

**Personal Therapy for a Graduate Student in the
Analytical Music Therapy Model: A Heuristic
Inquiry**

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Personal Therapy for a Graduate Student in the Analytical Music Therapy Model: A Heuristic

Inquiry

PERSONAL THERAPY FOR A GRADUATE STUDENT IN THE ANALYTICAL MUSIC

THERAPY MODEL: A HEURISTIC INQUIRY

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Abstract

This heuristic inquiry explores my experience as a graduate student undergoing personal music therapy in the Analytical Music Therapy model. After reviewing 27 recordings of my sessions, I used self-dialogue to select five session recordings based on personal significance and examples of growth. The verbal processing of these sessions was transcribed and the musical improvisations were given detailed descriptions. I then re-listened to the sessions and noted significant experiences and patterns directly onto the transcripts and descriptions. After immersing myself in the transcripts and descriptions, I took notes regarding the relationships between session experiences and shifts in my daily awareness. These notes helped me discover areas that were developed through my process. They were defined as the following themes: connection, body awareness, musical awareness, intrapersonal awareness, and professional development. These themes provided a deeper understanding of the expansive experience of AMT, the influence of a student-client perspective on therapy, and the potential for professional development through AMT experiences. An arts-informed reflection provides a holistic understanding of my unique transformation through analytical music therapy.

Personal Therapy for a Graduate Student in the Analytical Music Therapy Model: A Heuristic Inquiry

Analytical Music Therapy, founded by Mary Priestley, is an advanced model of music therapy. Currently, descriptive case studies and other qualitative research dominate the research body of Analytical Music Therapy. Priestley herself noted the impracticality of studying the model through controlled trials, as the model is not protocolized and the experience is subjective and unquantifiable (Priestley, 1994). This study seeks to contribute another perspective to the existing literature, that of my experience as a music therapy student who is engaged in personal Analytical Music Therapy. The relevance of my process to my professional development as a music therapist will also be explored.

Literature Review

Music Therapy

Music therapy is practiced by credentialed individuals who have completed both educational and clinical training at an accredited university program (AMTA, 2020). Bruscia (2014) defined music therapy as “a reflexive process wherein the therapist helps the client to optimize the client’s health, using various facets of music experience and the relationships formed through them as the impetus for change” (p. 36). This broad definition encompasses the variety of approaches, orientations, and techniques which exist in the music therapy profession.

Music therapy approaches and techniques are individualized depending on the needs of the client and treatment setting (Wheeler, 2015). Music therapists practice in many different treatment settings including medical, educational, psychotherapeutic, and rehabilitative settings (Wheeler, 2015). In practice, music therapists apply one of four methods: recreative,

improvisational, compositional, and receptive (Bruscia, 2014). These methods describe the type of music-making being facilitated. Each method is chosen to meet the individual needs of the client and reach goals. These goals may be in the physical, emotional, mental, relational, or spiritual domains (Bruscia, 2014). A music therapist's beliefs regarding the principles of music-making and the purpose of therapy will also modify the ways in which music therapy is delivered (Bruscia, 2014; Wheeler, 2015).

For the purposes of this study, a review of the literature will focus on the improvisational method, self-experience, and the psychodynamic approach to music therapy. These are key components of the Analytical Music Therapy model.

Improvisational Music Therapy

Improvisational music therapy experiences include extemporaneous music-making within the context of a therapeutic relationship (Bruscia, 2014). Improvisational music therapy may support “both non-verbal and verbal expression, and the analytical (or psychodynamic) school, in particular, emphasizes the meaning of, and the process of dealing with, emotions and emotional processes as an essential part of the therapeutic process” (Erkkilä et al., 2008, p. 2). In improvisational music therapy, spontaneous music-making is considered the primary impetus for client development (Bruscia, 2014).

Any board-certified music therapist may utilize improvisational methods in their standard practice, but there are models of improvisational music therapy that require advanced training. A music therapy model is a “comprehensive approach to assessment, treatment, and evaluation” which is guided by delineated theoretical principles, beliefs, goal areas, objectives, methods, and techniques (Bruscia, 2014, p. 129). Some specific models include Creative Music Therapy

(Nordoff-Robbins Music Therapy) developed by Paul Nordoff and Clive Robbins (2007); Free Improvisation Therapy developed by Juliette Alvin (1966); Vocal Psychotherapy by Diane Austin (2008), and Analytical Music Therapy developed by Mary Priestley (1994, 2012). Each of these four models uses improvisation as the primary impetus towards change. The differences between these models become apparent in the specific uses of improvisation as a method and the goals of the therapy processes (Bruscia, 1988).

Psychodynamic Music Therapy

Psychodynamic music therapy is categorized as music as psychotherapy, with an emphasis on a “musical, form-giving exchange between therapist and patient” (DeBacker & Sutton, 2014, p. 16). Music therapists such as Benedikte Scheiby, Florence Tyson, Juliette Alvin, and Mary Priestley explained that a psychodynamic orientation guides the client to explore both strengths and inner conflict as they relate to associations discerned from these musical exchanges (Hadley, 2002). Psychodynamic music therapy often uses improvisation and self-interpretation to both elicit and discern unconscious material. The therapist facilitates the client’s exploration of self by encouraging them to interpret the various components and qualities of the music. Hadley (2002) explains that awareness is often heightened through the analysis of self-projections and free association.

Transference and countertransference, the projected associations clients and therapists, respectively, share in therapy play a crucial role in psychodynamic music therapy (Hadley, 2002). Because of the countertransference inherently present in improvised musical exchanges, analytical music therapists do not assume a pure analyst role but that of a facilitator of reflection towards realistic growth (Priestley, 2012). This contrasts with conventional analysis techniques

where the therapists present a *tabula rasa* figure, that is to say a figure who is out of sight and carefully reflective of the clients process of free association (Priestley, 1994). Priestley (1994) emphasized this difference by acknowledging the importance of the therapist's awareness of countertransference so that a naturally developing emotional reciprocity may positively support the client's individualized therapy process (p. 21). In AMT, the therapist and client are both active, equal members of the music-making process, decreasing the power differential within the therapeutic alliance (Harris, 2019) In music psychotherapy, the therapist and client share vulnerability in the emotions of the music that they co-create. This point further highlights the importance of the relationship developed between the therapist and the client.

Self-Experiential Learning in Music Therapy

Bruscia (2013) described self-experiences as an umbrella term for the many pedagogical practices found in education, training, and supervision settings that involve active engagement with self-inquiry, as related to the learning process (p. 12). Self-experience can be facilitated in a variety of ways. In addition to clinical re-enactments and clinical log write-ups, some graduate music therapy programs include experiential therapy in their coursework (Hesser, 2013; Murphy, 2007; Pedersen, 2002). Group or individual supervision may utilize adapted versions of various models at pre-internship and internship sites (Doak, 2019; Summer, 2001). Professional supervisors may utilize adaptations of advanced music therapy models, as well (Ahonen-Eerikainen, 2013; Wagner, 2012). Music therapists may seek out personal therapy (Chikhani, 2015). Lastly, training programs in advanced music therapy models, such as AMT, include a self-experience component (Priestley, 1994).

Experiential learning is recognized as an important process for psychotherapists in any field (Lindvang, 2013). Through self-experiences, therapists gain the perspective of being in the client role, refine interpersonal understanding, find support at different levels of vulnerability, and experience the dynamics between personal and professional development (Lindvang, 2013, p. 3). The 2002 World Congress of Music Therapy in Oxford hosted 34 participants from 12 countries who unanimously declared that experiential learning is a necessary component of music therapy education (Murphy & Wheeler, 2005; Pedersen, 2013).

Abrams (2013) wrote about his experiences as a veteran music therapist beginning the Intertherapy phase of AMT training (described in the Background and Training section) with the late Benedikte Scheiby. In his process, he highlighted: the value in their relationship and the temporal container of their sessions; recognizing the power of music-centered work; the significance of dreams and dreamwork; a deeper understanding of transference; and the actualization of greater human potentials (p. 302). He reflected, “As someone who has often assumed a role of tending to others’ needs, it was genuinely therapeutic for me to embrace the role of the client fully... and to be challenged beyond my everyday comfort zones” (p. 302). Similar self-experiences are facilitated at Aalborg University.

Aalborg University in Denmark boasts the only university music therapy program in the world in which graduate-level trainees are required to undergo program-provided personal therapy (Pedersen, 2013). The Aalborg Model at Aalborg University is outlined in three study tracks: the academic track, the music track, and the self-experience track (Pedersen, 2013). The goals of the self-experience track are: to gain familiarity with one’s own musical styles and comforts; to experience the reflective power of music; experience continuous dynamic

relationships; to gain personal understanding of transference; to develop sensitivity and flexibility; and, to learn how to involve oneself, with care, as a music therapist (Pedersen, 2002, p. 170).

Scheiby (2013) discussed her work as a therapist with a music therapy student, Mia, through the Aalborg Model. Mia used the process to integrate body and dream work through improvised music-making experiences. Scheiby (2013) reflects on Mia's professional development as her therapist and clinical supervisor. After 22 sessions, Mia had grown in her ability to use music and verbal discussion to establish therapeutic relationships, a stronger awareness of her musical countertransference, greater awareness of "her body as an instrument" (Scheiby, 2013, p. 216).

Music therapists have written about the deepening of their musical understanding through self-experiential processes and reflection (Abrams, 2013; Murphy, 2007; Priestley, 1994; Scheiby, 2001, 2013). In these processes, the techniques and skills which have been discussed in the educational setting are integrated. The perspective gained as a client in therapy is intended to transform the therapist (Scheiby, 2001, 2013). The potential of being a client in music therapy holds a specific value to a learning therapist. In AMT, this value was described in part as developing an understanding of the power of music-centered therapy. (Abrams, 2013)

Analytical Music Therapy (AMT)

AMT is one of a handful of advanced models of music therapy. The model is guided by psychodynamic principles and the extensive use of improvisation as a means to access unconscious content.

Background and Training

AMT was founded and formalized by the music therapist Mary Priestley with the support of her colleagues, Marjorie Wardle and Peter Wright (Priestley, 1994). The trio applied psychodynamic concepts to their own improvised music-making experiences. Each colleague partnered with another as therapist and client, while the remaining individual fulfilled a supervisory role. The process was validated by personal experience and driven forward by the group's curiosity to discover new techniques. This initial Intertherapy group experimented with various techniques for 96 sessions as techniques and principles of AMT took shape (Priestley, 1994). Through this initial Intertherapy group, Priestley established techniques which she felt utilized music's ability to realize a fuller potential for the client. Through the self-experiences shared by this triad, Priestley's AMT became a creative process used to explore the client's inner life in order to promote growth and greater self-knowledge (Priestley, 1994, p. 19)

Priestley was firm about Intertherapy as a necessary component of AMT training (Bruscia, 1987). The nature of practicing AMT requires both professional and personal demands on the therapist while also encouraging the client to deal with deeply-rooted psychological problems (Bruscia, 1987, p. 119). Priestley (1994) described how it would be irresponsible and dangerous for the client if a music therapist utilized AMT techniques without experiencing the techniques themselves. To provide AMT, a qualified music therapist must undergo Intertherapy training (ongoing self-experience of AMT with fellow trainees) and supervision to demonstrate a strong understanding of the principles of AMT (Priestley, 1994).

Priestley's Intertherapy training focused on both musical and personal development in concurrent phases (Bruscia, 1987). There are four components of training: Individual AMT

self-experience; Intertherapy; individual AMT supervision; and, group AMT supervision (Priestley, 1994). Within these components, musical training guided trainees to improvise music influenced by specific emotions, first as a soloist. After this, trainees were instructed to improvise music with the intent of eliciting responses in others (Bruscia, 1987, p. 120) The final phase of musical development involved improvising responses to other people's music in various groups, such as duets, trios, and quartets. While the trainee cohort developed musically, they also proceeded with two personal development phases (Bruscia, 1987). In the first phase, the trainees received therapy from the AMT trainer (Bruscia, 1987). In the second phase, the trainees engaged in AMT switching roles as the practitioner and client with a partner trainee under the supervision of a trainer (Bruscia, 1987). Trainees were also given readings and required to engage in discussions considering AMT literature as they engaged.

