

Musical Experience and the Pursuit of Music Therapy:
The Influence of Active Music Making

By

Safrah Levitan

In Partial Fulfillment of the Requirements for the Degree of

MASTER OF SCIENCE

In

The Department of Music

State University of New York at New Paltz
New Paltz, New York 12651

December 2020

MUSICAL EXPERIENCE AND THE PURSUIT OF MUSIC THERAPY: THE
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Safrah Levitan

State University of New York at New Paltz

We, the thesis committee for the above candidate for the
Master of Science degree, hereby recommend
acceptance of this thesis.

Dr. Kathleen Murphy, PhD, LCAT, MT-BC Thesis Advisor
Department of Music, SUNY New Paltz

Dr. Heather Wagner, PhD, MT-BC Thesis Committee Member
Department of Music, SUNY New Paltz

Submitted in partial fulfillment of the requirements
for the Master of Science degree in
Music Therapy at the
State University of New York at New Paltz

Acknowledgements

The author wishes to express gratitude for the support provided to her by the members of the thesis committee. The author also wishes to credit John Kelly Jr. and Zachariah Levitan for their contributions to this thesis. Their brilliance and endless encouragement served as inspiration and guidance throughout the writing process.

This thesis is dedicated to the memory of Ann Ruckert and Eugenia “Pepper” Swinson.

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Abstract

This qualitative study explores the relationship between one's musical experience and the decision to become and remain a professional music therapist. This study includes interviews with six board certified music therapists ranging from 4-15 years of experience in the field. Three questions were asked during the interview process regarding the lived musical experience of these therapists: 1) Describe the role of active music making throughout your life; 2) What do you perceive as the relationship between music experience and choosing music therapy as a career?; and 3) What role does active music making play in your decision to maintain a career in music therapy? Once the interview process was complete, a thematic analysis was done to formulate main themes and codes within the interviews. These themes and codes were then supported by interview quotes as a form of evidence. After reviewing all findings, a reflection was done focusing on the key aspects of the interviews and personal thoughts regarding the results. These key aspects included the participants' relationship to music, active music making experiences, competencies, primary education, educational privilege, collegiate education, and self-identity.

Musical Experience and the Pursuit of Music Therapy: The Influence of Active-Music Making

The value of music has been analyzed from various standpoints throughout history. American culture has recently acknowledged music to be an asset to mental, emotional, physical and spiritual growth. This may encourage those who gravitate towards music to help those in need of healing. It is not a surprise that people who choose a career in music therapy place importance on music. In order to provide clients with effective therapy, music therapists need to have experience and flexibility with the musical language. This experience is most often developed prior to entering an undergraduate/graduate music therapy education program. Music therapy students continue to develop their musical literacy and abilities over the course of their studies so that upon certification they have the musical skills necessary to meet client needs.

My interest in this study stems from my identity as a musician and performer. Prior to my studies as a music therapist, I began to actively “gig” in order to keep my musical chops and ears strong. When I was 21 years old, my mother came upon a news article that emphasized the importance of music therapy. She immediately showed me this article and encouraged me to explore the benefits of music therapy. Though I did not know the profession existed, I still understood the value of music as it always allowed me to express myself and guide me in what I consider to be catharsis. Before having knowledge of music therapy, I was concerned for my future, as a career in performance didn’t seem gratifying as it would solely serve myself. Soon enough it seemed that the profession of music therapy allowed music to have an honorable purpose.

I believe that those without musical inclinations can still understand the benefits of music therapy and gravitate towards the field. While it should come as second nature to be kind, patient, and empathetic towards clients, the act of musiking may require extensive

training with certain populations. After rotating out of practicum and fieldwork placements, I have learned that certain music therapy techniques and theoretical orientations align with different aspects of the musicking process. Christopher Small defines musicking the participation in any activity involving or related to music performance (Small, 2012, p.9)

Through this research I sought to understand what music means to those who practice music therapy by exploring their musical history and values as practitioners. I wanted to explore any correlations that may exist between musical knowledge, competency, experience, theoretical orientation, and development of practice. By understanding the musical background and intentions of those who work in the field, we can further understand what drives us as active and successful music therapists.

At some point, aspiring musicians have to decide whether or not to pursue professional music-making. In any field of practice, there has to be incentive for professionals to pursue a career in their field. In the music field, this incentive can vary depending on the professional, but will overwhelmingly derive from the need for music in one's life. Currently, there are a number of professional paths open to musicians that allow for the continuous utilization of music. These options include careers in music education, industry, performance, and therapy. While those who pursue a music career share a positive outlook on the professional use of music, they differ in motives for using music as well as the manner in which they use music professionally. This study focuses specifically on the field of music therapy and those that choose to work in it.

While the choice to pursue music therapy has not been widely documented, it is reasonable to assume factors that draw people to the act of music-making also influence the decision to become a music therapy professional. This paper focuses on lived active music-making experiences within a subject's music education, living environment, social

environment, familial influence, cultural influence, and professional influence, in an effort to understand how they all contribute to the formation of one's professional identity, musical identity, self-identity, and professional belief system.

The way in which music is used within the profession varies immensely. One important aspect of music therapy practice that remains constant is the general act of music making. In order for music therapists to provide therapeutic experiences for clients, they must be able to actively create music with those individuals. Since there are required auditions for collegiate music therapy programs, music therapists have to come into this professional study with prior knowledge of the musical language and how to utilize it.

It is important to acknowledge that each professional field of music includes active music making to some extent. With this in mind, I developed a few questions related to the desire to pursue music therapy as a profession. What is it about the music therapist's cultivated identity and professional belief system that leads them to music therapy specifically? How do various musical experiences influence one's professional choice? This study aims to understand the potential relationship between music experience and the choice to pursue a career in music therapy through the examination of a thematic analysis with six board-certified music therapists.

Literature Review

The musical, environmental, educational and familial experiences a person has may influence their desire to pursue a career in music therapy. This literature review will summarize research related to those experiences.

Musical Identity

Music therapy students are reported to identify themselves as musicians prior to becoming board-certified (Gonzalez, 2011). With the belief that each student's musical exposure is unique, there may be different variations of musical identity that exist. It is possible that all musical identities are developed from a culmination of environmental factors and musical exposures over time. It is possible that the combination of musical, self-reflective, and interpersonal experiences provide opportunities for music therapy students to cultivate their musical identities, professional beliefs, and motivators in the working field.

Influential environmental factors on musical identity may include accessibility to instruments, musical groups, lessons, cultural relations, and relationships through music. Accessibility in musical experience can also include opportunities to collaboratively engage, perform, or enroll in educational groups in which musicians work towards achieving their goals together. Other influential factors on musical identity may include anything that directly affects one's view of self, and view of the world.

In the music therapy profession, therapists have to maintain various identities developed as musicians, professionals, and/or researchers. Being that these identities may develop through various influences, it may be important to examine these potential influences through the lens of musical experience and explore possible relations to the pursuit and continuation of a music therapy profession. Relationships found within

musical identity, influence, and experience could exemplify a desire to work within a musical and therapeutic context simultaneously.

Music Culture

Musical culture refers to the cultivation of musical beliefs and values inspired by one's musical relationships with others (Gonzalez, 2011). Gonzalez (2011) notes that musicians often "had musical relations with people, institutions, and/or styles of music that resulted in each of them experiencing various music cultures" (p. 1). Further, she discusses the importance of musical culture when developing a sense of musical professionalism. Beliefs cultivated from musical relationships can affect the way one uses music and develops professional relationships with future clients. For those that have been affected by the guidance of a music mentor and look to pursue a music oriented career, the desire to help others with or through music may exist as part of their professional identity.

Gonzalez (2011), studied the effect of music culture on a practicing music therapist. Results of this study showed that the participant's identity development as a music therapist was directly impacted by her music culture. When asked to discuss impactful musical relationships, the participant stated, "I became aware of my desire to provide for my clients a musical environment of healing that was similar to the one I experienced with my viola teacher" (Gonzalez, 2011, p. 2). The participant goes on to specify that her viola teacher was not a practicing music therapist, but still had the ability to leave an influence on musical culture and the choice to pursue a music therapy career. She noted that her viola teacher was not a music therapist, but that their musical relationship was life changing (Gonzalez, 2011, p. 2). It is possible that a music therapist's effectiveness relates to the ability to create therapeutic

relationships with clients through music, and these relationships may be modeled by a previously experienced relationship between student and teacher.

Educational Experience

Primary Educational Influence

A student's musical identity may start and/or continue to develop within an educational system. The conventional education system that is mainstream in the United States includes public elementary, middle, and high school. While one's musical identity may not fully develop during these years of schooling, students may embark on musical endeavors, or productive challenges, that influence the framing of their personal and professional goals. Ultimately, the cultivation of these experiences contributes to the foundation of one's musical identity (Henry, 2013). This foundation, grounded in musical experiences, is an essential step in the journey towards a career in music.

Rickels et al. (2013) examined influences and experiences of pre-collegiate students auditioning for music education programs. The students' musical identities were analyzed through the lens of professional decision making and awareness. Results suggest that musical backgrounds developed during primary education years directly contributed to one's drive to audition for collegiate music education programs (Rickels et al., 2013). Further, results specifically indicate 9th grade (14-15 years old) as the median time for high school students deciding to major in music (Rickels et al. 2013). This is generally the time in which a student in the United States first enters the high school level of education. These results may provide insight to the strength of these student's relationships to music carrying through tumultuous middle school years.

Survey results from this study also show that the majority of scholastic opportunities to explore musical identity and career choices prior to college are given during high school years (Rickels et al., 2013). The participants' decision to specify a music education major was made during 10th or 11th grade, when pressure is generally applied to students to explore possible professional pathways related to collegiate majors. These results show how students first entering the musical collegiate education system commonly have pre-existing relationships, identities, and experiences with music. These pre-existing factors found in high school students can be influential on professional decision making. It is possible that for those students interested in music therapy, pre-existing relationships, identities, and experiences with active music making are essential in professional advancement.

Education Systems

While it has been established that music relationships, identities, and experiences developed during the primary education level can affect one's decision to pursue collegiate music programs, the types of musical experiences offered have not been discussed thus far. Depending on environment, funding, and community priority, students have varied accessibility to a number of different musical experiences. These experiences may involve education/performances in choirs, bands, or orchestras. In addition to offerings through a students' school district, private lessons and community based ensembles can be sought out to further advance their particular educational program.

Extracurricular activities provided through school systems may be tailored toward advanced musical groups, specific alternative genres of performance, and integrate expressive outlets such as drama, arts, and tech/production. The National Association for Music Educators (NAfME) sponsors programs such as Tri-M Music Honor Society, All National Honor

Ensembles, Music In Our Schools Month, Composition Competitions, and various summer study opportunities (National Association for Music Education, 2020). Extracurricular active music making programs funded by New York, where this research was conducted, include the New York State School Music Association's "N.Y.S.S.M.A. Solo Festival" and its subsidiary "All-State", which encourage students to enhance their musical skills through a rigorous learning and performance process.

Henry (2013) surveyed 1,205 All-State ensemble members in order to learn about their musical experiences and career aspirations. Results indicate that the involvement in advanced musical programs such as N.Y.S.S.M.A. and All-State, directly affect one's openness to a career in music (Henry, 2013). It was reported that 65% of All-State students in this study considered an unspecified college music major (Henry, 2013). One student reported, "My experience in the 2006 All-State mixed choir inspired my love for choral music and made me consider first choral conducting, and then music education, as a field", (Henry, 2013, p. 49). Participants listed musical conducting, rehearsing, and private instruction as influences on their career path (Henry, 2013).

Collegiate Music Program Demands

Many college music programs expect students to meet the demands of classes, assignments, observations, and internships while maintaining competency on various instruments. Students wishing to pursue a career in music typically have to audition as part of the application process. This requirement forces students to determine their profession in advance so there is adequate time to prepare for the audition. Auditions are commonly expected for entry into music therapy programs, music education programs, and music performance programs. This

process assists in examining baseline competency and the potential to grow within a collegiate system.

The requirements set for students auditioning for entry into music degree programs support the need for active music making experiences and knowledge of musical language. While these experiences are expanded upon during collegiate years, it is expected that those interested in a musical career enter their professional studies with some level of exposure to active music making experiences.

Alternative Music Education Opportunities

Musicians can optimally enhance skills through active music making outside of both secondary and collegiate educational systems. Students that involve themselves in alternative musical experiences have more opportunity to develop complexity in musical identity. These musical experiences could involve private teachers or the performance of live music (Rickels et al., 2013). They also could involve the creation of artistic groups, such as bands.

Active music making could be utilized as a hobby, which gives a musician the opportunity to learn the musical language through trial and error in practice and performance environments. Brand et al. (2012) explored the dynamic nature between musical performers and their audiences through semi-structured interviews with jazz musicians. Results showed that performers set limits on the degree to which they internalize and act upon audience behaviors. This is due to the impact of performer-audience interactions on performance quality. Brand et. al. mentioned that “listeners have influence too, on each other and on the performers that can significantly contribute to the shared experience” (Brand et al, 2012, p. 635).

A shared experience is expected within a performance environment. An audience can serve as an educational tool, as a performer has the ability to reflect on audience engagement

throughout a performance (Brand et al., 2012). “Listeners become active agents who can significantly determine the overall nature of the performance outcome” (Brand et al., 2012, p. 635). Musicians can further understand their individual strengths and weaknesses in musicality through the responsiveness of an audience. In the music therapy field, therapists can determine their strengths and weaknesses in practice by examining their professional choices that may contribute to particular responses in the therapeutic setting. Music therapists have the ability to continue enhancing their professional competencies through a similar relationship-oriented process as professional musicians. It is the American Music Therapy Association that provides the outline of professional competency needed for music therapists to efficiently engage with clients. This professional competency addresses the musical, clinical, and ethical responsibilities of music therapy professionals (American Music Therapy Association, [AMTA] (2013).

Motivation

Motivation is needed for student growth and prosperity within any specific field of study. As musicians come to formulate their own musical identity through experience, they are faced with the decision of whether to utilize their musical identity in a professional setting and, if so, how to best foster a stable career. Therefore, students at the collegiate level have to be motivated to specialize on aspects of music to focus on and cultivate into a professional identity.

Musical Motivation

The motivations needed to meet collegiate educational standards varies. Parkes and Jones (2011) explored the reasons why undergraduate music majors pursue a career in music performance in comparison to music education through qualitative surveys. Results showed that there are differences in musical motivation among undergraduate performance majors compared to undergraduate education majors. Four themes related to differences in career choice emerged

during data analysis: 1) enjoyment of playing music, 2) belief in professional success, 3) usefulness of music performance, and 4) identity as a musician.

