

**Becoming a Music Therapist:
Professional and Personal Growth
of a Master's Student**

by

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BECOMING A MUSIC THERAPIST:
PERSONAL AND PROFESSIONAL GROWTH
OF A MASTER'S STUDENT

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Abstract

To honor and integrate what I have learned in graduate school, this paper presents an exploration of my clinical foundations, professional development, and paths for future growth as a music therapist. As I have traditionally connected with academic pursuits, writing a paper outlining my graduate school journey in music therapy feels satisfying. However, part of my journey has been reconnecting with my own musical identity and developing my identity as a music therapist. For me, it is difficult to encompass all areas of growth with only words, and thus I have composed a piece of music that mirrors my development. This musical composition became the lens in which I examined myself, and illuminated important aspects of my personal and professional development. The journey to becoming a board-certified music therapist has impacted my life and identity on multiple levels; completing this paper and piece of music serve as ways to integrate what I have learned and honor my new identity.

Keywords: professional development, personal development, music therapy

Becoming a Music Therapist: Professional and Personal Growth of a Master's Student

The most looming task I have encountered in my four years as a music therapy graduate student is the creation of this master's thesis. I had mentally framed the thesis as the shifting point from student to therapist, and equated passing as the sole symbol of my readiness to enter the field as a working, board-certified music therapist. In viewing this project in that light, I created unnecessary anxiety and struggled to begin writing.

In the time that I have taken to write this thesis, I became a board-certified music therapist and began work full time at a nursing home in upstate New York. As I reflected on my time as a music therapy student, my foundations as a music therapist, personal and professional growth, and future areas of growth, I realize that, to me, the thesis is more than a final task I must accomplish to "become" a music therapist. I believe I have a better understanding of the importance of the thesis as a way to demonstrate competence and readiness as a master's level music therapist, but now also view it as an exploration of myself and a way to communicate my growth in and understanding of the profession.

I intend to use this paper to further synthesize my learning as a student in order to improve my work as a music therapist. I hope that by using this time to solidify and detail my clinical identity, I contribute myself to the field as a knowledgeable, self-aware, working music therapist. I highlight key theories, academic concepts and area of growth that I believe communicate my readiness to work as a master's level music therapist, but also explore personal areas of growth.

Often, I felt stuck in the academic world, but when I began to open myself to personal growth, I noticed the my knowledge flourish. I believe that in offering personal insights, I might

remind the reader the importance of personal growth and reflection, which I believe are essential aspects of being a music therapist. This might inspire some to reflect on their own journey, and in turn, create more self-aware music therapists.

Many of the lessons I learned as a student created a sense of vulnerability; I struggled often and felt isolated a times. I hope that presenting my exploration of these tender areas will remind supervisors and teachers of their student's experiences, which could be tense and confusing. Working in a human service field exposes aspects of our own humanity, and I hope that other students will have the support that I had in my journey. It is also my hope that future interns embrace personal work to support their clinical identity development.

I have created a piece of music in tandem with this paper. Experiencing myself within the context of music has been exciting to me, and helped me reach a deeper understanding of myself. This parallels the use of music within the therapeutic context; I explore myself through music, similar to how music therapists help others explore themselves through music. I feel better prepared to step into the work, as I now have personal experience with utilizing music as a means of self-discovery. I believe that the process of creating the musical work allowed me to reach a deeper understanding of my professional development, and subsequently detail these areas in this paper.

Theoretical Orientation

A significant part of becoming a music therapist is developing clinical identity rooted in philosophy. As a music therapist, I most closely identify with psychotherapeutic and music-based approaches to music therapy. My personal approach integrates aspects of humanism, community music therapy, music-centered music therapy, and integral theory. While

I remain flexible and open in my approach, these ways of practice resonate with my personal identity, and shape who I am as a music therapist.

Humanistic Psychology

The foundation of my clinical approach stems from my previous experiences as a music education student. Prior to starting the master's program in music therapy at the State University of New York at New Paltz (SUNY New Paltz), I earned my Bachelor of Science in Music Education from the College of Saint Rose and became a New York State certified music teacher. During that time, I learned about humanistic psychology while taking undergraduate education psychology courses. I was immediately interested in humanistic approaches. To me, it felt like a "common sense" approach; it enveloped how I view people and how I view wellness.

As I started my journey in the music therapy master's program, I was pleasantly surprised to again learn about humanistic psychology. I found it interesting to view the framework through the lens of a therapist, rather than as an educator. As a music teacher, I was encouraged to build my own educator identity, which proved challenging as I stepped out of the learning environment and into the field. In reality, the music teacher works within a larger school system, and is impacted by the needs and requirements of the school environment. Thus, the identity of the music teacher may be influenced by the systems in which she is teaching. Many schools utilize components of behaviorism in their approaches. Personally, I do not connect with this approach in my identity as an educator. Rather, I resonate more fully with the humanistic approach to interactions. I feel that I am more able to fully embrace tenets of humanism when I am not bound by the constraints of being a public school educator.

Humanistic psychology is a perspective that emphasizes the whole person (Rogers, 1961). Rather than examining the individual's behavior on the surface, humanistic perspectives look at the person's internal world, and suggest that the person's feelings, beliefs, self-image, cultural experiences, and perceptions impact the way a person acts and reacts (McLeod, 2015). The Association for Humanistic Psychology (2014) highlights basic assumptions of humanism: the individual is seen as a whole person rather than defined by a clinical diagnosis. I value the compassionate, empathetic nature of humanism, and incorporate this into the way I view my clients. By continuously respecting each client's autonomy, I feel I am able to more fully develop the therapeutic relationship.

As a music therapist, the humanistic approach is integrated into my practice in that it helps me connect with clients and guides my therapeutic decision-making. For example, humanism utilizes Maslow's (1943) Hierarchy of Needs. At the bottom of the pyramid of needs are psychological needs. Building upwards are safety, belonging, social needs, and finally, self-actualization. Music can be used to create a sense of belonging and address social domains through group playing/singing experiences, improvisations, and guided meditation experiences with live instrument accompaniment. Music experiences also aid in self-actualization, which Maslow (1943) defines as a person realizing their full potential as a human. In music therapy, a client might write songs, improvise, or re-create significant songs, revealing aspects of their internal world and helping them achieve a deeper understanding of their identity.

One of my favorite aspects of humanism is the concept of unconditional positive regard. Rogers (1977) states that unconditional positive regard is the belief that each human has a right to autonomy and should be treated with respect. These ideas resonate with me deeply, even

outside of the music therapy context. To me, humanism emphasizes being in a respectful relationship with other person. Focusing on this area allows me to create a powerful, trusting bond with a client.

The humanistic approach also embraces the creative process, which Rogers (1961) defines as “the emergence in action of a novel relational product, growing out of the uniqueness of the individual on the one hand, and the materials, events, people, or circumstances of his life on the other” (p. 350). Roger’s definition of creativity acknowledges the product created, which in music therapy, would be the music, and points to the relational nature between the individual and their environment. Rogers highlights the importance of the creative process as part of being a human, and I think this naturally pairs and supports music therapy. Music-making experiences encompass Roger’s ideals as the music therapist and client work together to create music for wellness.

I currently work at a skilled-nursing facility in upstate New York. Although it is not a hospital setting, the facility closely follows a medical model. I see a humanistic approach emerging in current medical practices. Each of my workplaces and internships utilize a patient-centered care approach. This approach allows the individual autonomy in decision-making related to their medical care, and focuses on emotional support in addition to addressing physical wellness (Institute of Medicine, 2015). The main tenets of humanism, especially respecting a person’s autonomy, are essential facets in empowering others to create change and achieve wellness. Humanism is at the core of my music therapist identity, and ripples through each perspective and approach I utilize in my practice.

Community Music Therapy

Community music therapy (CoMT) emphasizes cultural experiences, contexts, and empowerment (Pavlicevic & Ansdell, 2004). With this perspective, music therapy has the power to create multi-leveled change, stemming from the individual to their microsystem, such as family and peers; exosystem, such as their neighborhood, school, or work environment; and to the macrosystem, which encompasses culture, laws, and economic systems (Crooke, 2015). It is an approach that seeks to humanize the experience of being in medical or psychiatric facilities, where many music therapists work. Normalizing increased needs and alternative living situations for clients in music therapy is important to me, as I have witnessed how the stigma surrounding these needs negatively impacts individuals. Prior to beginning my master's degree, I worked as a residential counselor in a network of group homes for adults with severe mental health disorders. After that, I began work in the recreation department of a skilled nursing facility. At both of these jobs, I was made aware of the importance of creating a safe, normalized environment within which individuals can stabilize, thrive, and grow. When considering CoMT, I am reminded of how important having a safe community is for people with increased needs.

Ruud (2010) also emphasizes music as a powerful tool to help individuals reconnect with self-expression and personal identity. Again, I think back to my work experience, and how important it was for the individuals in the group home and nursing home to feel they were being heard. I feel I can identify with this struggle to be heard and understood. Especially in the first part of my graduate school journey, I did not feel that I had a strong sense of personal identity, which caused me stress and confusion when trying to connect with others in an authentic way. As I will discuss later, music became a powerful tool for my personal development. I feel that

when I experienced music in this way, CoMT grew to be an essential part of my clinical foundation.

