

Running head: DR. MARY BOYLE'S CONTRIBUTION TO MUSIC THERAPY

Dr. Mary Boyle's Contribution to Music Therapy

by

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DR. MARY BOYLE'S CONTRIBUTION TO MUSIC THERAPY

Table of Contents

I.	Acknowledgements.....	4
II.	Abstract.....	5
III.	Professional Background.....	6
IV.	Methodology.....	8
V.	Method.....	9
	a. Participants.....	9
	b. Procedure.....	10
VI.	Discussion	
	a. Dr. Boyle: An Open-Minded Researcher.....	11
	b. Dr. Boyle: A Visionary Professional and Educator.....	12
	i. Guide Students through Publication.....	13
	c. Dr. Boyle: An Insightful Pioneer.....	15
	i. Foundations for Future Developments.....	16
	d. Dr. Boyle: An Inspiring Mentor.....	18
	e. Dr. Boyle: Her Continued Impact.....	19
VII.	Conclusion.....	20
VIII.	Limitation.....	20
IX.	Reference.....	22
X.	Appendices	
	a. Appendix A: interview Questions.....	25
	b. Appendix B: Sample email for Potential Interviewees.....	26
	c. Appendix C: Consent Form for Potential Interviewees.....	27

Acknowledgements

While I was working with Dr. Michael Viega as a Graduate Assistant in music therapy department at State University of New York at New Paltz (SUNY NP), I organized and compiled Dr. Boyle's archives. The experience led my attention to Dr. Boyle's personal, professional life and achievement, especially her approach to patient with Prolonged Disorders of Consciousness (PDOC). Through this study, I hope her exceptional works would get more attention from people in music therapy field.

This study would not have been possible without support from Dr. Heather Wagner, Dr. Montserrat Gimeno, Dr. Petra Kern, Prof. Terry Blaine, Prof. Elisa Parker and my husband Jim Chung. I wish that this thesis contributes to the unification of those who loved Dr. Mary Boyle in the community of SUNY NP as well as music therapy field.

DR. MARY BOYLE'S CONTRIBUTION TO MUSIC THERAPY

Abstract

The unsung hero, Dr. Mary Boyle, a founder of the master's of music therapy degree that complied with Licensed Creative Arts Therapist (LCAT) requirement in State University of New York at New Paltz (SUNY NP), certainly brought the field of music therapy to a higher level. In addition, despite her contribution to development of music therapy for patients with Prolonged Disorders of Consciousness (PDOC), she has not yet been recognized by professionals as she deserves. There is not much information available about her life and her achievements in music therapy. Through the historical information and interviews of people close to Dr. Boyle, this narrative history illustrates the extent that Dr. Boyle had worked to develop music therapy field as an educator, clinician, researcher, leader, committee member, and editor throughout the world.

Keywords: Dr. Mary Boyle, SUNY New Paltz, PDOC, music therapy.

DR. MARY BOYLE'S CONTRIBUTION TO MUSIC THERAPY

Dr. Mary Boyle's Contribution to Music Therapy

This study was written through consultation of the information in Dr. Mary Boyles' own unpublished personal narrative and curriculum vitae, Dossier with recommendations from colleagues.

Professional Background

Dr. Mary Boyle is an unsung hero, who achieved an extraordinary work through her life but had less recognition than she deserved. She served as director of the State University of New York at New Paltz's (SUNY NP) music therapy program from 1981 to 2010. Dr. Boyle was born January 8, 1947 in Vancouver, Washington. After graduating from the University of Portland in Portland, Oregon, she earned a bachelor's degree in Music and Music Education, a master's degree in Music Education in Music Therapy, and doctorate in Education in Special Education Research from Teachers College, Columbia University, in New York, NY. She devoted tremendous amount of time to develop music therapy field. She passed away on May 4, 2012 due to breast cancer.

When Dr. Boyle started working as director of the music therapy program at SUNY NP in 1981, the National Association for Music Therapy (NAMT) had just issued new curriculum guidelines for program accreditation. At that time, she designed courses in a programmatic fashion that would meet the new guidelines. With her effort, the program at SUNY NP was the first licensure-qualifying graduate music therapy program in New York. The Licensed Creative Arts Therapist (LCAT) law went into effect in 2006, and the SUNY NP master's only program was approved in 2008. Dr. Boyle revised the curriculum to meet the state LCAT requirements in addition to the AMTA grad degree requirements. She developed three new courses in music therapy, *Music Therapy Methods and Materials*, *Experimental Research in Music and Music*

DR. MARY BOYLE'S CONTRIBUTION TO MUSIC THERAPY

Therapy, and *Problems and Issues in Music Therapy*. She also revised the syllabi of three others, *Psychology of Music*, *Introduction to Music Therapy*, and *the Music Therapy Practicum*, to facilitate a sequence focusing upon varied skills and theoretical considerations in a programmatic manner. The current music therapy curriculum at SUNY NP is still based on the structure and philosophical approach that she implemented.

