


A Survey of Music Therapists' Experiences as well as
Perceived Effectiveness of Education and Training on Sexual Attraction to Clients

By

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MUSIC THERAPISTS' SEXUAL ATTRACTION TO CLIENTS

ABSTRACT

The purpose of this descriptive study was to investigate music therapists' experiences of sexual attraction to their clients and the music therapists' perceived effectiveness of their education and training on therapist sexual attraction to clients. Based on previous studies with verbal therapists, it was hypothesized that music therapists frequently experienced sexual attraction to their clients and perceived their education and training on therapist sexual attraction to clients as ineffective or nonexistent. A survey questionnaire assessing related experiences and perceptions was sent to all professional members of the American Music Therapy Association (AMTA) with a music therapist designation (N = 1,569). Of the 1,491 participants with working email addresses, 304 agreed to participate (20.4% response rate). Significantly less music therapists (26.7%) reported they at least once experienced sexual attraction to their clients. Many music therapists (70.0%) reported that their education and training included little to no discussion about therapist sexual attraction to clients. Many of them (63.8%) also reported that their education and training about sexual attraction to clients was less than adequate. The need for improvement in educating and training music therapists about this phenomenon is evident, but it is still unclear whether music therapists are less likely to experience, become aware of, or admit to the attraction. Possible explanations and implications of these results are discussed.

Keywords: music therapy, sexual attraction, erotic countertransference, ethics

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CHAPTER I

Introduction

As Freud (1905) suggested in an essay on infantile sexuality, sexual attraction or desire for sex is one of the most basic human needs existing from birth. All humans experience sexual attraction. Therapists, as humans, may experience sexual attraction to their clients. The personal and often intimate therapeutic relationship between a therapist and client intensifies the risk of sexual attraction between them. Therapists often spend more time and effort getting to know and understand their clients, and show copious amounts of empathy toward them than toward anyone else in their lives. Therapists engage in deeply meaningful verbal interactions with their clients and the privacy of these interactions are ensured by client confidentiality.

Music therapists engage in deep and meaningful musical interactions in addition to the verbal interactions with their clients. Music itself, featured in a wide range of cultural and social events from celebrating birth to mourning death, is a powerful cultural phenomenon and social experience influencing individuals both on intrapersonal and interpersonal levels. It brings individuals together and forms a base for unity between them. Moreover, music is often employed in intimate social contexts and consequently, it becomes associated with intimate feelings. As DeNora (2000) wrote, music is “an active ingredient in close relationships and intimate settings” (p. 111). Music therapists are hypothetically in equal if not greater risk of becoming sexually attracted to their clients.

It is already well emphasized in the education and training of all therapists that sexual relationship with clients is inappropriate, unethical, and against the law. According to the Ethics Code for psychologists (APA, 2010), "Psychologists do not engage in sexual intimacies with current therapy clients/patients." According to the Code of Ethics for social workers (NASW, 2008), "Social workers should under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced." According to the Code of Ethics for music therapists (AMTA, 2012), "The music therapist will not exploit clients/students/research subjects sexually, physically, financially or emotionally." Such codes clearly distinguish the right from wrong when it comes to therapists' sexual relationships with clients. However, possibly due to the sensitive nature of the topic, they fail to clearly address information regarding therapists' sexual attraction to clients.

Sexual attraction between therapist and client remains a topic of taboo, surrounded by emotional and social stigma. Therapists who are psychodynamically oriented may be more accepting or even welcoming of sexual attraction that develops within therapy. Such therapists identify sexual attraction as countertransference. Countertransference occurs in two circumstances: when therapists unconsciously transfer their thoughts, feelings, and behavior patterns with another person in their past onto the client, or when therapists respond to the client's transference. Client's transference occurs when clients unconsciously transfer their thoughts, feelings, and behavior patterns with another person in their past onto the therapist.

The latter type of countertransference can be utilized as an effective tool for therapists to understand and help their clients understand themselves. In order for

therapists to be effective, therapists must become aware of the existence of countertransference, acknowledge it can exist, and examine it. If countertransference is sexual, therapists must become aware of the sexual attraction to their clients, acknowledge the sexual attraction as a natural feeling, and work through the feeling to better serve the client. As Finger (2000) wrote, "Therapists who acknowledge that sexual attraction in psychotherapy is normal and recognize the common warning signs will be more prepared to deal with the attraction and less likely to engage in inappropriate behavior" (p. 12).

Unfortunately, many therapists tend to avoid acknowledging or examining sexual attraction to their clients when it occurs because "an atmosphere of disapproval and dread continues to pervade the phenomenon of erotic countertransference" (Transey, 1994, p. 139). Such therapists along with those who are unaware of the attraction pose themselves a greater risk of harming their clients. In order to promote awareness and willingness to accept and confront this uncomfortable feeling, I believe that this topic of taboo may be addressed through research, education, and training of therapists.

Although there are some research studies investigating the frequent incidence of verbal therapists' sexual attraction to their clients (Bernsen, Tabachnick, & Pope, 1994; Giovazolias & Davis, 2001; Nickell, Hecker, Ray, & Bercik, 1995; Paxton, Lovett, & Riggs, 2001; Pope, Keith-Spiegel, & Tabachnick, 1986; Pope & Tabachnick, 1993; Rodolfa, Hall, Holms, Davena, Komatz, Atunez, & Hall, 1994; Stake & Oliver, 1991) and therapists' frequent reports indicating lack of education and training regarding what to do when sexually attracted to clients (Bernsen et al., 1994; Nickell et al., 1995; Paxton et al., 2001; Pope et al., 1986; Pope & Tabachnick, 1993; Rodolfa et al., 1994), there is a

paucity of research discussing the prevalence of music therapists' sexual attraction to their clients or the perceived effectiveness of music therapists' education and training regarding this phenomenon. This may be because music therapy is a relatively new profession. However, due to the intimate nature of music therapy and the possible existence of music therapists' sexual attraction to their clients, I believe that the investigation of music therapists' experiences of sexual attraction to their clients and music therapists' perceived effectiveness of their education and training about therapist sexual attraction to clients is needed.

Purpose Statement and Research Questions

The purpose of this descriptive study is to investigate music therapists' experiences of sexual attraction to their clients and the music therapists' perceived effectiveness of their education and training on therapist sexual attraction to clients. Research questions are (1) How frequently do music therapists experience sexual attraction to their clients? and (2) How do music therapists perceive the effectiveness of their education and training on sexual attraction to clients?

CHAPTER II

Literature Review

The purpose of this literature review is to identify existing research studies investigating verbal therapists' experiences of sexual attraction to their clients and the therapists' perceived effectiveness of their education and training about sexual attraction to clients. The review features studies investigating the prevalence of therapists' sexual attraction to their clients, client characteristics therapists perceived as sexually attractive, therapists' responses to the sexual attraction, likelihood of therapists seeking supervision, therapists' perceived effects of sexual attraction on the therapy process, and the therapists' perceived effectiveness of their education and training about sexual attraction to clients.