Depth and Processes in AMT

In music therapy, both the process of improvising and the musical product can be utilized in music therapy (Bruscia, 2014). AMT theory proposes an inclusive definition of music where noise, sound, speech, movement, and internal rhythms are all a part of the music-making experience (Priestley, 1994). These representations of music may be acknowledged in the process of improvising in AMT or as part of the musical product.

Clients in AMT may improvise collaboratively or independently. Bruscia (2014) defined the variations of musical improvisation that exist in music therapy. He described non-referential variations, which begin without a consciously predetermined reference point other than the music of the moment, and referential variations when a nonmusical “feeling, idea, title, image, person, event, [or] experience” serves as a predetermined guide of improvised material (p. 131).

AMT utilizes both of these variations, interchangeably. Either variation gives the client the opportunity to express melodies and rhythms which can be reflected, contained, repeated, expanded upon, or listened to by the therapist depending on the relationship, how the material is interpreted, and the purpose of therapy (Bruscia, 1988). Music therapists have practiced using the improvisational method in domains such as:

- emotional expression, processing, and regulation (Eyre, 2007);
- non-verbal or pre-verbal communication (Mahns, 2002; Sorel, 2010) and verbal communication (Eyre, 2007; Hartley, Turry, & Raghavan, 2010);
- intrapersonal skills (Eyre, 2007) and interpersonal skills (Baumgarten & Wheeler, 2016); and
- rehabilitation processes (Hartley, Turry, & Raghavan, 2010).

While AMT may support growth in these areas, AMT processes are not guided by pre-determined goals (Cohen, 2017). In AMT, the process which the therapist and client undergo cannot be predicted and cannot be incorporated into a goal at the beginning of therapy (Bruscia, 1987, p. 118). Instead, the therapist and client determine a mutual aim that is used to guide the direction of the therapy as the client takes on the responsibility of revealing unique goals, potentials, and obstacles (Bruscia, 1987, p. 118). The goals in AMT are flexible and fluid so that they may accommodate the client's emerging material, contrasting with approaches where goals are pre-determined, tracked, and rigid.

In AMT, the therapist is guided by a dynamic, developmental view of the client's psyche. From this orientation, the therapist seeks to help clients move past unexpressed emotions (Cohen, 2017). To support this process, the therapist gives the client opportunities to use music

“as a creative resource through which the client gains opportunities to explore their inner life, uncover and resolve conflicts, gain personal insight, and realize their greater potential” (Cohen, 2017, p. 81). To resolve these conflicts and realize the client’s fuller potential, AMT works to:

Access unconscious regions of the personality; bring repressed conflicts under conscious control; bring awareness and acceptance of previously unacknowledged aspects of the self, including both positive and negative ones; free up energy trapped by repressive and defensive mechanisms; redirect energy toward positive aims; find a balance between energy and aims; and repolarize creativity invested in negative aims to more positive ones (Bruscia, 1987, p. 119).

The focus of each therapy session is often determined through discussion in the present moment. Similarly, improvisatory material spurs discussion which concurrently addresses the mutual aim.

Key Aspects of AMT

An important aspect of AMT is the client-therapist relationship. The musical relationship that is explored through AMT is the primary catalyst for change (Priestley, 1994). After receiving AMT as a client, Abrams (2013) wrote, “My experience of therapy was one I would characterize as a relationship-centered, music-centered space and time.” (p. 296) The relationship begins with the basic understanding that both members of the dyad will engage in deep listening and music experiences aimed at understanding the client’s inner world (Priestley, 1994). The therapist and client then engage with each other on three different levels: as a committed alliance (which agrees to meet regularly), as subverbal musical communicators, and as the transference

relationship which will be analyzed (Priestley, 1994). These levels are utilized fluidly throughout the course of therapy to meet the needs of the client as they arise.

Music in AMT is primarily improvised (Cohen, 2017). The functions of the improvised music are varied. Improvising music may concretize the boundaries of the relationship (e.g., recognition that this is my voice, and that is theirs) (Cohen, 2017). Improvised music can also be the transformative medium for emotions that emerge out of the music (Cohen, 2017). This releases trapped emotional content from previous experiences. Conversely, improvisational experiences can support the integration of material which has been rejected in the past (Cohen, 2017). Through AMT improvisations, the client can receive support and vitality to accomplish these emotional transformations (Cohen, 2017). Oftentimes, these transformations occur in the form of releasing a symbol, image, thought, metaphor, emotion, or association which was not in the clients' conscious awareness (Cohen, 2017).

In AMT, music is viewed as inseparable from conscious and unconscious emotions and associations (Priestley, 1994). Priestley highlighted the importance of maintaining awareness of transference and countertransference, the emotional associations clients and therapists experience and share during sessions (Cohen, 2017, p. 86; Priestley, 1994). Approaching music with this awareness encourages an AMT practitioner to help clients interpret their music experiences and discern hidden meaning found in their associations. When the client engages in this way, they are working with their own transference (Priestley, 1994). The therapist guides the client towards understanding transference they are unaware of (Priestley, 1994, 2012). It is within transference that the client exhibits self-inhibiting behaviors used "as a defence against remembering the pain and anxiety of [their] earlier life" (Priestley, 1994, p. 82). In AMT, the therapist facilitates a

process of understanding transference, gaining self-awareness, and adjusting future concepts of self (Priestley, 1994). Positive transference, such as associations of relief or catharsis, encourages the client to face struggles and challenges whereas negative transference, such as associations of doubt, hate, or sexual transference (desiring the therapist), is viewed as resistance or defense which hides the true self (Priestley, 1994). The therapist helps the client to understand the unprocessed emotions beneath their associations. In this way, both negative and positive transferences are viewed as tools for music-making and processing in sessions (Priestley, 1994).

The Context for the Study

Bruscia's (2014) definition of contemporary music therapy emphasizes the importance of reflexivity in the course of therapy. The literature shows self-experiences can develop a greater sense of intrapersonal awareness (Lindvang, 2013; Pedersen, 2013). Analytical Music Therapy provides a client with the opportunity to work with their self-concept in a reflexive way. For this reason, it is relevant to explore the potential for development that Analytical Music Therapy self-experiences provide to music therapy students. This is particularly relevant in the United States, where professionals are uncertain about the legality and ethical concerns of requiring personal therapy for students (Gardstrom & Jackson, 2013). This study is unique in that, to this author's knowledge, first-person research has not been used to study personal therapy experience of a graduate student undergoing AMT. The study will expand the understanding of personal music therapy experiences by graduate students, particularly in the AMT model. The study will also explore the potential for competency development through utilizing these experiences.

Method

In the review of literature, self-experience is shown to support therapists' competency development in several areas. The consensus view is that experiencing therapy and therapeutic processes from the client point-of-view allows a therapist to build empathy (Murphy, 2007, 2013; Pedersen, 2013). One way music therapists can engage in a self-experience is by pursuing therapy as a client. As Abrams (2013) explained, Intertherapy training experiences provided him the opportunity to explore his musical self as a client in a therapeutic context. He described the processes which he experienced in his advanced training as deepening his understanding of his musical identity. Heuristics, the method that was chosen for this study, emphasizes the importance of the participant identity as a part of a cohesive phenomenon (Moustakas, 1990).

The Researcher-Participant

First-person research examines the experience of the researcher-participant (Moustakas, 1990). I am a 24-year-old male finishing my 3rd year of enrollment in the State University of New York (SUNY) at New Paltz music therapy master's program. I approached the idea of investigating my experiences in AMT after already engaging in a year of personal sessions. While I had participated in three sessions of talk therapy with a clinical social worker, these experiences were my first in music therapy. I would consider these experiences in AMT to be my first time extensively examining my internal processes.

Prior to beginning graduate school at SUNY New Paltz, I completed a music degree at Ithaca College. At this time, I focused on trombone performance in both classical and jazz settings. At the beginning of my undergraduate work, I gained a deep interest in understanding improvisational music which I feel has become an important aspect of my reflective and clinical

work as a therapist-in-training. Exploring improvisational music and different musical idioms throughout my time living in Ithaca gave me a strong sense of ability to navigate many musical soundscapes.

In my graduate courses at SUNY New Paltz, I learned about the different and specific ways people may benefit from music and how to structure musical experiences to meet goals. Realizing the opportunity to experience music with others in new ways was deeply transformative for me. I completed clinical training at school for children with autism spectrum disorder, in the hospice care treatment setting, and at a pediatric palliative care facility. These experiences helped me understand how I develop rapport with clients from various backgrounds, how to facilitate sessions to meet the needs of clients in the moment, and to be reflexive throughout the course of therapy. In this pre-internship clinical training, I utilized various methods of music-making experiences to fulfill clinical intention, I learned how to document client progress, and I began to articulate my clinical orientation. I currently locate my orientation as integrative, drawing foundational beliefs from psychodynamic and humanistic principles.

My pre-internship clinical experiences transformed my worldview and necessitated a new approach to self-care and emotional processing. After this realization, I sought Analytical Music Therapy. After reaching out to a professor at SUNY New Paltz with this interest, I was referred to the coordinator of the Analytical Music Therapy Training program at Molloy College via email, who put me in contact with my current therapist.

It was the principles of AMT that captured my attention. The idea of broadly defined improvisation in the context of self-exploration seemed like an ideal therapeutic modality for me. For someone who constantly improvises on various instruments, I had never given much thought

to the quality or essence of my personal music-making. Taking this music and interpreting it as a form of self-care was appealing to me. I also recognized the value of building awareness of my unconscious material and understanding how the process of such exploration, as a client, would feel.

Focus of the Study

The purpose of this research study is to understand my unique experience as a client of Analytical Music Therapy, which will also be related to my development as a music therapist. This was accomplished through an adapted heuristic research approach, as described by Moustakas (1990).

Rationale for the Application of Heuristics

In congruence with Moustakas' (1990) descriptions of heuristic research, and parallel to my process of AMT, the curiosity leading to this study began with a question or problem which "has been a personal challenge [...] in the search to understand one's self and the world in which one lives" (p. 15). My experiences in AMT felt profound and, following those experiences, I noticed changes in my perspective and intrapersonal relationship which I had not been able to clearly articulate with words. I also recognized personal significance in the potential of grounding these shifts in further understanding.

Applying Heuristics

The question explored through this study is: What is the experience of a music therapy graduate student in individual AMT?

In heuristics, the researcher pursues an embodied question, something which is inherently meaningful to the researcher (Moustakas, 1990). Heuristics explore the researcher's relationship

with their own tacit knowledge (in the tacit dimension), concepts that are understood subjectively, privately, and personally (Moustakas, 1990). My experiences in AMT have been personally transformative and thought-provoking. These reasons make heuristics an appropriate method for exploring these experiences.

Answering this study's research question required prolonged consideration of my experience. Viewing "*knowing* as a process rather than a product" is important in heuristic inquiry (Kenny, 2012, p. 7). The question became the point-of-contact between my internal world and the external and social worlds (Moustakas, 1990). After extensive examination of the therapy, themes were related to competency development and expressed in a way that felt accurate and was meaningful to me.

To investigate various perspectives of my experiences in AMT, I used different reflective processes to guide heuristic inquiry. These processes, described by Moustakas (1990) included: identifying with the focus of inquiry, self-dialogue, focusing, indwelling, intuition, tacit knowing, and internal frame of reference (p. 15-26). These processes may be used during any phases of the heuristic inquiry.