By assessing different psychological constructs derived from the participants' results, it became apparent that those pursuing performance found more enjoyment in conversing through the musical language and found more value in the act of performing (Parkes & Jones, 2011).

“Some researchers suggest that individuals will persist in music if they believe that the activity itself is important” (Parkes & Jones, 2011 p. 21). Performers and educators may place different values on active music making and other forms of engagement with the musical language.

Relationship Between Motivation and Education

The type of collegiate education received can influence professional achievements and be reflected in professional practice. As students enhance professional skills and develop their professional values, their education system may direct them towards specific professional goals. The way in which guidance from an education system is received can be directly related to whether a student is intrinsically or extrinsically motivated.

Ryan and Deci (2002) bring attention to the concepts of both intrinsic and extrinsic motivation through their theory of self-determination. The belief is that intrinsic motivation comes from within oneself without the influence of others. The direction in which this motivation is applied is dependent solely on the individual who feels it (Ryan & Deci, 2002). This type of motivation is based on the need to fulfill personal interests and achievement. Extrinsic motivation is derived from something separate from oneself (Ryan & Deci, 2002). This means that there is a need for outside influencers in one's decision to do or pursue something specific.

When enrolled in a career oriented educational program, the type of motivation driving achievement may be considered a crucial variable in professional development. Miksza et al. (2019) examined the relationship between motivation and the intention to pursue a career in music amongst a total of 480 undergraduate and graduate music majors from conservatory-style schools of music using online surveys. Perceptions of competitiveness, perfectionism, and teacher control were also analyzed in relation to the participants' motivation types. Results showed that those with more autonomous motivation orientations had stronger career intentions, a desire to work more competitively, and felt more constrained by professors than those with controlled motivation orientations (Miska et. al, 2019).

In professional music therapy, one's motivation can be reflected in the pursuit of various music therapy practices, use of theoretical orientations, and techniques. It can also be reflected in the choices made to supplement one's music therapy curriculum. Those with controlled motivation may not seek opportunities outside of their educational program to explore alternative musical and therapeutic related experiences. Those with autonomous motivation are more likely to seek alternative experiences to assist the enhancement of professional competencies.

Competency

Collegiate Musical Competency

The American Music Therapy Association (AMTA) identified foundational music skills individuals need to possess by the time they sit for the certification examination (AMTA, 2013). To utilize therapeutic techniques effectively, students must have a baseline level of competency in these musical foundations. These musical foundations may be obtained prior to collegiate study, or within a music therapy collegiate program. While receiving a music therapy education,

more advanced competencies are set to promote a high standard of professional music therapy practice.

Available musical experiences within an educational setting could reflect the effectiveness of future practice (Darrow et al, 2001). "The use of music is the identifying feature that distinguishes music therapy from other types of therapeutic interventions" (Darrow e. al, 2001, p. 308). The requirement for active music making in music therapy programs is essential to professional development. This can give students an opportunity to develop musical vocabulary and practice within an environment that allows for greater amounts of trial and error. While music therapists continue to learn from mistakes and develop skills in the professional world, the opportunity for students to engage with each other musically is crucial to the growth of therapeutic ideas, experience, and competency.

Ferrer (2018) explored reflections on current music therapy undergraduate studies through interviews with music therapy professionals. Results showed a common belief that undergraduate students' curriculums are too full, which creates a challenge for students in the therapeutic learning process (Ferrer, 2018). It was reported that students are striving forward with too many educational requirements such as school courses, practicum placements, and enhancing musical skills at once. This causes an inability to focus on the utilization and therapeutic use of the musical language (Ferrer, 2018). The strength of an undergraduate program is reliant on this as other requirements take up a great amount of time (Ferrer, 2018).

Due to the nature of undergraduate programs, students need time to work on their musical competencies outside of their schooling environment. Proper vetting for rudimental active music making competencies in these programs could reduce the need for redundant classes and relieve burden on students, allowing them to keep up their existing musical competency and grow as

therapists. Proper guidance and coursework demanded in collegiate music therapy programs can allow students to effectively grow as professionals.

Non-Musical Competency

Music therapy is a complex field with required skill outside of the facilitation of active music making experiences. These skills develop with knowledge of psychology, growth and development, client populations, and health. While non-musical interventions can be used, and may be beneficial in a music therapy session, they are intended to be used as a tool in conjunction with musical experiences, not as primary (Darrow et al., 2001). As noted by Darrow et al. music therapists should not be looking to conduct practice that is separated from their professional relationship with music.

Depending on level of musical competency, it is possible that a professional music therapist may rely too much on non-musical interventions to achieve therapeutic goals. Darrow et al. (2001) explored the behaviors of 12 music therapy practicum students using video tape analysis and SCRIBE, a data collecting computer program. The researchers also examined whether these behaviors related to clinical success or not. Results showed that these students engaged in non-musical practice with their clients for 50% of given session time. Excessive use of learned verbal techniques can potentially prompt the dynamic of music therapy sessions to change in ways that music therapists are unprepared to maintain (Darrow et al., 2001).

This shows the importance of educational balance and a need to understand how to apply the musical language at the collegiate level of education. The availability of musical experience and musical identity developed from this balance may assist the formation of music therapy beliefs and the molding of practitioners. These findings portray music therapy as a unique profession with the use of the musical language as a healing practice.

Peak Experiences in Music Therapy

The evaluation of peak experiences amongst music therapists is crucial to the understanding of the relationship between active music making and a sense of fulfillment in music therapy. This is due to the nature of a music therapist's work, how musically-oriented the practice can be, and the effective therapeutic process that develops through musical engagement. According to Nicholson (2015), peak experiences are unique occurrences that hold intrinsic meaning and impact on those who experience them (p. 53). The examination of peak experiences may help in understanding various types of impactful musical engagement in professional practice. If there were to be patterns found within these peak experiences, the strengths and weaknesses in music therapist's knowledge and utilization of music may be exemplified. This knowledge and awareness of preferred experiences and what therapeutically works can be used to promote professional growth.

Professional Influence and Refinement

Nicholson (2015) sought to learn about music-elicited peak experiences of five music therapists through qualitative interviews. Results showed that music-elicited peak experiences assisted the participants in refinement of therapeutic identity and purpose (Nicholson, 2015). One participant stated, "It was pivotal [peak experience] in that, that has allowed me to really fully integrate and accept things that I thought and believed about my work and what my role and purpose might be, it affirmed that" (Nicholson, 2015, p. 63). Two common elements of the participants' peak experiences included unique and influential client communication and responsiveness (Nicholson, 2015).

Musical Aesthetic and Artistry

While musical aesthetic is subjective, it can be illustrated through a variety of musical qualities and interactions in the therapeutic setting. Broadly understanding the potential impacts of musical aesthetics may influence how a therapist chooses to engage in a session. How the therapist uses these aesthetics creates artistic value, correlating with each session. Artistic value exists in the process of active music making, and artistic value in music therapy contributes to the development of impactful experiences. The creative use of music as both a means and medium allow for therapeutic development and enhanced relationships. Nicholson (2015) discusses how peak musical experiences help therapists appreciate the “pleasure and power of music (p.64)”.

Non-Musical Influences on Career Choice

Identity Outside of Music

Professionals that utilize the musical language internalize both musical and non-musical influences that ultimately culminate in a professional musical identity. Influences in musical career choice can extend beyond the intrinsic need to continue musical experiences. There are other aspects of identity that contribute to professional decision making, separate from the need to incorporate music.

Eros (2018) explored the life experiences that influenced one music teacher’s career choice to teach music. Results showed that there were a combination of factors both related and unrelated to music that inspired the decision to become a music educator. The participant knew at a young age that she wanted to incorporate the use of music into her professional identity. Prevalent influences on career choice unrelated to music included the need to explore new environments, cultural variations, and to serve others (Eros, 2018). The participant stated, “I was

raised in a way...in the church that I was raised in that you do put yourself aside and do what you think is best or what you're called to do" (Eros, 2018, p. 410). Bergee et al. (2001) administered a survey to 25 undergraduate music education students to understand the influences on becoming a music teacher. This survey included eight questions, a set of response options, and an optional supplemental comments section. Results showed that there was strong influence of parental guidance in professional decision making for these students. Rauduvaite and Lasauskiene (2013) examined factors in personal career planning among 45 future music educators using free form writing and analysis. Results showed that future music educators had a desire to be independent and also enjoy the use of music in their professional work . One participant stated, "I have always dreamed to be independent and to do work that I like" (Rauduvaite & Lasauskiene, 2013, p.178). In this case, independence refers to the ability to provide for oneself and not rely on others for financial stability.

Reflection

For many musicians, lived musical experience directly impacted the decision to make musical engagement prominent in their professional work. With awareness for all influence on career choice, researchers can further assess the relationship between musical self and identity as a music therapist. Analyzing the motivation professionals have to pursue a career in music therapy, may help the music therapy community have a better understanding of what it currently offers in education, and what it needs to improve on. This motivation may reflect existing professional experiences, competencies, strengths, weaknesses, and goals. Therefore, the purpose of this study is to better understand the relationship between one's active-music making history and the decision to pursue and maintain a career in music therapy.

Method

Participants

Participants for this study were six board-certified music therapists selected by the researcher. Purposive sampling was used to choose participants who had various levels of clinical experience and were known to either the researcher or researcher's thesis advisor. These participants also represented varied genders and levels of education.

The music therapist's professional experience ranged from 4-15 years (See Table 1). After HREB approval was received (See Appendix A), Emails were sent out to the recruits resulting in participation in a qualitative inquiry. They identified musical experiences that led them to a music therapy career, as well as theoretical orientations and clinical populations that represent their music therapy practice.

Table 1

Participant Years of Clinical Experience

Participant	Years of Clinical Experience
A	7
B	15
C	2
D	12
E	4
F	8

Design

This study was conducted as a qualitative inquiry with an emphasis placed on narrative meaning. According to Polkinghorne (1988), narrative meaning is developed by acknowledging some level of cause and effect related to human experience. One's personal history and perception of life events can provoke future occurring experiences. "Narrative meaning is focused

on those rudimentary aspects of experience that concern human actions or events that affect human beings” (Polkinghorne, 1988, p. 4). This research approach allows for the participant’s point of view and conscious experience to hold quality meaning in data collection. In the present study, participants were asked to engage in an interview process and reflect on personal memories related to active engagement with music and the desire to become a music therapist. The participants’ reflections also included their own perceptions of relationship to professional experience and identity. When completed, correlations in findings were explored using thematic analysis.

Data Collection

Data for this study was collected using the following questions:

1. Describe the role of active music making throughout your life.
2. What do you perceive as the relationship between music experience and choosing music therapy as a career?
3. What role does active music making play in your decision to maintain a career in music therapy?

The questions provided encouraged participants to explore the different periods of time that cultivated an overall individualized musical history. They also encouraged participants to explore their views on relating musical experience to music therapy practice, and on the practice itself.

The periods of time that were studied include experiences in early childhood, middle school, high school, collegiate school, young adulthood, and present day.

As a qualitative inquiry speaks to personal truth and self identity, the musical history each participant expressed gives meaning and reason for the answers received. Each participant

signed the informed consent form after all questions about the study had been answered. A copy of the informed consent may be found in Appendix B.

Data Analysis

The analysis was based on Braun and Clarke's (2006) framework for data analysis.

1. I read each interview to familiarize myself with the data
2. Statements that were not related to the actual description of active music making as it related to the subject's decision to become and remain a music therapist were deleted. The remaining statements were grouped with the question that was asked.
3. An individual case synopsis was prepared for each interview. The synopsis included all the significant statements that were made, using the participant's own words in order to reveal the essence of active music making in their decision to become and remain a music therapist.
4. To establish trustworthiness of the data, each case synopsis was sent to the participant to ensure the synopsis accurately reflected what was shared in the interview, and described their experience of active music making and how it influenced their decision to become and remain a music therapist.
5. Each synopsis was reviewed and categories were identified across synopses. The categories were combined into themes.
6. The original interviews were reviewed to make certain that all significant interview statements were represented in the categories and themes that were identified.
7. The themes were then combined to create a holistic description of the influence active music making had on the participant's decision to become and remain a music therapist.

Responses to the interview were typed up verbatim by the researcher. Each participant's response was reviewed multiple times to develop a better understanding of each person's relationship to music and the field of music therapy. Each participant's response was then formed into a descriptive narrative for the organization and summary of the participant's experiences. The transcripts were then analyzed according to

My understanding of the participants' experiences with active music making and decision to become a music therapist reflected their interview responses. This helped to find more comparable and significant findings. The descriptive narratives were reviewed with the intent of finding patterns within stories and beliefs that could be beneficial to studying and already established music therapists. The process of coding was used to further organize information as similarities and differences are made within a numeric system. This allowed for personal experience and individualized truth to develop into a potentially larger truth, given evidence by means of numerical analysis.

In this qualitative inquiry, personal descriptors were collected to better understand participant identities. These descriptors included the participant's environmental locations, cultural backgrounds, religious and spiritual backgrounds, marital status, and immediate familial status. This information could directly related to the exposure to music starting at a young age, as well as the reasons for choosing music as a profession. While there is no evidence showing a consistent correlation with these personal descriptors and musical identity, personal environments can affect certain exposures, such as different artforms, education levels, and financial opportunities.

Results

Ten codes emerged from the analysis of six interviews. These codes were later organized into three themes. Theme 1 included six out of the ten codes found, theme 2 included three codes, and theme 3 included one (See Tables 2 & 3).

Table 2

Definitions of Themes

Variety of Musical Experiences	Includes all statements related to the types of musical experiences participants identified
Self Expression and Exploration	Includes all statements related to self expression and exploration through active music making experiences
Familial Influences	Includes all statements related to familial influence on active music making experience and professional decision making

Table 3

Codes Related to Themes

Theme 1: Variety of Musical Experiences

Code	Participant
Involvement in music activities	A, B, C, D, E, F
Variety of music activities	A, B, C, D, E, F
Extensive music training	B
Collaborative active music-making	C
Difficulty mastering musical instruments	E
Relationship with music performance	B, D

Theme 2: Self-Expression & Exploration

Code	Participant
Self-exploration through music	D
Expressive freedom through musical language	F
Development of leadership role through musical engagement	A

Theme 3: Familial Influences

Code	Participant
Familial Influences	B, D, E, F

Theme I Variety of Musical Experiences

Code 1: Involvement in Active Music-Making Activities

Each participant answered the question, “Describe the role of active music making within your life”, with their history of active music making prior to collegiate music therapy enrollment.