Prevalence of Therapists' Sexual Attraction to their Clients

Researchers have investigated the prevalence of therapists' sexual attraction to their clients (Bernsen, Tabachnick, & Pope, 1994; Giovazolias & Davis, 2001; Nickell, Hecker, Ray, & Bercik, 1995; Paxton, Lovett, & Riggs, 2001; Pope, Keith-Spiegel, & Tabachnick, 1986; Pope & Tabachnick, 1993; Rodolfa, Hall, Holms, Davena, Komatz, Atunez, & Hall, 1994; Stake & Oliver, 1991). Researchers asked if therapists ever experienced sexual attraction to their clients and then calculated the response percent.

Pope, Keith-Spiegel, and Tabachnick (1986) investigated psychologists' experiences of sexual attraction to their clients and the psychologists' perceived effectiveness of their education and training about sexual attraction to clients.

Researchers sent out a questionnaire to 1,000 psychologists in private practice randomly selected from the American Psychological Association Membership Directory.

Questionnaire consisted of questions about psychologists' experiences of sexual attraction to their clients, client characteristics psychologists perceived as sexually attractive, psychologists' responses upon becoming aware of the sexual attraction, their perceived effects of sexual attraction on therapy process, their perceived effectiveness of their education and training about sexual attraction to clients, and their experiences of sexual relationship with clients. Of the 1,000 psychologists contacted, 585 psychologists (339 men and 246 women) completed the questionnaire. Their median age was 46 years and their average length of practice was 17 years. Most participants (87%) reported they at least once experienced sexual attraction to their clients.

Stake and Oliver (1991) conducted a similar study with psychologists from one state. They investigated psychologists' experiences of sexual attraction to their clients, and their views of psychologists' sexually suggestive behaviors and psychologist-client sexual relationship. Researchers sent out a questionnaire to all of the 1,041 psychologists licensed in the state of Missouri. Questionnaire consisted of examples demonstrating psychologists' sexually suggestive behaviors, responses upon becoming aware of the sexual attraction, and responses upon learning about their current client's sexual relationship with the client's previous psychologist. The participants were asked to use a 7-point rating scale to rate how frequently they experienced each example, as well as their views of each example. Of the 1,041 psychologists contacted, 320 psychologists (207 men and 113 women) completed the questionnaire. Their median age is unknown

but their average length of practice was 14 years. Most participants (85%) reported they at least once experienced sexual attraction to their clients.

Pope and Tabachnick (1993) not only looked at sexual attraction, but also other emotions of taboo psychologists may feel toward their clients. They investigated psychologists' experiences of anger, hate, fear, sexual attraction, and sexual arousal toward their clients, and the psychologists' perceived effectiveness of their education and training about feelings of anger, fear, and sexual arousal toward clients. Researchers sent out a questionnaire to 600 clinical psychologists, counseling psychologists, psychotherapists, and psychologists in private practice, randomly selected from the APA Membership Directory. Questionnaire consisted of scenarios describing psychologists' feelings toward clients, clients' behaviors, and psychologists' reactions to clients' behaviors. The participants were asked to use a 5-point rating scale to rate how frequently they experienced each scenario and the effectiveness of their education and training about anger, fear, and sexual arousal to clients. Of the 600 psychologists contacted, 285 psychologists (141 men, 141 women, and three not reporting gender) completed the questionnaire. Their median age was 45 years but their average length of practice is unknown. Most participants (87%) reported they at least once experienced sexual attraction to their clients.

Rodolfa, Hall, Holms, Davena, Komatz, Atunez, and Hall (1994) attempted to follow the study conducted by Pope et al. (1986) but they used a longer questionnaire and invited a different population to participate. Instead of studying psychologists in private practice, they studied psychologists in educational settings. They investigated psychologists' experiences of sexual attraction to their clients and the psychologists'

perceived effectiveness of their education and training about sexual attraction to clients. Researchers adapted and extended the questionnaire developed by Pope et al. (1986) and then sent it to 908 counseling and clinical psychologists in university counseling centers randomly selected from the APA Membership Directory. Questionnaire consisted of questions about psychologists' experiences of sexual attraction to their clients, client characteristics psychologists perceived as sexually attractive, psychologists' responses upon becoming aware of the sexual attraction, their perceived effects of sexual attraction on therapy process, their perceived effectiveness of their education and training about sexual attraction to clients, and their experiences of sexual relationship with clients. Of the 908 psychologists contacted, 386 psychologists (199 men and 187 women) completed the questionnaire. Their median age was 44 years and their average length of practice was 15 years. Most participants (88%) reported they at least once experienced sexual attraction to their clients.

Bernsen, Tabachnick, and Pope (1994) also attempted to follow the study conducted by Pope et al. (1986) but they invited a different population to participate. Instead of studying psychologists, they studied social workers. They investigated social workers' experiences of sexual attraction to their clients and the social workers' perceived effectiveness of their education and training about sexual attraction to clients. Like Rodolfa et al. (1994), Researchers adapted the questionnaire developed by Pope et al. (1986) and then sent the adapted questionnaire to 1,000 clinical social workers randomly selected from the National Association of Social Workers Membership Directory. Questionnaire consisted of questions asking about social workers' experiences of sexual attraction to their clients, client characteristics social workers perceived as

sexually attractive, social workers' responses upon becoming aware of the sexual attraction, their perceived effects of sexual attraction on therapy process, their perceived effectiveness of their education and training about sexual attraction to clients, and their experiences of sexual relationship with clients. Of the 1,000 social workers contacted, 453 social workers (229 men, 224 women, and 10 not reporting gender) completed the questionnaire. Their median age is unknown but their average length of practice was 19 years. Most participants (81%) reported they at least once experienced sexual attraction to their clients.

Nickell, Hecker, Ray, and Bercik (1995) investigated marriage and family therapists' experiences of sexual attraction to their clients, sources guiding their responses upon becoming aware of the sexual attraction, the therapists' views of various ethical issues, and their perceived effectiveness of their education and training about sexual attraction to clients. Researchers sent out a questionnaire to 400 marriage and family therapists randomly selected from the American Association for Marriage and Family Therapists Membership Directory. Questionnaire consisted of scenarios describing therapists' sexual feelings and behaviors toward clients, and examples demonstrating sources guiding therapists' responses. The participants were asked to use a 5-point rating scale to rate how frequently they experienced each scenario and example in the past two years, their views of each scenario, and the effectiveness of their education and training about sexual attraction to clients. Of the 400 therapists contacted, 189 therapists (exact numbers of men and women are unknown) completed the questionnaire. Their median age and their average length of practice are also unknown. Researchers presented the participants' sexual attraction to their clients by gender. All of

the male participants (100%) and most of the female participants (73%) reported they at least once experienced sexual attraction to their clients in the past two years.

Paxton, Lovett, and Riggs (2001) investigated psychology faculty members' sexual attraction to their clients. They specifically investigated the relationship between the nature of faculty members' education and training, and their perceived effectiveness of their education and training about sexual attraction to clients. Researchers sent out a questionnaire to 1,000 psychology graduate and postgraduate professors and supervisors randomly selected from the APA Membership Directory. Questionnaire consisted of questions asking if, during graduate education, postgraduate education, or supervision, faculty members learned about ethics or other topics facilitating exploration of personal beliefs, attitudes, and feelings, and the overall effectiveness of their education and training about sexual attraction to clients. Of the 1,000 faculty members contacted, 293 faculty members (185 men and 108 women) completed the questionnaire. Their mean age was 49 years and their average length of clinical practice was 22 years (faculty members at graduate programs averaged 11 years, faculty members at doctoral programs averaged 14 years, and faculty members training interns averaged 10 years). Most participants (78%) reported they at least once experienced sexual attraction to their clients.