Study Design

To investigate my process, I utilized a heuristic research design. In heuristic studies, or first-person research, the participant is also the researcher (Hunt, 2016). This design offered an appropriate approach to my research question because I examined solely my experience. In this study, I utilized the phases of heuristics to analyze my AMT experiences and to inform a creative synthesis which presents a newfound understanding of those experiences. In congruence with recommendations made by Moustakas (1990), I was motivated to engage in intrapersonal

dialogue and embody my research question which will guide me towards discovery in the tacit dimension.

The study design assumed an idealist ontology under which the experiences of this researcher-participant were investigated to interpret their subjective reality as related to the research question (Wheeler, 2016). This interpretivist paradigm is consistent with my worldview. Through my lens as the researcher-participant, I interpreted recordings of my therapy sessions to understand their meaning (Wheeler, 2016). I articulated the meaning of the data (session recordings) using theme identification and a culminating creative synthesis, an arts-based narrative.

The Six Phases of this Heuristic Inquiry

Moustakas (1990) framed the heuristic process in six linear steps: initial engagement, immersion into the question, incubation, illumination, explication, and representation of research as a creative synthesis. This process was adapted to support the process of inquiry and answer the research question.

Initial engagement is the researcher's early contact with a topic and question (Moustakas, 1990). This phase of inquiry began when the research question was determined. As I continued to consider the question, various perspectives for the exploration of the embodied question manifested. I began to more deeply consider what I could discover in myself, the personal benefits of engaging with the study, and the commitment required of me to complete the study.

The *immersion* phase is the invitation to focus on the proposed question or experience of interest (Moustakas, 1990). This phase continued deeper into self-dialogue and self-exploration processes (Moustakas, 1990). This phase began when I chose the recordings of five sessions for

analysis. The first and last recordings were pre-determined as selections. Since therapy is on-going, the last recording to be selected was the last session to occur prior to beginning the subsequent transcription process. The first session was on July 2nd of 2018 and the last session, the 27th session, was on January 22nd of 2020. In addition to the first and last recordings, I included three recordings that felt personally significant and offered the richest example of growth.

In many of the later sessions, I verbally reflected on growth and developing awareness, specifically. In certain sessions, I felt a more uninhibited and authentic expressive style of musical improvisation which indicated greater capabilities for self-expression and acceptance of self. I consider these examples as demonstrative of growth in interpersonal and intrapersonal awareness. As I reviewed sessions, I used self-dialogue and a session description log to note significant events that occurred in sessions. After reviewing all of the sessions, I used this log to support an informed selection of three recordings, in addition to the first and last session's recordings. As I began to select sessions, I felt strongly about several recordings and the way they depicted growth. I also felt the need to select sessions which were not adjacent to one another to help capture the ongoing process of AMT, as opposed to my reactions to specific events which occurred during my personal life and were brought into therapy. The three sessions I selected were: the 9th session in March 2019, the 13th session in June 2019, and the 24th session in November 2019.

After selecting these recordings, the verbal processing of each session was transcribed and the musical improvisations were described in detail. To guide the description of each improvisation and its personal meaning, I asked myself:

- What are the defining musical characteristics of the improvisation(s)?
 - This includes the tempo, dynamics, duration, instrumentation, articulation, style, meter, tonality, melody, harmony, texture, timbre, and form.
- After listening to the improvisation, what impressions, associations, and emotions do the music elicit?
- In the context of the session, what meaning does the music hold?

The transcriptions included all verbal discussion, lyrics that were sung during improvisation, and notes on certain responses thought to be relevant, such as laughter and sighs. As I transcribed, I gained a stronger sense of areas and topics which the therapist and I explored.

After completing transcriptions and descriptions of the five sessions of musical and verbal content, I engaged in structured data immersion. I listened to and read each session in their entirety within the course of a week. As I did, I took handwritten notes on copies of the transcriptions and descriptions to help recall visceral feelings I recalled or felt in the moment as well as themes and associations I noticed. The immersion phase ended when I listened to and took notes on all five sessions. This indicated the beginning of the next phase of heuristics, incubation.

In the *incubation* phase, the researcher steps back from the intense self-exploration they engaged in during the immersion phase (Moustakas, 1990). Moustakas (1990) explains the importance of this phase: “incubation allows the inner workings of the tacit dimension and intuition to continue to clarify and extend understanding on levels outside the immediate awareness” (p. 29). At any point during this incubation phase, I used my readily available cell phone to note any shifts in my awareness that I felt were relevant to my experiences in AMT.

As I experienced my regular routine with a heightened sense of awareness and as I related to other people, the environment, and myself, I began to experience an epiphanic integration of the concepts I found in the music and transcriptions. Moustakas (1990) calls this a symbolic growth experience (SGE): “a sudden, dramatic shift in perception, belief, or understanding that alters one’s frame of reference or world view” (p. 99).

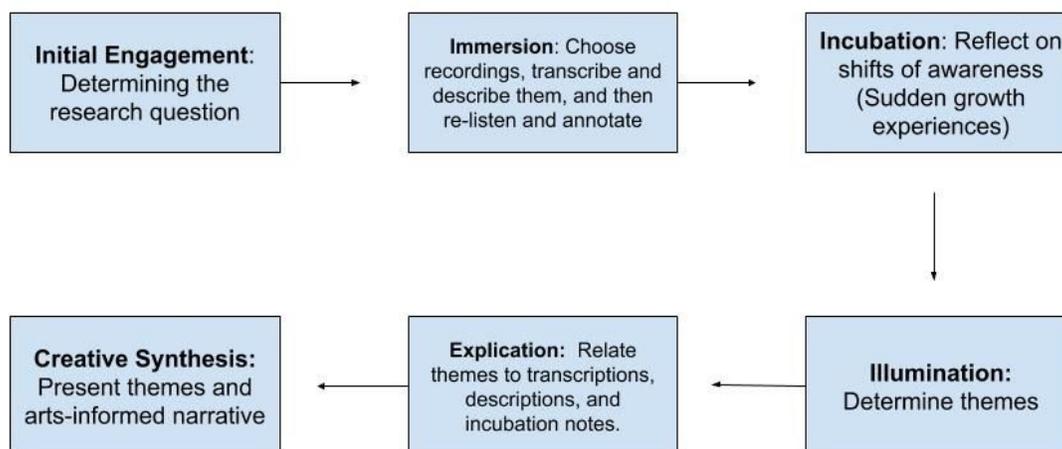
I soon realized how important it was to have had my cell phone with me at all times. At seemingly random times, particularly when I was more passively focused (i.e., driving, taking a shower, falling asleep), an idea would come into my awareness that I felt the need to write down. This seemed to happen several times throughout the day. After nine days, I had written down 28 individual notes describing various ideas related to my therapy. As the incubation phase came to a close, I began to organize the ideas into larger themes and continued into the illumination phase. This overlapped with the incubation phase as I continued to recognize shifts in awareness that I had not previously recognized.

In the *illumination* phase, previous understanding of the experience was modified and integrated (Moustakas, 1990). I extracted five themes from the notes taken during the incubation phase: body awareness, musical awareness, connection, intrapersonal awareness, and professional development. These themes represent the areas of experiences and areas of growth I found through my AMT process. They are unique to my experience in that each area is designated a specific quality of growth. They are described in the Results section.

During *explication*, I related the themes to both the therapy process and myself. To do this, I returned to the original musical descriptions and verbal transcriptions made in the immersion phase. On these previously annotated documents, I further noted where the themes

arose in discussion or reflection. This helped me understand how specific AMT processes, such as embodied music or interpretation, related to the themes.

The last phase of traditional heuristics is *creative synthesis* (Moustakas, 1990); Figure 1 presents the order of the phases of this heuristic inquiry. A creative synthesis is a holistic depiction of the heuristic experience (Moustakas, 1990). The creative synthesis of this study will consist of two components: a presentation of the themes and an arts-informed reflection. To convey the five themes as they were presented in the sessions, I related themes to one another to replicate the essence of my experiences and growth in therapy (see Appendix A). Additionally, I chose to provide an arts-informed reflection on my experience as a student-client. Artistic renderings were spontaneously produced, or retrieved, during and after the explication phase of the research as reflections on the heuristic process. They are accompanied by descriptions of their relationships to the heuristic inquiry and my development as a therapist. The arts-informed reflection will emphasize the uniqueness of my experiences. The synthesis will capture the wholeness of my understanding of the experience (Moustakas, 1990).

Figure 1*The Phases of This Heuristic Inquiry*

Note. The six phases of this Heuristic inquiry are described in the order they occurred.

Creative Synthesis: Presentation of the Themes

In the illumination phase, five themes emerged from the data. These themes reflected the broad scope of my AMT process including my perceived areas of growth, the types of experiences shared in sessions, and the significance of the mutual aim (connection). The themes that emerged, as well as their utility and personal significance, were:

1. *Connection*: the mutual aim of therapy; represents relationships, conceptual points-of-contact, or reflection.
2. *Body awareness*: represents heightened awareness of the body, sensations, self-care, and physiological needs.
3. *Intrapersonal awareness*: represents awareness of attitude, presence, and cognitive patterns.

4. *Musical awareness*: represents heightened awareness of expressive, emotional, and spiritual qualities.
5. *Professional development*: represents heightened awareness of professional identity, concepts, and theory.

Theme Relationships and Distinctions

In my AMT process, there has never been a session where I felt the therapist and I explored aimlessly or, the opposite, with exact precision. The space felt open to a wide-range of experiences, but the time was always meant for me to explore myself. The research question of the study asks, how was that time utilized? Additionally, how did being a music therapy student affect the use of that time? The themes provide a response to these questions as they encompass the broad scope of the experiences I had in my personal therapy.

When reflecting on the sessions, the themes seemed ubiquitous as they constantly related to one another through experiences. An experience in AMT could consider all of the themes at once or focus on one specific theme. This reflects the dynamic processes inherent in AMT, where therapy is not restricted to a specific domain of health but is, instead, holistic (Priestley, 1994). Connection, the mutual aim of the therapy, represents the point-of-contact which encouraged the relationships between the themes. Through the client-therapist relationship and shared experiences, I explored connections with my body, mind, spirit, and professional identity and moved through each of the themes.

It was my decision to separate and define the themes based on the selected experiences I analyzed. After labeling the themes in the incubation phase, the explication phase helped me understand how they were different from one another as well as how they manifested in sessions.