Each participant shared multiple active music making experiences in their interviews.

Participant A: “So I was always actively making music, pretty much an hour a day or more throughout my entire childhood”

Participant B: “By the time I was 5 ½ at the local Jewish community center, they started offering Suzuki violin”

Participant C: “I definitely grew up in piano performance so that was my active music making”

Participant D: “Starting full time, I was ten. I was always in a concert band”

Participant E: “I’m a vocalist by trade. I went to school and majored in voice”

Participant F: “I still played the saxophone all the way until 12th grade”

Code 2: Variety of Musical Experiences

Each participant’s active music making experiences were diverse and unique to their environmental exposure. The participants involved themselves in music making activities through both private and public education systems, through religious groups, and through extracurricular activities involving friends, family, and other community members. Each

participant highlighted various musical activities and musical skills that presented in sequence.

Three participants highlighted the ability to adapt to new active music making activities due to the exposure of previous active music making activities.

Participant A: "I was in large scale choirs, small chamber choirs, as well as vocal jazz and pop acapella groups, piano"

Participant B: "As I learned the Suzuki method, it was kind of like my voice transferred to the violin, as a voice"

Participant C: "I've been in jazz bands and jazz groups, gigging"

Participant D: "I started a jazz band in eighth grade"

Participant E: "I think I started piano around third or fourth grade"

Participant F: "I was always in concert band, jazz band, marching band, and then I participated in music ministry at my church"

Code 3: Extensive Music Training

A few of the participants involved themselves in stimulating and challenging active music making experiences that directly affected the way they identify as musicians. Participant B discussed the impact that his extensive music training had on his ability to understand music and use the musical language in a professional setting with clients. His discussion of the Suzuki method exemplifies the importance of extensive musical training and the benefits it can have on the development of therapeutic skill.

Participant B: "I think that the Suzuki method was definitely my foundation for making active music because it was all about learning intricate music and learning it at a high level, learning it in a musical accurate sort of like performance ready way"

Code 4: Collaborative Active Music Making

While each participant had experiences actively making music with others, one participant pointed out the strong effects that collaborative active music making had on her perception of the active music making process and her desire to pursue music therapy. After having a number of collaborative experiences in different musical ensembles and performance

settings, participant C developed a desire to share music with others and achieve goals symbiotically through music.

Participant C: "I was definitely involved in a lot of collaborative playing, in terms of my active music making"

"We had collaborative piano, pianists were also assigned for the vocalists whenever they all had to do their performances"

"By choosing a music therapist, I really realized that I value that kind of relationship and experience through the music"

"Rather than just teaching, I wanted to go through a process with someone where you can share that kind of space through music to work towards a goal"

Code 5: Difficulty Mastering Musical Instruments

One participant shared the obstacles she had faced while attempting to learn certain instruments pre-collegiate studies. Participant E had mentioned the inability to use her body physically in the way that she needed to with specific instruments. After efforts to engage with instruments such as the violin, guitar, and piano, she recognized a deficit in her ability to utilize handheld instruments. Ultimately, E's obstacles in active music making led her to focus more on her voice as an instrument and outlet for self-expression. Participant E mentioned the benefits of working within her professional therapeutic population due to the lack of need for handheld instruments in sessions.

Participant E: "I can't make my hands do what my heart wants to do. Then when I sing I can do that"

- "The music side of me, I mean this is the perfect fit. I always felt like I had the ability to express via my voice and connect via my voice and I don't need much else, and the NICU is the perfect place to do that"

Code 6: Relationship With Music Performance

The relationship between participant and music performance was discussed by two participants.

Participant B discussed his musical upbringing in which he described to be performance-based. Raised on the Suzuki method, B was involved in various recitals starting at a young age. With each recital focusing on the specific genre taught within the Suzuki method, B started to develop a resentment towards his engagement with performance. When B was exposed to new styles of music, he became more inspired to involve himself in performance based active music making activities.

Participant B: "I could actually learn to play popular music that I listen to, rather than this old antiquated classical music where I was in this program from the age of 5 ½ -12 in a very rigorous kind of music learning program and system. Having to go to workshops and recitals and it felt more like a business than what music is supposed to be when you think of it"

Participant D discussed the demands of her performance-based past and how it affected her engagement in active music making activities over the years. Her experience in musical performance was highly competitive, causing her to develop strong feelings of anxiety. The more her performance based activities demanded of her mentally and emotionally, the more negative feelings she developed towards her active music making activities. Participant D decided to take a break from her main instrument at a certain point due to these negative feelings and realized that she was not meant to pursue a career in music performance.

Participant D: "By the end of undergrad, I got so irritated with the pushing for performances and the perfection aspect of it, ugh I couldn't take it. I stepped away from my saxophone for a few months after I graduated"

"Yeah that makes total sense because it becomes about the product... not the experience"

Theme 2: Self-Expression & Exploration

Code 7: Self Exploration Through Music

The process of self-exploration was identified through active music making activities. Participant D discussed her relationship with improvisatory active music making and how this method of music making provided her with a deep connection to herself. She went on to describe

herself becoming one with her saxophone; the instrument used to carry out improvisatory active music making activities. Her instrument and the musical process experienced with it became an extension of herself. Through this exploration of self, she realized just how important active music making was in her life as a coping mechanism.

Participant D: "It was a musical world. I became one with the saxophone....it was an extension of me. That's the best way I can describe it... it was an extension of me"

"Music was just consistently the experience of making it and getting in. Even if I was just trying to learn a song or something, it was the connection that I had to myself. It was what contained me"

Code 8: Expressive Freedom Through Musical Language

Participant F mentioned the impact that jazz had on his ability to musically engage with others. This genre of music not only serves as an influence for all modern music, but requires a complex set of musical skill and vocabulary that allows for expressive freedom. Participant F showed an awareness for how his advanced knowledge of music gives him a wider range of musical expression. This includes musical expression with clients and the providence of musical support in the therapeutic setting.

Participant F: "I felt like as a jazz musician, it made it that much easier for me to kind of delve into the music therapy culture and just to be free with making music with just about anybody."

Code 9: Development of Leadership Role Through Musical Engagement

One interview presented the development of a leadership role through active music making activities. Participant A became a church choir section leader during undergraduate years of college. They highlighted the influence of this development in the ability to guide and provide support to others in musical activity. Participant A is now embarking on a private music therapy career. His experience with leadership in active music making activities assists his ability to provide for others in the therapeutic setting.

*Participant A: "I worked in a church in my undergraduate as a choir section leader."
- "I didn't want to just stand in front of people saying, "Oh, look at me, look how good I am," but instead actually give the gift of music to others.*

Theme 3: Familial Influences

Code 10: Familial Influences

The theme of familial influences was repeatedly found in the interviews within different contexts depending on the participant.

Participant B's views of active music making and its therapeutic effects were heavily influenced by the way it was used in his childhood. With exposure to Moroccan Israeli culture and familial tradition, he learned at a young age that active music making activities are used for coping and healing purposes.

Participant B: "I became very interested in music. It's always been an active experience because it's cultural. My background is Moroccan Israeli and music has always played a very powerful role in that culture. It really is a way of coping with stress, with anxiety....I have family members that have all lived through very intense wars, losing their home, attacking their countries that wanted them all gone, and having to somehow survive. So music was always a way of coping, was always a way of having what they call nowadays with our virus epidemic a "healthy escape". But also just coping with a way of reducing anxiety and a way of keeping spirits up."

Participant D's involvement in active music-making was initially inspired by the receptive music experiences she had with her father. There was no mention of her father playing any instruments, nor her mother. The memories she had with her father playing preferred music served as an inspiration for D to start finding her musical identity.

Participant D: "The earliest memories I have of active music-making was with my dad on the weekends. He would blast, he would put on the Rolling Stones and the Grateful Dead while he would clean. My mom would work on the weekends and I remember starting to sing.

- "At that point I would go into my room, turn on my own music, and put on the radio"

Participants E and F were directly inspired by their family members' ability to play various instruments. With this type of musical exposure in the house, both E and F were inspired to identify with instruments that their family members played around them.

Participant E: "That was kind of my dad's side of the family, where my mom's side of the family was classically trained my mom played guitar, classical guitar and such and sang. -So I kind of had these two worlds of structured music making and also improvisational feeling based music making."

Participant F: "Well I grew up in a musical family. My father played the guitar, my mom played piano and clarinet although she wasn't still playing those instruments, but she was always singing in the church choir."

- "I chose the saxophone because that's what my brother played."

- "I decided to play the guitar which my dad did. I loved that a bit more and I was more motivated to practice."

Discussion

The purpose of this study was to better understand the relationship between one's active music-making experience and professional pursuit of music therapy. This study examined the participants' active music-making history prior to music therapy collegiate studies, and the impact this history had on the decision to pursue music therapy and remain in the field over time. I sought to find influential experiences within each participant's music making history and other meaningful information that reflected a personal connection to music and the therapeutic field.

Relationship to Music

Each participant expressed having a long-standing relationship with music. Their active music-making experiences started during childhood and continued throughout their collegiate years. Though their relationships to music changed over time, active music making remained a routine activity with the exception of one participant who took time off due to performance burnout. Their relationships to music involved the use of multiple instruments, experiences in different music-making environments, various genres of preferred music, and multiple people who shared their experiences. Each participant developed a unique relationship to music while developing interpersonal dynamics with musicians, family members, colleges, friends, arts community members, and religious community members.

Each participant's relationship with music was similar from a psycho-emotional perspective. Whether it was the act of making music or the act of being involved in musical activity, each participant felt a deep cathartic connection to their musical engagement. For one participant, it was taught at a young age that music making was inherently cathartic. His cultural background allowed him to see music from this perspective prior to his own active music making. For another participant, this concept was discovered during the act of learning an

instrument. She described her practice environment as a space that “could handle and contain all the emotion” she had been feeling. For some participants, all forms of active music making resulted in a feeling of catharsis. Others were able to achieve this emotional release through certain forms of active music making and not others. Multiple participants mentioned feeling a stronger connection to certain instruments more than others, allowing them to dive deeper into the music making process and exploration of self.

"By choosing a music therapist, I really realized that I value that kind of relationship and experience through the music."

Participant C: "Rather than just teaching, I wanted to go through a process with someone where we can share that kind of space through music to work towards a goal."

Participant A: "So it currently maintains my drive within the field because I am still able to feel those same visceral feelings and physical and emotional feelings that I felt at my beginning stages of music therapy practice and studies."

Participant F: "I think that day when I went to visit (Therapy site) ... and I saw the music therapist that was working there and got to speak with patients and see the impact music had on their life...that it wasn't just about making music but about how much it influenced somebody's psyche and just how they felt. But just knowing the love I have for music and the influence it's had on me, the impact it's had on my mental health, in my relationship with music and how much I've enjoyed making music. Just as a leisure skill and as a coping skill, I want to be able to bring that to our patients. So that I think is why it brought me to music therapy."

Participant D: "So having that understanding of how therapeutic music was for me, and is for me, and having that experience in that world. Definitely contributed it into the career."

Active Music Making Experiences

All of the participants accounted for having a large quantity and variety of active music-making experiences. The participants who elaborated on the variety of their experiences mentioned the importance of these experiences when applying their musical knowledge to the therapeutic process. Their vast amount of experiences had allowed for greater development in

musical and interpersonal skills, giving insight to how certain situations could be handled in therapeutic settings. One participant mentioned the variety of music, clients, and adversities she regularly encounters as a working music therapist. She mentioned the impact that her musical experiences has on her ability to work in such a dynamic and challenging environment. It is evident that these early active music-making experiences can serve as a reference guide when developing professional music therapy skills.

Participant A: "What's nice about the ways that I am able to incorporate active music-making is that it's different for every client so I'm constantly being challenged... for each client to discover what is going to be the best way for them to get therapeutic insight and therapeutic benefits from the music itself."

Participant B: "Active music-making is what allows music therapy to take place, because you're creating, you're connecting with a client, a human being in a sort of musical interplay in a space that you share, that has a kind of like equalizing way, "like we're in it together, we're doing this together, we're figuring it out together."

- "Active music-making is integral to the career because that's how you connect. That's what makes you a music therapist. Can you connect through the music? Or are you just talking about it and just looking at a person in terms of understanding their creative life, as a traditional therapist."

Participant C: "That was my primary modality and method... active music-making. Within that, I was able to continue my creative mind and creative therapeutic skills in that manner."

Competency

A certain level of musical competency was required for all participants in order for them to achieve musical goals and meet the technical demands of music-making activities. For the majority of participants, musical endeavors involved rigorous auditions, performances, and collaborations. Colleges were often dependent on the participant's ability to perform throughout their active music-making history.

One participant mentioned having a difficult time in string and piano lessons at a young age. She decided to stop engaging in these lessons during primary school years and pursued

vocal training instead. The participant mentioned that with her music therapy population, the use of instruments is needed at a limited capacity. She also stated that the lack of demand for physical performance works to her favor in providing effective care for clients. It is important to note that the therapeutic population identified is unable to verbally communicate with the participant during therapeutic sessions.

Participant E: I could not express myself through that training with any other instrument and I think that's probably why I did not go with education. I knew that these role models that were given to me and the education I was getting through the class structure and lesson structure were influencing me to want to be like those people (music educators).. To do that with my life. But then, the improvisational side and the voice since and expression side was really leaning towards therapy."

-"The voice is the most intimate instrument and it's the first instrument really that our babies are hearing. They're used to hearing their moms voice, they're connecting through the music voice through that connection. And that's really all they need at this point."

After the interview portion of this study was complete, a few questions came to mind regarding competency.

1. Is it possible that our ability to provide therapeutic experiences for our clients depends on our musical competency?
2. Is it possible to provide effective opportunities for musical engagement that are structured toward growth and development when limiting the amount of musical experience in the therapeutic setting?
3. Is there strong enforcement of AMTA and CBMT competencies regarding musical skill and the knowledge of the musical language in music therapy education programs?

Musical competency is extremely important in the development of one's music therapy career. It is important to acknowledge that clients come to therapy under the impression that their therapy is based on musical engagement. Though not all music therapy practice is grounded in active music-making experiences, I question the limitations each music therapist brings to the

therapeutic setting based on their own musical competence. Regardless of what therapeutic population a music therapist works with, they are responsible for being able to provide active musical support, musical guidance, and musical grounding at any given moment. These musical skills reflect the professional's ability to provide therapeutic experiences through music. Music therapists are also responsible for facilitating musical sessions when appropriate to do so. These skills progress with more knowledge and experience. It is without question that job opportunities change over time and not all music therapists have the opportunity to work within the same environment and approach throughout their entire career. Music therapists need to be musically flexible, allowing them to be adaptable in a therapeutic setting.