Giovazolias and Davis (2001) investigated British psychologists' experiences of sexual attraction to their clients. Researchers sent out a questionnaire to 286 currently practicing psychologists listed in the British Psychological Society Membership Register. How they were selected is unknown. Questionnaire consisted of questions asking about psychologists' experiences of sexual attraction to their clients, the psychologists'

responses upon becoming aware of the sexual attraction, and their perceived effects of sexual attraction on therapy process. Of the 286 psychologists contacted, 122 psychologists (exact numbers of men and women are unknown) completed the questionnaire. Most participants (78%) reported they at least once experienced sexual attraction to their clients.

Client Characteristics Therapists Perceived as Sexually Attractive

In addition to the prevalence of sexual attraction, researchers have also investigated client characteristics therapists perceived as sexually attractive (Bernsen et al., 1994; Pope et al., 1986; Pope & Tabachnick, 1993; Rodolfa et al., 1994).

Researchers asked therapists to open-endedly describe the characteristics of sexually attractive clients and then organized the therapists' responses into content categories.

The most frequently reported characteristics of clients whom therapists were sexually attracted to were clients' physical attractiveness and their positive cognitive/mental traits or abilities (Bernsen et al., 1994; Pope et al., 1986; Rodolfa et al., 1994). According to Pope and Tabachnick (1993), almost all participants (96%) reported they were at least once physically attracted to their clients. These findings suggest there may be a relationship between physical attraction and sexual attraction. After all, our first and lasting impression of another individual is strongly based on their physical appearance.

Therapists' Responses to the Sexual Attraction

In addition to the prevalence of sexual attraction and client characteristics therapists perceived as sexually attractive, researchers have also investigated therapists' responses upon becoming aware that they are sexually attracted to their clients (Bernsen

et al., 1994; Giovazolias & Davis, 2001; Nickell et al., 1995; Pope et al., 1986; Rodolfa et al., 1994). Researchers asked if therapists ever experienced positive or negative feelings in response to the sexual attraction and then calculated the response percent.

In most studies, more participants (51%, 44%, 63%, 55%, respectively) reported experiencing negative feelings (e.g., uncomfortable, guilty, anxious, confused, surprised, and shocked) than positive feelings (e.g., acknowledging, accepting, and normalizing of their experiences) associated with their sexual attraction to their clients (Bernsen et al., 1994; Nickell et al., 1995; Pope et al., 1986; Rodolfa, et al., 1994). In a more recent study, more participants reported experiencing positive feelings (45%) than negative feelings (39%) associated with their sexual attraction to their clients (Giovazolias & Davis, 2001). Although percentages of participants reporting negative responses to the sexual attraction are similarly in the middle range, it is interesting to note that more recent the study, lower the percentage.

Likelihood of Sexually Attracted Therapists Seeking Supervision

Researchers have also investigated therapists' likelihood of seeking supervision as a response to becoming aware that they are sexually attracted to their clients (Bernsen et al., 1994; Giovazolias & Davis, 2001; Nickell et al., 1995; Paxton et al., 2001; Pope et al., 1986; Rodolfa et al., 1994; Stake & Oliver, 1991). Researchers asked if therapists sought supervision or consultation upon becoming aware that they are sexually attracted to their clients and then calculated the response percent.

In some studies, more than half of the participants (61%, 72%, 57%, 60%, respectively) reported of seeking supervision upon becoming aware of their sexual attraction to their clients (Bernsen et al., 1994; Giovazolias & Davis, 2001; Pope et al.,

1986; Rodolfa et al., 1994). In other studies, less than half of the participants (47%, 49%, respectively) reported of seeking supervision upon becoming aware of their sexual attraction to their clients (Paxton et al., 2001; Stake & Oliver, 1991).

In the study conducted by Nickell et al. (1995), more male participants (46%) than female participants (34%) reported of seeking supervision. Pope et al. (1986) found that participants who reported negative feelings associated with their sexual attraction to their clients, and participants with at least a graduate education were more likely to seek supervision. Similarly, Paxton et al. (2001) also found that participants with greater perceived effectiveness of their graduate education and training about sexual attraction to clients were more likely to seek supervision. Rodolfa et al. (1994) found participants' belief that their sexual attraction to their clients does not have any effect on therapy process as the most frequent reason they chose not to seek supervision. These findings suggest that supervisors should closely monitor their supervisees for evidence of sexual attraction, and encourage their supervisees to openly discuss their feelings associated with their sexual attraction to their clients and the perceived effects of such feelings on therapy process.

Therapists' Perceived Effects of Sexual Attraction on the Therapy Process

In addition to the prevalence of sexual attraction, client characteristics therapists perceived as sexually attractive, and therapists' responses upon becoming aware that they are sexually attracted to their clients, researchers have also investigated therapists' perceived effects of sexual attraction on therapy process (Bernsen et al., 1994; Giovazolias & Davis, 2001; Pope et al., 1986; Rodolfa et al., 1994). Researchers asked if

therapists perceived positive or negative effects of sexual attraction on therapy process and then calculated the response percent.

In the studies conducted by Pope et al. (1986) and Rodolfa et al. (1994), more participants reported experiencing negative feelings than positive feelings associated with their sexual attraction to their clients. However, more participants reported their sexual attraction had positive effects (69%, 48%, respectively) than negative effects (49%, 43%, respectively) on therapy process. Giovazolias and Davis (2001) found similar results: more participants reported their sexual attraction to their clients had positive effects (51%) than neutral effects (43%) or negative effects (6%) on therapy process. In a study conducted by Bernsen et al. (1994), like in the study conducted by Pope et al. and Rodolfa et al., more participants reported experiencing negative feelings than positive feelings associated with their sexual attraction to their clients. However, more participants reported their sexual attraction to their clients had negative effects (63%) than positive effects (57%) on therapy process.

Some of the positive effects included increased self-awareness, and understanding and empathy for their client (Rodolfa et al., 1994), and increased interest in the therapeutic relationship with their client (Giovazolias & Davis, 2001). Some of the negative effects included difficulty focusing on the client's issues, confronting the client, and maintaining therapeutic relationship and boundaries (Giovazolias & Davis, 2001; Rodolfa et al, 1994). It is yet unclear whether the positive effects outweigh the negative effects.

Therapists' Perceived Effectiveness of Therapists' Education and Training

In addition to therapists' experiences of sexual attraction to their clients, researchers have also investigated therapists' perceived effectiveness of their education and training about sexual attraction to clients (Bernsen et al., 1994; Nickell et al., 1995; Paxton et al., 2001; Pope et al., 1986; Pope & Tabachnick, 1993; Rodolfa et al., 1994). Researchers asked therapists to rate their graduate education and internship training about sexual attraction to clients and then calculated the response percent.

