. Professional boundary issues of this magnitude were not evident in any of the present participants' experiences.

This difference could reflect a cultural variation between the U.S. and the U.K. regarding attitudes toward work, professionalism, competitiveness, or ethical punitiveness. It may be that U.S. culture places higher stakes on professional etiquette, whereas culture in the U.K. values professional honesty. Alternatively, it could reflect a difference in the interviewers' skills, manner, or interests. Dindoyal's (2018) explicit focus on motherhood as opposed to parenthood, alone, may account for the difference, as she noted that "cultural expectations of motherhood had a profound influence, exerting pressure both on their roles as mothers, as well as therapists" (p.109). It is also possible that the purposive sampling used in the present study design caused participants to fear identification and professional repercussions for disclosing potential ethical violations. Identifying the cause of this difference may be important, as it could signify areas of music therapy ethics where practitioners are either unaware or in denial of their ethical dilemmas.

In general, participants did not report encountering difficulty in separating their personal and professional roles to the degree that has been reported by psychotherapist-parents (Farber, 1983, 1985; Henry et al., 1973; Maeder, 1989; Zur, 1994). They were acutely aware of the fact that they were not their children's therapist and did not attempt to "therapize" their children at home. They also relied

less heavily on psychological theory in their parenting role than psychotherapist-parents. However, they reported certain parent-child dynamics and parenting styles that were similar to those reported by psychotherapist-parents. The tendency to take an objectivist and interpretivist stance within the parent-child relationship, as reported by Guy and Liaboe (1986), was particularly prevalent in Participant A's parenting style. This contributed to positive outcomes during parent-child conflicts, but also resulted in a tendency to over-analyze behaviors and interactions, an experience that echoed that of Philpot (1987). Also similar to Philpot's (1987) experience, Participant A found that her children appreciated their music therapist-parent's skill in providing nonjudgmental support, open communication, listening, empathy, and encouragement of their unique strengths and personalities. This humanistic, strengths-based approach to parenting was common to the other two participants and may manifest similar child sentiments as their children mature. The stress of time spent away from children due to work commitments aligned with Golden and Farber's (1998) findings.

Differences between the psychologist-parents and the music therapist-parents seemed largely related to the musical component of the music therapist's profession, with participants placing high value on their children's creativity, expressivity, and exposure to music. Music therapist-parents reported frequently engaging in musical activities with their children at home, with Participant C even utilizing similar musical activities with her own children as she utilized with clients at work. This kind of musical interaction may have potentially encouraged a different kind of parent-child connection based on the communal nature of music.

In the clinical domain, participants A and C echoed Marlin's (1988, p. 476) experience in which parenting helped to cultivate an ability to be playful with clients, strengthening their understanding of the importance of play, and increasing their comfort in engaging playfully with child clients. Participants did not, however, make any indication that their experience of the parent-child relationship influenced their ability to nurture and deepen the therapeutic relationship, as suggested by Guerin and Hubbard (1987).

Many of the logistical conflicts and concerns that weighed on participants were not necessarily unique to the field of music therapy, as they could be experienced by any working parent in any profession. Issues of scheduling and childcare, for example, are commonly experienced by working parents in general. However, the perspectives of the music therapist-parents and their subsequent responses to these concerns may differ from those of working parents in other professions. For example, participants each expressed a true enjoyment in their music therapy work and a true love of music, which increased their engagement in their work and contributed to their overall satisfaction with their dual roles. Participants A and B both defended the practice of bringing their children to professional engagements, a solution which may not have seemed viable had there not been a musical component to their profession. They were also able to rely on psychotherapy knowledge and counseling skills to navigate their parent-child conflicts surrounding scheduling and time spent apart due to work commitments.

A final and notable result of this study is that music therapist-parents may tend to nest both their therapist role and their parenting role within their existing personal belief system. Participants

described engaging in similar attitudes and behaviors across both roles and taking a similar stance within the therapeutic relationship as the parent-child relationship. Their underlying convictions about music, health, and development informed both roles equally. For example, the humanistic and resource-oriented therapist also considered herself a humanistic and resource-oriented parent and acted accordingly within both settings, and the social justice-oriented music therapist emphasized social justice within her parenting role as equally as she did within her music therapist role. The motivation behind their approaches appeared to be based on deeply held conviction and was imbued with emotion. Essentially, participants' personal beliefs and values seemed to greatly influence the way they both parented and practiced therapy, more so than the dual roles, themselves.

This overlap could potentially be attributed to the reciprocal exchange of skills and experiences between the two roles, an explanation that is supported by unanimous accounts from all participants of the cross-pollination of skills as well as the ubiquitous use of psychotherapeutic language and theory across roles. The liberal use of music as a resource in both the parenting and the music therapist role seemed to weave a seamless connection between participants' home and work lives, which may have also acted as a congealing factor in their philosophies. However, the uniqueness of each participants' philosophy seemed to suggest origins in an existing personal ideology, which then permeated and informed both roles, more so than the subsequent interaction between roles.