Primary Education

All participants heavily valued their music education received prior to collegiate studies. This education was given through public primary school, private lessons, and extracurricular activities provided through alternative learning programs. During primary education, each participant had a number of mentors, teachers, and students to learn from and collaborate with. They all acknowledged that their education influenced their ability to see music therapy as a viable professional option.

Participant D: "When I got into.. I guess it was my junior year of high school, I started taking some college classes, and I thought I was going to be a music educator. I didn't really know what to do with music. I knew I had to make it into a career. My guidance counselor said "you're doing really well in your psychology classes, you're in all these different things" (in reference to musical groups). She said "Have you ever heard of music therapy?"

Educational Privilege

The relationship between music education, privilege, and music therapy were discussed in an interview. This participant mentioned how much educational privilege impacted her ability to see music therapy as a professional option. She felt that her education provided her with an

opportunity to develop the deep connection to music needed in order to innately gravitate towards a professional music therapy career. This was due to the amount of active music making offered in her primary school, which gave her an immense opportunity for musical self-exploration.

“The one thing I recognize about music therapy is that we are a very privileged profession. To have the opportunity to be active in music making in high school takes privilege.” -Participant E

I found this statement to be incredibly powerful. This brings an awareness to the range in budget per school district and the value of arts per community. It also brings an awareness to financial privilege as instruments are costly and in many cases not provided by public school districts. Without the opportunity to learn music in a public setting, students can miss out on the early collaborative learning process that was noted to be essential to a future career in music therapy by the participants. When students are not provided an opportunity to learn the musical language with traditional band and orchestral instruments, they are missing basic requirements made by the American Music Therapy Association to audition for a collegiate program. It is required for students to not only show proficiency on guitar and piano, but also utilize musical theory as a musical and therapeutic tool. This requires training and exposure to resources. As a developing field, professionals in music therapy should acknowledge potential music therapy students who lack the tools and knowledge to explore their music-making identity. Without this access to knowledge or tools, these potential music therapy students may not even know that the field of music therapy exists as a career option.

Collegiate Education

Seeing the value of the participant’s primary music education, music therapy professionals and educators should be reflecting on the quality of education provided at the collegiate level. This form of education is expensive, and most students who choose to pursue a

higher level of education put themselves into financial debt for it. Therefore, a music therapy education should not only reflect on learned skills during primary years, but also exemplify a much further development of musical skill in conjunction with therapeutic techniques.

It is a necessity for collegiate music therapy students to refine their musical abilities and combine learned skills with advanced therapeutic knowledge. Being that music therapy practice is based in a variety of musical engagement, music therapy curricula should include individual lessons, theory, performance, collaborative activity, improvisational activity, songwriting, and opportunities to explore new uses of the musical language with others. As music therapy professionals advocate for potential students to explore their musical and professional identities, qualified music therapy instructors have to comply with the highest standard of education needed for musicians to utilize their skills on a therapeutic level. In pursuit of enhancing our professional credibility, the incentive needs to be created for more advanced musicians to enroll in collegiate programs by providing a strong education that meets all AMTA musical competencies. Then, strong musical skill can be turned into strong musical experiences developed with therapeutic intention. It is so important to see that the strength of musical education is essential in distinguishing therapeutic work from other forms of therapy.

Self-Identity

Each participant discussed other aspects of their identity and how those aspects impacted their desire to become a music therapist. Each participant found working in a “helping” field to be in their best interest. They had an innate desire to help others in conjunction with a realization of how music positively affects the body. This impactful insight came from direct experience with music and the awareness of how they personally benefited from active music making. It is clear that for those who have a passion for music making and want to contribute to the

improvement of other's wellness, music therapy is a sensible career option. Music therapists can appeal to young musicians by advertising the field of music therapy as a combination of the wellness and field of music.

Each participant had the determination to continue growing throughout their professional career. They mentioned the ability to assist others in achieving therapeutic goals while further learning about themselves and their professional abilities. By exploring new forms of therapeutic activity, the participants are constantly challenging their creative ability. They are also given the opportunity to explore their emotions and responses to the development of each therapeutic session once they have finished working in their professional setting. The participants expressed that the ability to self-reflect was positively impacted by their musical relationships with clients.

Participant A: "Yes, so I wanted to do. I have always wanted to be in the helping field.. I always thought I was going to be in medicine more... traditional medicine, but I really wanted to stick with music. Once I found music therapy, the performance aspect and the medical helping side kind of came together in a traditional way.. As most people say how they found music therapy." - "You innately understand the healing power and what music can do in someone's life because you used it yourself."

Recommendations for Future Research

Recommendations for future research include further research into the relationship between one's musical experience and decision to work within a specific music therapy population could be beneficial in understanding a music therapy professionals' utilization of the musical language. Expanding the study criteria to include professional placement, population, and specialization could reveal additional trends regarding the decision to remain in the field, as well as musical strengths and limitations. Also, it could be beneficial to interview freshmen bachelors as to why they chose music therapy as a major. This may provide a better

understanding as to what informs the actual decision to pursue music therapy, not just in relation to active-making experience.

Conclusion

This study explored the relationship between life experiences in active music-making and the pursuit of music therapy for six certified music therapists. Results of this study suggest that a music therapist's career choice is heavily influenced by their pre-collegiate active music-making experiences. Active music-making experiences directly shape a music therapist's professional identity and inspire them to work in the field. Active music-making activities serve as a source of learning experiences, opportunities for self discovery, and catharsis.

These music therapists discussed the importance of their active music-making history and how it affected their need to give the gift of music to others. Music therapists are compelled to give back to those in need of healing with music-making activities due to their own positive experiences in music-making activities. Music therapists show an ability to self-reflect through musical activity while having an innate desire to help others.

There are several key points that music therapists can learn from examining the active music-making experiences of those working in the field. The first is that our active music-making experiences drive us to enter the music therapy profession. Without these experiences, not only are we lacking basic knowledge needed to pursue the profession, but also the desire to help others through the musical language. This ties into the second point, which focuses on the distinguishing factor that separates the music therapy field from other therapeutic fields. This factor is the utilization of active music making in therapeutic techniques. It is evident that the toolset in which music therapists use to provide care revolves around the musical language. This is what defines our therapeutic work and exemplifies the professional's skill set. The third point is that music therapists should be advocating for a strong musical education in primary schools and music therapy collegiate programs. Those that have a curiosity in active

music making should have the opportunity to explore potential musical abilities during pre-collegiate years, and those who are already enrolled in music therapy collegiate programs should be continuously advancing their musical skills. This way, certified music therapists can provide the greatest amount of care for their clients.

Future of Music Therapy

Music therapy caters to a multitude of therapeutic orientations, therapeutic techniques, and most importantly, client populations. Due to the nature of the diverse field, there are various ways in which music is currently being used as a therapeutic tool. While music therapists are reliant on other therapeutic techniques separate from the act of music making, these other techniques should be taught in conjunction with the powerful healing qualities of music making. Without a reliance on active music-making in therapy, music therapists may be viewed by other credentialed therapists as licensed therapists that lack specialty and purpose.

To see growth in the music therapy profession, there needs to be an incentive for people to learn about the benefits of music-making and how active music making can be used in a therapeutic context. This knowledge should be provided in our local communities and school districts. Since the field of music therapy is young and unheard of by many, it is important that these professionals raise the awareness of the importance and validity of their therapeutic field. The more active-music making grows in popularity with music therapists, the more of a force the field becomes.

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Appendix A

HREB Approval Letter

STUDY EXEMPTION

March 19, 2020

[Safrah Levitan](#)

631-902-2637

Levitans1@hawkmail.newpaltz.edu

Dear [Safrah Levitan](#):

On 3/19/2020, the Human Research Ethics Board (HREB) approved the following submission:

Type of Review:	Initial Study
Title of Study:	Musical Experience and The Pursuit of Music Therapy
Investigator:	Safrah Levitan
IRB ID:	STUDY00002275
Funding:	None
Grant ID:	None
Documents Reviewed:	<ul style="list-style-type: none"> • Faculty Advisor Assurances Addendum.docx, Category: IRB Protocol; • Levitan Consent Form.docx, Category: IRB Protocol; • Levitan Research Protocol, Category: IRB Protocol; • Invitation to Participate, Category: IRB Protocol; • Levitan Interview Guide.docx, 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 Secretary: hrebsecretary@newpaltz.edu

Appendix B

Consent Form

INFORMED CONSENT

Title of Study

Musical Experience and The Pursuit of Music Therapy

Name and Title of Researcher

Safrah Levitan
SUNY College at New Paltz
(631) 902-2637
Levitans1@hawkmail.newpaltz.edu

Study Location(s):

Interviews will be held in person at a communal location when feasible or via webex, an online video conference program.

Purpose Of Study

The purpose of this research study is to gain an understanding of how one's active participation in music influenced their decision to pursue music therapy as a career.

Participants

Inclusion/Exclusion Criteria

You are eligible to participate in this study if you are a board certified music therapist known to either the student researcher or faculty staff. The study will include board certified music therapists active within time spans of 0-5 years, 6-10 years, and 10+ years.

Approximate Number of Participants

The approximate number of people who will participate in this study is 6.

Procedures

The following procedures will occur:

1. The study will be explained and the consent form reviewed
2. If you agree to participate, you will be asked to sign the consent form
3. Once the consent form is signed, the audio recorder will be turned on and the interview will begin.
4. The researcher will ask you some questions about your musical experiences and music therapy career. Once you respond, the researcher may ask you some follow-up questions to clarify your initial response.

5. When the interview is complete, the audio recorder will be turned off.
6. The interview will not take longer than 45 minutes.
7. The interview will be transcribed. A copy of the transcription will be sent to you so it can be checked for accuracy.
8. When the interview is returned, it will be coded to identify themes as they relate to the research question.
9. When the coding is complete, you will receive a copy of the results.

Risks And Discomforts

Risks in this study are minimal and are no greater than those encountered when discussing the theories/philosophies that inform your clinical work with colleagues.

Benefits

The possible benefits you may experience from the procedures described in this study include: An understanding of music therapists' musical experiences and it's potential relationship with personal career choice. Potential music therapy students will benefit from exposure to music therapist's views on career choice in relation to musical experience.

Compensation:

You will not be compensated for your participation in this study.

Confidentiality

All information obtained in this study is strictly confidential unless disclosure is required by law. In addition, the Human Research Ethics Board, the sponsor of the study (e.g. NIH, FDA, etc.), and University or government officials responsible for monitoring this study may inspect these records.

- All identifiable information about you will be removed, with only a code to identify you. The code that links your name to the data will be kept separate from the study data.

Data Storage

Your research records will be stored in the following manner:

- All identifiable information about you will be removed, with only a code to identify you. The code that links your name to the data will be kept separate from the study data.

This information will be protected and kept confidential in the following manner:

- All study data will be kept under lock and key and only authorized research team members will have access to it.
- All data stored electronically will be stored on a password protected laptop in a password protected file. and password protection. Any hard copies will be shredded and disposed.

If You Have Questions

If you have any comments, concerns, or questions regarding the conduct of this research, please contact the researcher at (631) 902-2637.

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

The Human Research Ethics Board of the State University of New York at New Paltz has determined that this research meets the criteria for human subjects according to Federal guidelines.

VOLUNTARY PARTICIPATION STATEMENT

Your participation in this project is voluntary. Even after you agree to participate in the research or sign the informed consent document, you may decide to leave the study at any time without penalty or loss of benefits to which you may otherwise have been entitled. I will retain and analyze the information you have provided up until the point you have left the study unless you request that your data be excluded from any analysis and/or destroyed.

SIGNATURES

Your signature documents your permission to take part in this research.

Signature of participant

Date

Printed name of participant

Please sign below if you are willing to have this interview audio recorded (in person) or audio-visual recorded (if online). You may still participate in this study if you are not willing to have the interview recorded.

Signature of participant

Date

I certify that the nature and purpose, the potential benefits and possible risks associated with participation in this research study have been explained to the above individual and that any questions about this information have been answered. A copy of this document will be given to the subject.

Signature of researcher

Date

Printed name of researcher

Appendix C

Transcript

In this interview, Participant B discusses the role of active music making in his life and how these experiences became complimentary to his passion for psychology, ultimately leading him to a career in music therapy. His music therapy practice is very musically oriented, as a variety of musical techniques are used at his current work facility, (Professional site). The relationship between self expression by use of the musical language and therapeutic intention in mental health is established, thus creating an importance for a music therapist's ability to interactively connect with clients through music.

R : I want to thank you for participating in my thesis. My thesis topic pertains to the relationship between active music making experience and the choice to pursue a career in music therapy and remain in the professional field.

B : Wow, thats awesome

R: For some reason there apparently there has not been a lot of studies on this and considering our field is very musically oriented, it kind of makes sense. So my first question is, "Describe the role of active music making in your life".

B: Oh man. That's a broad question.

B: You can start with instruments, bands, anything you've involved yourself with musically.

B: Well, basically, if you want specific details.... I became very interested in music. It's always been an active experience because it's cultural. My background is Moroccan Isreali and music has always played a very powerful role in that culture. It really is a way of coping with stress, with anxiety....I have family members that have all lived through very intense wars, losing their home, attacking their countries that wanted them all gone, and having to somehow survive. So music was always a way of coping, was always a way of having what they call nowadays with our virus epidemic a "healthy escape". But also just coping with a way of reducing anxiety and a way of keeping spirits up.