In all studies, more participants (78%, 55%, 48%, 79%, 65%, 40%, respectively) reported they received little to no graduate education and training than comprehensive graduate education and training about sexual attraction to clients (Bernsen et al., 1994; Nickell et al., 1995; Paxton et al., 2001; Pope et al., 1986; Pope & Tabachnick, 1993; Rodolfa et al., 1994). In fact, only a few participants (10%, 20%, 9%, 11%, respectively) reported they received comprehensive graduate education and training about sexual attraction to clients (Bernsen et al., 1994; Paxton et al., 2001; Pope et al., 1986; Pope & Tabachnick, 1993). It is interesting to note that the more recent the study, the lower the percentage of participants reporting little to no graduate education and training about sexual attraction to clients and the higher the percentage of participants reporting comprehensive education and training about sexual attraction to clients. This suggests that graduate education and internship training about sexual attraction to clients may be improving.

In summary, most participants in all of the aforementioned studies reported experiencing sexual attraction to their clients. The percentages remained relatively similar in studies conducted over the course of 30 years and across therapists' various

specialties. More participants in six of the aforementioned studies rated their graduate education and internship training about sexual attraction to clients as inadequate.

Participants who perceive their education and training as inadequate are also less likely to seek supervision (Paxton et al., 2001). If the majority of therapists are experiencing sexual attraction to their clients yet lack the education, training, and supervision to know what to do about it, therapists' sexual attraction to clients is a phenomenon worth continued investigation. Furthermore, there is a paucity of such research in the field of music therapy.

CHAPTER III

Methodology

Participants

Participants were professional members of the American Music Therapy Association (AMTA) with a music therapist designation (e.g., Music Therapist-Board Certified, Advanced Certified Music Therapist, Certified Music Therapist, and Registered Music Therapist). Email invitations (see Appendix D) were sent to the email addresses of all professional members with a music therapist designation as listed in the AMTA database ($N = 1,569$). Email invitations to 76 email addresses were undeliverable because of a server error or invalid email addresses. Two individuals were excluded from the study because they responded that they did not work with clients. Of the 1,491 potential participants, 304 agreed to participate (20.4% response rate).

Measures

The survey questionnaire (see Appendix F) was created using a survey generating website: <http://www.surveymonkey.com>. It was adapted from the questionnaire developed by Pope et al. (1986), and was divided into three major parts. The first part consisted of six multiple choice demographic questions asking for participants' gender, age, highest level of education, music therapist designation, years of experience in the profession, and theoretical orientation. The second part consisted of four multiple choice questions relating to participants' personal experiences, asking if participants ever

experienced sexual attraction to a client, what client characteristics participants perceived as sexually attractive, if participants' attraction to a client affected their therapeutic relationship with that client, and how participants reacted to the attraction. If the participants responded that their attraction to a client had either a positive or negative effect on their therapeutic relationship with that client, they were provided with an open-ended option to elaborate by submitting a narrative response to the question. The third part consisted of three multiple choice questions relating to participants' personal beliefs and opinions, asking how participants generally view music therapists' sexual attraction to their clients, how often their training included discussion of such attraction, and how they rate their training about such attraction.

For the question asking about client characteristics music therapists perceived as sexually attractive, participants were provided with the five most frequently reported characteristics from previous studies (Bernsen et al., 1994; Pope et al., 1986; Rodolfa et al., 1994) as choices along with a choice "Other" and an open-ended option to submit narrative responses. A choice of "Other" and an open-ended option were also provided for the questions asking about participants' level of education, music therapist designation, theoretical orientation, reaction to the attraction, and general views of music therapists' sexual attraction to clients. For the questions asking about participants' gender and personal experiences, participants were provided with a choice "I do not wish to answer" to opt out of responding. For the questions asking about participants' previous training, participants were provided with a choice "I do not remember."

Procedures

Email invitations (see Appendix D) including a cover letter stating the purpose of the study, general instructions to complete the questionnaire, potential risks to participants, description of procedures to maintain anonymity of the participants, an expression of appreciation for the participants' participation in the study, and a link to the electronic consent form (see Appendix E) containing a link to the questionnaire (see Appendix F) were sent to 1,569 email addresses through SurveyMonkey®'s Email Invitation collector.

The consent form stated the purpose of the study, the researcher conducting the study, why the participants were invited to participate in the study, potential risks for participating in the study, information that participation is voluntary, information that participants can withdraw from the study at any time without penalty, approximate time the questionnaire will take, assurance that participants' responses will not collect identifying information and will be confidential, whom the results of the study will be shared with, and information that the research has been reviewed by the university IRB committee for research involving human subjects. Participants were encouraged to click either the "Agree" or "Disagree" button at the end of the page. They were informed to click the "Agree" button only if they read the above information and were voluntarily agreeing to participate in the research study as an individual at least 18 years of age. Participants were only able to participate in the study, and were redirected to the questionnaire, if they clicked the "Agree" button. Individuals who clicked the "Disagree" button were redirected to another page thanking them for their interest.

Participants were provided with two weeks to complete the survey. After the first week, reminder emails were sent. After the second week, the survey was closed for data analysis.

The response percent of all questions was retrieved using a function on SurveyMonkey®. Open-ended responses were grouped into categories and the response percentage for each category was calculated. Tables were created to present the results.

CHAPTER IV

Results

Demographic Characteristics

Table 1 lists demographic characteristics of participants. Almost all of the participants (95.0%) held a MT-BC designation. Most participants who identified their gender were female (86.1%) between the ages of 20 to 39 years (60.0%). More than half of the participants (53.4%) held or were close to holding masters' degrees. About half of the participants (49.5%) had 1 to 10 years of practice while 47.1% of the participants had at least 11 years of practice in the field.

Primary theoretical orientations were diverse. The highest percentage of participants (37.2%) reported an eclectic/integrative approach, 29.0% of the participants reported a behavioral/cognitive-behavioral approach, and 19.5% of the participants reported a humanistic/existential approach. Other theoretical orientations included psychodynamic/psychoanalytic, transpersonal, neurological, biomedical, and feminist, with less than 8.0% of the participants reporting each approach.

Prevalence of Music Therapists' Sexual Attraction to their Clients

Table 2 lists participants' responses to the question, "Have you experienced sexual attraction to a client?" Most participants (72.6%) reported they never experienced sexual attraction to their clients although 22.2% of those who denied attraction reported that attraction was possible (e.g., if they were not in a relationship, if they worked with a

Table 1

Demographic Characteristics of Participants

	<i>n</i>	%
Gender		
Female	255	86.1
Male	38	12.8
I do not wish to disclose	3	1.0
Age		
Under 20	0	0.0
20-29	83	28.3
30-39	93	31.7
40-49	51	17.4
50-59	44	15.0
60-69	20	6.8
70 and over	2	0.7
Highest level of education		
Bachelor's	112	36.7
Master's	163	53.4
Doctoral	30	9.8
Music therapist designation		
MT-BC	283	95.0
RMT	7	2.3
CMT	3	1.0
ACMT	1	0.0
Other	4	1.3
Years of experience		
Less than 1 year	10	3.4
1-5 years	82	27.8
6-10 years	64	21.7
11-15 years	45	15.3
16-20 years	34	11.5
21-25 years	19	6.4
26-30 years	16	5.4
More than 30 years	25	8.5
Theoretical orientation		
Behavioral/Cognitive-Behavioral	85	29.0
Eclectic/Integrative	109	37.2
Humanistic/Existential	57	19.5
Psychodynamic/Psychoanalytic	23	7.8
Transpersonal	4	1.4
Other (Neurological, Biomedical, and Feminist)	6	2.0
I do not know	9	3.1

different population, etc.). Over one quarter of the participants (26.7%) reported they experienced sexual attraction to their clients at least once. Of those who reported experiencing attraction (26.7%), two thirds reported experiencing it more than once while one third reported experiencing it just once. A larger percentage of male participants (47.2%) than female participants (24.2%) reported experiencing attraction.