Before starting my academic music therapy journey, I did online research to learn more about the profession. I remember reading multiple statements suggesting that “music is a universal language.” I understood the intent with these statements, but this idea never sat well with me. When I began to learn about CoMT, I understood why this caused me discomfort. CoMT asserts that music is intertwined with culture and context (Pavlicevic & Ansdell, 2004). Understanding music therapy from a CoMT approach requires me to learn about each client’s cultural background and experiences, and then tailor music-making opportunities to best suit their individual needs. Although music is important in numerous cultures, music is used in many different ways, played in many styles, communicates struggles, and unifies people through shared experiences. This aligns with my personal belief in the contextual nature of music and music experience. I think that these are important considerations when using music to its full potential, and highlight the importance of CoMT.

One of the most apparent influences of CoMT principles in my clinical foundation is my drive to frame clients as artists and to provide ways for them to feel empowered (Pavlicevic & Ansdell, 2004). For example, in my work as a music therapist in a skilled nursing facility, I facilitate a chorus comprised of older adults with a wide range of physical and cognitive abilities. Unlike traditional singing groups in a music education context, my focus is not on performance or ability. Rather, I strive to create experiences during which my clients can see themselves and be seen by others as capable musicians. In my experience, this not only impacts the clients’ self-images, but the impact moves outward into how they are treated and viewed by other staff

members. Based on the principles of CoMT, this change in perspective shifts outwards even further to the way older adults are viewed by the general public. As I continue to step into the work as a practicing music therapist, I think that my application of CoMT principles will continue to grow and guide my professional identity.

Music-Centered Music Therapy

Music-centered music therapy has been one of the most surprising influences on my clinical foundations. In music-centered music therapy, music's role in therapy is essential, rather than merely being a tool for a non-musical ends (Elliot, 1995). The therapist, client, and music work together in tandem to achieve a deeper sense of wellness for the client. During my first class of graduate school, Introduction to Music Therapy, I initially felt uncomfortable with music-centered music therapy. There were components with which I connected, such as the importance of the process of creating music as greater than the product itself (Aigen, 2015). As I will detail when exploring my professional development, I was not identifying myself as a musician at the start of my graduate school career. This was a result of negative experiences faced throughout high school and while obtaining my bachelor's degree in music education. Once I began to reconnect with myself as I musician, music-centered approaches to music therapy began to make sense.

The moment I realized that I might be viewing my work from a music-centered standpoint was whenever I heard the phrase "use of music to address non-musical goals." I encountered this phrase in classes, music therapy websites, and at music therapy conferences. Each time I heard it, I felt an unsettled feeling in the pit of my stomach as I wondered if there was something unique to music itself. In my music therapy master's program, I learned about

Aigen's (2014) philosophy of music-centered thinking, as based in the work of Elliot (1995).

Aigen (2014) clearly asserts that music is more than a means to a non-musical end, and suggests that musical processes, structures, and experiences are important facets of music therapy and are important in and of themselves.

As I reconnected with my own musical identity, I began to explore music-centered ideals, such as human beings having an inherent need for music experiences (Aigen, 2014). In exploring my professional identity through the lens of music-centered music therapy, I am connected to the reason why I was drawn to the profession of music therapy, rather than related professions such as verbal psychotherapy or music education. I believe in music's inherent ability to create connection and change, especially for individuals who have difficulties in these areas. Before studying music therapy, this was something that I felt I understood, but could not verbalize. I see music-centered music therapy as a way to explain and legitimize music's important role in wellness. This viewpoint fortifies my clinical foundation and allows me to connect with one of the most important aspects of music therapy: music.

Integral Theory

Integral theory is a philosophy that seeks to incorporate, or integrate, ideas from all other philosophical theories and orientations and merges humanity's external and internal worlds (Wilber, 2000). I view Wilber's (2000) integral theory as a way to encompass facets of multiple approaches while still maintaining integrity. At times, it feels confusing to embrace CoMT or music-centered music therapy when I also subscribe to psychological perspectives that are traditionally paired with verbal psychotherapy. Integral psychology intertwines concepts from multiple approaches and challenges the notion that one is more "correct" than others. It allows

me to think critically about the people with whom I am working and choose the best approach for each situation.

Wilber's integral approach is an amalgamation of multiple psychological perspectives (Forman, 2010). Forman suggests that integral psychology asserts that each of the main schools of thought in psychology are "correct" in some way, and that perspective is important. He stresses the importance of viewing the client's presenting "problem" from multiple angles and employing multiple strategies as main features of an integral approach. As I began to identify myself within this perspective, I had to re-visit perspectives that I originally discounted, such as behaviorism. Integral psychology actively challenges my notion of absolute truths, which I find exciting, yet difficult to digest at times.

Also important in integral psychology is transcendence (Forman, 2010). On the most basic level, Merriam-Webster (2019) defines transcendence as experience beyond our ordinary limits, beyond our physical being. This is a phenomenon I think about often in relation to music. Experiences of transcendence within music, both in my personal and clinical experiences, have impacted myself and world view. I recognize that I have experienced a transcendental state when I feel no need to put the experience into words. Personally, I feel these experiences are important, and this is affirmed by The Association of Transpersonal Psychology (2014), as well as Grof (1985), who also suggest that experiencing altered states of consciousness is a valid means of achieving wellness.

Altered states of consciousness and transcendence have existed in music for years. In jazz, musicians often explore and expand the idea of music through improvisation. Many of my peers and friends, who are jazz musicians, often state the importance of "playing outside the

self” as a part of jazz culture. Getting into a “flow” while playing with other musicians is a special part of jazz music (Monson, 1997). Integral theory integrates transcendental experiences, featuring different levels: pre-personal, personal, and transpersonal (Wilber, 2014). Stepping outside the self is humbling, and is a concept I feel is important to integrate into my clinical foundation.

Wilber’s (2014) integral psychology model is illustrated in his four quadrant map. Wilber highlighted four dimensions universal in human experience, which overlap to create a four quadrant figure. Wilbur delineates the quadrants as subjective, objective, individual (interior), and collective. The subjective-interior quadrant is the “I”, and values thoughts, emotions, memories, states of mind, perceptions, immediate sensations. The objective-interior, “it”, is where the physical body and tangibility are the most valued. The interior-collective, “we”, most values culture, shared values, meaning, language and relationships. The exterior-collective, called “its”, values systems, networks, government and our environment.

This notion was one of the easiest concepts in integral theory for me to grasp, because I could find my own values throughout the quadrants. In the graduate course, Foundations of Music Therapy, the class examined various music therapy approaches and located them in the quadrants: humanism and music-centered approaches fall in the subjective-interior quadrant, and CoMT in the collective interior quadrant. In this regard, I find a connection between the approaches I connect with as a music therapist and my core values. Using the four quadrants, typical medical practices can be located in the objective-interior. On the surface, this appears to be incongruent. However, practicing an integral approach allows a therapist to freely move between these quadrants and their tenets, following the presenting needs of the client.

Although an integral psychological approach energizes me, I am still learning to employ this theory clinically. As such, I continue to build an understanding of what integral psychology is and how it impacts my music therapy identity. As Forman (2010) stated, using integral psychology “can only be partially achieved by a person who has an intellectual grasp of the material” (p. 281). To me, this means that I need to learn and explore more about integral psychology so that I can feel confident identifying it as a principle influence of my clinical foundation.

My Growth as a Professional

I believe the most crucial piece of my growth as a professional was my personal growth and development. During my time in graduate school, specifically in internship, personal material surfaced as I stepped into clinical work. This made it incredibly difficult for me to focus on building skills as a music therapist, as I was overwhelmed with my internal world. I believe that in sharing my personal and professional growth journey, I make a case for the importance of personal development as part of a master’s student’s clinical development.

Reflecting on my growth as a professional has proven to be more difficult than I had anticipated. As I completed this paper after working full-time as a board-certified music therapist for nearly a year, I feel far removed from my student identity. Another factor that I did not anticipate is how personal and vulnerable it feels to write a paper about myself and that it will be critiqued as culmination of my master’s degree. It is challenging to be reminded of my struggles as a music therapy student when I am currently focused on moving forward and developing as a working professional. I hope that in sharing this journey, I support future interns who might experience similar situations.

As I reflect back on my professional growth as a student, I immediately think of my music therapy internship. I feel the most professional growth in my academic career occurred during my nine-month internship experience at a veteran's administration (VA) hospital in lower New York State. Here, I worked with a wide range of veterans, working in both individual and group contexts in the inpatient Substance Abuse and Rehabilitation Treatment Program, employment and housing rehabilitation domiciliary, Post-Traumatic Stress Disorder (PTSD) Treatment Program, acute psychiatric unit, chronic psychiatric unit, and two skilled-nursing units. The internship was rigorous, but it is through this that I feel I developed most as a music therapist.