Implications of this research for music therapy practice are largely ethical and include the need for clear differentiation and separation of roles, maintenance of strong professional/personal boundaries, management of unintentional self-disclosure, and identification of maternal

countertransference. Greater awareness of the interconnectedness of the roles of music therapist and parent may help music therapists to be more reflexive and to better recognize the origins of their clinical decision-making. For employers, this research may provide insight into the needs and concerns of music therapist-parents. Offering part-time work options and schedule flexibility may result in more effective and committed employees. It may also reduce the risk of ethical violation due to role confusion or enmeshment.

Limitations

Limitations on time affected the interview process, necessitating single 45-minute interviews with only three participants. A larger sample size may have made the findings more meaningful, and follow-up interviews may have enriched the data by incorporating more thoroughly considered responses from participants and allowing for additional questioning on the part of the researcher. Time limitations equally affected the interpretative process, limiting the depth and nuance that was possible to extract from this incredibly rich interview material.

Interviews were limited by my inexperience as an interviewer, mostly through missed opportunities for clarification or expansion. Interviews may have also been affected by the inherently unequal power dynamic of a music therapy student interviewing music therapy professionals. Although actively resisted, this hierarchy implicitly incentivized a positive portrayal of the participants and disincentivized exposure of potentially negative or unprofessional behaviors.

Due to the familiarity of the participants to either myself, my supervisor, or both, complete anonymity of the participants was impossible. This may have been an error in the recruiting method, as it may have affected their willingness to disclose certain information or to share certain experiences for fear of professional repercussions.

Future Research

This study contributes to the limited research on the experiences of music therapist-parents. Due to the exploratory nature of the study, participants were chosen from a fairly wide range of demographics, excluding fathers. Each of the participants expressed unique perspectives on parenting and music therapy that were highly reflective of their individual personalities, the current stage of their careers and parenting journeys, and their clinical specializations. Future studies could expand upon these findings by targeting more specific demographics, such as music therapist-fathers, music therapist-parents of grown children, or music therapist-parents who work with children similar in age to their own. A large-scale quantitative survey could provide a broader overview of the music therapist-parent population as a whole and establish context for the present findings and any future research.

Conclusion

The purpose of this interpretive phenomenological analysis was to learn more about how music therapist-parents experience their dual roles, how these roles might influence one another, and to identify key issues associated with successfully maintaining them. Semi-structured interviews were conducted with three practicing music therapist-parents, in which participants shared their experiences of their dual roles. The results of these interviews suggest that the roles of music therapist

and parent are intertwined and reciprocally influential; both deepening and enriching one another, but also introducing conflict and complication. A total of 11 themes emerged from the data. Themes surrounding the effects on parenting included a) *mindful musical parenting*, b) *strengths-based resource-oriented parenting*, c) *socially aware parenting*, and d) *use of therapeutic skill and knowledge in the parenting role*. Themes related to effects on the therapist role included a) *strengthening of the therapist-client relationship*, b) *increased perspective and empathy for the client experience*, and c) *use of parenting skill and knowledge in the clinical space*. Themes related to the challenges of managing dual roles included a) *logistical challenges*, b) *financial challenges*, c) *psychological challenges*, and d) *ethical challenges*.

Within these themes, several key issues were identified, including a lack of clear role differentiation, pregnancy and motherhood as self-disclosure, questioning of strict personal/professional boundaries, the importance of personal and institutional supports for music therapist-parents, and the difficulty of balancing music therapy work with financial concerns, parent-child relationships, and general wellbeing. Many key benefits were also identified, including the practice of mindful musical parenting, increased ability to emotionally support one's own children by utilizing therapeutic skills, and a broadened perspective when working with music therapy clients. Support and flexibility from supervisors, employers, spouses, and family was identified as an essential component of successfully managing the dual roles. An additional issue for consideration was the tendency to nest both the parenting role and the therapeutic role within an existing personal ideology. This may necessitate caution surrounding maternal countertransference.

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Appendix

Appendix A: Human Research and Ethics Board Approval Letter



STUDY EXEMPTION

November 18, 2022

Amy Ellks
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ellksa1@newpaltz.edu

Dear Amy Ellks:

On 11/17/2022, the Human Research Ethics Board (HREB) approved the following submission:

Type of Review:	Initial Study
Title of Study:	Lived Experiences of Being Both a Music Therapist and a Parent
Investigator:	Amy Ellks
IRB ID:	STUDY00003880
Funding:	None
Grant ID:	None
Documents Reviewed:	<ul style="list-style-type: none"> • Appendices B-D.pdf, Category: Surveys/Questionnaires; • Appendix A - Email Invitation.pdf, Category: Recruitment Materials; • HREB Form - Amy Ellks(1).docx.pdf, Category: IRB Protocol;
Exemption	104 (d)(2)

The Human Research Ethics Board (HREB) has considered the submission for the project referenced above and determined it to be Exempt under one of the categories specifically waived under Section 104 (d) (1-6) or 101(i) of the Code of Federal Regulations (45 CFR 46).