Table 2

Prevalence of Music Therapists' Sexual Attraction to their Clients

Prevalence of Attraction	<i>n</i>	%
Yes attraction	78	26.7
Just once	26	8.9
More than once	52	17.8
No attraction	212	72.6
Attraction was possible	47	16.1
I do not wish to answer	2	0.7

Client Characteristics Music Therapists Perceived as Sexually Attractive

Table 3 lists client characteristics that participants reported as sexually attractive. The most frequently reported client characteristics therapists perceived as sexually attractive were clients' physical attributes, cognitive/mental abilities, and personality. Through open responses, two participants reported musical talent as an attractive client characteristic. Their responses were organized into the "cognitive/mental attributes" category.

Table 3

Client Characteristics Music Therapists Perceived as Sexually Attractive

Characteristics	<i>n</i>
Physical attributes (e.g., handsome, beautiful, well dressed, etc.)	70
Cognitive/Mental attributes (e.g., intelligent, talented, creative, etc.)	56
Personality (e.g., pleasant, well-mannered, optimistic, etc.)	56
Vulnerabilities (e.g., dependent, sensitive, child-like, etc.)	18
Sexual attributes (e.g., sexy, discussed sexual materials in session, etc.)	11
Other (commonality, countertransference, and projective identification)	3
I do not wish to answer	4

Music Therapists' Perceived Effects of Sexual Attraction on the Therapeutic Relationship

Table 4 lists participants' responses to the questions, "Has your sexual attraction toward a client affected your therapeutic relationship with that client?" and "How has your attraction toward a client positively/negatively affected your therapeutic relationship with that client?" Of those who reported perceiving an effect (7.4%), two thirds reported perceiving a positive effect while one third reported perceiving a negative effect.

The most frequently reported positive effects of experiencing sexual attraction toward a client were increased exploration and awareness of self, and increased understanding of and empathy toward clients. One participant wrote, "My attraction towards clients has afforded me the opportunity to tackle such a sensitive and taboo

concept in personal therapy and in supervision, which I believe allowed me to function more therapeutically as a music therapist.” Another participant wrote:

[My attraction toward a client] necessitated my exploring, understanding, being on top of my own countertransference feelings. I was able to be acutely aware of what caused the reaction in me, temper my feelings but also become that much more attuned to what the client was going through, ultimately/hopefully being more effective as a therapist. In other words my own feelings were a tool to better understand and help my client.

The most frequently reported negative effect of experiencing sexual attraction toward a client was being unable to focus on the client. Feelings associated with the inability to focus on the client were “awkward,” “self-conscious,” and “uncomfortable.” One participant wrote, “I felt uncomfortable with sexual comments made by client. If I had not had some sexual attraction towards this male it would have been easier to process this issue.” Another participant wrote, “I didn’t really pursue a therapeutic relationship with that client because I found them attractive.”

Table 4

Music Therapists' Perceived Effects of Sexual Attraction on the Therapeutic Relationship

Perceived Effects	<i>n</i>	%
Positive	14	4.9
Increased exploration and awareness of self	7	
Increased understanding of, empathy, and helpfulness toward clients	7	
Increased exploration and awareness of therapeutic process	5	
Increased interest and focus on client	3	
Increased connection with client	3	
Negative	7	2.5
Unable to focus on client	4	
Termination	2	
Unable to maintain therapeutic boundaries	1	
No effect	78	27.6
I do not wish to answer	1	0.4
This question does not apply to me (no attraction)	183	64.7

Music Therapists' General Views of Sexual Attraction to Clients

Table 5 lists participants' general views of music therapists' sexual attraction to clients. The most frequently reported views regarding this topic were negative, that music therapists' sexual attraction to clients was unethical and inappropriate. However, open responses included many other statements that fit into the following themes: sexual attraction to clients is naturally occurring, a phenomenon that should not be acted on, a phenomenon that require professional management, a phenomenon that require self-work, and a phenomenon that require supervision. One participant wrote:

[Music therapists' sexual attraction to clients] is a part of the human experience.

It's how we handle the attraction that can be inappropriate, unethical, against the

law, or none of the above. We can be aware of it and not engage in anything inappropriate. This is where supervision and self-work become so vital.

Another participant wrote:

I believe that sexual attraction to another person is not necessarily an experience that one “chooses,” but is a typical human response to something about the person; therefore it seems to me that ethics come into play only if/when a therapist does not take steps to deal honestly and fully with her/his feelings through supervision and subsequently makes clinical decisions that are damaging to the therapeutic process or to the client. An individual in the role of “therapist” is ethically bound to carefully monitor her/his responses within the therapeutic process and relationship to ascertain that the client’s needs are maintained as the therapist’s primary concern. If such feelings in the therapist become a hindrance in any way to the therapeutic work, I believe that the therapist has the responsibility to refer the client to another therapist (and to process the situation in supervision).

A few participants reported that music therapists’ sexual attraction to clients was harmful to clients thus requiring termination. One participant wrote:

[Music therapists’ sexual attraction to clients is] very harmful for the client, unethical because of the power issues. I do hope that you explore the power difference. A therapist who is sexually attracted to a client should stop the therapy. I am a victim of clergy sexual abuse so I feel very strongly about this topic. A therapist should be aware of the power difference and have an understanding of that relationship and make sure there are boundaries to protect the client.

Table 5

Music Therapists' General Views of Sexual Attraction to Clients

Views	<i>n</i>
Unethical	126
Inappropriate	124
Against the law	39
Other	
Naturally occurring	121
Phenomenon that should not be acted on	43
Phenomenon requiring professional management	34
Phenomenon requiring self-work	19
Phenomenon requiring supervision	17
Harmful to clients thus requiring termination	8
Countertransference	6
I do not know	18

Music Therapists' Perceived Effectiveness of their Education and Training

Table 6 lists participants' responses to the question, "How often did your training include discussion of therapist attraction to clients?" More participants reported their training included "rare" (39.0%) to "no" (31.0%) discussion than "some" (23.1%) to "a lot" (0.7%) of discussion about therapist attraction to clients. In fact, only two participants reported frequent discussion of the phenomenon.

Table 6

Discussion of Therapist Attraction to Clients in Music Therapy Training

Discussion	<i>n</i>	%
Never	90	31.0
Rarely	113	39.0
Some	67	23.1
A lot	2	0.7
I do not remember	18	6.2

Table 7 lists participants' responses to the question, "How do you rate the level of training you received about therapist attraction to clients?" Most participants either reported receiving "adequate" (28.2%) or "inadequate" (27.9%) training about therapist attraction to clients. Overall, 63.8% of the participants reported receiving less than adequate training about therapist attraction to clients.