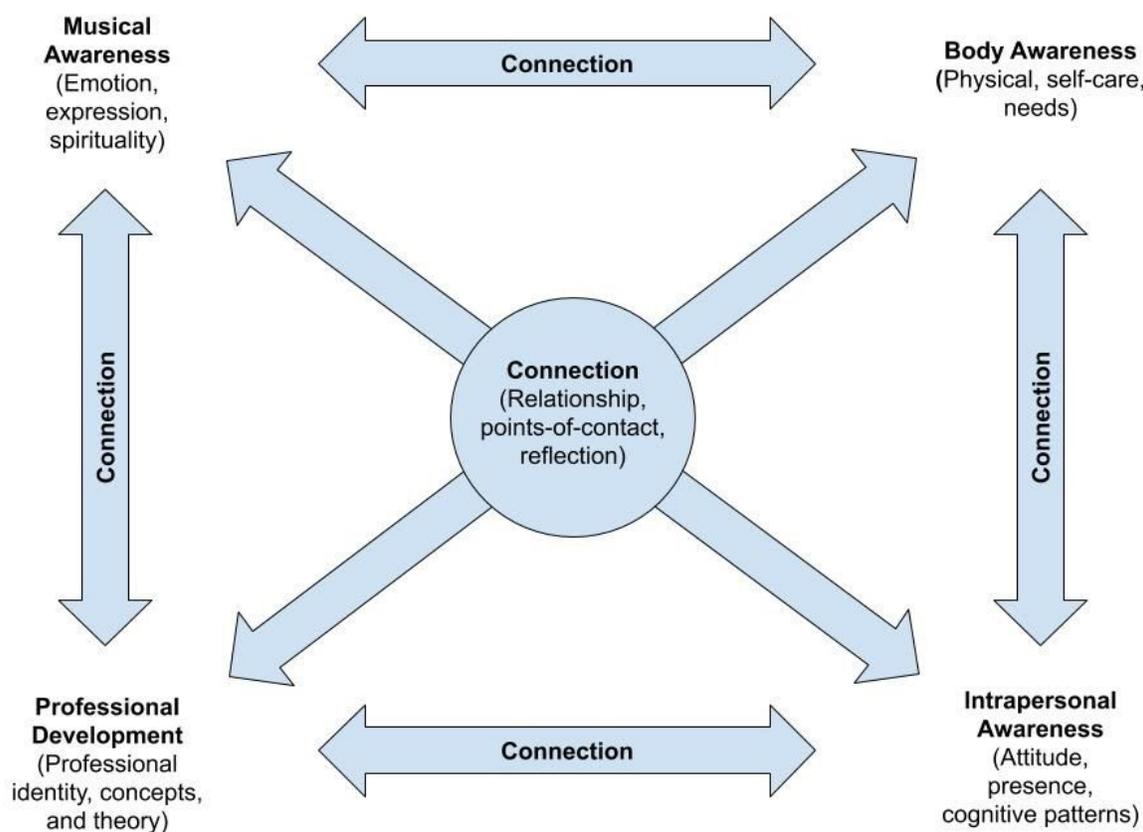
It is important to note that the themes are not entirely distinct and relate dynamically to one another. They are separated by the ways they were used in therapy and their personal significance to me.

Theme Utility and Significance

The utility and significance I attributed to the themes are unique to my experiences in AMT. For example, the three awarenesses among the themes are similar in that I may view my specific domains of health, such as emotional health, through a body, intrapersonal, or musical perspective. The perspective through which emotion is viewed will impact the interpretation. I specifically chose to place emotion under Musical Awareness (see Figure 2) because during AMT sessions, I used improvised music to understand my deeper emotional, expressive, and spiritual content. Similarly, body awareness seemed to be the specific way I tuned into my needs and self-care practice, and intrapersonal awareness was the way I recognized attitude, presence, and cognitive patterns in myself. To be clear, cognitive patterns could also be recognized through interpreting the music I played and achieving heightened musical awareness. However, because I experienced intrapersonal growth by actively shifting awareness to my cognitive processes, in and outside of music experiences, I feel they should be categorized under intrapersonal awareness.

Figure 2

How the Themes Connected in Sessions



Note. The five themes that emerged from the data are represented above in the way that they dynamically related to one another throughout the course of sessions.

One theme, professional development, is specific to my context as a music therapy student. This theme represents the ways AMT experiences helped me shape my professional identity, experience and integrate theory, and understand a music-centered client experience. To provide a deeper understanding of the essence of my experiences as a student in personal AMT, I will describe each theme as they relate to one another. This description will include: the areas of,

and methods for, development in my AMT process; the influence a self-experience perspective had on me; and reflections on music therapy professional development through AMT experiences.

Connecting the Themes

During the initial session, the therapist and I improvised and collaborated to discover a potential direction for the therapy process. While I was unsure of what to expect as a first-time music therapy client, there seemed to be two broad interests: educational and personal benefit. I wanted to learn about an advanced model of music therapy, specifically one which was improvisational, and to engage in continuous therapeutic work. As we became acquainted, the therapist told me, “A lot of this is about making connections between the music and yourself.” We discussed how connection was an idea which could guide deeper reflection and consideration of the self, needs, and personal goals. This became our aim: to understand the ways I connected to myself and others. The following will depict the dynamic and holistic experiences I had in AMT and how the themes were related to one another through those experiences. A chart summarizing the relationships between these themes may be found in Appendix A.

1. Connection ↔ Body Awareness

This theme relationship represents how AMT experiences encouraged connection with my body. After connecting with sensations and visceral feelings, I worked to improve my self-care practice and tune into body cues which alerted me to needs.

In our first session, we concluded with music for my own relaxation. The therapist used Tibetan bowls, bells, and her voice to guide an experience that connected me to my breath. This was my first experience engaging in conscious breathing in the context of therapy. I was not

familiar with body work in this way and I recall having difficulty relaxing my arms, face, and chest. The experience helped me recognize stress-related feelings in my body in ways that I had not. By connecting to the body with the breath, I recognized body cues expressing a need for greater self-care.

As we continued, the therapist encouraged me to improvise music from the body, to remove me from my tendency to intellectualize. Rather, expressing through this embodied music encouraged me to improvise music in the moment. In the incubation notes, I wrote: “Prior to beginning therapy, I did not consider my body as much as I do now. I find myself constantly checking in with my body throughout the day to gauge feelings, pains, comfort and status.” I noticed a clearer connection between my needs for things like food or sleep and my ability to maintain a strong sense of presence. After making this connection, I began to adjust my lifestyle to better meet these needs.

2. Connection ↔ Musical Awareness

This theme relationship represents how AMT experiences encouraged heightened musical awareness. Through AMT experiences, I was able to work with my musical identity and build an understanding of my emotional, expressive, and spiritual aspects by interpreting session content. Continuously interpreting musical tendencies, preferences, and transference in music resulted in deepened self-understanding.

In sessions, the therapist would ask me to improvise referential or non-referential music, intuitively. At first, this stood out to me as vague. As a musician who had extensive technical training, this was a different approach to music-making than I had previously encountered. Of course, I had anticipated these experiences and was even excited to be improvising, my preferred

method of music-making. Usually, I was improvising in structured settings where I was guided by a chord progression not my emotional content. I was shocked by the initial intensity and vulnerability I experienced in connecting with my musicality in this way.

When improvising, I also noticed a tendency to lose awareness of the music. Making music with the therapist in a mutual way was also a challenge for me. As an improviser in other musical settings, I had developed a tendency to express independently and listen less to those playing with me. What I noticed in AMT was a sense of embarrassment when the music would end. This seemed to be because I had difficulty explaining the music we made together and the music contributed by the therapist. I was also learning about my own reservations about self-expression. As we continued, I worked to connect differently with the therapist in music and gradually began to adjust my improvising to include and respond more to her music. I began to understand different levels of interactivity within the music, as well as how to encourage different musical activity, maintain a stronger sense of presence in the music, and convey different musical moods. Eventually, I noticed I left much more space in improvisations and looked forward to listening to the therapist.

Through referential improvisation, I grew an understanding of how my personality may influence an interpretation. My musical identity became clearer to me as we improvised together and I recognized my preferences for different keys, chord progressions, tempi, rhythms, timbres, and other musical aspects. As I connected with my musical identity, I also became more confident in my ability to use my music as a connective medium with others. This supported my ability to understand processes at a respected music-centered clinical placement.

3. Connection ↔ Intrapersonal Awareness

This theme relationship represents how AMT experiences encouraged me to connect with my attitude, presence, and cognitive patterns. As I worked with the therapist, I developed a stronger understanding of my self-image. Engaging with feelings of vulnerability helped this self-image become clearer overtime.

The AMT process felt like an extended self-critique or self-analysis. That required a deep sense of honesty and a great deal of reflection. In AMT, I connected with difficult thoughts that impeded my ability to feel present and calm enough to reflect openly. These difficult thoughts were typically related to feelings of vulnerability. Through therapy, I was able to be more honest with myself about these feelings, and if I sat with them and listened openly to myself, I could engage in more authentic expression. In AMT, I had music, verbal processing, and the therapeutic relationship to aid in my uncovering the thoughts I was avoiding, distorting or, frankly, lying to myself about. Connecting to my inner critic seemed to help me move forward with honesty and authenticity, instead of resorting to avoidance or resistance. In the incubation notes, I reflected on how “I have identified personal goals more clearly,” and that “I’ve never felt myself looking forward with optimism as much as I do now, whereas in the past it was difficult to strive towards long-term goals.” As I analyzed how I act, feel, and relate, I have adjusted to act in ways that feel more comfortable with myself and others. Simultaneously, I have recognized a stronger sense of personal trust and confidence in situations that are less comfortable.

4. Connection ↔ Professional Development

This theme relationship represents how AMT experiences encouraged me to work intuitively and creatively with academic material. In sessions, I had the opportunity to reflect on my own process from a student-client perspective. I was able to articulate principles, values, theories, and my own style as a therapist in a way that fit my expressive needs. I also developed empathy by sitting fully in the client role.

My status as a music therapy student contributed a unique quality to my AMT process. I had an interest in learning about the facilitation of AMT sessions which encouraged discussions about theory and practice. That dialogue related the experiences I was going through to theory and practice. Those conversations were different from the ones I typically had in academic settings. Instead of discussing my understanding of theory, the therapist and I discussed, both implicitly and explicitly, my acceptance of concepts as a practitioner, the value and recognition of concepts in my own personal process, and how the connections between myself and specific concepts shaped my professional identity. Specific ideas I reflected on in therapy included: Porges' Polyvagal theory (Porges, 2007), Greenspan's Functional Developmental approach (Greenspan & Weider, 1999), trauma-informed care (SAMHSA, n.d.), somatic psychology (Levine & Frederick, 1997), music-centered practice (Bruscia, 2014; Hadley, 2002; Nordoff & Robbins, 2007), vocal psychotherapy (Austin, 2008), and Priestley's writings on AMT (Priestley, 1994).

When I discussed clinical training and education in sessions, it felt like the therapist was adopting a partial supervisory role. With the therapist, an advanced practitioner of music therapy, I was able to discuss professional content in an intuitive and therapeutic way. By contemplating

theories as I recognized them in my own process, I developed a more integrated understanding of them, as well as feelings of empowerment from better understanding my own health. In that same way, I also began to develop a strong sense of what health meant to me. I began to view my health as I experienced it spiritually, musically, physically, emotionally, and cognitively. This encouraged me to embrace a salutogenic approach to health (Antonovsky, 1979). In this way, I view the health of my clients on continuums of various domains of health and aim to build on client strengths and potential. It was also important for me to realize that anyone can be a client and health can always be optimized; growth has no limit.

Through this music-centered therapy process, I experienced different ways that music can be utilized as the impetus for change within the therapeutic alliance. There were many instances where experiences were shaped in creative ways to support my self-exploration. The therapist facilitated experiences by encouraging specific titles and using her music with a blend of clinical intent and intuition. As I noticed my responses, the power of the music and its careful application became clearer to me. I could also see that the technical limitations we both had did not seem to limit the therapy process. The therapist was authentic and made selective decisions to self-disclose throughout therapy. These disclosures were always relevant to my own process and encouraged me to recognize the humanity in my process, particularly in experiences where I felt more vulnerable.

Many of these experiences were not afforded to me in the classroom, nor do I believe they have a clear place in the classroom. The vulnerability that can be experienced through AMT experiences requires a trusting relationship that cannot be accomplished in classrooms mainly because of the ethical implications of dual-relationships.

Through connecting deeply to music, there are many avenues for development. These avenues were made more clear to me through my AMT process. These experiences have encouraged me to more deeply consider psychodynamic techniques and approaches, as well as the importance of post-graduate training.

5. Body Awareness/Self-Care ↔ Intrapersonal Awareness

This theme relationship represents how AMT experiences encouraged me to reflect on the mind-body connection. Through embodied music experiences, I focused on connecting body cues, sensations, and visceral feelings to cognitive processes. By tuning into the body through music-making, I was able to better understand how my needs were influencing my intrapersonal experience. Similarly, by tuning into my attitude and sense of presence, I was able to better recognize my needs, in the moment, and their influence on embodied music experiences.