Sweitzer and King (2009) outline five stages of internship. First is anticipation, where anxieties are explored and the student begins to build realistic expectations of the internship. Second, disillusionment, where the student reconciles their expectations and reality as they begin to face challenges. Third, confrontation, where the student begins to resolve inter- and intra-personal conflicts. Next is competence, where the student begins to solidify their skill set and abilities as a professional. Finally, culmination, focused on closure and transfer of skills to the professional world. Reading Sweitzer's and King's words after finishing my internship feels surreal, in a way, because I can easily trace my internship development through all five stages.

Before beginning my internship, my peers, in good faith, informed me that the placement at the VA hospital would be too challenging for me, as interns in the past struggled. I remember being told that it would be "too hard," because it was working with "difficult populations," and the clients were mostly "big guys." At the time, this information felt crushing, as I felt I did not have my peers' support in pursuing what felt like my dream placement. I often feel that I allow

others' opinions to have too great of power over me. I directly see how this caused me anxiety when starting the placement. Layered beneath external influences were my anxieties about not being "good enough" to be at this placement, and to be working within delicate trauma contexts. Early in the supervision process, I remember exploring this concept and acknowledging how fearful I was to make mistakes, as I thought I would bring harm to the veterans. I began processing my fear, essentially moving through the disillusionment phase, and I built an understanding of what my role would be as a music therapy intern. Processing my fear allowed me to achieve a greater understanding of how I, as a music therapy intern, could empower change for others. I began to view my role as a support and guide, rather than the primary agent for change in therapy.

In Sweitzer and King's (2009) third stage, confrontation, the student begins to resolve inter- and intra-personal conflicts. I feel I remained in this stage for a long portion of my internship. There are a few instances of interpersonal conflicts that arose in my time as an intern. While conflicts are common in the client-therapist dynamic, I noticed that conflict was a main source of change and growth in my own process as a student music therapist. One such unique moment occurred in a group session with the domiciliary (homeless) program. One of the veterans began aggressively accusing me of judging him for struggling with substance abuse. In the moment, I did not see a connection to the session's material, as we had not been speaking on this topic or addressing in the group. As I processed what was happening, I noticed that the veteran appeared to be seeking an exit from the group that day. Although it appeared his outburst was directly connected with a desire to leave, I had to check my own biases and accept that he had felt judged by me on some level. Because this was a group, I had to simultaneously protect

the group environment and monitor other group members, who became upset with their peer for yelling. Although I no longer remember details of the situation, this encounter reminds me of how new and scary conflicts felt at the beginning stages of my professional development.

Working in the field and navigating real client-therapist relationships was vastly different from the in-school experience. It was not until my internship that I felt I was able to navigate these conflicts on my own.

During the conflict stage of the internship intrapersonal conflicts also arise (Sweitzer & King, 2009). I feel certain that examining my intrapersonal struggles was one of the most essential processes of my development as a music therapist. My constant, blinding struggle towards perfection caused long standing internal conflict, and I am still working to grow in this area. When I spent energy attempting to create perfection at my internship, I began behaving inauthentically. I also became less focused, more forgetful and disorganized. During this time, my awareness was brought to the role anxiety plays in my life.

It feels strange for me to share that although I can remember struggling with anxiety for nearly my entire life, I never acknowledged it as anxiety until my internship. Previously, when experiencing symptoms of a panic attack, I told myself that it was related to another physical factor, such as allergies, lack of sleep or perhaps, uncontrolled, undiagnosed diabetes, which I do not have. I spent a lot of time lying to myself about anxiety, which caused a massive internal conflict that came to the forefront in my internship experience. I feel a tinge of embarrassment as I offer that information, but I offer it because I believe it is important for me to own my reactions and show compassion for myself as often as possible. I believe being open and honest in this area may benefit other people who struggle with anxiety.

Moving through this personal conflict felt like one of the biggest turning points in my personal development. Professionally, working through anxiety allowed me to develop critical thinking skills and remind me that I am dishonest with myself at times. Working through my issues in personal therapy allowed me to develop the capacity to move from my internal emotional world, into the objective, outside world, where I practice music therapy. It allows me to think more critically and objectively, which is a skill that transfers out of my personal context as well. Both my intra- and interpersonal conflicts allowed me to develop skills that I do not feel I could learn in a classroom setting. Re-examining Sweitzer and King's (2009) outline the Five Stages of Internship is comforting in that it reminds me of how my struggle as an intern is mirrored by many other interns. Although I felt alone at times, I now realize that many of the problems I almost let derail me were part of the natural process of being an intern.

Layered under and woven through my growth as an intern are the areas of professional growth related to the music therapy profession specifically. These include music competencies, strengthening foundations, reclaiming my identity as a musician, the importance of personal growth, accepting growth as a process and finding new tools. My overarching experience as an intern shaped me into a professional ready to enter the music therapy work force, but these specific areas stand out to me as being key areas of growth within my development.

Music Competencies

As part of a music therapy master's program, I was expected to develop therapeutic skills, musical skills, and build an understanding of the intersection of both of these skill sets. The American Music Therapy Association (AMTA, 2018) delineates professional competencies for a music therapist to accomplish before becoming qualified to practice, and eventually

becoming board-certified. Competency areas include music foundations, clinical foundations, and music therapy foundations. These areas were addressed academically in the classroom and through clinical experiences. Through practice, I noticed changes in both my therapeutic skills and my music skills.

The area in which I noticed the most growth is the use of my voice. Moisescu (2010) suggested that in utilizing the voice as a tool, the music therapist first requires an understanding of the mechanics of the voice. Then, therapists can begin to listen to what the client is verbally, non-verbally, or musically communicating, and utilize their voice in specific ways to communicate back.

At the beginning of graduate school, I felt unsure of and self-conscious about my voice and found it difficult to utilize it as a therapeutic tool. I understood the mechanisms of the voice due to my coursework as a music educator, I understood the use of subtleties to communicate through music therapy classes, and I believed in the voice's ability to bring the musicians into the transcendental field. However, I was not able to use my own voice to facilitate these phenomena. A disconnect between knowledge and application occurred. This disconnect was a common theme in other aspects of my graduate school career, which I will detail in future sections of this paper.

With practice and experience, I was able to bridge the disconnect between my knowledge about the voice and my own voice. I think that self-consciousness played a role in my struggle here, as well as lack of experience singing solo. More than practicing and singing in class, I noticed changes occur in my voice when I began playing and singing for enjoyment. I began to

notice things about my voice that I actually enjoyed, such as a dark, rich timbre in my chest voice, and felt I could utilize my strengths in sessions to build my confidence.

Musically, I noticed the strength and conviction of my voice improve. Through supervision, I also have gained an awareness of the way my voice responds to surfacing material in sessions, going higher and at times off-pitch when I'm feeling ungrounded. Prior to building awareness in this area, I had assumed this occurred because I was a bad musician. As I grew, I began to understand that there is often a link between my voice and what is unfolding in a clinical situation. Most often, if I begin to feel self-conscious or ungrounded, the pitch of my voice raises and my throat tightens, causing airflow to constrict. In the course of my clinical training, coupled with personal therapy, I have begun to become more embodied in my voice, which I notice both in and out of a music therapy session.

The most helpful tool I have found in becoming more embodied in my voice has been flute. This surprised me, as I previously struggled with my relationship with the flute, and did not play it for about two years after my undergraduate career. After my awareness was brought to feeling disembodied in my voice, I began exploring the use of flute to connect with my breath. Most often, I play long tones on the flute, then moved into slow improvisation, focusing on the sensation of my air/breath and the vibration of the flute resonating in my body. Low tones are especially helpful here. When I took time to reconnect and rebuild my relationship with the flute, it emerged as a way to build feelings of groundedness and helped me become more embodied in my voice.

Throughout my academic career, I have noticed a considerable difference in my instrumental skills as well, most notably guitar. As a classically-trained flautist, I struggled to

learn to play the guitar. Due to my years of training in flute, I am more comfortable with wind instruments, and guitar has always felt foreign and less intuitive. At the start of graduate school, I had a rudimentary understanding of how to play guitar from watching Youtube videos and looking at chord charts. I had only played in the safety of my bedroom, and one of the first times another person heard me play guitar was at my graduate school audition. Oddly enough, I feel that even in my first stages of learning guitar, I was able to create an air of false confidence that allowed me to move through my auditions and first music therapy classes. I remember living by the motto, “fake it ‘til you make it,” and knew that I needed to address this technical deficiency in order to use guitar clinically.

I have often used journaling as a means of self-expression and as a tool for processing and coping with many challenges. In a journal entry written early in my graduate school career, I lamented my struggle with the guitar. Dated October 2016, I wrote, “Will I ever learn to like this wretched instrument?” Thankfully, the answer was yes. Through his guitar training manual and in his Advanced Clinical Guitar class, Professor Rick Soshensky opened my eyes to the use of guitar as a clinical tool in a way that was attainable at my skill level. He made learning the instrument manageable by giving me tangible goals. Although there are numerous practical tools and applications of the therapeutic use of guitar, three stand out to me: leaving space, use of tension, and musical modes. Soshensky (n.d.) highlighted the importance of leaving space in the music by not continuously strumming. Inspired the Nordoff-Robbins (1971) approach to music therapy, Soshensky also suggested the use of tension, such as through diminished and augmented harmonies, as a means of matching the client’s internal world and moving the music, thus inspiring movement within the client.