Table 7

Music Therapists' Perceived Effectiveness of their Training about Therapist Attraction to Clients

Effectiveness	<i>n</i>	%
Inadequate	80	27.9
Somewhat inadequate	57	19.9
Somewhat adequate	46	16.0
Adequate	81	28.2
I do not remember	23	8.0

CHAPTER V

Discussion and Conclusion

This study investigated music therapists' experiences of sexual attraction to their clients and the music therapists' perceived effectiveness of their education and training on sexual attraction to clients. Unlike the majority of verbal therapists who reported experiencing sexual attraction to their clients through previous studies (Bernsen, Tabachnick, & Pope, 1994; Giovazolias & Davis, 2001; Nickell, Hecker, Ray, & Bercik, 1995; Paxton, Lovett, & Riggs, 2001; Pope, Keith-Spiegel, & Tabachnick, 1986; Pope & Tabachnick, 1993; Rodolfa, Hall, Holms, Davena, Komatz, Atunez, & Hall, 1994; Stake & Oliver, 1991), only 26.7% of the music therapists in this study reported experiencing sexual attraction to their clients.

There are a few possible explanations for this finding. First, it may be that music therapists are less likely than verbal therapists to experience sexual attraction to their clients. This could result from the more diverse populations music therapists serve including clients who cannot be reached through traditional verbal therapy. Music therapists frequently work with clients of all ages including newborn infants and toddlers, and levels of functioning including clients who have severe communicative disorders or are nonverbal. Perhaps if this study investigated the experiences of music therapists serving adult clients similar to those served by psychotherapists, a higher percentage of music therapists may have reported experiencing sexual attraction to their clients.

On the other hand, it may be that music therapists are less aware of or likely to admit to experiencing sexual attraction to their clients than verbal therapists. For instance, a few potential participants who did not agree to participate provided email responses explaining they did not believe sexual attraction applied to the work of music therapy in their settings. Some of the identified populations were children in school setting, clients in hospice care, the elderly, and adults with developmental disabilities. Although the questionnaire used in this study did not ask for the population music therapists worked with, one music therapist who participated in the study reported experiencing sexual attraction to one's client in hospice care through an open response.

If lack of awareness or unwillingness to admit is the case, the current researcher believes that music therapists are at risk of violating the code of ethics and doing their clients harm. Lack of awareness and unwillingness to admit can result from the fact that music therapy is a relatively new profession, and there is a lack of research investigating music therapist sexual attraction to clients also leading to the lack of discussion regarding this phenomenon in the field of music therapy. Perhaps if there were more research and discussion about music therapist sexual attraction to clients through music therapists' education and training, more music therapists may feel that sexual attraction is normal and not unethical.

This study also required music therapists to think retrospectively and remember whether or not they were sexually attracted to their clients in the past. Therapists, as humans, are prone to denial, imperfect memories, and repression. Furthermore, social desirability bias - reporting what is believed to be more socially desirable - is not uncommon in survey studies, and may have been an issue in this study. According to

Tanur (1991), "Subjects may wish to present themselves in the most favorable manner possible to the researcher. They may attempt to accomplish this goal by deliberately fabricating their memory of the past" (p. 85).

Another interesting finding of this study was that male music therapists (47.2%) were more likely than female music therapists (24.2%) to report experiencing sexual attraction to their clients. This finding coincided with the previous findings that male verbal therapists were significantly more likely than female verbal therapists to report experiencing sexual attraction to their clients (Bernsen, Tabachnick, & Pope, 1994; Giovazolias & Davis, 2001; Nickell, Hecker, Ray, & Bercik, 1995; Paxton, Lovett, & Riggs, 2001; Pope, Keith-Spiegel, & Tabachnick, 1986; Pope & Tabachnick, 1993; Rodolfa, Hall, Holms, Davena, Komatz, Atunez, & Hall, 1994; Stake & Oliver, 1991). There were 86.1% female and 12.8% male music therapists in this study and these percentages reflect the population of American music therapists (AMTA, 2010). Whether male therapists are more likely to experience or admit experiencing sexual attraction to their clients, it may be that less music therapists reported experiencing sexual attraction to their clients because there are significantly more female music therapists than male music therapists.

Music therapists who reported experiencing sexual attraction to their clients identified physical attributes as the most sexually attractive client characteristic. This finding also coincided with the findings of previous studies with verbal therapists (Bernsen et al., 1994; Giovazolias & Davis, 2001; Nickell et al., 1995; Pope et al., 1986; Rodolfa et al., 1994). However, it is interesting to note that in the current study, musical

talent was identified as another sexually attractive client characteristic. This seems to support the intimate nature of the musical aspect of music therapy.

Like the majority of verbal therapists who reported receiving little to no education and training about therapist sexual attraction to clients (Bernsen et al., 1994; Nickell et al., 1995; Paxton et al., 2001; Pope et al., 1986; Pope & Tabachnick, 1993; Rodolfa et al., 1994), 70.0% of the music therapists in this study reported that their education and training included little to no discussion about therapist sexual attraction to clients. In addition, 63.8% of the music therapists in this study reported that their education and training about therapist sexual attraction to clients was less than adequate. This suggests that improvement is desperately needed in educating therapists of the existence of sexual attraction to clients and training therapists on what to do when they experience sexual attraction to their clients.

Finally, the current researcher believes that the most important finding of this study is not that music therapists are less likely than verbal therapists to report experiencing sexual attraction to clients but rather that such attraction exists in the practice of music therapy. Additionally, music therapists lack adequate education and training to readily know what to do about the attraction.

Limitations and Implications

One limitation of this study is that the questionnaire did not have an item for populations or clinical settings. That would have helped to identify what client populations music therapists found more or less likely sexually attractive. More music therapists may have reported experiencing sexual attraction to their clients if this study investigated the experiences of music therapists serving more specific populations. It is

recommended that future research investigates music therapists' experiences of sexual attraction to their clients in specific settings such as but not limited to private psychotherapy and adult psychiatric settings. Also, music therapists serve more diverse populations including clients who cannot be reached through traditional verbal therapy. Occupational therapists, physical therapists, recreational therapists, speech therapists, and other creative arts therapists such as art therapists and dance therapists may serve populations more similar to music therapists. It is recommended that future research investigates these therapists' experiences of sexual attraction to their clients for any similarity or difference.

In response to a question asking about the general views of music therapist sexual attraction to clients, one participant expressed that it is a harmful situation for clients due to the power differences between a music therapist and client. In agreement, I believe there is power difference in any therapeutic relationship that is one-sided in nature. In therapy, many clients are in a vulnerable position in a sense that they are being helped. They are encouraged to be open with their therapists, and are constantly being observed and evaluated. As Pope and Vasquez (2011) wrote:

Therapy is like surgery in relying on trust. Surgery patients allow themselves to be physically opened up in the hope that their condition will improve. They trust surgeons not to take advantage of their vulnerability to harm or exploit them.

Therapy patients undergo a process of psychological opening up in the hope that their condition will improve. They trust us not to harm or exploit them. (p. 35)

It is recommended that music therapists acknowledge this power difference, along with the potential harm of neglecting or acting on their sexual attraction to their clients, and

continuously seek ways to not abuse their power. This way, clients will be protected from being placed in an even more vulnerable position.