Self-care was a practice I only vaguely understood prior to AMT work. Through AMT I began to realize the potential for a stronger intrapersonal relationship and how that could positively impact my health. I found that working on my self-care practice was a way to actively optimize my mind-body connection. In AMT experiences, I recognized my needs for energy outlets and engaging with my senses. This encouraged me to develop a self-care practice that was tailored uniquely to my needs.

Early in therapy, I was encouraged to connect body sensations to thoughts. I engaged in music and breathing experiences in many sessions. This encouraged me to connect to my attitude and sense of presence through my breath. We also improvised music from the body which helped me to draw connections between my physical sensations and my intrapersonal experience. I began recognizing, more consciously, how a session riddled with anxiety may mean

experiencing feelings of restlessness in parts of my body or the opposite, recognizing anxiety through those body symptoms. If I was tired from a physically exhausting day, I may recognize a cloudy headspace and the desire to use my time in AMT for relaxation. These connections between the mind and the body grew, dramatically. In my incubation notes I reflected: “Therapy helped me realize the [specific] benefits of taking care of myself.” These benefits include greater focus and clearer understanding of needs and recognition of body cues.

6. Body Awareness/Self-Care ↔ Musical Awareness

This theme relationship represents how AMT experiences encouraged me to recognize how my body relationship influenced my music-making. By drawing my awareness to my body during embodied music improvisations, I was able to identify feelings of tension and comfort. These feelings of tension and comfort helped me understand my emotions as they manifested in the music. As I continued to recognize these feelings, I gained an understanding of my broader musical essence as it was represented through improvised music. My personality seemed to become clearer in the music.

In AMT, I had opportunities to engage in embodied music-making experiences. That is to say, I engaged in music-making that was guided by the immediate sensations of my body. These music-making experiences supported a cyclic process of expressing my sensations and interpreting those expressions. That process provided me with the opportunity to express as I felt in the moment and develop self-understanding. Specifically, I worked to recognize feelings of safety and comfort in my body during improvisations. This way of thinking was introduced to the sessions after reading about Polyvagal theory (Porges, 2007). My unique understanding of comfort and discomfort was reflected in my body experience through sensations of tension and

relaxation. I would sometimes consider my tension as a fear response and consider the associations related to the title of the improvisation. The improvised content, the title of the improvisation, my feelings regarding the content, and the manner in which we improvised impacted my comfort level. When I was able to recognize my body's response to the music-making we were engaged in, or recognize the way the music was impacted by sensations of comfort or tension, I felt more attuned to the deeper associations which influenced the experience.

Greater awareness of these associations (my transference) allowed me to feel more control over my body and my musical contributions. If I was feeling anxious, playing quickly, and with a great deal of harmonic complexity, I could have recognized an association which, to me, rationalized a musical response like that. From that point of recognition, I either accepted the music as a necessary energy outlet that my body craved, or adjusted to improvise in a more comfortable way. The therapist often supported me in the music by: reminding me of the title of the improvisation through sung speech or a musical motif; using musical devices and countertransference to meet and influence musical interaction; and, selecting instruments to elicit specific moods, timbres, or symbols.

After improvisations, my therapist occasionally reflected on her countertransference from a body perspective. Reflections like these brought my awareness to body sensations that I was not aware of in myself which further clarified interpretations, in the moment. In one session, the therapist commented on her playing of the rain stick with an intense rigidity. I had not noticed the same rigidity in myself until she reflected on it out in herself. I soon realized this was a manifestation of grief I had been holding tightly in my chest and back. Priestley (1994) noted the

importance of both the therapist and client acknowledging the body's musical contributions. I was able to learn about my body through my music just as I was able to learn about my music through my body.

7. *Body Awareness/Self-Care ↔ Professional Development*

This theme relationship represents how AMT experiences encouraged me to reflect on my body during music-making and how those experiences informed my individualized therapeutic orientation. When connecting with the body in AMT, I typically viewed my experiences through a polyvagal perspective (Porges, 2007). To me, that meant regularly considering visceral feelings of safety and calm in contrast to feelings of discomfort or fear.

As I developed awareness of the connections between my body, mind, and their musical representations, a shift in my approach to music therapy also began to develop. Scheiby's (2001) writing supported the potential for AMT processes to support this type of shift. In her writing, she described the potential for Intertherapy experiences, a supervised self-experiential component of AMT training, to encourage the therapist to identify and develop their own personal philosophy and method (p. 303). I began to feel the ways that embodied music-making could be used to reflect on my health and draw my awareness towards unfulfilled basic and expressive needs. Learning about trauma-informed care (SAMHSA, n.d) and polyvagal theory (Porges, 2007) influenced experiences like these so that I would actively consider my subjective feelings of safety and comfort as I improvised. If I was feeling comfort in my body during an experience, I would ask myself *why?* If I was frustrated, I would reflect similarly. As I grew in my awareness of feelings of safety during my own music experiences, I began to discover areas for growth in myself.

My heightened awareness of my body in music showed me a new way of approaching my music therapy practice and my professional identity. I found that by observing the bodies of my clients and the ways they presented themselves physically, I could glean information beyond what their diagnoses or personal history suggested. I was able to see, if only a little more clearly, how to better meet them in the time we shared together. This informed my own presence, my music-making with clients, and the direction I guided my sessions.

8. Professional Development ↔ Intrapersonal Awareness

This theme relationship represents how AMT experiences encouraged me to recognize areas of vulnerability. As I tuned into my attitude, sense of presence, and cognitive patterns, I developed a greater understanding of their foundations and how they may influence my professional development. Through exploring these foundations of my psyche, I came to realize the importance of a safe and trusting therapeutic alliance that is open to a wide-range of experiences. I also articulated my personal understanding of psychodynamic therapy and, specifically, AMT. AMT is considered a form of psychodynamic therapy that works to develop a mutual understanding of the client's unconscious and reconstruct their sense of self (Bruscia, 2014). Prior to my AMT process, I struggled to understand what this could mean and feel like. I anticipated self-experience was going to help me build that understanding.

Over the year and a half of work in AMT, I began to understand the differences between what I felt was surface-level and depth-level processing. Experiencing deeper vulnerability in the therapeutic alliance made that distinction clearer to me. After experiencing vulnerability in the AMT, I gained a greater appreciation for the care and empathy required in psychotherapeutic practice. I have experienced a shift among my own fundamental beliefs through this humbling

work. This has led me to feel a greater sense of vitality and self-confidence, among other broad feelings of self-improvement.

I also developed an intuitive understanding of the defining characteristics of process-oriented psychotherapy. While I have trained in various settings and worked with dozens of clients through my training, the relationship I have with the therapist is the longest therapeutic relationship I have experienced. To me, the value of this long-term therapeutic relationship was the capacity for a deeper relationship which has explored a wide-range of experiences. Through this relationship, I have also gained appreciation for the time, authenticity, care, and motivation needed to access difficult and vulnerable feelings. I have also recognized the need for safety in the relationship and the importance of acknowledging that safety so that those feelings may be openly shared in a space which works to freely interpret them.

Discomfort was inevitable in the therapy space. My feelings of safety varied as we ventured into topics which produced feelings of shame and guilt in me, but it was the trusting relationship that provided a sense of consistency and grounding. As the therapy continued, I began sharing deeper content and engaging in work with that required greater vulnerability. The more I explored vulnerable topics, the less I seemed to feel vulnerability; a sense of calm and confidence became more readily available in a wider set of contexts, as well. I noticed a stronger sense of presence in myself in the absence of a less restless headspace. This calming of my mind required time and patience from the therapeutic alliance.

The therapist held a space that aspired towards a sense of openness. In recognizing this open attitude, I was able to express myself in ways that felt less inhibited. I started to more consciously value my ability to express in creative ways and engage with difficult intrapersonal

processes. Overtime, it seemed my expression incurred less self-judgment and greater focus on the catharsis I felt when creating music. There were times where I was not sure what I was gaining from my process. However, the therapist encouraged a steady momentum and through experiences of vulnerability, I eventually found a sense of deeper intrapersonal clarity. From these experiences, I have adopted aspects of a psychodynamic orientation in that I believe working openly with content can encourage the therapeutic relationship to thrive, go deeper into the psyche, and resolve unconscious conflict. I learned in my first AMT session, which I experienced with a great emotional intensity, that music can access that content more readily and facilitate a process which is less inhibited. Through the safety of the therapeutic alliance and the improvisations we shared, I explored deeper emotional content and was able to strengthen my intrapersonal awareness. As a practitioner, I felt the value of a clear mind and presence. By working on my own intrapersonal clarity, I felt better able to facilitate sessions with stronger rationale, clearer clinical intent, and a greater sense of openness.

9. Professional Development ↔ Musical Awareness

This theme relationship represents how AMT experiences encouraged me to understand my musical transference. By building this understanding, I became better able to understand the qualities of clinical intent and intuition in my music. I was also given the opportunity to explore, discuss, and experience the unique qualities of the relationship through music-making.

In music, it is impossible to be entirely objective (Turry, 1998). Even the most straightforward recreative experience is always influenced by the attitude, technical quality, emotional perspective, and presence of the artist. AMT honors this by encouraging the therapist to be aware of their own musical identity and countertransference so that they may be used to

facilitate deeper, more realistic interpersonal experiences (Harris, 2019). It is my acquired belief that a therapist who rejects or ignores their musical countertransference may introduce certain risks, such as impeding on the clinical process or unconsciously invoking dual relationships. Turry (1998) suggested that a music therapist should work with, develop, and accept one's musicality to encourage a balance between needs for creative freedom, clinical responsibility, intuition, intention, and spontaneity (p. 165).

In my notes from the incubation phase I reflected on “feeling more in command of my musical direction,” a “heightened sense of musical awareness and precision,” “greater appreciation for silences,” and a newly refreshed “love for my voice.” I wrote that I was able to maintain a stronger sense of presence in the music as well as an “awareness of the various musical components and their significance to me.” As I was able to develop an understanding of my own musical identity, tendencies, preferences, and boundaries, I felt better equipped to discern my expressions of intuitive music from my music with obvious clinical intent. While the two types of music, intuitive and clinical, cannot be entirely separated, my awareness of their qualities in my music-making feels greater.

10. Musical Awareness ↔ Intrapersonal Awareness

This theme relationship represents how AMT experiences encouraged me to connect my intrapersonal processes with my musical aspects. Through improvised music and interpretation, I grew in my awareness of how my attitude, presence, and cognitive patterns manifested in my music. This also encouraged the use of music outside of sessions as a method of processing. This music could then be brought back into the therapy space for further reflection and interpretation.

All of these experiences allowed me to deepen my understanding of different aspects of myself, namely emotionally, expressively, spiritually, and cognitively.

My interpretations of our improvisations helped me acknowledge certain qualities of my musicality that I had never articulated. Through the therapy, I began to link specific musical aspects to intrapersonal processes. For example, a speedy tempo could represent anxiety or excitement, while a major seventh sound could represent a calm disposition or melancholic lack of resolve. The musical aspects within session experiences each had many meanings, but as I put them together, they painted a portrait of my headspace and self-image. The meanings of many of the improvisations seemed to become clearer through the process and I eventually came to understand the different and specific ways my attitude and presence could impact the ways I engaged in music-making. I recognized my strong preference for specific chords, progressions, idioms, and tempos that indicated a general state of intrapersonal being. This state of being, manifested generally as a harsh, dominant, and unyielding attitude, transcended every aspect of my life and had a definite impact on my work as a training clinician. It also shaped a scrutinous and negative self-image that I had been largely unaware of. As I became more aware of this, I gradually shifted into greater self-acceptance.

Outside of sessions, I began to utilize music listening as an opportunity for conscious processing and reflection. I quickly realized the music I was listening to could help me develop greater intrapersonal awareness, if I listened openly. This openness to music also translated to my own personal music-making at home. I would more frequently go to instruments and improvise on topics, or freely, as a way to process events or moods. As I connected deeper and

more consciously with the music, I felt less self-judgment towards my expressivity and even began writing and sharing songs with others for the first time.