So when you are a young child you are encouraged to sing. So I was singing a lot to records, and they were like "oh my god" I thought you were going to be some kind of singer. It's interesting how things played out as I got older. By the time I was 5 ½ at the local jewish community center, they started offering suzuki violin. So I started playing suzuki and doing the

suzuki method with my mom.... attending the lessons with my mom because that's how they did it. They included parents. They sort of teach them together so that they teach the parents to reinforce the musical lessons at home by practicing with your child and listening. It is very listening based and making music based. I think that the suzuki method was definitely my foundation for making active music because it was all about learning intricate music and learning it at a high level, learning it in a musical accurate sort of like performance ready way.... But it was very ear training based. From a very young age I learned to sort of pick it out and learn the notes, but then kind of the music...the page was thrown away after I learned the melody, when I internalized it. So I think the fact that I started singing along to records, there is some famous song that my relatives and people said that I sang along to....this Hebrew Song, I don't even know what it is. But now in this time, in this stage of my life, I want to go back and maybe ask them... "What was it that I sang that you guys were like"... "oh put that record on he's going to sing again!" I don't even know what that is, but as I learned to do suzuki, it was kind of like my voice transferred to the violin, as a voice. I was learning melodies, classical melodies. Suzuki method has a real range of comprehensive....amount of different melodies they put together. They take excerpts from classic composers. From Jackofsky to bach to Bacharini, to what else... Borchak... all the composers.. Mozart. So really I learned that and it became part of my musical self and musical identity. By the time I was 12 years old, I sort of transitioned into doing other things because active music making is fun but it was not culturally... you know.... I don't know....12 years old carrying a violin case to school... I started to feel very self conscious about it. It just wasn't the adolescent culture. So then later on I came back to music through the discovery of the guitar when my brother bought a guitar and I was like "wow", and then I realized it was another string instrument I could learn to play. It was culturally relevant to me, and it was something I could play with my friends, and I could actually learn to play popular music that I listen to... rather than this old antiquated classical music where I was in this program from the age of 5 1/2 -12 in a very rigorous kind of music learning program and system.... and having to go to workshops and recitals and it felt more like a business than what music is supposed to be when you think of it. When I was told what it is.... sort of in a folk cultural way, which is supposed to be relaxation fun, given the chance to express feelings or whatever. For me it was always, when I was a kid it seemed like more of an intellectual process, not so much an emotional or affective one. So then as I got older, I realized that music can be more improvisational. That's when the transition for me... where I realized that playing the guitar was a mode of me getting closer to my identity. I felt a loss, I felt a cultural bind between my culture.. My parents grew up in a very different culture. So I was really looking to find myself, and music helped reinforce my identity, and really helped reinforce what I was doing, like when I was making music and the passion behind it. I was more passionate and emotionally connected than ever before. So for me, I started playing with classmates and inviting people that were even beginners. I was encouraging them.. I was like, "c'mon you can do it! Here, learn these notes...

learn these chords...”, And I was putting together these little groups of friends of people and urging them, and it all kind of built from there.

Then I discovered in my first year of taking psychology.... You know, my parents... there was a lot of dissonance at home because of cultural differences... The bind that I was in and my experience growing up, and also I went through a very hostile divorce and there was a lot of emotional tension and traumatic stuff even that happened in my family. So for me, just rediscovering music, it became part of who I wanted to be, what I wanted to be. It was tied into my discovery in establishing an ego identity and sense of self.. What Erik Erikson talks about. So, basically for me now I realize that when I discovered the existence of the music therapy field as a profession, as a vocation, to me that was a real light. I was like, “I don’t know I’m so torn. I like music and I like psychology! Both are speaking to me in such powerful ways right now”. My psych 101 teacher, who was a practicing psychologist at the time, he said well... he just sort of like.. We just became sort of connected... like I started talking to him and started picking his brain about things. I really understood things when he spoke about basic psychology principles and tenants like displacement and transference and ego strength and all these things. I was like “wait a minute I know all that”, because I had gone through it in my family dynamics. So I was like, “wait a minute, this seems just like...I feel like I get this”. And he said to me, “don’t be stuck”. You know my family, it was tough...my dad didn’t go to college, it was under pushed. I mean it was.... my mom was an education person and she’s a teacher but even still, there was this resistance. So here I am at a community college and this teacher is like, “Look, find a career. Pick a pathway, don’t get stuck here”, is what his advice to me was. And I said, “okay, how do I do that?” He said, “Pick a direction”... and he goes.. “Take all your classes, and make that transfer happen, otherwise you’ll be... this could drag out and you don’t want to end up like some of the other people here. Years later they are still working through their primary education”. So then I said to him... he said to me... “What do you do and what are you most passionate about?” I said, “Well, right now it’s psychology and music that are most speaking to me because I’m already in the music, taking music classes.” And he said, “Well, how about music therapy?”, and I said, “What!.. That exists?? That’s exactly what I want to do!” Because I realize that music is very psychological. And he goes, “well yeah, well then here is something for you to pursue”. So then, that led me to the field and led me to want to pursue it as a career. I found (school), in Pittsburgh, that both had a great guitar program as well as a good music therapy program. It was a dream come true. The only thing about (school) was that there was a cultural gap there. It was a small Catholic school in Pittsburgh, PA, that was very culturally sort of segregated if you will. And it was an odd experience in that way, but everything else... I wanted to go to (school) but (school) didn’t offer music therapy then and that was the only reason I did not go to (school). Anyway, because I had been hearing all my favorite players and all of my heroes had at least been to (school) at some point. So here I was thinking, I am settling but I have a career path, and you know, cultural parents talking about careers and having careers to fall back on...and being in music is leading you to a place of like no livelihood and kind of like, the attitude to the future. And you know, I thought “I have to figure something out”.

So I figured this would be a good foundation, and I started my career path at (school) to become a music therapist, where I was also in a conservatory style program, while having a concentration program in music therapy and I think I was very fortunate. I had a really powerful mentor... that was sister (name), who recently passed away over the last few years and was on the executive board of the AMTA and was honored a few years ago when the conference was in Pittsburgh.

Anyway, so that just led me.. But it was always about making music and the music part, rather than the part that's removed from it. It was always more... now that I'm in a doctorate program, I'm learning more about the therapy aspects that are deepening my insightsit goes beyond just your regular support level. But really focusing on the dynamics of the psychotherapy in a way that is like music IN therapy as much AS music as therapy, like I've done for so many years. When I discovered the (band at Professional site), and performance therapy, to me that was like the most powerful way that I could use active music making in a therapeutic context that I was familiar with. I used some of my sports psychology and started to wear several hats, and I kind of ended up being a coach and an encouraging person, and said "You can come on let's push ourselves and lets bring out our potentials", which is what performance therapy is about.....by using active music making to fulfill therapeutic results and for therapeutic benefit.

R: *So, because I have the experience at (Professional site) learning with you about performance therapy and also knowing that you're in the PhD program focusing on your other passion for psychology. I know that's an influence in your career as a music therapist. Right now, I kind of want to backtrack a little bit because you said a lot of interesting things. I want to make sure I'm pronouncing this correctly, the Suzuki method. Can you just tell me a little bit about that and how that kind of music, that learning system for you ended up leading you towards the career in music therapy or the way that you utilize music within your career as a music therapist.*

B: *Wow yes. It was an ear training based system. The Suzuki method was created by Chinese. I believe it was Chinese I have to google it...But basically it was a method that was created to learn classical music but taking samples of different classical pieces and using that to learn technique. So when you learn string skipping for example, you would pick a piece that would emphasize string skipping and they would highlight the technique that was featured in that piece. So it really created this amazing methodology where you learned music in the context of the music that it was written and composed in, rather than learning them as separated exercises and like. sort of the pedagogy was not separated from the music. So because it was ear training based, that became my foundation for music. Is picking up the instrument, and listening and watching, and making the music and having it come out of you, rather than being focused on the page to follow along with as a guide sheet, which kind of creates this disconnected kind of object that you're using to make to guide you and almost like to puppeteer you through the music. For me, the music came from me. When I was 11 years old, they tried to integrate reading because they realized they were training classical musicians who these children just didn't know how to*

read. And reading was important so they tried to integrate it but I didn't really take to it because I could already play at that time, and I already had a playing foundation.

Basically so, it's the ear training aspect. The fact that I had to read. I had to integrate learning how to read, and I was kind of resistant to that, because for me the ear training method was really really working. So I think that lent itself to me being...establishing a kind of foundation on the guitar later on, when I picked it up just for fun...my brother bought this guitar because he was a skateboarder, and he wanted to learn all this metal and get into the culture as people used to listen to heavy metal like iron maiden, megadeth and metallica. So he bought this metal guitar and I ended up being like "Wow, this is interesting I bet I could learn to play this. I could pick out a melody. Now I have six strings okay." So I learned and have been focused ever since on learning chords, because my foundation was so melodic.

R: *So in music therapy, and your current practice.*

B: *But it became my foundation to answer your question. Is the ear training based method of the suzuki where you go home and listen to the records and you play along, and then you go and bring it in to your teacher and do recitals. Being in that system, with our teachers and system at home it became integrated in my life and I think that became my musical... I was exposed to these classical melodies and I learned how to play them by ear, basically.*

R: *Okay, so this basically I was kind of leading you into my second question which actually is word for word. "What do you perceive as the relationship between active music making and choosing music therapy as a career?"*

B: *The relationship between active music, well like I was saying before, active music making is what allows music therapy to take place, because your creating, you're connecting with a client, a human being in a sort of musical interplay in a space that you share, that has a kind of like equalizing way, "like we're in it together, we're doing this together, we're figuring it out together. Music has a narrative quality that just kind of goes somewhere. It has like a rising action, it has a peak action, it has a falling action. It's like a piece of music you share with somebody you go through like a little microcosm a mini journey. Especially when it's there from a composition. So for me it's like active music making is the very tool for forming a connection both intellectually cognitively and effectively with the client. So for me that became a foundation for how to engage clients. I felt that music as therapy really accomplished a lot of the things that are in other aspects of therapy. For me it was a way to go a little deeper and understand them because I realize music is a reflection of self. You cannot hide in the music, but at the same time it is a safe way, it's a safe and secure and possibly an empowering way to work on challenging areas and my particular approach is to access and build upon someone's strengths, Build on strong points that you have as a person and in the music, and then examining challenges so you can go further, so you can reach deeper, so you can unlock more obstacles and more barriers, you can get through, you can traverse them, you could transition through them. Music was*

transitional for me, because it helped me grow because the very elements.. What music requires of you it requires you to look at yourself and be honest with yourself. How does the music sound? What are you hearing in your own music? Just the act of making the sound and producing the sound gives you something back to reflect upon.

R: *Right, so the way that you utilize music and the way you see music being effective in music therapy coincide?*

B: *Absolutely, it's basically your intentionality that defines the therapy aspect of it, which is your addressing the goals of therapy, of symptoms, you know, the goals and objectives of mental health of saying we are going to work on our mood, we are going to work on being more aware of our reality.. of our internal self our internal emotional realm... we are going get an idea of what our thoughts and preferences are what are ideas about the world are.. Our ideas about ourselves. It just encompasses so much that you can explore inside the music in a safe protective place but also you're developing a connection. For me, what I did my masters on was the healing collaboration that happens. That ties right into your question, to make a connection with the client. It's based on your intentionality that you are facilitating a healing and recovery or some kind of personal growth experience, for the person through the music, that your goals do not end by simply teaching something. Sometimes it involves teaching something, and educational devices for music therapists are tools for therapy.*

R: *By teaching do you mean through music or through other techniques?*

B: *Well you're teaching, for example when you teach someone how to play a scale or how to play a chord, that can help open up and unlock self expression. So the idea is you want to open up self expression by teaching music. But also you're teaching something beyond just music, you're teaching somebody how, how to bring out something from within. You're teaching them how to work with their creativity, how to use that to navigate their life.. lived experience.. lived world....and I further take that into the use of music technology, which could take that a step further. In recording, in using DAWs, and other technological devices which then further aid the process of self expression and bringing out a creative piece and that which we create. There's an amazing quote that I'm still trying to find the origin of... but it's a quote that a client recently reminded me of, who is also a professional musician, and so I think it's very apropos, and the quote was "What we create can save us". I think there is alot to that because we are bringing out both conscious and unconscious content when we are in that creative space. That can be brought to the conscious mind and that's the very essence of what psychodynamic theory is about for example.*

R: *I totally agree with that and I know the complexity that there is at (professional site) with the therapeutic relationships and working within the mental health population. I know the goals you*

had previously mentioned. I want to better understand how music is applied at (professional site) and how everything from songwriting to the band. you said music equipment engineering.. You guys do so much. And also maybe to connect it to what you said before. You mentioned playing with people in childhood in a band-like setting. I'm wondering what in your active music making in childhood helped to propel you to the active music making activity there is at (professional site) used with clients if I said that correctly.

R: *Well, I started putting people together mostly during and after college. When I started getting a music foundation and started music therapy on an undergraduate level. I started really truly understanding the role, the deep role of therapists. That we didn't get as much education on at (school), unfortunately not as much as I would have liked. We didn't delve, we were encouraged to take some psychology classes.. and then our music therapy classes were more like wellness and Andrew Wile, and learning about the spiritual significance of it which was really great at the time the NAMT, and AMT became the AMTA, was focusing on standards and did not have a lot of music therapy classes so we had to take some music education classes. I had both good and bad experience in that. Music ed people they strive to like.. they force you to become adept at standards which is fine, but their goals ended with education, with teaching. And I wanted to take it a step further. So I started putting people together on my breaks, I started to connect with other musicians. As a child, I did that more like it was more like less acceptable which is why I think I strayed from music at the age of around 12. You know it just didn't have just a very interacting aspect to it. Yeah you can play a duet, but you still had to play what was on the music sheet. My brother played the piano and we actually did recitals, piano and violin.. A couple of recitals where he played the piano and I played the violin. But really, I tried to improvise and play for myself as a kid. And every time I improvised, it was like I was sent a message by the authority people or the teachers that I was straying off course. And that I was not focusing on what I needed to focus on. So I felt that there was this whole creativity or space that could be unlocked. That started to happen towards the end of high school to me, when I came back to music in a whole different way.*

S: *I would just like to ask you the last question which you've kind of been talking about already... but just to sum it up. "What role does active music making play in maintaining a career in music therapy?" And this also relates to my question from before about "How music is applied at (Profession site)?"*

A: *Well music is applied at (Professional site) by using performance as a modality as a sub modality of music therapy. Where we have vocational experience, it has vocational enhancement qualities. It has kind of a rehabilitative quality to it, where you have a mix of people who were already musicians and that process was disrupted by mental illness. A career possibly that was disrupted by mental illness in music. And then you have those who discovered music after they got sick as a powerful way to find healing and recovery, and for them to use it as therapy as a*

therapeutic modality. So, the way to use it for using it as a mode of performance, as a mode of relaxation and meditation, we use something called CCM which is contemplative creative music therapy I believe, but basically it has to do with mindfulness using guided imagery which a music therapist guiding a session with improvisational music rather than the traditional sort of method of doing guided imagery, which is using pre-composed music. We have a community drumming group, which is about bringing order out of chaos, and bringing people together, and giving people a chance to express themselves....where's there no rules or right or wrong way to do it other than just listening to each other and coming together as a group. Where you have the tool of self expression and the group dynamic skills that are all being understood within the music. Then you have music recording, we also use the studio as a composition tool. We had a music songwriting group here that is co-lead with students and staff and basically it was using the recording studio as a canvas, as a place to work out concepts and ideas, and to create what we call a lasting project. A product in process is what we have with music technology and recording, especially when it comes to songwriting. You have the process of therapeutic healing and it is reflective of your personal growth, and each is an actual bonafide therapy session, where we address symptom management and clinical goals that are in person's individualized service plan. Also, it had a deep sort of motivating vocational.. It reinforces their identity and gives cultural enhancement, and gives them more of a sense of identity and participation and inclusion in a community of people.... A ub culture if you will... but really it becomes its own supportive mental health music community. So you use the recording studio, then you have a product at the end of it. You have something that you did. When you're doing improvisation and performance, yeah you can record the performance, but it's really kind of like bringing out your best in the moment and being in the moment and see what happens at the speed of sound. But now, when you have recording in a studio environment, you really have a chance to kind of take a closer look at the introspective part of creativity and designing your music... what contours and colors and shapes almost like a painting, very slowly in a steadfast way can control the details and really create a work. I think the product then stands as a testimonial, as something that is reflective of the healing and something you can always go back to as timeless. Especially when you're using online .. especially if you're sharing with the world on youtube or social media.. Or whatever it is it really takes on a timeless quality that goes beyond the individual even and is shared with others. So we have that going on too. So these are the myriad of ways music is used at (Professional site). We also have a music listening group. Music listening is a very interesting area. First I was very skeptical of how we can consider it music therapy when we are not actually making music with our clients, we are sitting back and making music together. That's really when it becomes the music int therapy, where it's all in how you facilitate, and how you make the group dynamic and group experience work and what you do when you process. Now we've even had psychology interns run the music listening group, as well as peer support people running the music listening group, because it's a supportive level. And sure you can go deeper and do reeductive or recreative reconstructive if you want to go into deeper

processing of maybe some of the symbolic aspects of music, the archetypal aspects of music, the imagery of...