As this study found, participants' most common view of music therapist sexual attraction to clients is that it is unethical. However, the AMTA Code of Ethics (AMTA, 2012) does not classify music therapist sexual attraction to clients as unethical. Rather, it clearly classifies music therapists acting on their attraction and exploiting their clients as unethical as is consistent with the results of the current study.

This researcher proposes that educators and supervisors of music therapy students clearly distinguish the difference between music therapist sexual attraction to their clients and music therapist sexual exploitation of their clients while normalizing the former phenomenon. The facilitation of open and honest discussions about this topic by maintaining a safe and supporting environment for students is preferable. Students, like clients, are in a vulnerable position in a sense that they are constantly being observed and evaluated. Therefore, it is suggested that educators and supervisors provide an environment that encourages students to seek supervision when feelings of sexual attraction arise, and in return be knowledgeable about the topic so they readily know how to help their students.

In conclusion, the current researcher believes that music therapy students be given the opportunity to continuously explore their feelings and receive adequate support from their educators, supervisors, peers, and personal therapists. This may help them become more prepared to deal with sexual attraction to clients and other issues arising from countertransference during their careers as music therapists.

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Appendix A

Completion Report

Page 1 of 1

CITI Collaborative Institutional Training Initiative**Human Research Curriculum Completion Report
Printed on 10/25/2012****Learner:** Hana Im (username: imhana)**Institution:** SUNY - College at Fredonia**Contact
Information**

Department: Music Therapy

Phone:

Email: im2540@fredonia.edu

Group 1.:**Stage 2. Refresher Course Passed on 09/05/12 (Ref # 6145017)**

Required Modules	Date Completed	
Biomedical 101 Refresher Course - Introduction	09/05/12	no quiz
SBR 101 REFRESHER MODULE 1 - History and Ethics	09/05/12	5/5 (100%)
SBR 101 REFRESHER MODULE 2 - Regulatory Overview	09/05/12	5/5 (100%)
SBR 101 REFRESHER MODULE 3 - Risk, Informed Consent, and Privacy and Confidentiality	09/05/12	5/5 (100%)
SBR 101 REFRESHER MODULE 4 - Vulnerable Subjects	09/05/12	4/4 (100%)
SBR 101 REFRESHER MODULE 5 - Education, International, and Internet Research	09/05/12	5/5 (100%)
How to Complete The CITI Refresher Course and Receive the Completion Report	09/05/12	no quiz

For this Completion Report to be valid, the learner listed above must be affiliated with a CITI participating institution. Falsified information and unauthorized use of the CITI course site is unethical, and may be considered scientific misconduct by your institution.

Paul Braunschweiger Ph.D.
Professor, University of Miami
Director Office of Research Education
CITI Course Coordinator

Return

Appendix B



Hana Im <im2540@fredonia.edu>

Fwd: Your Human Subjects Review Request -- Im

Maggie Bryan-Peterson <Maggie.Bryan-Peterson@fredonia.edu>

Thu, Nov 15, 2012 at 10:19 AM

To: im@fredonia.edu, Hana Im <im2540@fredonia.edu>, Joni F Milgram-Luterman <Joni.Milgram-Luterman@fredonia.edu>

Cc: Maggie Bryan-Peterson <petersmb@fredonia.edu>, Catherine N Kilpatrick <catherine.kilpatrick@fredonia.edu>

Ms Im and Dr. Milgram-Luterman --

Thank you for your revised application for your proposed research titled "Music Therapists' Attraction to their Clients and the Perceptions of their Education and Training." Your revisions have answered the concerns of the Committee. This e-mail is your approval and your research may proceed as described.

As a reminder, you must comply with Part D of the Campus Policies on Human Subjects requiring notification at the time data collection begins and when it is done. You may accomplish this with a simple e-mail to me.

Thank you for keeping the high standards relating to research and the protection of human subjects on the Fredonia campus. Best wishes on your research.

Maggie Bryan-Peterson
Human Subjects Administrator

Appendix C

AMTA Mailing Label Request Form

Please fill out all sections of this form completely and mail or fax to AMTA.
Label requests cannot be filled without this completed form.

1. Bill to: *(for regions, your regional treasurer)*

Hana Im

Ship (or Email) to:

him@fredonia.edu

2. Purpose of Mailing: Graduate Thesis Research Study

(Please include a copy or sample of what you will be mailing. All requests are subject to approval by AMTA.)

3. Format: *(please check one)*

- Addresses on Pre-printed Sticky Labels
- Addresses in Electronic File – *available only to current Patron and Affiliate members or Regions of AMTA*
- Email addresses only - *for research purposes only*

4. Labels Requested:

REGION:

- | | | |
|--|---------------------------------------|--|
| <input checked="" type="checkbox"/> Entire US | <input type="checkbox"/> Great Lakes | <input type="checkbox"/> Midwestern |
| <input type="checkbox"/> Entire US & International | <input type="checkbox"/> New England | <input type="checkbox"/> Southwestern |
| <input type="checkbox"/> Select States Only: _____ | <input type="checkbox"/> Mid-Atlantic | <input type="checkbox"/> Southeastern |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Western | <input type="checkbox"/> AMTAS <i>(all students)</i> |

CURRENT MEMBER TYPE:

- | | | |
|---|--|--|
| <input type="checkbox"/> All Current AMTA Members | <i>Other Member Types:</i> | |
| <input checked="" type="checkbox"/> Current Professional Members | <input type="checkbox"/> Associate | <input type="checkbox"/> Retired <input type="checkbox"/> Student only |
| <input type="checkbox"/> Current Grad & Student Members | <input type="checkbox"/> Honorary Life & Life | <input type="checkbox"/> Patron <input type="checkbox"/> Grad Student only |
| <input checked="" type="checkbox"/> Those with a Music Therapist designation only | <input type="checkbox"/> Educational Affiliate | <input type="checkbox"/> Affiliate <input type="checkbox"/> All Affiliate |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | |

For regional business only:

- Non-members who were members last year
- Non-member Music Therapists

OTHER:

- AMTA Executive Director (1)
- AMTA President (1)
- Regional Newsletter Editors (10)

5. Sorted by: *(if nothing is checked default will be Last name, First name)*

- Last name, First name
- Zip Code, Last, First
- City, State
- Other: _____

6. Date needed: 12 (month) / 5 (day) / 2012 (year) "ASAP" will be disregarded.

I have reviewed the label policy statement and agree to use these labels one time only:

Signature of person requesting labels: Hana Im

Print full name: Hana Im

Phone #: _____ Date: 11/5/2012

Appendix D

To: [Email]
From: "him@fredonia.edu via surveymonkey.com" <member@surveymonkey.com>
Subject: Survey on sexual attraction within music therapy
Body: Dear Participant,

I am a graduate student in the music therapy department at State University of New York at Fredonia. For my research project, I am examining music therapists' sexual attraction to their clients and music therapists' perceived effectiveness of their education and training regarding music therapists' sexual attraction to clients.

Although there is some literature about the frequent sexual attraction within verbal therapy, I was unable to find much literature about sexual attraction within music therapy. Because you are a member of the American Music Therapy Association, I am inviting you to participate in this survey I am conducting as part of my master's thesis project.