Another aspect of advanced clinical use of guitar Soshensky offered is the use of musical modes. I began experimenting and improvising on my own and in class until I felt comfortable using these ideas in a session. I truly did not believe that it could be so simple, that through practice and time I would become more comfortable with using the guitar clinically. Having experienced the results first-hand, I am more motivated to continue learning and growing as a guitar player.

Not only did I develop more practical skills on the guitar through classes, lessons and practice, I have also learned its value as a tool for grounding myself as a music therapist. The vibrations of the guitar's body as I play, snug up against my body, became a valuable resource when I needed to ground myself in sessions. Songwriting and improvising on guitar has also become a tool for self-care, which I would not have believed about myself at the start of graduate school. I notice that I reach for my guitar in my free time, and enjoy experimenting with improvisation. I consider playing guitar one of the most noticeable and tangible areas of growth throughout my academic career.

Strengthening My Foundations

As I began practicing music therapy as a student through internship experiences, I developed a concrete understanding of my philosophical orientation. When building my clinical identity, I began to use the concepts with which I identified to ground myself in the music therapy work. These ideas became more tangible when practicing music therapy in a clinical environment; in this context, I was able to use the concepts of humanism, music-centered music therapy, CoMT, and integral psychology to guide the way I work. In classes, I felt strongly connected to these philosophies, but I did not fully understand how they impacted my clinical

work and the way I practice. Gaining experience in this area was a key factor in starting to view myself as a music therapist.

In my first class of graduate school, Introduction to Music Therapy, I learned both the AMTA and Bruscia's (2014) definitions of music therapy. I found Bruscia's (2014) definition especially inspiring, "Music therapy is 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). Here, two elements stand out to me: reflexive process, and the relationships created through the music experiences.

I remember feeling as though the relationships formed in music were a safe zone; I had an understanding of, and had experienced, the way music facilitates relationships outside of the clinical context. Many of my friends are musicians, and I have played in numerous ensembles throughout my high school and undergraduate career. Although many of my solo, flute-related experiences were full of anxiety, I also had many positive music experiences that helped me see the way music facilitates connections between people. In ensembles, I saw how music-making experiences, such as learning pieces together, hearing each other make mistakes, learning to breathe and phrase together, participating in shared opportunities for self-expression, and feeling the accomplishment of a successful performance created a sense of community. When playing with friends, I saw how easy it was to enter the shared space of music and feel a sense of freedom and safety through an enjoyable, shared experience.

Even prior to starting my music therapy journey, music to me was mainly about being in relation to others. Since I began to study music therapy, I have grown into a deeper and richer understanding of relating with others interpersonally, and on a level that was unimaginable to me

at the start of my journey. When stepping into the role of music therapist, I try to remember the special connections music facilitates and focus on finding ways to build these connections between clients and myself. I consider group-playing experiences that have a pleasing aesthetic quality to be important in many group settings, as they offer the opportunity for people who identify as “non-musicians” to feel the connections and power of music. As I have developed as a music therapist, I continue to build a deeper understanding of the role relationships formed within music play within the music therapy process.

Although I felt I had a general understanding of the concept of therapeutic relationships, I remember feeling that being reflexive was foreign. Bruscia (2015) defines reflexivity as “the therapist’s efforts to continually bring into awareness, evaluate, and when necessary, modify one’s work with a client - before, during, and after each session, as well as at various stages of the therapy process” (p. 88). Therapists are responsible for moving between their own internal world, and the client’s internal world.

At the start of my music therapy academic coursework, I equated reflexivity as being flexible, and I could not understand why that was not correct. As I continue to move forward, my music therapy “map of understanding” continues to fill in. I see how reflexivity is an essential feature of an integral approach to therapy. This goes beyond my rudimentary understanding of reflexivity as being flexible. Bruscia (2015) notes that the therapist can practice reflexivity through self-observation, self-inquiry, collaboration with the client, consultation with others, and supervision. I personally found these suggestions to be helpful, and I used them as guides to develop reflexivity in my music therapy practice.

Self-observation and self-inquiry, as outlined by Bruscia (2015), took me the most time to solidify in my own clinical development. I naturally gravitated towards these concepts as resources in my student clinical work, but I believe that when first exploring self-observation and self-inquiry, I was never fully honest and authentic in my expressions. Many times I felt paralyzed by the need to be “perfect” in my academic and clinical work, which impacted the way I viewed myself. I wanted my work to be flawless because I directly connected the quality of my work with my self-worth. I believe that I began moving through this by getting feedback from teachers and supervisors I respected during my academic career. Once I began to listen to others and notice positive changes in my work, I developed the capacity to observe myself in a more objective and helpful way. As I begin to disentangle personal reactions with self-reflection, I feel I am better able to acknowledge and address areas of growth. Learning to let go of the concept of perfection is difficult for me, and still challenges my ability to practice reflexivity.

Bruscia (2014) suggests that the therapist consider goal integrity, method integrity, client progress, self-awareness, situating the self and client, and using a well-informed and ethical practice in order to maintain reflexivity and integrity in their work. As I am new to practicing music therapy, managing these elements can feel overwhelming, and I often feel that I am forgetting or neglecting certain aspects, such as goal integrity, in my work with clients. I noticed as I look back at past assignments for academic courses, that a large portion of the feedback in my clinical work was directed towards integrity or goals, methods, and assessing client progress. I remember often feeling overwhelmed when working as a music therapy intern, especially when session planning and completing initial assessments. Now that I have perspective on clinical work, I think that a large portion of my confusion stemmed from a lack of intention.

One of the most valuable questions I have learned to ask myself is: what is the point? When I first began session planning, I felt that I was choosing methods based on what I was comfortable with, rather than what was the most clinically indicated for the individual or group. If I “take a step back” to clearly identify the goal and reason I might offer a particular music experience, I am able to work and plan with more integrity. I am learning that development in this area will not be instantaneous, and it is important to acknowledge growth, no matter how small.

To ensure that I am practicing reflexivity, I try to be as organized and objective as I can be when working with clients. This is still challenging for me, as I tend to value subjective material, such as instincts and feelings, which are not always the most helpful. I noticed the most growth while receiving supervision during my internship. Having a supervisor help me be accountable in remaining objective was helpful in developing a supportive, yet critical, internal voice to guide my clinical decisions. Part of practicing reflexivity is looking at the work with honest eyes, and this is a skill I am still developing.

Bruscia (2015) also asserts that examining countertransference is another facet of a reflexive practice. In aligning with a psychotherapeutic perspective, opportunities for learning about and utilizing countertransference often arose in my graduate school career. In psychotherapy, countertransference is understood as the emotional reactions of the therapist in relation to the client’s reactions to the therapist (Freud, 1974). Countertransference responses present among a spectrum of emotions, such as wanting to protect the client, or even resentment towards the client (Cartwright, 2011). Countertransference is a deep and complex web of responses that fuel the therapeutic relationship.

Multiple author-therapists, including Bruscia (1998) and Alexandris (1992), suggest that countertransference can be a useful therapeutic tool, as the therapist acts as an active participant of the therapeutic relationship. Utilizing countertransference can benefit the therapeutic relationship, providing an opportunity for the therapist to reflect upon what the client might be feeling about the therapist or the material that is surfacing. In practice, most therapists hold that countertransference is a tool to build a deeper understanding of the client (Bruscia, 1998).

Bruscia (1998) detailed multiple ways of uncovering and working with countertransference. He noted three levels of working with countertransference: recognizing, uncovering, and working through. In my experience, I was often able to recognize countertransference in a session. Although it was in my awareness, there were deeper rooted issues embedded in my unconscious brain that I needed to excavate before being able to utilize the reaction in the context of therapy. In this sense, I often felt as though I got stuck in the countertransference and struggled to use it therapeutically.

From my academic coursework, I had a rudimentary understanding of transference and countertransference. I could easily regurgitate material, but I did not feel like I had a true grasp of these concepts until I experienced them. Sometimes, countertransference felt manageable, other times it felt scary and uncomfortable.

In one prominent countertransference experience from my internship, I had an intense personal reaction while working with an individual client who had developed romantic feelings for me. The elicited transference and countertransference responses impacted our therapeutic relationship, and proved to be distracting to our work together. Consequently, I began working

with my countertransference in supervision and therapy. Although it was a difficult experience, it undoubtedly spurred a great deal of personal and professional growth for me.

In this experience, I again found a disconnect between academic knowledge and clinical application. I was aware of and could define countertransference, but had difficulty processing what was happening. Bruscia (1998) suggests techniques for working with countertransference which I found helpful in delving into my personal responses. The most helpful tools in working with my countertransference were clinical supervision and personal therapy. I created personal journals and songs to help explore my feelings privately. Many times, I am eager to share my feelings and responses, but I have learned that taking the time for private personal reflection is incredibly important for my personal process and growth as a music therapist.