S: You were talking about how music is used within the listening process, it's not as therapy at first.

A: Well it was very foreign at first to consider it as an adjunct to music therapy practice because for me, music therapy has always been about actively making the music within a creative interplay.

S: So that perfectly fits into this last question, of what role does active music therapy play in your decision to maintain a career in music therapy

A: Because it allows... well....to maintain a career...it's building a process. So I learn and grow with the clients, as a musician, as a person, as a therapist, Spiritual growth, you learn about the meaning of coming together with some kind of creative process. It then rings back and resonates with me when we think about how music is used in rites of passage, in ceremonies, to mark important events in our lives, like the history of it. If you look at the history of music, it brings people together in times of peace.. In times of war...To mark rites of passage. And of course, as we know western music has huge historic foundations that came from religious and spiritual practices with church and Bach for example.. Having been cited as saying that all the music he wrote was for the glory of god and things like that. The development of music itself the eclisiastic scales...which were the church modes and scales lead to the development of music itself. Music has always played a practical sort of functional role in society and cultures since the beginning of time and human existence. For me, active music making is integral to the career because that's how you connect. That's what makes you a music therapist. Can you connect through the music? Or are you just talking about it and just looking at a person in terms of understanding their creative life, as a traditional therapist. "Oh this person is into music, they enjoy video games... They enjoy listening to Bach, classical music is a passion... they're very passionate about music". But it's the very essence of what allows us to do therapy as musicians and as music makers. That is where we are drawing our modality and that's where we are drawing our connections. We are making cognitive, affective emotional and spiritual connections intertwined all simultaneously and fluently with our clients. That is what draws me to doing it as a career, because I learned how to do this for myself. For me it took on that role, so now I feel like that's the craft I can use as a mode of connecting with my clients and for us going somewhere meaningful together.

S: Because playing music for you was always a coping mechanism..

A: It was a coping mechanism but it was also a way of... and this is where my brain is kind of like.. I was a little anxious about being fully prepared for you today because of covid 19 and the stress and having to worry about the clients... I feel like I want to bring out the very best and bring out the insights and really be able to think clearly to articulate. But basically, you're question if you don't mind restarting it.. Is that a coping mechanism? It definitely is a coping mechanism...in fact, right now I find myself very stressed right now with the epidemic, and I don't know what else to do.. I'm sitting in front of my computer and realizing I'm sitting in front of my computer.. Looking at charts and service plans. And what has helped me even right now, even yesterday.. I just said "Ya know? Forget everything". I picked up the violin for whatever reason and I started playing a Bach prelude that was written for cello, it's a very famous one. Then I started playing guitar and just that music helped me to reconnect with myself again. IT gave me a way to cope, reduced my anxiety and stress and just allowed me to feel more like myself again. That's really what we are trying to do in mental health. We believe mental health is basically a dysregulation of some aspect of our human experience. Whether its reality orientation, whether it's our mood, whether it's our personality. We are looking to regulate something that is dysregulated... I see mental health as amplitudes of aspects of humanity. For example, we all get depressed and anxious, but some people live in that place where it is much higher. It plays a bigger challenge because they are experiencing it in a far more intense way. So it's a regulating experience. Yes it was a coping mechanism and a personal learning system. It was a way of finding out who I am. Everytime you're doing something to regulate your thoughts and emotions, you're then thereby going to understand yourself better. It gives you the tool to really look at yourself that's balanced and healthy and safe. Then you can have personal growth. You can say "I learned this about myself today". It's also interpersonal learning.

S: That's how I feel as well and I connect to music in that same way. When I sit down, sometimes I don't even realize how badly I just need to sit down and play. How much that can relieve stress and anxiety but also reflect on what you're playing or what you just wrote.. Or what you just recorded in a recording software.. The sounds in which you create can depict where you are emotionally and it's good to reflect back on. The musical language is so complex...there's so much you can do with it to help describe how you are feeling or to help cope with your feelings. That's why I find the work that you do at (Professional Site) to be so interesting.

A: Thanks so much.. Yeah, that's what music is about, And it's not all positive. Sometimes you get stuck in places. Music is.. One thing I got from my music learning.. I took a class called Psychology of Music Teaching and Learning...that was done.. Almost a very graduate oriented class. I realized a lot of music is about balancing, the achievement of balance in frustration and enjoyment. It accounts for the person who is so excited to learn how to play guitar, and whether they are still playing it a month later, a year later, two years later. If they're still engaged if they've developed and grown with the instrument.. Both personally and with the instrument, on

the instrument.... Versus whether the guitar ends up in the closet after a period of time. So for me, there are frustrations. Those frustrations are areas for personal growth and looking deeper. It's saying "What is it for me"? That's where sister (name), my first supervisor and mentor taught me to ask.. And use that as a therapeutic curious question you can always ask yourself so you can always find a way forward. "What is it in me that is happening or that is having difficulty with this particular situation?". A lot of times it's getting anxious. Maybe it's a technical thing. We don't feel so comfortable with our scales. We don't feel so comfortable about harmony.. Maybe we are not giving enough in one area and we are not aware of it. So it automatically increases your self awareness when you work through problems through music. Working through problems in music has a generalizable aspect to it. When I say generalizable i don't mean quantitatively generalizable.. I mean in a qualitative way, where you can apply a certain way of thinking or being to all aspects of your life. That's another way it becomes therapeutic and why it becomes used as psychotherapy because then you can apply it to taking on challenges that are recovery oriented outside of the music and that's the hope as well.

Appendix D

Individual Case Synopses

Participant A

Step 1: Paragraph Form

Active Music Making Experience Before Pursuing Career in Music Therapy

Throughout childhood, A involved himself in active music making activities for at least one hour each day with various instruments. When A was in first grade, he started singing in a choir. Singing was always something A loved to do, both performing vocally and actively singing. A was in different types of choirs, such as large scale choirs, small chamber choirs, as well as jazz and pop acapella groups. He also grew up in a church and was in the church choir pretty much his entire life. A worked in a church during undergraduate years as a choir section leader as well. He considers his predominant instrument to be his voice.

A took classical piano lessons starting in the first grade and has performed multiple recitals over the years. He also involved himself in band as a euphonium player throughout all grade school years. Around eighth or ninth grade, A involved himself in musical theatre and continued throughout all his high school years.

Relationship between active music making and choosing Music Therapy as a career?

A always knew that he wanted to go into music and do something with music because music was so important to him. He always wanted to be in the helping field. He thought he was going to be in traditional medicine more, but also really wanted to stick with music. When A discovered music therapy, the performance aspect and the medical helping side came together in a traditional way. As much as he loved performing, it was not what he wanted to do for a full time job. He wanted music to be his job, but did not want to just be in front of people saying “Oh, look at me! Look how good I am”. Rather, he wanted to give the gift of music to others.

A was able to physically feel the effects of creating music together in a group. He recalls a prolific memory of performing Brahms Requiem in an orchestra, and feeling dread and heaviness in his body during the death march portion of the piece. He remembered going into the next piece, and feeling lifted up. Experiencing the very physical and visceral feeling, emotionally, solidified his wanting to pursue music therapy.

Role of Active Music Making in decision to maintain career in Music Therapy?

A believes that active music making definitely allows you to expand on your creativity and see how that can be implemented within a therapeutic setting. He is able to incorporate active music making differently for each client so he is constantly being challenged to discover what is going to be the best way for clients to get therapeutic benefits and insight.

Also, active music making currently maintains A's drive within the field because he is still able to feel those same visceral, emotional, and physical feelings that he felt at his beginning stages of music therapy practice and studies. In his professional work thus far, active music making has been the primary modality and method used. With active music making, A has been able to continue his creative mind and creative therapeutic skills. Now, developing a private practice and working within a new facility, he uses a combination of receptive and active music making techniques with clients. His clients often use improvisation as a source of processing and externalizing their musical journeys. A is currently in the process of creating a jam band group with his clients, which directly involves active music making and therapeutic relationship building through it.

Step 2: Condensed Notes

Active Music Making Experience Before Pursuing Career in Music Therapy

- Throughout childhood, A involved themselves in active music making activities for at least one hour each day with various instruments. While playing instruments such as the piano and euphonium, he always considered his predominant instrument to be their voice.
- A first began choir in first grade. Over the years, A involved themselves in different types of choirs, such as large scale choirs, small chamber choirs, jazz and pop acapella groups, and church choir. They became a church choir section leader during his undergraduate years.
- A has a variety of active music making experiences within different performance environments. Over the years, they involved themselves in multiple piano recitals and musical theatre shows.

Relationship between active music making and choosing Music Therapy as a career

- A always knew that they wanted to go into music and do something with music. While A held a strong importance to music, they acknowledged their desire to go into the helping field. When A discovered music therapy, the performance aspect and the medical helping side came together in a traditional way.
- A chose music therapy over performance to become their full time job as it would allow them to give the gift of music to others without seeking attention.

- A recalled a prolific memory of performing Brahms Requiem in an orchestra. While actively playing the music, they experienced the physical, emotional, and visceral feelings that solidified their wanting to pursue music therapy.

Role of Active Music Making in decision to maintain career in Music Therapy

- Through active music making, A maintains their drive within the field. They are still able to feel those same visceral, emotional, and physical feelings that he felt at their beginning of music therapy practice and studies.
- A believes that active music making allows you to continue developing your creative mind and therapeutic skill. It allows you to see how creativity can be implemented within the therapeutic setting.
- A is constantly being challenged to discover what is going to be the best way for clients to get therapeutic benefits and insight through different active music making experiences.

Step 3: Final Paragraph Form

Throughout childhood, A involved themselves in active music making activities for at least one hour each day with instruments such as the piano, euphonium, and their voice. These activities also included recitals and theatre performances. Considering their predominant instrument to be voice, A involved themselves in a variety of vocal groups, such as chamber choirs, jazz groups, pop a cappella groups, and church choir. They also became a church choir section leader during undergraduate years.

With the desire to go into the helping field, A felt that music therapy allowed their performance identity and medical helping side to traditionally come together. It became more professionally desirable because it was less attention seeking than musical performance. A solidified their wanting to pursue music therapy through certain physical, emotional, and visceral feelings evoked through a performance of Brahms Requiem.

A says that active music making maintains their drive to stay within the music therapy field. A believes that active music making allows you to continue developing your creative mind and therapeutic skill. Active music making allows A to challenge themselves in discovering therapeutic benefits for clients.

Participant B

Step 1

Active Music Making Experience Before Pursuing Career in Music Therapy

B was raised within a Moroccan Israeli culture, where music has always played a very powerful role in that culture. When B was a young child, he was encouraged to sing, which was common within Moroccan Israeli musical culture. He would sing a lot to records. By the time B was 5 ½ years old, he started playing violin at the local Jewish community center, using the Suzuki method. His mother would attend his Suzuki violin lessons and parental teaching was to reinforce the musical lessons at home. The Suzuki method was his foundation for making active music because it was all about learning intricate music and learning it at a high level. It was about learning in a musical accurate sort of performance ready way. It was the act of picking up an instrument, listening and watching, and making the music and having it come out of you, rather than being focused on the page to follow along with as a guide sheet, which kind of creates this disconnected kind of object that you're using to guide and puppeteer you through music. The Suzuki method was ear training based. From a very young age, he learned to pick out and learn notes. As written pages of music were thrown out after learning a melody, he would internalize it. When B learned to do Suzuki, his voice transferred to the violin, as a voice. He learned classical melodies taken from excerpts of classical composition, i.e. Tchaikovsky, Bach, Barcharini, Borshak, Mozart, all the classical composers.

During years of adolescence starting around 12 years old, he transitioned into doing other things. Active music making was fun but there was a cultural disconnect, where having to go to workshops and recitals soon felt more like a business than what music was supposed to be. He came back to music years later when his brother bought a guitar. B realized there was another string instrument he could play that was culturally relevant to him. By playing the guitar, he could use popular music and play with his friends. He realized that playing the guitar was a mode of getting closer to his identity. He was introduced to the musical culture of heavy metal, with artists such as Iron Maiden, Megadeth, and Metallica. Since his foundation for learning music was so melodic, he then focused on learning chords to this culturally relevant style of music.

In school, he would play with his classmates and encourage beginners to learn notes and chords. While studying at Jacenia University to become a music therapist, he also had the musical influence of being in a conservatory style program.

Relationship between active music making and choosing Music Therapy as a career?

For B, active music making has always been a way of coping with stress, anxiety, and keeping spirits up. To this day, he uses the guitar and music created from it to reconnect with himself in times of feeling emotionally dysregulated. Active music making was so culturally important due to family members living through intense wars, losing homes, and being attacked by countries that wanted them all gone. As musical identity was shaped through the importance of active music making and performance, his interest in psychology began to develop based on related cultural and familial influences. He believes that active music making was a way to go a little deeper and understand aspects of therapy because music is a reflection of self. Music is transitional for B because it helped him to grow through the very elements of what music requires of you. It

requires you to look at yourself and be honest with yourself by reflecting on qualities of the music. Through music, you can unlock obstacles and barriers to then traverse, transition through, and reflect upon. He believes that you cannot hide in music, but at the same time, it provides a safe, secure, and empowering way to work on challenging areas of one's mental health. After seeing the effect of active music making on his own health, he's inspired to use the musical language as a way to regulate various aspects of others' human experiences.