There is no compensation for participating in the survey. However, your participation may help our field of music therapy by initiating discussion and additional research. Furthermore, your participation may enhance the education and training of therapists in our field.

Your participation is voluntary and therefore, you may choose not to participate in the study. Your decision will not affect your current relations with the researcher, SUNY Fredonia, or the AMTA.

You can access the consent form and survey by clicking the link at the end of this email. Please review the consent form carefully. If after the consent form you choose not to participate, you can exit the survey by clicking "Disagree." If you choose to participate, you can access the survey by clicking "Agree." The survey involves answering 12-13 questions, and will take approximately 5 to 10 minutes.

The survey is composed of 12 multiple questions for all of you, and 1 open-ended question for some of you who choose to participate. Five of the multiple questions have the option where you can respond by writing in your answer.

Some of the questions may cause discomfort and/or distress. You may skip questions that you do not wish to answer, stop participating at any time during the study, or call one of the national crisis intervention hotlines (1-800-SUICIDE or 1-800-273-TALK) or enter the following website to find a national or international helpline near you:
<http://www.befrienders.org/support/helplines.asp>.

To help protect your confidentiality, the survey will not contain information that will personally identify you. The survey will not ask you personally identifying information such as your name, contact information, or IP address. You are also encouraged to maintain your anonymity throughout the survey by withholding any information that may personally identify you. The results of this study will be used for scholarly purposes only and may be presented to my colleagues in the music therapy department at SUNY Fredonia, through publication in journals, and through professional conferences. All data (lacking any personal identifiers) will be stored in a locked file for three years after the research project begins. After three years, all copies of the data will be destroyed.

Thank you for taking the time to assist me in my educational endeavors. The data collected will provide useful information regarding sexual attraction within music therapy. Completion of the survey will indicate your willingness to participate in this study.

Link to consent form and survey: <https://www.surveymonkey.com/s.aspx>
The survey will be available until 6 pm EST on Wednesday, December 19, 2012.

Sincerely,
Hana Im
him@fredonia.edu
Dr. Joni Milgram-Luterman
joni.milgram-luterman@fredonia.edu

If you do not wish to receive further emails, please click the link below, and you will be automatically removed from the mailing list.
<https://www.surveymonkey.com/optout.aspx>

Appendix E

Music Therapists' Attraction to their Clients

Electronic Consent Form

The purpose of this study is to examine the phenomenon of sexual attraction between music therapists and clients. In particular, I am interested in examining music therapists' self-reported instances of attraction toward clients, and the music therapists' perceptions of how their education and training prepared them to handle this phenomenon.

This research project is part of a master's thesis being conducted by Hana Im, a graduate student in the music therapy department at State University of New York at Fredonia.

You are invited to participate in this research project because you are a member of the American Music Therapy Association.

Your participation in this study is voluntary. You may choose not to participate. If you decide to participate, you may choose to stop participating at any time during the survey. You will not be penalized for your decision not to participate or to stop participating.

The survey involves answering 12-13 questions, and will take approximately 5 to 10 minutes. You will answer demographic questions, questions about your personal experience with attraction toward clients, a question examining your opinions regarding attraction, and questions examining your opinion about your education and training.

Some of the questions may cause discomfort and/or distress. You may skip questions that you do not wish to answer, stop participating at any time during the study, or call one of the national crisis intervention hotlines (1-800-SUICIDE or 1-800-273-TALK) or enter the following website to find a national or international helpline near you: <http://www.befrienders.org/support/helplines.asp>.

To help protect your confidentiality, the survey will not contain information that will personally identify you. The survey will not ask you personally identifying information such as your name, contact information, or IP address. You are also encouraged to maintain your anonymity throughout the survey by withholding any information that may personally identify you. The results of this study will be used for scholarly purposes only and may be presented to my colleagues in the music therapy department at SUNY Fredonia, through publication in journals, and through professional conferences. All data (lacking any personal identifiers) will be stored in a locked file for three years after the research project begins. After three years, all copies of the data will be destroyed.

This study has been reviewed and approved by the SUNY Fredonia Human Subjects Review Committee. If you have any questions about the study, please contact the researcher, Hana Im, at him@fredonia.edu or her graduate advisor, Dr. Joni Milgram-Luterman, at Joni.Milgram-Luterman@fredonia.edu. If you do not feel comfortable contacting either, you may contact the SUNY Fredonia Human Subjects Administrator, Maggie Bryan-Peterson, at (716) 673-3528.

The survey will be available until 6 pm EST on Wednesday, December 19, 2012.

This is an electronic consent. Please select your choice below.

Clicking on the "agree" button below indicates that:

- You have read the above information.
- You voluntarily agree to participate in the study.
- You are at least 18 years of age.

If you do not wish to participate in the study, please decline participation by clicking on the "disagree" button.

Agree

Disagree

Next

Appendix F

Survey: Music Therapists' Attraction to their Clients*Demographic Questions***1. Gender:**

- Female
- Male
- I do not wish to disclose

2. Age:

- Under 20
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70 and over

3. Highest level of education:

- Bachelor's
- Master's
- Doctoral

Other (please specify)

4. Music therapist designation:

- MT-BC
- RMT
- CMT
- ACMT

Other (please specify)

5. Years of experience in the profession:

- Less than 1 year
- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 21-25 years
- 26-30 years
- More than 30 years

6. Theoretical orientation:

- Behavioral/Cognitive-Behavioral
 Eclectic/Integrative
 Humanistic/Existential
 Psychodynamic/Psychoanalytic
 Transpersonal
 I do not know
 Other (please specify)

Music Therapists' Attraction to their Clients*Personal Experiences***7. Have you experienced sexual attraction to a client?**

- Yes, just once
 Yes, more than once
 No, but I feel that I could have (i.e., if I was not in a relationship, if I worked with a different population, etc.)
 Never
 I do not wish to answer

8. I have experienced attraction to a client due to his/her (check all that apply):

- Physical attributes (handsome, beautiful, well dressed, etc.)
 Cognitive/Mental attributes (intelligent, talented, creative, etc.)
 Sexual attributes (sexy, discussed sexual materials in session, etc.)
 Vulnerabilities (dependent, sensitive, child-like, etc.)
 Personality (pleasant, well mannered, optimistic, etc.)
 I have not experienced attraction to a client
 I do not wish to answer
 Other attributes (please specify)

9. Has your attraction toward a client affected your therapeutic relationship with that client?

- Yes, it has positively affected our relationship
 Yes, it has negatively affected our relationship
 No, it has not affected our relationship
 This question does not apply to me
 I do not wish to answer

10. Please briefly describe how your attraction toward a client positively/negatively affected your therapeutic relationship with that client:

Music Therapists' Attraction to their Clients*Beliefs and Opinions*

12. I believe music therapists' sexual attraction toward their clients is (check all that apply):

- Inappropriate
- Unethical
- Against the law
- I do not know
- Other (please specify)

13. How often did your training include discussion of therapist attraction to clients?

- Never
- Rarely
- Some
- A lot
- I do not remember

14. In your opinion, the level of training you received about therapist attraction to clients was:

- Inadequate
- Somewhat inadequate
- Somewhat adequate
- Adequate
- I do not remember