I began grounding my everyday thinking in musical terms, which I found particularly empowering. I would consider my days the way I considered any music. My day could have a fast tempo or a slow tempo; complicated harmony or a straightforward progression; the day could be a solo or an orchestral arrangement. In this mode of musical thinking and labeling, I felt I had more control and understanding over my actions and attitude. Using these metaphors, I could adjust a specific musical element, like the tempo of my day, to feel more comfortable or meet my needs. Music was transcending my every perspective and I could always listen to it, learn from it, and adapt. This represented a strong shift in my ability to cope with difficult experiences I was engaging in as a training therapist. In the 27th and final recording, I explain my aspirations, in metaphor, to the therapist: “[I want to] find myself a groove and be, not just a rigid groove, but a groove that can take things in and work with them, not against them or whatever I need to be.” This aspiration seems like a goal well-suited for the fluidity and adaptability of AMT.

Theme Reflections

The themes encompassed the broad scope of my unique work in AMT. Work in psychodynamic therapy is meant to heighten the awareness of the client and reconstruct the clients fundamental beliefs (Bruscia, 2014; Hadley, 2002). The work I engaged in has encouraged growth in body awareness, intrapersonal awareness, and musical awareness. The range of musical experiences I had in AMT allowed me to explore the relationships between these awarenesses. This has given me a stronger sense of clarity regarding my mind, body, and

identity. The themes were assigned particular values and qualities related to specific areas of the self, such as emotion, cognition, identity, and sensation. Having the freedom to explore the connections between them in therapy encouraged deep, intuitive, and holistic growth. Through the theme relationships extracted from session transcriptions, musical descriptions, and reflective notes from the incubation phase, I demonstrate how working with these relationships helped me: recognize needs; engage in individualized self-care; understand unconscious material; connect visceral feelings with action and expression; build self-confidence; define general attitudes and outlook patterns; connect with a stronger sense of presence; develop music therapy competency; and, define my unique music therapy philosophy and professional identity.

Creative Synthesis: Arts-Informed Reflection

There was a lot to learn from my music; it was a matter of learning how to listen to myself. In the following reflection, I locate my context as a student and describe my background as a musician who became a music therapy student. This became an important perspective as I learned to engage with music in a therapeutic way. After locating my student perspective, I continue by describing shifts in my professional identity and awareness through experiences and concepts I worked with in AMT, as well as how those experiences supported these shifts. As I looked to the relationship and music in AMT, I found new ways to use music supportively in my personal life and professional work.

Who, Where, What Was I (Doing)?

I began the process of AMT in July of 2018 following a year of full-time enrollment in the music therapy graduate program at SUNY New Paltz. In my first-year, I was introduced to the various techniques, approaches, and models of music therapy. I had become curious about

experiencing music therapy for myself from the moment I started classes in August 2017. My first year in graduate school was exciting, difficult, and transformative. I often found myself overwhelmed by the transitions I underwent and new experiences I encountered. I was learning the etiology and terminology of psychological conditions and processes I had never considered. I knew many of these psychological processes were present in myself, but I was not fully aware of how they manifested in my personal life or professional identity. Learning about these processes in first-year courses planted the seed for a deep internal shift.

My early experiences in graduate school expanded my understanding of non-performative uses of music and their applications in therapy. Having trained specifically as a performer, I had many things to learn as I shifted to become a music therapist. The potential for connection between emotions and musical content had not been a more conscious consideration of mine. Furthermore, I had not fully recognized and appreciated that connection in myself. It was not until beginning AMT when I started to consciously ask myself what the emotional meaning of my own music was.

I met my colleagues at New Paltz with an excited and eager attitude. However, I had entered a new profession and was trying to adjust to a new community, terminology, professional practice, and responsibilities. I had made new friends and was excited about the direction my life was going in. I found a lot of joy and comfort in music-making, hanging out, and studying with my new peers who were experiencing similar transitions. We had many discussions about mental health, therapy, and music which led me to think about those concepts in new ways. The shift in my awareness was exciting but there was suddenly much to catch up as a student new to music therapy.

Music was something I had always felt I was “good at.” Prior to arriving at New Paltz, I saw myself as a respectable musician among my peers. Upon beginning graduate school, my concept of what music could be was being turned on its head. I was no longer the expert, and I began feeling increasingly vulnerable. While my knowledge of theory, improvisation, musical idioms, sight-reading, and my technique at the piano and trombone had helped me for so long, I began focusing on my frustrations including difficulties structuring sessions, understanding clinical processes, and sitting confidently or calmly with clients.

I was proactive about learning when I struggled to understand content. I regularly sought guidance from professors and engaged in discussion about evasive content with others. Still, I found it difficult to understand and integrate my education at my practicum placement while balancing a busy schedule and adjusting to an unfamiliar profession. The more I learned in courses, the more I began to direct questions towards myself. I hoped in AMT, I would find the space to try and answer the questions I could not answer, or even ask.

Describing Experience

Priestley (1994) eloquently described the experience of AMT:

To try to describe it is as impossible as trying to give my urban granddaughter the experience of the wonderful blue dragonflies that I saw flitting over a lake in a country garden by taking her to the Natural History Museum and showing her the dried-up specimens of dragonflies under the glass in the display cases. (p. 17)

When I read this quotation for the first time, it piqued my curiosity to the point that I sought out AMT for myself. My interest was not satisfied by the text and I understood the

potential value of experiencing AMT for myself. What I experienced was beyond anything I could have imagined and remains difficult to articulate.

The sensations of experience are lost in verbal translation and the essence of an experience may only be aspired towards through careful word choice. Experience can only be reduced to its aspects when describing it through interpretations of the senses but a depiction can help provide understanding of the original experience. For those reasons, I found the musical examples and creative writing pieces used in this synthesis to be essential tools for depicting my experience.

Attending to My Music

Fully embracing the client role was difficult at first. Music had been an outlet for me for so long, but I never noticed the deeper qualities of my music-making. The first improvisations the therapist and I shared felt overwhelmingly intense; connecting directly with my music constantly shocked me into nervous laughter. At first, my reflections on referential improvisations were directed at technical components and tendencies of the music we made. When the reflections shifted more towards interpretation, I became uncomfortable, I misspoke, or I lost my train of thought. At first, it was difficult to enter any areas of vulnerability in AMT, including the deeper meaning of my music. After experiencing my own discomfort, I began more consciously considering the discomfort of my clients who may have their own difficulties building awareness of themselves.

Therapy became the place for me to integrate the different awarenesses I had been developing in classes that were beginning to transcend different aspects of my life. I was testing the specific theories I was learning, which I initially found vague and somewhat intimidating, on

myself. In a safer sense, there was no other client at risk. I felt empowered when I referred to theory and concepts as the therapist and I interpreted improvisations. This sense of empowerment was a means of connecting to deeper content from a place of strength, my knowledge. In sessions, I often referred to what I was learning at placements, such as Stanley Greenspan's Functional Developmental approach (Greenspan & Weider, 1999) or Polyvagal theory (Porges, 2007). These theories helped to frame my experiences in ways that encouraged deeper understanding of both the theories and my experiences.

I began considering my presence in sessions as they related to Greenspan's Functional Emotional Developmental Capacities (FEDCs) (Greenspan & Weider, 1999). Greenspan's FEDCs make up a developmental model for understanding experiences as the client relates with others. The capacities become more interpersonally complex as they increase:

- Capacity One represents self-regulation and interest outside of one's self;
- Capacity Two represents brief engagement and relating with others;
- Capacity Three represents purposeful two-way communication;
- Capacity Four represents complex communication and shared problem solving;
- Capacity Five represents use of symbols and emotional idea creating; and,
- Capacity Six represents logical thinking and building bridges between ideas
(Greenspan & Weider, 1999).

I used the FEDCs to broadly reflect on my music-making with the therapist. For example, some days I would feel like my music making was closed off to the therapist and that may encourage me to consider my music making in capacity three.

I also began considering my music-making from a polyvagal perspective. Polyvagal perspective is a way of relating the functions of the autonomic nervous system (ANS) to observable behaviors (Porges, 2007). The ANS is comprised of three components: the ventral vagal complex (VVC), which encompass social communication and self-soothing functions; the sympathetic-adrenal system (SAS), associated with mobilization, commonly known as the fight-or-flight response; and, the dorsal vagal complex (DVC), associated with immobilization, commonly referred to in trauma patients as the freeze response. Each of the three components can be recognized by clinicians via responses such as a steady, regulated heart-rate or feeling calm (behaviors associated with the VVC), elevated heart-rate and dilated pupils (behaviors associated with SAS), and flat affect, inability to maintain eye contact, or verbalize (behaviors associated with the DVC) (Porges, 2007). Polyvagal theory states that personal history influences the responses individuals have, thus indicating that each individual possesses a unique sense of general safety. A polyvagal perspective encourages clinicians to consider the unique way the client experiences safety, fear, and immobilization. I found that framing my responses to AMT experiences in this way helped me understand significant areas of vulnerability and confidence.

Framing my experiences using the FEDCs and a polyvagal perspective gave me a theoretical container for what I was learning about myself. Exercising this knowledge was an opportunity to gain an intuitive understanding of what my clients could be going through. As a client, I was experiencing the benefits of psychoeducation as empowerment. This helped me develop empathy, strengthen my professional identity, and build awareness.

Release: Getting Creative in AMT

In my early training, I had difficulty empathizing with clients who were unlike anyone I had met before. What was their experience truly like? What were my clients seeing, feeling, thinking, and hoping? My coursework would occasionally introduce assignments that encouraged us to take on the client perspective, but I sometimes felt restricted by academic requirements. Additionally, I felt my course meetings were brief, quick, and framed in a scholarly tone where there was inherently less time for the open-ended and dynamic discussion that I knew best supported my own learning style. While I discussed content with peers outside of class, I struggled to keep up with the pacing of classes and felt I was not preparing myself to become an adequate therapist. In sessions, I had the opportunity to follow my intuition as I related to theories and concepts I was learning. I sometimes considered where I would locate myself on Greenspan's FEDCs, or a broader developmental view (Greenspan & Weider, 1999). I was able to further integrate my understanding of these ways of thinking by engaging with them creatively with the therapist. A creative writing piece, located in Appendix B, demonstrates how my creativity merged with my curiosity of theory. The writing piece parallels my cognitive process and the ways I expressed in therapy, from a developmental perspective. The piece is a demonstration of how I aimed to understand each developmental stage as I have seen them manifest with many clients and myself. In the piece, I am particular about my improper non-capitalization of the pronoun "I" to indicate a less concrete sense of self. During my sessions I would often consider my own attentiveness in this way: Was I paying attention to *our* music? Or *my* thoughts? Were we making music together, or did my awareness feel conscious at all? The writing also demonstrates the creativity I often applied to my own education process as I

grappled with content I found difficult to understand. By working with theories creatively and with personal significance, in this way or as I did in AMT, I was able to discover their deeper, more practical meaning.

In AMT, I had the opportunity to freely engage with playful expression as it related to my own needs and my work as a music therapist. It was empowering to view my process through the theoretical perspectives. By experiencing perspectives as I learned about them, content became much more accessible to me. Through this, I came to define my values regarding content accessibility and feelings of empowerment through knowledge. As I continued to engage creatively with academic content, I grew in my confidence to assert the more playful aspects of my personality in professional contexts. I felt more comfortable in my ability to create joyful, dramatic, and intentful music suitable for, but not exclusively, a lot of my work with children. When appropriate, my sessions seemed to become both more joyful and grounded in theory that supported the experiences I chose to facilitate.

Tension: Learning to Sit with Discomfort

Joyful music-making was not the means of optimizing health for every client in every session I facilitated. In my own process, I experienced a range of difficult emotions. I brought my personal stories into the therapy space and sat in the discomfort of feelings of uncertainty, grief and loss, vulnerability, anger, frustration, and helplessness.