Role of Active Music Making in decision to maintain career in Music Therapy?

B believes that active music making is integral to the career because that's how you connect. It is what makes you a music therapist. There is a difference between connecting through the music, and just talking about it and looking at a person in terms of understanding their creative life, like a traditional therapist. What continuously draws B to the career is the realization that active music making is the craft he can use as a mode of connecting with clients and for going somewhere meaningful together. It allows the therapist and client to make cognitive, affective, emotional, and spiritual connections intertwined, simultaneously and fluently. Music performance is used within his music therapy practice, and provides vocational and rehabilitative qualities to the therapeutic process. The final product of a musical composition stands as a testimonial, as something that is reflective of the healing and something you can always go back to as timeless. B states being able to learn and grow with clients, as a musician, as a person, and as a therapist. You learn about the meaning of coming together with some kind of creative process.

Step 2

Active Music Making Experience Before Pursuing Career in Music Therapy

- B started active music making at a very young age using the Suzuki method, which is an ear training based method that involves picking up an instrument, listening and watching, and creating music without the use of a guide sheet to follow along to.
- Using the Suzuki method, B would learn notes by internalizing sounds and classical melodies. He would then translate what he learned by ear onto the violin. He attended workshops and recitals on the violin to enhance his skills.
- During adolescence, B felt a cultural disconnect from his previous musical experiences and stopped actively making music on the violin. He returned to active music making years later when his brother introduced him to the guitar. B had the opportunity to play a different string instrument that was more relevant to his identity.
- After being exposed to new styles of music by his brother, B redirected his focus from learning classical melodies to chords. He now had a desire to actively make music with his friends, and step away from the musical rigidity of his performance based past.

Relationship between active music making and choosing Music Therapy as a career?

- For B, active music making has always been a way of coping with stress, anxiety, and keeping spirits up. Active music making was always important to his culture and family as a coping mechanism.
- B had developed a strong musical identity and a later interest in psychology due to cultural and familial influences. By integrating his identity and blooming interests, he developed the belief that active music making is a way to go a little deeper into oneself because music is a reflection of self.
- After seeing the effect of active music making on his own health, he's inspired to use the musical language as a way to regulate various aspects of others' human experiences. By reflecting on the musical qualities of one's active music making, you can unlock obstacles and barriers to traverse, transition through, and reflect upon with honesty. He believes that it provides a safe, secure, and empowering way to work on challenging areas of one's mental health.

Role of Active Music Making in decision to maintain career in Music Therapy?

- B believes that active music making is integral to the career because that's how you connect and identify as a music therapist. There is a difference between connecting through the music, and only seeking to understand one's creativity through discussion, like a traditional therapist.
- What draws B to the career is the realization that active music making is a mode of connecting with clients and for going somewhere meaningful together. It allows the therapist and client to make cognitive, affective, emotional, and spiritual connections intertwined, simultaneously and fluently.
- B continuously learns and grows with clients, as a musician, as a person, and as a therapist.

Step 3

B started active music making at a very young age using the Suzuki method, which is an ear training based method that involves listening, watching, and internalizing sound and melody to then translate onto a preferred instrument. B enhanced his skills with use of the violin in different workshops and recitals. During adolescence, he felt there was a musical rigidity in his performance based past. B soon gained exposure to new styles of music and developed connection to the guitar, redirecting his focus from learning melody to learning chords.

B identifies active music making as a coping mechanism. With a strong musical identity and interest in mental health, he is inspired to use the musical language to regulate various

aspects of human experience. By reflecting on the musical qualities of one's active music making, you can unlock obstacles and barriers to traverse, transition through, and reflect upon with honesty.

B says that active music making is integral to a career in music therapy because it is what separates you from other therapeutic practitioners. It serves as the primary mode of making fluent cognitive, affective, emotional, and spiritual connections with clients.

Participant C

Active Music Making Experience Before Pursuing Career in Music Therapy

C grew up in piano performance. Her active music making was a performance, and to this day, she still identifies as a performer. She performed classically and involved herself in chamber music. Those experiences of active music making were not within a group setting.

As she entered her teenage years, she did active music making with others in terms of performance. C started to get into jazz around the age of twelve through a pre college program at Stony Brook University. There, she was thrown into active music making with others. She recalled having to change her role within active music making in a more collaborative way, as there was a rhythm section within the music group. Also, in the pre college program, C accompanied other people, like singers and string players. She involved herself in different orchestras. When C entered high school, she involved herself in a jazz band, also playing with others.

In college, she was involved in a jazz band doing small combo work. Around this time, she had to play with other pianists in forehand work. She would do this in concerts, and take lessons with other pianists, vocalists, and other instrumentalists to prepare for concerts given each semester. Her undergraduate college experience was very performance heavy, as she majored in performance undergrad with a BA in music. She was required to accompany others for recitals each semester, and was given feedback regularly by instructors within the preparation stages. She began to overcome the feelings of anxiety that came with performance and playing with others. Collaborative work had then become interesting and influential in C's active music making experience.

Relationship between active music making and choosing Music Therapy as a career?

C believes that active music making had an influence on choosing music therapy as a career in terms of working with others. After the development of collaborative experiences through active music making, she wanted to explore music with someone else. She wished she had gotten more involved in playing with others and going through musical experiences with others in groups, or tried new ways of performing with others. It was during the time in college when C really wanted to further her career and do something where she can work with others

through music and active music making was the way to do that. It served as the basis for kind of going through a process with someone. In relation to collaborating with others, you have the experience of “Well, I wonder how they are approaching this, and I wonder how I can approach this, and I wonder how we can both approach this together, in the end to make a performance”. C became interested in active music making processes that involved meeting another person “where they are at”.

She contemplated becoming a music educator or a music therapist. By choosing a music therapist, she realized that she valued the relationship and experience through the music. While C loves teaching, she wanted to go through a process with someone where you can share through music to work towards a goal, rather than sharing what she knows with someone else. It is a group process.

Role of Active Music Making in decision to maintain career in Music Therapy?

Active music making provides a way for clients to have something to look forward to, and a way for her as the therapist to work within a variety of different musical experiences. It's that collaborative experience that drives her to do music therapy with others. Active music making gives C the ability to adjust how she approaches a treatment session, and navigate it, because every experience and client that you are going to work with is different. She describes music as being so vast, with so many parts to music including the act of music making. These parts can be used to help people in so many different ways based on what they are needs and goals are.

In C's current job as a music therapist, she stresses and pushes so much for active music making as being a way to approach patients clinically because her patients are in very severe medical states. Having the experience of music physically for these clients is crucial. The use of active music making also enhances motivation, motor skills, awareness, and alertness with her clients.

Step 2

Active Music Making Experience Before Pursuing Career in Music Therapy

- C's earliest active making experiences came from solo piano performance. Prior to teenage years, C had not performed within a group setting. Her solo piano performances involved the use of classical and chamber music.
- During teenage years, C was thrown into active music making with others and began to change her role within active music making in a more collaborative way. Through a pre college program at Stony Brook University, C involved herself in jazz bands and different orchestras. She also began to accompany singers and string players in performance.

- C's undergraduate college experiences were very performance heavy. During this time, she was playing with other pianists and taking lessons in preparation for school concerts. With a requirement to accompany other musicians in these concerts, she began to overcome the feelings of anxiety that came with performance and playing with others. Collaborative work was starting to become interesting and influential for

Relationship between active music making and choosing Music Therapy as a career?

- After developing collaborative experiences through active music making, she wanted to continuously explore music with someone else. Active music making served as the basis for going through a process with someone.
- C started to see active music making as a process that involved meeting another person "where they are at".
- C contemplated becoming a music educator or music therapist. After choosing music therapy, she realized her own value of relationships and experiences through music. She wanted to go through the process of sharing music and working towards goals with others more than teaching.

Role of Active Music Making in decision to maintain career in Music Therapy?

- The collaborative experience in active music making drives C to do music therapy with others.
- Active music making gives C the ability to adjust how she approaches a treatment session and navigate it. She understands the importance of active music making as every therapeutic experience and client are different.
- She acknowledges the therapeutic effects of active music making as it enhances motivation, motor skills, awareness, and alertness with her clients.

Step 3

C's earliest active making experiences came from solo piano performance.. During her teenage years, C's role in active music making began to change in a more collaborative way. Through a pre college program at Stony Brook University, C first involved herself in a variety of bands and performances as an accompanist. During her undergraduate college years, C's active music making experiences were very performance heavy and collaborative. The culmination of these experiences enhanced C's ability to overcome performance anxiety and evoked a newfound interest in collaborative work.

C's active music making serves as the basis for going through a process with someone. After developing collaborative experiences through active music, she started to see active music making as a process involving meeting another person "where they are at". By choosing music

therapy as a career, C was able to continue going through the process of sharing music and working towards goals with others.

Active music making drives C to do music therapy with others due to its collaborative nature and ability to give C adaptability in treatment approaches. She also acknowledges that the active music making process enhances motivation, motor skills, awareness, and alertness with her clients.

Participant D

Step 1

Active Music Making Experience Before Pursuing Career in Music Therapy

D's earliest memories of active music making involved singing with her father. They would sing songs by artists like the Rolling Stones and the Grateful Dead. When she was alone in her childhood room, she would turn on her own music and sing along to that.

When D turned 10 years old, she started to play the saxophone. She soon started to play other woodwind instruments, and added other instruments as the years went on. When D began to play the saxophone full time, she involved herself in a concert band. By the time D was in eighth grade, she was playing in her school's jazz band. She also did some of the musicals around that time and continued on throughout high school. By high school, D was in the saxophone quartet, and had involvement in and out with the flute in concert band.

D's active music making experiences started off with improvisation. She described improvisation as being such an important part of her music making process, as it served as a connection to herself. In middle school, there was another saxophone player that competed with D for earning a place in the band. Her band director at the time, who was also her high school director, set up this duel that lasted between her and the other saxophone player for six years. D also started to audition during this time for regional bands and was accepted into a national honors band called "American Music Abroad". Her performance based experiences boosted her self esteem, but also started to raise feelings of anxiety. By the time she entered college, she was completely turned off by musical performance, and ended up taking a break from her saxophone soon after graduation.

Relationship between active music making and choosing Music Therapy as a career?

When D started to play saxophone, it became an escape. Playing music in her bedroom was the one place that could handle and contain all the emotion that she felt about the dysfunction in her childhood. The saxophone became an extension of her, and the act of music making developed into its own world. Active music making gave her something in a time when her self esteem was so poor. She described her active music making process as the art of making

an escape and finding a talent. This escape from her childhood then evolved into a career as a music therapist.

There was a point in time where D thought that she was going to become a music educator. When exposed to music therapy by her school guidance counselor, she had the realization that the background of what she went through in childhood mixed with the active music making experience as a coping mechanism were the forces of becoming a music therapist. Also, her foundation for music therapy began with the irritation of music performance. She did not have the ability to push for performances and the perfection aspect of it anymore.

Role of Active Music Making in decision to maintain career in Music Therapy?

D's decision to maintain a career in music therapy is heavily influenced by active music making because it allows her a way to identify with herself. The role active music making played in D's life was even bigger than she could describe.

After gaining experience as a music therapy client in graduate school, she had the realization that her voice, and active music making through her voice, being the center of everything, was so profound, and it made an impact in her career with active music making as a therapist.

A pivotal moment in D's music therapy career was when she started embracing vulnerability through active music making with a hearing impairment. In a time when she struggled with hearing in therapy sessions, i.e. missing musical cues, it became evident that her one role helping patients was directly related and reliant on active music making.

Step 2

Active Music Making Experience Before Pursuing Career in Music Therapy

- D's earliest memories of active music making involved singing with her father. They would sing songs by artists that her father listened to. When she was alone, she would turn on her own music and sing along to that.
- At 10 years old, D started to play the saxophone. Soon after, she began to play other woodwind instruments. When D started to play saxophone full time, she involved herself in concert band, jazz band, pit band, and a saxophone quartet. In later years, she auditioned for regional bands and was accepted into a national honors band called "American Music Abroad".
- D's active music making experiences started off with improvisation. She described improvisation as being such an important part of her music making process, as it served as a connection to herself.
- Starting in middle school, D's band director set up a duel that lasted between her and the other saxophone player for six years. Her performance based experiences boosted her self esteem, but also started to raise feelings of anxiety. By the time she entered college, she

was completely turned off by musical performance, and ended up taking a break from her saxophone soon after graduation.

Relationship between active music making and choosing Music Therapy as a career?

- Active music making gave D something in a time when her self esteem was so poor. She described her active music making process as the art of making an escape and finding a talent.
- When exposed to music therapy, she had the realization that the background of what she went through in childhood mixed with the active music making experience as a coping mechanism were the forces of becoming a music therapist.
- D's foundation for music therapy began with the irritation of music performance. She did not have the ability to push for performances and the perfection aspect of it anymore.

Role of Active Music Making in decision to maintain career in Music Therapy?

- D's decision to maintain a career in music therapy is heavily influenced by active music making because it allows her a way to identify with herself.
- D's realization that her voice, and active music making through her voice, being the center of everything had a profound impact in her career with active music making as a therapist.
- In a time when she struggled with hearing in therapy sessions, i.e. missing musical cues, it became evident that her one role helping patients was directly related and reliant on active music making.

Step 3

D's earliest memories of active music making involved listening to her father's preferred music and singing to herself. At 10 years old, D began playing saxophone as well as other woodwind instruments. Through improvisatory active music making, D developed a deep connection to herself. D involved herself in a variety of bands such as concert band, jazz band, pit band, saxophone quartet, and a national honors band called "American Music Abroad". Due to anxiety derived from her competitive performance based experiences, D took a break from the saxophone after undergraduate school.

D described her active music making process as the art of making an escape and finding a talent. With the realization her music making experiences served as a coping mechanism for childhood hardships, she gravitated towards the field of music therapy. D's irritation of music performance and musical perfectionism also served as foundations for her music therapy profession.

D's decision to maintain a career in music therapy is heavily influenced by active music making because it allows her a way to identify with herself. It also became evident that D's one role helping patients was directly reliant on active music making. This was due to an impermanent hearing impairment experienced while leading music therapy sessions.