I felt fortunate to work with an internship supervisor who gently supported my process during this time and recommended a music therapist to me to engage in personal therapy. I felt a greater sense of clarity as I began my personal work. This countertransference experience stands out to me as one of the most integral and important experiences in my clinical development. I could not hide from it; I needed to address it. It helped me understand how powerful countertransference can be, and feel what it feels like to experience it firsthand. It also spurred my journey in personal therapy. I have a deeper, richer understanding of many aspects of therapy, especially regarding transference and countertransference, after having experienced them as a client in personal therapy, but I believe I have much more to learn.

Reclaiming My Identity as a Musician

In addition to strengthening and developing my clinical foundations, beginning to reconnect with and rebuild my identity as a musician was another major area of growth in my

academic career. Throughout my academic career, I felt as though the distance I created between myself and music, developed as a means of preservation from the anxiety entangled in my music experiences, hindered my capacity to use music as a music therapist. I have already detailed the practical growth in both my voice and guitar playing, but I also view the reclaiming of my musical identity to be an important part of my clinical development.

Gonzalez (2011) found evidence that the music therapists' music cultural experiences impact their professional identities, as the music therapist calls upon their own relationship with music as a resource to inform their practice. In her master's thesis, McIntyre (2018) interviewed three board-certified music therapists about their professional identity development in music therapy. In her study, music identities emerged as an important facet of developing clinical identity (p. 24). These studies resonated with me personally, as I too felt that developing my music identity positive impacted my clinical identity.

By nurturing my musical self through playing guitar, flute, singing, going to concerts and making music with others, I feel I was able to build a framework of myself as a musician. I had not always identified myself as a musician as a core piece of my identity, even when studying to become a music therapist. General feelings of anxiety, entangled with performance anxiety specifically, also impacted my musical development and ability to identify myself as a musician. My previous experiences with music were achievement-based, having studied music education in my undergraduate training. I had a difficult relationship with my primary instrument, flute. For me, the flute, and music in general, was connected with feelings of extreme anxiety and inadequacy. I struggled with performance anxiety and did not build effective coping tools in my undergraduate career to manage my physical and emotional reactions.

Kenny (2011) explores performance anxiety as a “multidimensional and multi-causal...phenomenon” (p. 13). Discomfort with psychological vulnerability and perfectionism, as described by Kenny, are two areas that most resonated with my personal experience. I experienced shortness of breath; muscle tension, especially in my hands and shoulders; dry mouth; irritability; and extreme difficulty concentrating whenever I played live music. While these symptoms are commonly associated with anxiety, and even performance anxiety specifically, as outlined by Kenny, I failed to acknowledge the severity and impact of these responses. I often connected my anxiety responses with feelings of guilt, often telling myself that they occurred because I was underprepared and did not practice enough. This unhealthy cycle continued for many years, and to cope, I distanced myself from identifying as a musician.

Although the music therapist is not in a performance setting, I often experienced similar anxiety responses as I began my graduate career, especially when playing live music in a role-play in class or in with clients in fieldwork placements. At this stage in my professional development, I knew I needed to address these responses in order to move forward as a music therapist. I noticed that the most important factor in managing these responses was when I began exploring my anxiety in personal therapy. As I began to learn how to manage my anxiety in general, I noticed the effects transfer to performance anxiety as well. Another helpful tool was improvisation. I began to explore and improvise on my flute, I developed a connection with my breath and body. I began to trust myself more when playing instruments, which was an important step in beginning to identify myself as a musician.

I also noticed that I began to connect with a music-centered approach when I began identifying myself as a musician. In sessions, I trusted the music as a co-therapist; the music facilitates change as much as the therapeutic relationship. This is a primary component of music-centered music therapy (Aigen, 2005). Aigen emphasized the role of music as more than a means to achieve non-musical goals, suggesting that the therapeutic change that occurs when clients are engaged in a musicing experience that feels authentic for the client. This concept felt too idealistic to me at the start of my coursework, but as I began to see myself as a musician, it became important for me to frame my clients as musicians. I think that the feeling of being an artist is powerful and moving; it cannot be objectively described, but I feel it is one of the most important parts of music therapy. Aigen (2005) also describes music-centered values of the importance of silence, listening, embracing communal creation, surrender and letting go, peak experiences, and connection. As I began to open up to experiencing these areas on my own musically, I began to find value in incorporating them into my clinical work. I had to learn to let go of the fear that accompanied music in order to grasp and integrate these concepts.

The Importance of Personal Growth

In order to become the type of self-aware, present, and authentic therapist that I hope to become, I needed to examine my own personal material, finding the root of many of my fears and anxieties that held me back when facilitating sessions. It was difficult to think clearly and objectively when I had repressed emotions, as it took energy to keep them from surfacing. I embarked on a journey of self-discovery and self-reflection, which benefitted my clinical development.

Prefontaine (1997) discussed the importance of personal reflection in addition to experiential learning as a student music therapist. He suggested that acquiring knowledge can only take a student music therapist so far, and that the student must personally synthesize this material in order to develop into a music therapist. My in-class fieldwork seminar experiences, and most importantly my supervisory experiences during internship, provided me with the opportunity to reflect on what I have learned in an environment that felt comfortable, yet challenging. Especially as I began working as a student music therapist in internship, personal material surfaced that needed to be addressed in order for me to move forward. To address this area, I entered music therapy as a client. Once I began to focus on personal growth and development, I felt like I could actually synthesize and integrate what I had learned in class. I had been expending energy avoiding and repressing personal material, and thus had little energy left to focus on growth academically. When I began to address this area, I felt a positive shift in both my personal life and my professional life, as I was able to be more fully present in each moment.

With my journey of self-discovery came a strengthening of personal identity. Rickson (2010) suggested that therapists' personal identities are important in developing greater awareness of who they are and how they relate to others. Especially in the beginning of my internship experience, I felt like I was a different person when I was being a music therapist. I noticed differences in the way I acted with each group with whom I worked, sometimes more energetic and bubbly, sometimes more reserved and calm. I had not yet developed an understanding and acceptance of these nuances. I remember feeling inauthentic in sessions, which was followed by feelings of guilt. I have learned that just because different aspects of my

personal identity arise when I am in “therapist mode,” it does not mean I am not being my authentic self. Rickson (2010) also suggested that humans’ identities shift throughout their lives, with certain aspects becoming dominant at different times through shifting contexts and circumstances. Calling upon different aspects of their identities can enhance the way each person relates to others. I see how this impacted my personal identity. I think that my growth and understanding regarding my authenticity was essential in understanding who I am as a therapist and appreciating how I relate to others.

Acceptance of Growth as a Process

Throughout my time in graduate school, I found myself wondering, “When will I be a music therapist?” I thought about this question often, and I sought answers in my mentors. Each time, it was reflected back to me in a way that challenged my notion that there is a “final destination.” While I appreciated that no one gave me answers (if there even are answers to give), instead allowing me to find out how to accept and trust the process myself, I wanted answers. Identifying growth and change as a process not bound or constrained by an endpoint was one of the most difficult lessons for me to learn.

Academic resources also point to the idea of development as a process, rather than a destination. McIntyre (2018) noted that a key factor in developing music therapists was their identification of growth as a “journey,” which I found to be helpful and comforting. Regarding advanced training in clinical music therapy, Hesser (1985) wrote, “Training is a dynamic rather than static process; always changing to reflect and initiate changes in the profession of music therapy” (p. 66). Despite my growing awareness of these ideas, it simply took time for me to

begin to accept this concept. The clinical and academic experiences I encountered allowed me to learn and accept that growth is continuous.

As I took on new challenges in internship, I asked myself, “Will it get easier? Will it ever be easy?” I began to understand that the answer for me was “no;” there will always be more challenges because I actively seek out ways to grow and feel fulfilled in my career. I can accept with more certainty that there is no true final destination as a music therapist, and I have begun to truly let go of the idea of perfection.

Another area that needed to be addressed was learning to accept my own emotional expression, namely, crying. I have always been someone who cries openly in my personal life, but I had never cried in a class or with a supervisor. When I stepped into the work of music therapy, many personal responses started to arise. I cried often in fieldwork seminars and in supervision at my internship placement, often because I felt overwhelmed by emotions surfaced in clinical work. I also felt alone in my experiences, as my peers were not sharing similar reactions in class. Knox et al. (2017) studied crying from both the therapists’ and clients’ perspectives. Their research findings suggest that there were three key reasons for crying: to express pain/sadness to express frustration/anger, and to relieve stress. I confidently say that at certain points in my journey, I identified with all three reasons.

Crying became an important facet of my own expression. Oddly, it did not always feel like a release; it sometimes felt uncontrollable. I had suppressed many of my emotions, which translated into an overflow of tears. It was interesting to me that while I openly cried and openly talked about crying, I did not accept the expression as valid. I was crying at appropriate times,

that is, when I had the opportunity for reflection and self-expression and not in sessions. Still, I felt weak and isolated for crying, despite the continued support of my supervisors and peers.