IRB exemption is given with the understanding that the most recently approved procedures will be followed and the most recently approved consenting documents will be used, if applicable. If modifications are needed, those changes may not be initiated until such modifications have been submitted to the HREB for review and have been granted approval.

As principal investigator for this study involving human participants, you have institutional responsibilities as follows:

1. Ensuring that no subjects are enrolled prior to the study's approval date.
2. Ensuring that the HREB is notified via PACS IRB module of:
 - All Reportable Information in accordance with the "Reportable New Information" Smart Form.
 - Project closure/completion by the "Continuing Review/Modification/Study Closure" Smart Form in PACS.
3. Ensuring that the protocol is followed as approved by the HREB unless minor changes that do not impact the exempt determination are made.
4. Ensuring that the study is conducted in compliance with all HREB decisions, conditions, and requirements.
5. Bearing responsibility for all actions of the staff and sub-investigators with regard to the protocol.
6. Bearing responsibility for securing any other required approvals before research begins.

If you have any questions, please contact the Human Research Ethics Board (HREB) at either (845) 257-3282 or by email:

HREB Chair: hrebchair@newpaltz.edu

HREB Coordinator: hrebcoordinator@newpaltz.edu

Appendix B: Email Invitation

Dear _____,

My name is Amy Ellks, I am a graduate music therapy student at SUNY, New Paltz. I was given your name and contact details by _____, who recommended that I reach out to you as a potential participant for my qualitative research study on the experience of being both a music therapist and a parent. The intention is that my study will provide an entry point into understanding how these dual roles might influence one another. I am hoping that you might be interested in participating.

The study will involve interviews with individual participants who meet the inclusion criteria. A single 45-minute interview will be scheduled for each participant in January–February 2023, to be conducted via online conferencing software (Zoom or WebEx). During this interview I will ask a series of open-ended questions designed to encourage you to share your thoughts, feelings, and experiences surrounding the dual roles of music therapist and parent. This interview will be transcribed and will form the basis of a narrative report summarizing your experiences and exploring common themes between participants.

To be included in this study, you must be:

- Over 18 years of age
- Otherwise able to consent
- Female

- English speaking
- A music therapist with at least 3 years of work experience
- A parent to at least one child (of any age)

If you meet the criteria and are interested in participating in the study, please reply to this email and return the attached Demographics Questionnaire. If you have any questions or concerns, please do not hesitate to ask. I appreciate your consideration and look forward to hearing from you.

Best regards,

Amy Ellks

Appendix C: Demographics Questionnaire

Brief Demographic Questionnaire

1. Please identify your age:

3. Please state the ethnicity you identify with:

(e.g., African American, Native American, Asian, White, etc.)

4. What is/are your primary language(s)?

5. What is your current gender identity?

(e.g., male, female, trans man, trans woman, genderqueer/gender non-conforming)

6. How many children do you have?

7. What are the ages and genders of your children?

8. Do you co-parent? If so, explain:

9. How many years have you worked as a music therapist?

10. For how many years have you been both a parent and a music therapist?

Appendix D: Interview Protocol

- Online interviews will be scheduled via email and at the convenience of the participants.
- At the beginning of the interview, participants will be asked to give verbal consent for their participation in the interview and for the interview to be screen recorded.
- Each interview will last approximately 45 minutes and no longer than 60 minutes.
- Each interview will be audio and video taped using screen recording software.
- These recordings will be destroyed after transcripts have been made and analyzed.
- Participants will be asked to avoid pre-interview thought or literature review on the topic of music therapy and parenting in order to avoid introducing preconceived notions.
- Each interview will begin with the question: *What comes to mind when you think about music therapy and parenting?*
- The interviewer will give adequate time for the participant to reflect and express their thoughts fully.
- The interviewer will encourage the participant by using prompts about what certain experiences were/are like and how they feel or think about certain aspects of their experience.
- The interviewer will ask follow-up questions based on the questions listed in Appendix E – Interview Questions.

- The interviewer will make requests for clarification or elaboration as necessary.
- The interviewer will facilitate the full expression of the participant by asking questions such as “Is there anything else you would like to add?” and “Is there anything more that you think is important for me to know?”
- At the conclusion of the interview, the participant will be offered the opportunity to review the notes taken by the researcher to verify understanding and authenticity.
- The participants will be thanked for their time and notified of when to expect correspondence inviting them to review the verbatim transcript.

Appendix E: Interview Questions

Sample Interview Questions

1. What comes to mind when you think about music therapy and parenting?
2. Can you recall an experience in which your music therapy practice was influenced by your parenting role?
3. Can you recall an experience in which your parenting was influenced by your role as a music therapist?
4. How do you experience the therapeutic relationship vs. the parent-child relationship?
5. What has been the most beneficial aspect of your dual roles of music therapist and parent?
6. What has been the most difficult aspect of your dual roles of music therapist and parent?
7. How do you feel about the balance between your career and your family life?