In experiences like these, I found a polyvagal perspective to be grounding and supportive. When I found myself responding with fear or even immobilization, the music supported me by holding a space that resonated and reflected what I needed or by challenging me to use my resources.

In one session, I found myself frozen with grief after the passing of a close relative. In an improvisation, I played the ocean disc quietly for an extended period of time as the therapist played bells, long tones with her violin, and tibetan bowls. The minimal soundscape we were creating continued for a few minutes until the therapist asked me “Where are you, Dan?” To which I was unable to reply; I felt overwhelmed by a lack of agency and the urge to minimize my active presence to avoid the reality of my grief. The music ended abruptly after and I rejected the experience with nervous laughter. After this, I felt a persistent tightness in my stomach for a few days; it seemed my inability to express had left me wanting. A few sessions later, I experienced a very similar freeze. After the same challenge of responding to the therapist, I found my voice and sang back “I’m right here” and continued to play the ocean disc. After this I felt calm and confident and began reflecting on the relationship that I mourned with my relative. I began to consider this more deeply and found that, in music, I could adopt the qualities I admired in her personality. After reflecting on this experience, I identified a piece, written by a mutual family member, that comforted me and provided music for me to process. The piece is called “Lo Verdadero”, which means “The True” in English. An audio recording of the piece is available here:

<https://drive.google.com/file/d/1HQTzyXdJ06nXy1uRLGMnLxbWFFoNQEC2/view?usp=sharing>.

The feeling of immobilization from my grief was difficult to experience and work to understand, but its role in my process encouraged a powerful transformation. From the extreme of being unable to express or reflect on my grief, I expanded in my awareness of those abilities. I began to look deeper into what my music could mean.

Lo Verdadero is somewhat of a family heirloom. I have heard the composition performed, often by my mother and uncle, at various family functions from weddings to funerals. During my AMT process, I started learning to play it myself. I began listening to the song outside of sessions and considering its meaning, deeply. I realized that the song title encourages me to consider my responsibility as a training therapist to be open to whatever truth my clients experience and need to share. I also feel the drive for understanding my own truth. In sessions, I improvised with its various musical components including the chord progression, use of chromatics, and slower tempo. Through our interpretations of this music I learned about my own tendencies and preferences derived from the music and my family; I recognized musical components from this piece engrained deeply in my identity. Describing the meaning this song has to me deepened my understanding of the value, as well as the potential for self-understanding, in music.

My awareness continued to expand so that I was constantly reflecting on my immediate responses to music anytime the opportunity presented itself. Contrastingly, I also became more aware of music and musical components that were not familiar to me. To me, this suggested opportunities for growth through unfamiliar music-making experiences. Instead of rejecting music that I did not prefer, I listened with more curiosity. Oftentimes, unfamiliar musical territory presented a challenge for me as I learned to sit with not feeling musically comfortable. Through discomfort and new experiences, I grew in ways I could not anticipate.

My process taught me the value of striving to maintain a space for a wide range of emotional experiences in the therapy room. Through referential improvisations, I reflected on difficult and intense topics. As I worked with this content, I came in touch with a quieter, more

sensitive musical side. I found that this type of music encouraged me to pay closer attention to my body. When I was making dynamically louder music-making, my focus was on the sound and what I would play next. Experimenting with quieter music was somewhat of a contrasting musical shift for me to make. As a trombonist in my undergraduate work, I developed a preference for loud, brash improvisatory music which I pushed into a lot of the settings in which I played. I recognized that continuously making music like this had caused me to neglect my expressive range. In AMT, I explored deeper content through music that contrasted with this louder style as a trombonist, and I began utilizing a softer style in songwriting as well. When clients at my clinical placement brought in similar content, I felt I was better equipped to hold the space through my own presence and music.

The first original song I have written, entitled Brain Kite, is based on an AMT improvisation. A video of its first performance, which was given just before the final recorded session, is available here:

<https://drive.google.com/file/d/19XmDBIvP0VV7mCj278bp8cxrhmR1fgC5/view?usp=sharing>

The performance felt like a significant personal achievement as it was my first time performing as a songwriter, soloist, and guitarist. Brain Kite was the first of a string of songs I have written that were supported by my AMT process. The chords for Brain Kite were improvised in my home and then brought into a session improvisation where the music was then expanded on. After any improvisation, we would sit with or step back from the content. By sitting with the content and choosing to interpret the intuitive or body perspective of the music, the improvisations felt more meaningful and closer to me. Early in therapy, it was easier for me to step back from the content and consider the concrete musical aspects of the improvisations. By

considering the musical aspects first, I both removed myself from the difficult emotions I may have been experiencing while also developing a clearer understanding of the music. When reflecting on Brain Kite, I pointed out the objective musical qualities such as the slow tempo, the repetitive chord progression, my limited technique on the guitar and my vocal qualities. The therapist then encouraged me to reflect specifically on what the musical devices meant *to me*. As I considered the deeper significance of the music, the relationship between myself and the music became clearer and continued to develop in my conscious awareness over time. I eventually created lyrics at home and eventually brought the completed piece back into session for further interpretation.

At the time, I felt I was growing a deeper sense of self-trust as well as acceptance of my expression and personal nuances, which is reflected in the song's opening lyrics. When I sing the piece, I feel strong, calm, and safe. To me, the music is sobering and earnest. These qualities reflect a side of myself that was not readily accessible prior to AMT but was nurtured and grew through my process. As I recognized the song's importance to me and continued to reflect in AMT, I found greater value in my ability to use music to support processing. I also became more open to deeply discussing content with the therapist, whom I grew to trust more readily. Her support and our relationship provided a context for me to understand various, less accessible aspects of my personality.

Attending to Others

In moments of vulnerability, it was important to recognize the consistency of our relationship and the mutual aim we had agreed on. As I opened up to experiences of vulnerability, the therapist encouraged me to sit with it and be okay. The relationship and the aim

of the therapy supported resolutions of these feelings of vulnerability into confidence or safety, as well as deepened understanding of myself. Together, we acknowledged difficult feelings of guilt, shame, and helplessness with care. In my own work as a therapist, I found that I was able to step into a supportive role with a stronger sense of authenticity, empathy, and confidence.

An original poem, entitled *This Body*, was inspired by a pre-verbal young client who entered the therapy room crying one day. In the experience that followed, I recognized a heightened consciousness that I feel I owe to my work in AMT. The poem describes the significance of tuning into my body and the physical presence of my clients.

This Body

When I feel it

I know I'm there. Aware.

When I brush off a cymbal with you

When I catch your smile fade as I turn away

When I hold a breath in tight

When you tell me "It's

o

kay."

In me

I see you so much clearer

and I can feel it.

The young client came into the session with tears streaming down his face, slouched posture, and low energy; he then collapsed onto the floor in tears. I matched his energy with my own body, slouched over and frowned, and then interpreted the energy with my music. I felt a strong sense of presence in my body that seemed similar to what I felt during embodied music-making experiences in AMT. I felt a sturdy sense of groundedness in my breath similar to the way I was connecting to the sensation of breathing in my AMT sessions. My voice felt whole and nurturing in my chest as I sang to the young client. After I sang an ascending perfect 4th, he slowly repeated the lyrics “it’s okay” back to me and continued to calmly raise himself off of the floor.

This next original song, entitled It’s Okay, includes the same perfect 4th we sang, uses my musical preferences and style, and reflects on many of the themes I experienced in my own process. A video of the song’s performance is available here:

<https://drive.google.com/file/d/1fjOIdyoEo7DUCMyg3HGRgpPdX2mCaex/view?usp=sharing>

The opening lyrics “My feet and hands don’t listen to me/They put me in places I don’t want to be” describe the feelings of being disconnected from the body in moments where I am not able to be calm. I learned through my AMT process that connecting to the body presents me with an opportunity to restore a sense of calmness. When singing this song, I consider different sensations throughout my body, particularly the strength of my voice. As I tune into the senses, I feel grounded in my body. This song functions as a form of self-soothing, a practice that felt newer to me as I more consciously used it. I learned that when I feel unsafe, I am able to find a sense of agency towards feeling calm through music-making. Through this song, I recognize

how AMT experiences helped me to get in touch with my music so that I could use it to empower myself and my clients. With deeper awareness of my body, intrapersonal, and musical connections, I am more confident about using music in this way, therapeutically. It seems more readily available to me for intuitive and clinical use.

Listening Deeply and Moving Forward

The AMT process transcended, and continues to transcend, every aspect of my life. As Priestley's (1994) words helped explain, it is truly impossible to describe with satisfaction. The process was primarily one of listening deeply to the music inside of myself and in the relationship for perspectives that I was missing. With the therapist's support, I was able to explore and reconcile connections to different aspects of myself for growth and development. Many of those connections were guided by theories with which I identified in my training process; these theories influenced my professional identity.

As a final reflection on my process, I have written an improvisatory piece (see Appendix C). The piece is inspired by the style of Pauline Oliveros, a composer of experimental music I encountered during the course of my AMT work. The composition is also a reflection on Porges' polyvagal theory which has heavily influenced my thinking as a training therapist. It is divided into six instructions which reflect my way of considering a polyvagal perspective in music therapy. By engaging deeply with the provided instructions an artist may more deeply understand the experiences I had in AMT. The instructions guide the artist to freely explore concepts of safety, mobilization, and freeze, characteristics of the three components of the ANS which deeply influenced my perception of my process.

Discussion

Through psychodynamic therapy, clients use music to develop greater self-awareness, resolve inner conflicts, express previously blocked emotions, engage in self-expression, improve attitude, and grow healthier relationships (Hadley, 2002; Priestley, 1994, 2012). In the two components of the creative synthesis, I describe the different ways that my experiences in AMT supported these types of developments. Referential improvisations, interpretation, the therapeutic alliance, and the use of embodied music played a significant role in supporting my process. As I reflected on myself through these key concepts, I developed clearer self-understanding and an awareness of the relationships between my body, mind, and spirit. These developments extended outside of the therapy space as I learned to use music in an empowering way for myself. The growth I experienced could not be given an objective value, but is instead unique to my own health and subjectivity.

Self-Experience Perspective

Music therapists engage with self-experience for a variety of reasons (Chikhani, 2015; Gardstrom & Jackson, 2013). Self-experience of music therapy encourages a greater sense of self-awareness (Lindvang, 2013; Pedersen, 2013), promotes empathy development (Murphy, 2007), deepens the understanding of therapeutic concepts (Scheiby, 2001, 2013). The potential of experiencing AMT from a student perspective has been described as: deepening one's understanding of the "power of music-centered therapy"; growth in one's ability to establish a therapeutic relationship through music and verbal discussion; a stronger awareness of musical countertransference; and, greater awareness of the body "as an instrument" (Abrams, 2013; Scheiby, 2013, p. 216) My experiences in therapy support and are supported by this research.

Early in therapy, improvising seemed to put me in a state of flow and it became difficult for me to reflect on specifics of the improvisations. In these states, Csikszentmihalyi (2009) explained that a person is fully focused on an activity. I felt a great deal of energy that I wanted to put into the music and it was initially expressed so overwhelmingly and without clear understanding. I was focused purely on my need to express and, while it felt good to express, it was difficult to articulate the meaning behind the music and connect with the therapist. The mutual aim of the work, connection, emphasized this as a direction for the therapy. As Priestley (1994, 2012) explained, the AMT process is meant to build deeper connections to the music through the musical relationship. As we explored the boundaries, needs, feelings, and creativity within the relationship, I felt a stronger sense of self, agency, and presence in the music.