Knox et al. (2017) suggested that crying enhances the therapy bond, deepened the work of the client, and elicited greater insight and self-awareness. I certainly noticed all of these as I began to process my tears. When I explored my crying in supervision and in personal therapy, I began to understand the disconnect between openly crying and accepting the response. I thought that because I cried in front of others, it meant that I accepted it; because I never judged when others cried, I accepted my own tears.

Through the reflection of my supervisors and therapist, I began to understand how harsh I was being with myself. This allowed me to build a more nurturing and accepting relationship with my own emotional expression. Moving from a sense of denial, I started to embrace the tears. I see embracing such a vulnerable reaction in myself as helpful when present with a client or peer who cries. I learned the ways in which I like to be supported while crying, which may translate to how I can support others in their expression. I feel that it has helped me radiate a sense of accepting clients for their expressions without words. Reflecting back, I can begin to appreciate the level of self-discovery that my expression guided me to, and I am proud that I shared and experienced that level of vulnerability in my journey.

Finding New Tools: Songwriting

In considering a thesis project, I wanted something that would serve as a culmination of the lessons I have learned in my academic career and clinical training. An important facet of my learning has been being vulnerable and sharing with others, oftentimes using songs to communicate my emotions. Usually, I had the outlet to share in fieldwork and internship

seminars, but this presented me with a unique opportunity to find a new means of sharing my experience. Prior to starting my music therapy journey, I would have never considered a songwriting endeavor. As songwriting grew to be an important part of my personal process, it feels most natural to reflect on my journey through music.

My first experiences with songwriting came in a fieldwork seminar class, when the class was asked to create a poem or song each week as a means to process and check-in with the class. I did not embrace the task; in fact, I actively resisted. Resistance in therapy has been described as the client's interference or avoidance of self-disclosing communication with the therapist, due to the client's fearful, anxious or otherwise uncomfortable feelings about surfacing material (Watson, 2006). Although I was not in the context of a music therapy session, my responses that surfaced in the academic setting mirrored resistance that a client might experience.

As I began to examine my resistance, I began to see how an uncomfortable experience early on in my academic music therapy career led me to avoid feeling vulnerable in supervision. During one of my first practicum experiences, I worked with a supervisor with whom I did not connect. I always felt as though I was being asked to process more material than which I was ready or comfortable, and I did not yet have the tools to navigate the situation. From there, I see that I began to avoid feeling vulnerable in supervisory relationships.

In this particular fieldwork seminar, it was difficult at the time to understand why I felt uncomfortable sharing myself through songwriting and poetry. I trusted my professor, but I was carrying discomfort and feelings of not being heard in supervisory relationships that I then projected onto the situation. I also see how deep-rooted internal feelings of anxiety and inadequacy affected my inability to embrace the assignment.

Mitchell (2006) wrote, “One of the main reasons clients come to therapy is not because they do not know the solution to their problem, but because they find the solutions terrifying”(para.10). This resonates with me as I look back at this time in my life. At the time of this assignment, it felt terrifying for me to face the material that I need to process. I knew that if I opened a door, feelings of anxiety and insecurity would arise, and I was not yet prepared to face that. Just as Mitchell (2006) suggested, I knew what I needed to do, but it felt scary. Thus, I resisted and built a wall around my emotions.

As I worked through my own resistance, I began to feel more connected with the assignment and so began my connection with songwriting. In addition to gaining a new tool in songwriting, this experience opened my eyes to client resistance and positively impacted the way I think about and respond to resistance as a therapist. I believe that because I actively resisted songwriting and had to subsequently work through my emotions, I built a more meaningful relationship with songwriting.

Brusica’s (1998) thoughts on songs have been important to me:

Songs are ways that human beings explore emotions. They express who we are and how we feel, they bring us closer to others, they keep us company when we are alone. They articulate our beliefs and values. As the years pass, songs bear witness to our lives. They allow us to relive the past, examine the present, and to voice our dreams of the future. Songs weave tales of our joys and sorrows, they reveal our innermost secrets, and they express our hopes and disappointments, our fears and triumphs. They are our musical diaries, our life-stories. They are the sounds of our personal development. (p. 9)

I connected most with this quote from the perspective of a listener of song, and I remember feeling overwhelmed when viewing this idea through the lense of a songwriter. I was not ready to create my own songs, as that felt too powerful and vulnerable. As I moved through my graduate school program and encountering more songwriting experiences, I eventually found myself using songwriting as a diary and a way to emotionally “check-in” with myself. I can track my development through my songs; I hear my growth as a human, not just as a songwriter. I hear my moments of angst, frustration, fear and triumph. Bruscia’s (1998) words continue to stand out to me, although now I find them inspiring, rather than negatively overwhelming. Reflecting on my journey through song helped me appreciate the work I have done, and inspires me to move towards the future.

“Seasons”

Utilizing a songwriting component to complete this thesis felt like a way to honor my growth process and to share my experience on a deeper level. When I began my songwriting endeavor, I thought of the music as an accompaniment, or supplement, to the written thesis. As I wrote the music, however, it became far more important. When I reflected on my musical choices, both instrumentally and lyrically, I uncovered deeper thoughts and emotions that I was then able to verbalize in this paper. As I have stated, I am traditionally someone who prefers to use written or verbal language, but I have found that I have run into confusion when trying to summarize an experience in words, especially an experience as important as graduate school. My composition gave me deeper understanding an acceptance of my own journey. This composition can be found at: <https://soundcloud.com/user-244578754/seasons>

In completing this piece of music, I feel I was able to more fully grasp the music-centered idea where the process is as important as the product (Aigen, 2005). Although I am proud of the final product, I am more proud of my own capacity to explore songwriting as a means to communicate my internal experience. I feel a sense of vulnerability and openness in this music, which I hope is conveyed to the listener.

During my time in graduate school, I often found myself wondering if other students were sharing a similar experience to mine. I only knew what my peers chose to share with me, and sometimes felt isolated in feeling like I was struggling to process material that was surfacing as a result of my clinical work. A need for human connection and having my statements, ideas and emotions acknowledged emerged in personal therapy as a significant theme in my life. This deepened awareness was important to me to incorporate into my song. I tried to be as authentic as I could be in writing this piece in order to express myself and my experiences to others in hopes of creating connection.

For my piece, “Seasons,” I chose to use the concept of the four seasons as an overarching theme of change. I have always felt a connection with nature and often use it as a tool for self-care, taking a walk or bike ride outside to re-energize myself. I naturally gravitated toward this concept as I explored my journey in becoming a music therapist. Many musicians use nature imagery in songs as a parallel the human condition, including some of my favorites: Fleetwood Mac, John Denver, and Creedence Clearwater Revival.

In this piece, entitled “Seasons,” I cycle through all four seasons. Summer represents the start of my journey. Summer is a time of relaxation, but I also played with the idea of feeling stagnant, and feeling the deep burn of a desire to change. Autumn is traditionally a time of

change in nature; I encompassed this metaphor and also added anticipation of fear and resistance. There was a part of my journey when I felt that a change was coming, and although I wanted it, I did not mentally feel prepared. For the winter section, I heavily relied on the metaphor of darkness, as the fear and resistance set it. Spring has obvious connotations with the blossoming of new life, which I tried to embody as I explored the season. In my piece, I think that spring also represents a deeper appreciation for beauty in life and in myself.

I hope that using metaphor, rather than looking at the journey literally, will allow others to place themselves in the music. I hold personal meaning in each of the seasons, and hope that weaving this type of imagery into the piece allows each listener to consider what each symbolizes for them. I wanted to explore a universal theme in order to make the piece connected with others. I think that if I had explored and detailed my journey more literally, I might not have felt the piece resonate as deeply. I hope that I can look back at this piece in the future and feel a sense of compassion for myself and honor my own experiences.

My Songwriting Process

In addition to serving as a means for connection, this piece helped me to identify myself as a musician. In completing this project, I began to develop a creative process and gain a better sense of my musical identity and voice as a songwriter, which is notably influenced by my classical flute training. I originally intended to write a series of songs, but then found myself improvising transitions that lead me into the next season. I made the decision to create one long work, rather than individual songs, which I see as being heavily influenced by classical music. In my personal life, I have traditionally struggled with times of transition. It seems interesting that

the transitions between the seasons, which present themselves as musical interludes, were the easiest to write and the space where I felt most free and creative.

In order to bring myself to a space of creative freedom, I opened almost every songwriting session with either yoga or a guitar improvisation. I first seriously began to practice yoga in my undergraduate career, when my flute teacher became a certified yoga instructor. I noticed that as I began attending classes, I felt a positive shift in my ability to stay present and decrease anxiety. I recently began practicing yoga more seriously, and heavily rely on yoga to promote feelings of groundedness. In relation to songwriting, I noticed that if I began with yoga to ground myself, I felt more open to musically exploring dark and difficult memories and emotions. Although I do not use yoga every time I write songs for enjoyment, it became an important facet of this particular songwriting process.