While a faculty member of SUNY NP, Boyle served on several university committees, including Budget, Goals and Plans, the Scholarship Committee, and numerous departmental committees. From 1983 to 1985, she was conference chairperson for the Mid-Atlantic Region (MAR) of the National Association for Music Therapy (NAMT). She organized two regional conferences entitled, "Music Therapy and Social Consciousness," and "Music Therapy and Music Consciousness." To fulfill the organization's mission of ongoing professional development, she instituted the first continuing education courses offered nationally to music therapists. She was on the editorial board of the NAMT publication, *Music Therapy Perspectives*, from 1982 to 1990.

Boyle also provided service to other institutions. She was a founding member of the Institutional Review Board of Helen Hayes Hospital. This hospital is a designated regional and major bone research center whose work is reviewed annually by the Federal Drug Administration. She served on this board from 1982 to 1989.

Boyle received many awards during her distinguished career in the music therapy field. She received the Award for Excellence in Teaching in 1990 at SUNY NP, the Service Award at AMTA in 2005, Special Presidential Award from the AMTA in 2007, and the AMTA Lifetime Achievement Award in 2010.

DR. MARY BOYLE'S CONTRIBUTION TO MUSIC THERAPY

Despite of the fact that she contributed as a leader of several committees, researcher, publisher, professor and professional clinician in music therapy field, it is this writer's opinion that Dr. Boyle has not received the recognition than she deserved from the field. This research explores her career in this field, but also sheds new light on how her pioneering work in music therapy for Prolonged Disorders of Consciousness (PDOC) influenced current music therapy practice.

Methodology

The knowledge in historical research is gained, and insights are reached about the past, by the systematically studying the evidence of the past (Solomon & William, 2016). Through Dr. Boyle's published and unpublished documents, publications, and individual interviews of music therapists who have worked with her, this study discovered and interpreted underlying data about Dr. Boyle's works which had not yet been recognized.

The research method consisted of two data sources, an analysis of data from historical information, and individual interviews with people who were connected to and/or influenced by the work and life of Dr. Boyle. There are different levels of engagement of documents: 1) retrospective level, 2) naturalistic level, and 3) experimental level (Wheeler & Bruscia, 2016). Retrospective engagement refers to the data that researchers had been already encountered, while naturalistic engagement concerns the real world that researchers observe. Experimental engagement refers to the specific situation that engages participants in the phenomenon of interest. Thus, gathered documented data from sources that already exist will be included in retrospective engagement, and interview data will be part of experimental engagement.

Method

Documents were purposefully selected after identifying the authenticity of sources. Sources can be categorized as primary and secondary (Wheeler, & Bruscia, 2016). Examples of primary sources include journals, articles, interviews, speeches, and Boyle's own publications. Secondary sources include, but are not limited to, current practices which are influenced by her work. To analyze and interpret data, narrative analysis and thematic analysis are combined to draw conclusions about a significance in her history. In order to do this successfully, thematic analysis was first used to discover the broad aspect. Then, narrative analysis followed for understanding of specific findings.

The second method of data gathering was individual interviews. These interviews were semi-structured, with a list of guiding questions (see Appendix A). These questions were open-ended, and the interview flowed according to how the interviewees answered the questions. After each interview, a thematic analysis was created, which helped to organize and describe detailed information.

Participants

The four interview participants were Dr. Maria Gimeno, Dr. Petra Kern, Professor Terry Blaine, and Professor Elisa Parker. The interviews were held according to each participant's choice: 1) through in-person meetings with Dr. Gimeno and Prof. Parker, 2) through online conference tool, Facetime, with Dr. Kern, and 3) through correspondence via email with Prof. Blaine.

The participants for this study were purposively sampled to obtain the information that is pertinent to the topic, and as such only limited numbers of people can serve as primary data sources due to the nature of the research topic (Dudovskiy, 2018). Dr. Gimeno, who still works

DR. MARY BOYLE'S CONTRIBUTION TO MUSIC THERAPY

as a full-time professor in SUNY NP, was hired by Dr. Boyle after completing her doctoral dissertation in 2009. She worked with Dr. Boyle for one year in SUNY NP. Dr. Gimeno was the last person who saw Dr. Boyle before she passed away at her nursing residence. Dr. Kern worked with Dr. Boyle, often traveling together for conferences professionally, such as European Music Therapy Confederation (EMTC), World Federation of Music Therapy (WFMT) and American Music Therapy Association (AMTA), in various countries. She was also hired by Dr. Boyle as a professor in SUNY NP and worked from 2006 to 2008. Professor Blaine was both an undergraduate and graduate music therapy student in SUNY NP when Dr. Boyle was the head of the music therapy department. She was also hired by Dr. Boyle as an applied voice adjunct in SUNY NP in spring semester of 2009 and ended in December 2017. Professor Parker was a student of Dr. Boyle as well worked as an educator at SUNY NP on and off for 14 years from fall semester of 2005 to spring semester of 2018. She transferred to SUNY NP from SUNY Fredonia so that she could study with Dr. Boyle in 1998.