These processes also helped me to develop my understanding of intersubjectivity within a psychotherapeutic relationship. Harris (2019) wrote about how authenticity within a musical relationship can provide a deeper potential for growth. In my experiences, I constantly recognized the humanity of the therapist. I saw her willingness to be vulnerable with me, her technical limitations in music, and her acceptance. As she brought these aspects into the therapy space, I felt my own self-acceptance grow. The vulnerability we shared required a deep sense of trust in the relationship that cannot be accomplished in classrooms. Murphy (2013) wrote of the implications of dual-relationships and potential for harm in self-experiences facilitated in classroom settings.

The purpose of AMT, and psychodynamic therapy, is to gain a mutual understanding of the client's unconscious material so that they may reconstruct their sense of self (Bruscia, 2014; Cohen, 2017). As I connected with my music in my AMT experiences, I found many avenues for

development in this way. To me, interpreting the music seemed to be the clearest connective medium for developing self-understanding. The longer I interpreted the music, the more refined my self-understanding seemed to become. There was also the opportunity to interpret my body's responses, which Priestley (1994) would describe as music in itself. In this way, I projected my own musical perspective onto my body thus building a bridge to deepen my understanding of my mind-body connection. This musical perspective also began to transcend other aspects of my life. As I adjusted to this musical outlook, I noticed a deeper understanding of my internal world and of my relationships, through reflections and the experiences I shared with others.

My Professional Development

Experiences in AMT encouraged me to engage with therapeutic concepts with creativity and intuition. As the literature describes, these experiences helped me strengthen my professional identity concept (Pedersen, 2002; Scheiby, 2001). As my tendencies in the music became clearer to me, I became more aware of my musical transference and personality (Turry, 1998). This instilled a stronger sense of confidence related to clinical and intuitive music-making in a broad range of personal and therapeutic contexts. As I learned to use my music to better understand myself, I became better-equipped to use it with others in a supportive way.

My use of a body perspective in therapy was consistently developing through the process. This was influenced in two clear ways: by Porges' polyvagal theory (Porges, 2007) and the use of embodied music. I referred to these theories to better understand representations of safety and discomfort as they related to my musical experiences and the processing that followed. In my practice, I noticed myself using similar thinking with clients. This thinking encouraged a heightened awareness of the presence of my clients and myself.

As I experienced feelings of vulnerability in the therapy space, I developed empathy for the client role. In my process, I recognized: body responses of fear and safety, musical representations of my cognition and attitude, as well as ways of locating myself in mental health frameworks. This helped me to develop an intuitive understanding of what my clients may be experiencing. These ways of framing experience were the means of connecting with the experience of any of my clients. As I became more attuned to my specific health domains (physical, musical, intrapersonal, and inter/intrapersonal), I found that my concept of health is a highly subjective one. After my experiences in AMT, I strongly believe that every person has resources in each domain that they can more deeply understand and use. Through this acquired understanding, I now embrace a salutogenic approach to health (Antonovsky, 1979).

Considerations Regarding The Study

One aspect which limited this study was the influence of the thesis itself on the therapy process. Since therapy is on-going, I had to decide which sessions I would feel comfortable including in the study and if my researcher-perspective had impacted the experiences I was having in a negative way. I chose to permit the inclusion of sessions I was having while writing the proposal for this study up until I began reviewing the recordings. This influenced the content of the sessions by shifting my awareness in the last six sessions to increasingly consider growth and competency development. I believe these considerations positively affected my view of my work in AMT.

AMT is not a widely available therapeutic modality. There are only a handful of AMT practitioners globally, so access is limited. I consider my ability to receive AMT a costly privilege, as well. It is strongly recommended that clients continue therapy consistently and for

extensive periods to obtain the true benefits of this process-oriented model. While services were provided to me on a sliding scale, the cost of receiving AMT over the duration of the study, approximately 18 months, was not covered by insurance. This required financial planning and stability that is not readily available to all students.

An additional limitation is related to the influence of a particular lifestyle change I encountered during therapy. In the summer of 2019, I began an intense self-care practice called the Wim Hof Method (Wim Hof Method, 2020). This method uses breathwork, calisthenics, and cold exposure as a daily routine to achieve holistic growth. Through this method, I have experienced growth which is similar to what I experienced in AMT. It is likely that experiences in AMT were supported by the awareness and growth I gained through the Wim Hof Method. However, I believe my work developing body awareness in AMT laid the foundation for me to find and commit to this method.

Implications for Music Therapy

There is existing evidence which supports the importance of self-experience for therapists (Abrams, 2013; Doak, 2019; Hesser, 2013; Murphy, 2007; Pedersen, 2002, 2013; Priestley, 1994, 2012; Scheiby, 2001). Although there is evidence supporting the competency development for training therapists who seek personal therapy, it is not required for therapists training in the United States (Hesser, 2013). Regardless of the potential benefits, there are ethical dilemmas related to graduate programs requiring personal therapy for students (Murphy, 2007). To this author's knowledge, personal music therapy has not been explored in the way this study examines it, from the perspective of a music therapy graduate student experiencing personal AMT. By experiencing music therapy for myself, I was able to learn about the processes of an

advanced model of music therapy, develop my own awareness, and how my own personal process may influence my practice. I also fully experienced the client role and developed empathy through my experiences of vulnerability in AMT.

Through the theme relationships, more specific benefits were articulated including: development of individualized self-care, recognizing needs through heightened awareness, building an understanding of transference/unconscious material, connecting with visceral feelings, improving self-confidence, defining attitude and outlook patterns, and building an understanding of my sense of presence. Through the theme relationships, I was also able to define my unique music therapy philosophy and professional identity.

Future Research

There is a gap in existing literature regarding the relationship between personal therapy and professional development of music therapists (Chikhani, 2015). This study may illuminate connections between therapy and development, but further research could develop an even deeper understanding of this relationship. Additional future research could explore:

- The specific ways music therapy graduate students benefit from experiencing the different advanced models of music therapy.
- How music therapy graduate students are currently developing awareness of musical countertransference.
- How other students benefit from AMT.
- How music therapy students shape their professional identity.
- How music therapy students perceive self-experiences in graduate program settings.
- How engaging in heuristics may benefit music therapy graduate students.

Conclusion

This heuristic inquiry has shown how AMT encouraged connections through music experiences that broadly impacted my self-understanding, awareness, and sense of presence. These experiences, facilitated by my therapist, reflected on the dynamic relationships between my body, cognition, music, professional identity, and the therapeutic relationship itself. By investigating my own experiences through a heuristic exploration, I have deepened and enhanced my understanding of my psychotherapeutic process and the potential for future psychotherapy experiences. Similar to my therapy, where I interpreted aspects of the music, heuristics encouraged me to reduce the AMT experience to components to understand the greater holistic essence of the experience. By engaging in the research through heuristics, I maintained a connection between myself and the data in my response to the question. As a student, client, and researcher, connections were made between my process, personal life, and professional identity. Although the discoveries made during this process were unique to my experience, there are connections between my process and related literature.

The vulnerability I experienced in the client and the researcher-participant role was humbling. As someone with an interest in conducting research in the future, the writing process for this study showed me how important it is to have deep motivation to capture the client experience accurately and with sensitivity. Engaging in research concerning my own therapy process required patience, understanding, and openness that I hope to bring into other aspects of my work. I strongly recommend extended self-experience in AMT for any student or professional seeking to deepen their self-understanding of self through music.

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Appendix A

Theme Relationships Experienced in AMT

Theme Relationship	How did the themes relate in therapy?
1. Connection ↔ Body Awareness/Self-Care	Connecting with the body through music experiences; tuning in to body cues for increased awareness of needs.
2. Connection ↔ Musical Awareness	Connecting with musical identity, tendencies, preferences.
3. Connection ↔ Intrapersonal Awareness	Connecting with cognitive processes, sense of presence, attitude, and self-image.
4. Connection ↔ Professional Development	Connecting with professional identity, therapeutic values, acceptance of theory, style, and empathizing with the client experience.
5. Body Awareness ↔ Intrapersonal Awareness	Connecting body cues and symptoms with cognitive processes. Strengthening the mind-body connection.
6. Body Awareness ↔ Musical Awareness	Engaging with music from the body. Reflecting on body sensations to identify tension and comfort in the music.
7. Body Awareness ↔ Professional Development	Integrating a body and polyvagal perspective (Porges, 2007).
8. Intrapersonal Awareness ↔ Professional Development	Recognizing areas of vulnerability. Experiencing the client process and the importance of a safe, trusting, and open therapeutic alliance.
9. Musical Awareness ↔ Professional Development	Awareness of musical transference, intersubjectivity, clinical intent and intuition in improvised music.
10. Intrapersonal Awareness ↔ Musical Awareness	Connecting the headspace with musical aspects and vice versa.

Appendix B

My Maybe Functional Kinda-Emotional Oddly-Developed Expressive Stanzas

An Exercise for Understanding a Developmental Model

Stanza 0 (stuck): i...

Stanza 1 (*Calmly* hmm?): i see it, what can i do? i'll sit and listen, please don't ask me to do anything.

Stanza 2 (there you are): *you* put it there? What's that got to do with me? What? Do something, anything. Ah! Too loud, too sharp. Ah! Go away.

Stanza 3 (back to me now): Well give it to me! I want it. Can I just grab it? Well I'll try that then. It's shiny and when I slap it I like the sound and the way you smile. Do it again. Do it or I'll get mad, watch me.

Stanza 4 (sharing): If I smile any wider, my face may split -- this is amazing. Alright, I'll play the cymbal, I could, would, and should do this all day. You make everything more intense with the violin -- ah! When will it resolve!!... Oh thank goodness. Geeze, you're great, I hope this never ends. What -- we're done for today? No!

Stanza 5 (the imagination): I want to play the cymbal again. You play the violin. Like we're big whales, please get it right. Wait not like that, like this -- yes, that's much better. Alright, I'm going to crash the cymbal really loud, wait for my cue. And that's when I breached!

Stanza 6 (clearer now): Wait, maybe we can try something else. Can we try it together? Seems like you're okay with it, great. Which instrument do you want? Hapi drum, huh? Alright, let's call this... "The Ocean". Alright, so this ocean disc... now I'll sing like the whales... yes I think that sounds really underwater. Keep going please.

Stanza 7 (considering others): Do you think this is a good idea? I know you might not, so we could try something else. But, this is really fun for me so if you don't want to keep singing like whales I may do that later with someone else or by myself. It's really up to you, I'll try not to be upset.

Stanza 8 (compromise): Oh, so it's the neighbors that you're worried about. Maybe we can sing like quiet whales? Do you know which whales are quiet? Or we could just play the ocean drum and figure out some other animals to sing like. Or we could just do something else.

Stanza 9 (so who am I?): Geeze, I'm really into whales aren't I? Other people definitely aren't into whales as much as I am. You want to know why I like whales so much? I love the way they breach -- it makes breathing such an important event. They're so big but they move so gracefully, how can I be this big and clumsy?

Stanza 10 (family, my people): And they swim in groups. Did you know whales dance with each other? No one knows why but they do. They dance with their loved ones just because they love them, just like my family at parties. Whales sing too, just like we do. They have their own songs, just like us -- I love our songs so much.

So what do you think -- should I make new songs? I think I might, but I'm trying to figure out what they'll sound like. What do I want them to sound like? Hmm... How much time do I have?

Appendix C

Music From a Polyvagal Perspective

- 1) Record yourself.
- 2) Through any instrument, including the voice:
 - create safety. Once this has been established, introduce a calm sense of creativity and play.
 - create risk. Once this has been established, express confrontation and negotiation.
 - express movement. Once this has been established, introduce competitiveness and a curious sense of drive.
 - express fear. Once this has been established, express fight, flight, or concealment.
 - express rest. Once this has been established, create a deeper sense of relaxation and healing.
 - express shock and freeze. Once this has been established, increase tension.
- 3) Stop the recording and listen deeply.
- 4) Listen again but now, while you listen: reflect on connections you can make between the music and each of the 6 prompts.
- 5) Repeat next week.