It is surprising to me that improvisation played a large part in creating this piece, as I often felt like I was not capable of using the guitar for improvisation. I began each songwriting endeavor with a non-referential guitar improvisation. Many of the song's musical themes emerged from these improvisations. I think that by allowing myself a space to be free and open, I was able to create something that feels like an authentic representation of the growth cycle I experienced in graduate school.

As a whole, I think that I began to trust myself and my voice in writing this piece. I feel sure of what I wrote, and there were not many times in the process where I felt doubtful or felt that I needed to change something. I think that this mirrors how I feel more confident in myself as a person, there are things that I want to share, and so I share them. While I recorded the vocal line, however, self-doubt again presented itself. The voice is an incredibly vulnerable part of a

person to share with others, and I noticed that feelings of embarrassment arose as I recorded, thinking to myself, “That sounds too dramatic;” “Am I really going to share this with other people?” and the most common thought, “Does my voice really sound like that? Yikes.” I think that it would be foolish for me to assume that because I have made a tremendous amount of personal growth, that I would no longer struggle. This songwriting process has helped me to stay aware and present with my emotions and reactions, which is highly valuable to me. I feel I am better able to notice these thoughts and move through them now, whereas, they would have seriously hindered my process a few years ago.

The final step of my songwriting endeavor is recording and editing. For this project, I recorded using a USB audio interface with my Epiphone Les Paul electric guitar and dynamic vocal microphone. I used Garageband as my digital audio workstation. I have experience with this simple setup through internships, academic classes and my own recording exploration. When editing the sound, I experimented with audio patches offered for free within the Garageband program, as well as adding reverb, echo, adjusting volume and panning to the left and right ear. I found that I began using effects as a way to recreate certain internal experiences. I often played with creating a sense of tension and discomfort to mirror my internal world throughout much of my graduate school experience, mixed with more grounded lyrical sections.

Throughout the process of songwriting and arranging, I find myself further drawn to music-centered music therapy principles. For me, this project was more about the process than the product, in that the act of songwriting, playing, recording, and mixing was as important to me than the final product. Each phase of the process has given me different insights into myself. This piece of music is incredibly important to me; it is a piece of myself.

Guiding the Listener

I hope that as one listens to this piece, the listeners can see parts of themselves reflected in the music and, if not, they might have an insight into what my internal world is like. In order to let the music convey my experience, I will offer my thoughts on overarching concepts of each section, but will leave detailed explanations out. I think that this is the most effective way to convey information without clouding the listener with too many of my personal details.

Summer

*Languid days,
See the sun burn bright,
Brighter than the stars*

*Lazy days,
Pulling for a change,
Hot pavement,
Stagnant beneath the heat.*

*Summer haze,
Lines that wave,
Make their way,
To a darker fog.*

*Sky is thick,
Heavy with clouds,
Rolling, looming,
Moving in.*

*See the sun, see the fog.
See the sun, see the fog.*

I think that summer is the perfect season to start the piece because it marries the idea of contentedness with burning desire for change, which comes in autumn. In the summer, I enjoy the feeling of freedom, but also long for something to present a challenge; bask in the heat, but the heat can bring discomfort. When I first began studying music therapy, I did not know the

extent of the personal and professional growth I would experience, but I knew I was open to it. I felt unfulfilled with my music education experiences, and felt the desire to explore the world of music therapy.

In this piece, I musically allude to both the brightness of summer, and also the dark thunderstorms that often occur during this season. I begin with an A chord, sliding down to G chord, then down even further to F# chord, creating an ominous atmosphere. I start the music high up on the neck of the guitar, giving a sense of floating. Looking back, I do not think I felt a sense of groundedness when I started my master's program. I feel that I did not fully know or trust myself, and I felt uneasy and anxious a lot of the time. This spilled into my clinical work. As I brought awareness to this, I built tools to help myself find peace and groundedness, which are represented in moving down the neck of the guitar into a lower register. I play with this idea throughout the piece.

Autumn

*Leaves like fire,
Colors burn brighter
To distract from the decay.*

*Pulled in like quicksand,
No one can escape
The change that autumn pushes your way.*

*Clouds roll on by,
I don't see up that high,
Eyes glued to the ground,
Falling leaves.*

*Nature prepares,
bracing for the cold,
Lying dormant to accept the change.*

*I fight and resist,
Knowing I don't want to live*

In the sunless white winter that tomorrow will bring.

*Clouds roll on by,
I don't see up that high,
Eyes glued to the ground,
Falling leaves.*

*Search for a safe place
To watch the transition,
Observe what surrounds me.*

*Ground pulled out from underneath,
I'm frozen in the dark,
Dreading winter that's heading my way.*

*Clouds roll on by,
I don't see up that high,
Eyes glued to the ground,
Falling leaves.*

In the autumn section, I used a more structured groove to offer the piece a sense of movement, as autumn symbolizes a major time of change in nature. In this section, I consider the first steps of change, which occurred for me before I felt ready to process aspects of my personality that would change. I try to encompass a feeling of playfulness in the music, as I felt ready to begin the process, yet naive to the challenges that lay ahead.

The idea of perspective stands out to me here. Especially at the start of my journey, I often felt like I was watching myself from an outside perspective. I noticed that this presented itself in my lyrics here, such as “search for a safe place to watch the transition.” At this point in my journey, I did not yet feel empowered; I often felt anxious about the way my life was changing. I think that I was unable to focus on many positive aspects of my life transition, because I was being hyper-critical of myself.

Winter

*Too painful to put into words,
The feeling when the sun sets at four,
Leaving you in dark,
Asking, "where has the sun gone?"*

In New York, where I have spent all my life, the days are short in winter. The sun sets early, leaving us in darkness. Although I knew I wanted to parallel this concept with an internal darkness, I found it challenging to find an authentic expression and revisit these emotions to incorporate into this piece. I often avoided working on this project because I was feeling overwhelmed by the thought of revisiting these thoughts and emotions I experienced in my development.

Feeling stuck, I turned to improvisation. This is where the idea of "seasons" originated. I found it easier to begin this self-exploration using a theme of "autumn into winter," rather than naming my emotions. I explored improvising on this theme and eventually allowed myself to shift focus inward and revisit the darker, more challenging feelings I had experienced. When I began writing this paper, I had outlined the areas I felt were important, but it was through improvisation and songwriting that I felt more clarity in defining my experiences.

I have wondered if spending so little time in the winter portion of this song was a way to avoid revisiting painful feelings. As I have detailed in this paper, I faced many challenges in my journey to become a music therapist. A lot of personal material surfaced, which was difficult for me to process, and I isolated myself at times. To me, these lyrics are all I feel I need to present to honor this experience.

When I considered "winter," I thought about practical ideas, such as shorter days and colder temperatures, and then considered what these symbolize and how I can embody this musically. A simple melody and arpeggiated Am and Dm chords connect with the loneliness and

despair I felt noticed often during graduate school, and still experience at times. It feels difficult to share those feelings, especially in written words. While this entire songwriting experience challenged me, it is in the winter section where that I am most reminded of the vulnerable nature of songwriting. I think that this allows me to be cautious, compassionate, and present when including songwriting experiences with clients.

Spring

*Took a little while to find it,
I think I lost myself.
Looked around for miles to find it,
Information I had held,*

*Deep within the rivers, deep under the sea,
Smoother than a boulder, moulded by a stream.*

*Felt so tired running,
Mind placed before my feet,
Couldn't stop the forward motion,
Wouldn't pause so I could think.*

*Think about the answers,
Just constantly questioning.
Moving, always asking, "what will it be, what will it be?"*

*Blinded by the light of the future,
I chased down every lead.*

*Had to shed my skin to find it,
The option to be free.*

*Not free from clouds and darkness,
What I wanted it to be.
But free to move around it,
Flowing circles around me.*

*Around another cycle,
That lives inside of me.
Learning to accept the answer:
"It will be. It will be."*

I think that the return of musical playfulness is important here, demonstrated through a strong pulse in the music. As I acknowledge the difficult nature of my graduate school experience, I feel that I take myself less seriously now and have been able to sit with myself knowing that not everything I do will be perfect. Trusting the process and accepting I cannot control everything is a difficult concept for me to accept now. In my observation, other people struggle with this as well. Perhaps creating art about this process will open the door for a deeper, integrated self-acceptance for people other than myself.

It's interesting that I'm lyrically reflecting on the lessons I've learned in this section, feeling a deeper sense of freedom. I also lyrically explore the idea of pausing to breathe, but leave no space to breathe in the music, which I realized as I was recording the vocal track. I chose to shift with the final verse to a slower pace, and felt a sense of freedom in singing that verse.

I see my graduate journey as a time where I began to understand that any journey is continuous. My learning journey does not end because I have graduated. I think that my viewpoint has shifted from a linear way of thinking to a cyclical way of thinking. I had considered this in the past, but feel I have a better grasp on this concept now. I understand that summer, autumn, winter and spring will again present themselves in my personal and professional lives, but I feel that I now have the capacity to embrace and endure them. I have seen this have a positive impact on my life, and feel that I am better able to understand wellness as a moving, rather than a fixed state of being. I see these concepts as essential to my work as a music therapist.