Participant E

Step 1

Active Music Making Experience Before Pursuing Career in Music Therapy

E cannot remember a time when she wasn't creating music or involved in music. Her first active music making experiences were influenced by her mother and father, who are both guitarists with improvisational and classical influences. E made active music making a huge part of her life and it just made sense in her family to be making music.

E started taking private piano lessons around third or fourth grade. In second grade, she started taking violin lessons through an after school program where you could either take a musical lesson or a dance lesson. She stopped these violin lessons in middle school, but then continued on to join an orchestra. During these years, she had private voice lessons at scattered times.

E always identified as a vocalist by trade. At a young age, she involved herself in a church choir and community events, and continued with it throughout the years. She went to school and majored in voice. She struggled with the piano, and feels that she still can't play it. She also struggled with the violin, and feels that the struggle comes from any use of instruments involving her hands. She can't make her hands do what her heart wants to do, but when she sings, she can execute that. She involved herself in choir as well as musical theatre starting in 9th grade in school. These activities became a big part of her musical identity.

Relationship between active music making and choosing Music Therapy as a career?

Once E found out that she wanted to express herself through music and be in some sort of music career, she decided she definitely didn't want to do music education. She thinks because she struggled with the structured component of music, it did not make sense to pursue music education. Also, she could not express herself through classical training with any other instrument besides her voice. Though, with the influence of musical role models in her education, she knew that she wanted to be like her music teachers. In time, the improvisational, expressive, and vocal side of herself began to lean towards music therapy as a profession.

E had made a connection between those that pursue a career in music therapy and those that are privileged to have music at a young age. She believes that when you're in crisis mode,

you're not making music. Not everybody has the ability to play music, therefore, not everybody has the ability to be a music therapist.

E also believes that you have to feel the passion of music in you and express yourself through music in order to use music as a therapeutic tool. To be a music therapist, you have to understand the inner workings of musical expression, and put your own expression into words with musical qualities such as tempo, tamber, and texture.

Role of Active Music Making in decision to maintain career in Music Therapy?

Through work as a music therapist, E has realized that she needs to make more time for active music making in her life. Being that she understands the importance of music making in therapy, she is now making more music of her own in her personal life. She pulls out her guitar and plays songs. With the influence of improvisational techniques in music therapy, she takes the time now to improvise and choose songs to play based on emotion for her own well being. Especially during a crisis, she realizes that just doing a bunch of songs and finding the words that really fit for her allow her to express herself every day. This is how active music making has changed her life, and allows her to see the importance of it in the field of music therapy.

Step 2

Active Music Making Experience Before Pursuing Career in Music Therapy

- E's first active music making experiences were influenced by her mother and father, who are both guitarists with improvisational and classical influences.
- E started taking private piano lessons around third or fourth grade. In second grade, she started taking violin lessons. She stopped these violin lessons in middle school, but then continued on to join an orchestra.
- E always identified as a vocalist by trade. Throughout school years, she involved herself in voice lessons and church choir, and musical theatre. Later on, she went to school and majored in voice.
- She struggled with the piano, and feels that she still can't play it. She also struggled with the violin, and feels that the struggle comes from any use of instruments involving her hands. She can't make her hands do what her heart wants to do, but when she sings, she can execute that.

Relationship between active music making and choosing Music Therapy as a career?

- E thinks because she struggled with the structured component of music, it did not make sense to pursue music education. Also, she could not express herself through classical training with any other instrument besides her voice.

- In time, the improvisational, expressive, and vocal side of herself began to lean towards music therapy as a profession.
- E had made a connection between those that pursue a career in music therapy and those that are privileged to have music at a young age. She believes that when you're in crisis mode, you're not making music. Not everybody has the ability to play music, therefore, not everybody has the ability to be a music therapist.

Role of Active Music Making in decision to maintain career in Music Therapy?

- Through work as a music therapist, E has realized that she needs to make more time for active music making in her life.
- E realizes that just doing a bunch of songs and finding the words that really fit for her allow her to express herself every day. This is how active music making has changed her life, and allows her to see the importance of it in the field of music therapy.

Step 3

E's first active music making experiences were influenced by her playing classical and improvisational guitar. During elementary school years, E took private lessons on piano and violin. E soon involved herself in musical groups such as orchestra, church choir, and musical theatre. Struggling with the use of instruments involving her hands, she felt she cannot make her hands do what her heart wants to do. With the ongoing pursuit of vocal lessons and choosing voice as a school major, E identified as a vocalist by trade.

Due to E's struggle with the structured component of music, she decided to pursue music therapy over music education. In time, the improvisational, expressive, and vocal side of E began to also lean towards music therapy as a profession. E also believes that the privilege of having active music making experience directly affected her ability to become a music therapist.

E sees the importance of active music making in the field of music therapy because it allows her to express herself every day. Acknowledging the benefits of active music making in her work with clients, she realized the benefits it can have in her own life. This helps her to connect to her music therapy identity.

Participant F

Step 1

Active Music Making Experience Before Pursuing Career in Music Therapy

F grew up in a very musical family. He was influenced by his father as a guitarist, mother as a pianist, clarinetist, and singer, and his brother as a saxophonist. Inspired by his brother, F

chose to play the saxophone from fourth grade through twelfth grade. Though he continued playing saxophone throughout his school years, F did not enjoy playing the instrument as much as he expected. As a result, he decided to pick up the guitar and flute. The flute became convenient as it allowed F to not have to transpose music. Ultimately, the guitar became his primary instrument. Serving as a new found musical motivation, he re-directed his focus to guitar jazz performance.

Music was so much a part of F's life just for leisure. He was always in concert band, jazz band, marching band, and the music ministry at his church. He became very involved in the music ministry at his church, and contributes this experience to his career growth and faith. F also feels that being a jazz musician has allowed him to be free with making music with just about anybody.

Relationship between active music making and choosing Music Therapy as a career?

With exposure to therapeutic active music making at *location*, F fell in love with the concept of music therapy and decided to pursue it as a career. Though his intention was to become a jazz music teacher, he soon realized that he wanted to share his love of music in a way that showed others how it can be used as a coping skill and as a way of life.

F contributes his decision to become a music therapist to the impact music making has had on his mental health. He enjoys making music as both a leisure skill and as a coping skill. F has realized how much active music making can affect somebody's psyche and emotional state. Also, by active music making in his church, F realized the power of collaborative efforts in the therapeutic process. He developed more of an interest in making music with others rather than just by himself.

Role of Active Music Making in decision to maintain career in Music Therapy?

F continues to make music for himself as a form of self care and a way of being able to develop professionally. He has reinvented his musical relationship by still making music outside of therapy sessions. F describes this process as filling his own music tank.

With the intention of staying in the music therapy field, F recognizes that he cannot tell patients how much music is influential and how much it can really make a difference in their life when he is not actively doing his own music. He feels that as a professional practitioner, F feels it is unethical to promote a therapeutic activity that he does not do for himself as a form of self care.

Step 2

Active Music Making Experience Before Pursuing Career in Music Therapy

- F was influenced by his father as a guitarist, mother as a pianist, clarinetist, and singer, and his brother as a saxophonist. Inspired by his brother, F chose to play the saxophone from fourth grade through twelfth grade.
- F did not enjoy playing the saxophone as much as he expected. As a result, he decided to pick up the guitar and flute. The guitar served as his new found musical motivation, directing his primary focus to guitar jazz performance. F feels that being a jazz musician has allowed him to be free with making music with just about anybody.
- F was always in concert band, jazz band, marching band, and the music ministry at his church. He became very involved in the music ministry at his church, and contributes this experience to his career growth and faith.

Relationship between active music making and choosing Music Therapy as a career?

- With exposure to therapeutic active music making at Amcore Psychiatric Hospital, F fell in love with the concept of music therapy and decided to pursue it as a career over jazz education. F realized that he wanted to share his love of music in a way that showed others how it can be used as a coping skill and as a way of life.
- F contributes his decision to become a music therapist to the impact music making has had on his mental health. F has realized how much active music making can affect somebody's psyche and emotional state.
- By active music making in his church, F realized the power of collaborative efforts in the therapeutic process. He developed more of an interest in making music with others rather than just by himself.

Role of Active Music Making in decision to maintain career in Music Therapy?

- F continues to make music for himself as a form of self care and a way of being able to develop professionally. He has reinvented his musical relationship by still making music outside of therapy sessions. F describes this process as filling his own music tank.
- With the intention of staying in the music therapy field, F recognizes that he cannot tell patients how much music is influential and how much it can really make a difference in their life when he is not actively doing his own music. He feels that as a professional practitioner, F feels it is unethical to promote a therapeutic activity that he does not do for himself as a form of self care.

Step 3

F was influenced by his musical family in his pursuit of active music making. Inspired by his brother, he chose to play the saxophone from fourth grade through twelfth grade. Realizing that he did not enjoy playing the saxophone that much, he decided to pick up the guitar and flute. F directed his primary focus to guitar jazz performance, and felt that it allowed him to be free with music making. F involved himself in a multitude of bands as well as the music ministry at his church, which he contributed to his career growth.

After being exposed to therapeutic active music making at Ancora Psychiatric Hospital, F fell in love with music therapy as a career over jazz education. He realized that he wanted to share his love of music while exposing its use as a coping skill and way of life. He developed a strong awareness of how active music making positively affected his own mental health. F also became inspired by the collaborative process in active music making with others.

F continues to make music for himself as a form of self care and a way of being able to develop professionally. By reinventing his musical relationship with active music making outside professional sessions, he is able to “fill” his own music tank. F also feels that the process of outside active music making is important in maintaining a professional identity in music therapy.

Appendix E

Coding Example

Participant B

Step 1: Themes

B started active music making at a very young age using the suzuki method, which is an ear training based method that involves listening, watching, and internalizing sound and melody to then translate onto a preferred instrument. B enhanced his skills with use of the violin in different workshops and recitals. During adolescence, he felt there was a musical rigidity in his performance based past. B soon gained exposure to new styles of music and developed connection to the guitar, redirecting his focus from learning melody to learning chords.

Themes

Extensive musical training

Relationship with music performance

B identifies active music making as a coping mechanism. With a strong musical identity and interest in mental health, he is inspired to use the musical language to regulate various aspects of human experience. By reflecting on the musical qualities of one's active music making, you can unlock obstacles and barriers to traverse, transition through, and reflect upon with honesty.

Themes

Coping mechanism

Therapeutic regulation through music making process

Music centered approach in psychotherapy

B says that active music making is integral to a career in music therapy because it is what separates you from other therapeutic practitioners. It serves as the primary mode of making fluent cognitive, affective, emotional, and spiritual connections with clients.

Themes

Professional Identity

Modality for developing relationships and promoting wellness

Step 2: Adding Interview Quotes for Each Theme

B started active music making at a very young age using the Suzuki method, which is an ear training based method that involves listening, watching, and internalizing sound and melody to then translate onto a preferred instrument. B enhanced his skills with use of the violin in different workshops and recitals. During adolescence, he felt there was a musical rigidity in his performance based past. B soon gained exposure to new styles of music and developed connection to the guitar, redirecting his focus from learning melody to learning chords.

Themes

Extensive musical training

- *“By the time I was 5 ½ at the local Jewish community center, they started offering Suzuki violin”*
- *“I think that the Suzuki method was definitely my foundation for making active music because it was all about learning intricate music and learning it at a high level, learning it in a musical accurate sort of like performance ready way”*
- *“It was very ear training based. From a very young age I learned to sort of pick it out and learn the notes, but then kind of the music...the page was thrown away after I learned the melody, when I internalized it”*
- *“I was learning melodies, classical melodies. Suzuki's method has a real range of comprehensive...amount of different melodies they put together. They take excerpts from classic composers”*

Relationship with music performance

- *“I could actually learn to play popular music that I listen to, rather than this old antiquated classical music where I was in this program from the age of 5 ½ -12 in a very rigorous kind of music learning program and system. Having to go to workshops and recitals and it felt more like a business than what music is supposed to be when you think of it”*
- *“I started playing with classmates and inviting people that were even beginners. I was encouraging them.. I was like, “c’mon you can do it! Here, learn these notes...learn these chords...”. I was putting together these little groups of friends of people and urging them, and it all kind of built from there. “*

B identifies active music making as a coping mechanism. With a strong musical identity and interest in mental health, he is inspired to use the musical language to regulate various aspects of human experience. By reflecting on the musical qualities of one's active music making, you can unlock obstacles and barriers to traverse, transition through, and reflect upon with honesty.

Themes

Coping mechanism

- *“It definitely is a coping mechanism”*
- *“What has helped me even right now... even yesterday I just said, “Ya know? Forget everything”. I picked up the violin for whatever reason and I started playing a Bach prelude that was written for cello, it's a very famous one. Then I started playing guitar and just that music helped me to reconnect with myself again”*
- *“It gave me a way to cope, reduced my anxiety and stress and just allowed me to feel more like myself again”*
- *“We believe mental health is basically a dysregulation of some aspect of our human experience. Whether its reality orientation, whether it's our mood, whether it's our personality. We are looking to regulate something that is dysregulated”*

Therapeutic regulation through music making process

- *“Using active music making to fulfill therapeutic results and for therapeutic benefit”*
- *“We are making cognitive, affective emotional and spiritual connections intertwined all simultaneously and fluently with our clients. That is what draws me to doing it as a career, because I learned how to do this for myself. For me it took on that role, so now I feel like that's the craft I can use as a mode of connecting with my clients and for us going somewhere meaningful together”*

Music centered approach in psychotherapy

- *“It was a way to go a little deeper and understand them because I realize music is a reflection of self. You cannot hide in the music, but at the same time it is a safe way, it's a safe and secure and possibly an empowering way to work on challenging areas and my particular approach is to access and build upon someone's strengths, build on strong points that you have as a person and in the music, and then examining challenges so you can go further, so you can reach deeper, so you can unlock more obstacles and more barriers, you can get through, you can traverse them, you could transition through them”*

B says that active music making is integral to a career in music therapy because it is what separates you from other therapeutic practitioners. It serves as the primary mode of making fluent cognitive, affective, emotional, and spiritual connections with clients.

Themes

Professional Identity

- *“Active music making is integral to the career because that's how you connect. That's what makes you a music therapist. Can you connect through the music? Or are you just talking about it and just looking at a person in terms of understanding their creative life, as a traditional therapist”*

Modality for developing relationships and promoting wellness

- *“Active music making is what allows music therapy to take place, because your creating, you're connecting with a client, a human being in a sort of musical interplay in a space that you share, that has a kind of like equalizing way, “like we're in it together, we're doing this together, we're figuring it out together”*
- *“So for me, it's like active music making is the very tool for forming a connection both intellectually cognitively and effectively with the client. So for me that became a foundation for how to engage clients”*