Future Growth

After spending time reflecting on the growth I have achieved, considering future areas of growth feels overwhelming. Overwhelm is not a new experience for me, as I have previously stated, but I now feel a greater sense of awareness regarding how it impacts my life. For me, this indicates the need for a break before starting a new growth cycle as a music therapist.

The amount of personal work I have already done feels like a significant accomplishment in my life. I believe in the future, the intense need for personal development and self-inquiry will return, but for now, my immediate area of focus has turned practical, stemming from my current work as a full-time music therapist at a nursing home in upstate New York.

I would like to continue to build skills in goal and method integrity, creating treatment plans and choosing music therapy methods that best suit the presenting needs for clients. Bruscia (2014) points to goal and method integrity as being important facets of practicing reflexivity in music therapy. I now have a critical voice that helps guide my choices, asking myself, “What is the purpose?” or “Why am I doing this?” This has been helpful in creating treatment plans and planning sessions. In music therapy sessions, I would like to become more targeted in choosing music experiences, rather than making choices using only interventions that I feel most comfortable implementing. I noticed that I am “stepping outside the box” more often and thinking critically about the music therapy experiences that best achieve client goals. I am always focused on bringing people into the music experience and finding ways to frame them as “artists,” and I plan to continue developing skills in this area.

It is interesting and new to feel secure and confident in my music therapy skills. With that said, I know my tendency to continually focus on new growth. I feel that I have shifted my

perspective from perfectionism and to the idea of growth as a process, which relieves a sense of urgency and anxiety in my desire to continue improving myself as a music therapist.

In the future, I would like to engage in work with a psychotherapeutic focus. I feel especially connected to working in substance abuse treatment programs, which I had experience with in internship. I am also interested in working in trauma-based care, but from my experiences as an intern, I anticipate needing more knowledge and training before beginning work in this area, as this is a delicate and complex area. Although I enjoy my current work, I believe working with different populations will offer different challenges, aiding in my growth as a music therapist. This highlights one of my favorite aspects of music therapy. The work is not static; it is always evolving and deepening.

Shulman (2009) discusses the skill of transitions, suggesting that with every ending is a powerful new beginning. Although Shulman was speaking in regards to the client-therapist relationship, this feels true for my ending of graduate school as well.

Utilizing a songwriting component in this project has helped to highlight the major life change that unfolds as I leave school and my student identity behind, and move into developing my professional identity as a board-certified music therapist. I can now focus on breathing with and embracing my new role as a music therapist, and not immediately moving into a new growth cycle. I will take time to appreciate my own expressions, skills, knowledge, and past experiences that have shaped me into the music therapist I am today.

References

- Aigen, K. (2005). *Music-centered music therapy*. Gilsum, NH: Barcelona Publishers.
- Aigen, K. (2007). In defense of beauty: A role for the aesthetic in music therapy theory. *Nordic Journal of Music Therapy*, 16(2), 112-128.
- Aigen, K. (Music-centered music therapy). (2015, April). AMTA-Pro podcast. [Audio podcast]. Retrieved from <http://amtapro.musictherapy.org/?p=1348>
- Alexandris, A., & Vaslamatzis, G. (Eds.). (1992). *Countertransference: Theory, technique, teaching*. Abingdon, United Kingdom: Routledge.
- American Music Therapy Association. (2018). Professional competencies. Retrieved from <https://www.musictherapy.org/about/competencies/>
- Association for Humanistic Psychology. (2014). Historic review of humanistic psychology. Retrieved from <https://www.ahpweb.org/about/what-is-humanistic-psychology.html>
- Association for Transpersonal Psychology. (2014). About the association of transpersonal psychology. Retrieved from <https://www.atpweb.org/about.aspx>
- Bruscia, K. E. (1998). An introduction to music psychotherapy. In K. Bruscia (Ed.), *The dynamics of music psychotherapy* (pp. 18-29). Gilsum, NH: Barcelona Publishers.
- Bruscia, K. E. (2014). *Defining music therapy* (3rd ed.). Dallas, TX: Barcelona Publishers.
- Bruscia, K. (2015). *Forms of reflexivity in music therapy: An anthology*. Dallas, TX: Barcelona Publishers.
- Cartwright, C. (2011). Transference, countertransference, and reflective practice in cognitive therapy. *Clinical Psychologist*, 15(3), 112-120.
- Crooke, A. H. D. (2015). Music therapy, social policy and ecological models: A located example

- of music in Australian schools. *Voices*, 15(2). Retrieved from <https://doi.org/10.15845/voices.v15i2.829>
- Elliott, D. J. (1995). *Music matters: A new philosophy of music education*. New York, NY: Oxford University Press.
- Forman, M. D. (2010). *A guide to integral psychotherapy: Complexity, integration, and spirituality in practice*. Albany, New York: State University of New York Press.
- Frued, S. (1974). *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (Vol. 24). London, UK: Hogarth Press.
- Gonzalez, P. J. (2011). The impact of music therapists' music cultures on the development of their professional frameworks. *Qualitative Inquiries in Music Therapy*, 1-33.
- Grof, S. (1985). *Beyond the brain: Birth, death and transcendence in psychotherapy*. Albany, NY: State University of New York Press.
- Hesser, B. (1985). Advanced clinical training in music therapy. *Music Therapy*, 5(1), 66-73.
- Institute of Medicine. (2015, May 5). The eight principles of patient centered care. Retrieved from <https://www.oneviewhealthcare.com/the-eight-principles-of-patient-centered-care/>
- Juslin, P. (2011). Music and emotion: Seven questions, seven answers. *Music and the mind: Essays in honour of John Sloboda*, pp. 113–35.
10.1093/acprof:osobl/9780199581566.003.0007
- Kenny, D. (2011). *The psychology of music performance*. New York, NY: Oxford University Press.
- Knox, S., Knowlton, G., Pruitt, N., Hill, C.E., Chui, H., Tate, K. (2017). Crying in psychotherapy: The perspective of therapists and clients. *Psychotherapy*, 54(3), 292-306.

- Lemberger, M. E. (2017). Adler as a preceptor of humanistic psychotherapy. *Journal of Individual Psychology, 73*(2), 124-138.
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review, 50*(4): 370–396.
- McIntyre, P. (2018). Professional identity development in music therapy: A phenomenological inquiry (Unpublished master's thesis). State University of New York at New Paltz, New Paltz, New York.
- McLoed, S. (2015). Humanism. Retrieved from <https://www.simplypsychology.org/humanistic.html>
- Mitchell, C. (2006). Resistant clients. Retrieved from <https://www.psychotherapy.net/article/resistant-clients>
- Moisescu, C. (2010). Vox humana, instrument within the music therapy. *RevArt, 2*, 77-80.
- Monson, I. (1996). *Saying something: Jazz improvisation and interaction*. Chicago, Illinois: University of Chicago Print.
- Newman, C.F. (2002). A cognitive perspective on resistance in psychotherapy. *Journal of Clinical Psychology, 58*(2), 165–174.
- Nordoff, P., & Robbins, C. (1971). *Therapy in music for handicapped children*. London, UK: Gollancz.
- Rickson, D. (2010, February 8). More thoughts about identity. *Voices*. Retrieved August 10, 2018, from <http://testvoices.uib.no/community/?q=colrickson080210>
- Rogers, C. (1961). *On becoming a person: A therapist's view of psychotherapy*. London, United Kingdom: Constable.
- Rogers, C. (1977). Client-centered approach to therapy. In I. L. Kutash and A. Wolf (Eds.),

- Psychotherapist's casebook: Theory and technique in practice* (197- 208). San Francisco, CA: Jossey-Bass.
- Ruud, E. (2010). *Music therapy: A perspective from the humanities*. Dallas, TX: Barcelona Publishers.
- Shulman, L. (2009). *The skills of helping individuals, families, groups and communities*. Belmont, CA: Cengage Learning.
- Society for Humanistic Psychology. (2013). About us. Retrieved from <http://www.apadivisions.org/division-32/about/index.aspx>
- Soshensky, R. (n.d.). Advanced clinical guitar skills for music therapists. New Paltz, NY: State University of New York at New Paltz.
- Sweitzer, H. F., & King, M. A. (2009). *The successful internship* (3rd ed.). Belmont, CA: Brooks/Cole Cengage Learning.
- Transcendent. 2019. In Merriam-Webster.com. Retrieved April 2, 2019, from <https://www.merriam-webster.com/dictionary/transcendent>
- Watson, J.C. (2006). Addressing client resistance: Recognizing and processing in-session occurrences. *VISTAS Online*. Retrieved from https://www.counseling.org/Resources/Library/VISTAS/vistas06_online-only/Watson.pdf
- Wilber, K. (2000). *Integral psychology: Consciousness, spirit, psychology and practice*. Boston, MA: Shambhala Publications, Inc.
- Wilbur, K. (2014, October 28). What are the four quadrants? Retrieved from <https://integrallife.com/four-quadrants/>