Procedure

To recruit candidates, I sent an invitational email (see Appendix B) to possible participants. Four individuals responded that they were willing to participate in the research. After each candidate agreed to participate and signed the consent form (see Appendix C) the interviews were scheduled. Each interview lasted approximately 30 to 60 minutes. The interviews were facilitated using a in-depth interview guided approach, using a list of open-ended guiding questions. The questions were tailored to each interviewee, depending on their background and experiences with Dr. Boyle, with several guiding questions to facilitate the information gathering (see Appendix A). Interviews were recorded and transcribed for data analysis upon their approval.

Discussion

Dr. Boyle: An Open-Minded Researcher

According to Dr. Kern, "Dr. Boyle was called 'the queen of Institutional Review Board (IRB)' when she served as the chair of the IRB at SUNY NP." Dr. Boyle reportedly knew all aspects of research from study designs to ethics and legal considerations.

Boyle's research interests were in two broad categories: experimental research on behavioral techniques with patients with severe/profound head injuries, and legal and ethical considerations in human service delivery. The first category is reflected in her dissertation and other publications. The latter is reflected in the many papers she has presented on patient rights.

Boyle's dissertation, *Operant Procedures and Comatose Patients* (1981), examined operant responses of vegetative comatose patients to music as a stimulus-reinforcer. By definition, these patients make no responses to external stimuli. Her research found that some patients may respond systematically to music as a stimulus-reinforcer. As a result of her dissertation, she published an article, *Operant Procedures and Comatose Patients*, in the *Journal of Applied Behavior Analysis* with Dr. Douglas Greer in 1983. Additionally, she was invited to speak on her research at national symposium on *Research in Music Behavior* in 1982, and at the fourth international symposium on *Music: Rehabilitation and Human Well-Being* in 1985. She was interviewed on her research by Paul Chance of *Psychology Today* in 1984 and *ABC News 20/20* in 1983, which provided opportunity to consult with her regarding coma and head injury research further.

The second category of research interest involved legal and ethical considerations in patient care. This interest grew out of Boyle's work experiences in Volunteers in Service to America (VISTA) in Somerville, NJ, in investment firm on Wall Street, and in a public-school in

DR. MARY BOYLE'S CONTRIBUTION TO MUSIC THERAPY

Appalachia and New York. On Wall Street, she worked as a member of a “three-man-team” for the firm of Matthews and Wright, Inc., a municipal finance firm. She served as an administrative researcher for an investment banker and a lawyer. As a result of this experience, she gained knowledge and interest in other legal issues, including client rights. She also successfully guided AMTA's long-term investment portfolio, which contributed to a secure financial foundation for the association. Dr. Boyle knew the importance of funding in order to improve the quality of research, which eventually would lead to an overall development of music therapy field. As a result, she was awarded AMTA Lifetime Achievement Award for her financial leadership and guidance for the organization in 2010.

Moreover, according to Dr. Kern, Dr. Mary Boyle was instrumental in writing organizational policies, bylaws, guidelines, and procedures for AMTA, CBMT, and WFMT. For example, as Chair of the Research and Ethics Commissions of WFMT in 2010, she co-authored three documents related to ethical codes for professionals: *Introduction to Ethical Practice*, *Guideline for Creating Music Therapy Codes of Ethics*, and *Internet and Privacy Issues Related to Music Therapy*.

Dr. Boyle: A Visionary Professional and Educator

When asked about Dr. Boyle's contribution to the field of music therapy, Parker noted, “The behavioral component of music therapy she used was a concrete way of getting to the heart of where we are and where we need to go.” While being an influential researcher who could secure funding for the field, Dr. Boyle never underestimated the importance of education for future generation.

Blaine expressed that she had an ability to find the best in her students, to have a sense of who they are and what they can offer, long before they could see it for themselves. Not only that,

DR. MARY BOYLE'S CONTRIBUTION TO MUSIC THERAPY

Dr. Boyle worked to publish a textbook that even beginner therapists could easily use. The publication has served as concrete guidance that is still used by professional institutions and students.

In an interview published by the university, Blaine was quoted:

“I feel so blessed to have had Mary Boyle as my teacher for my entire music therapy experience at SUNY New Paltz. Mary taught us so much, but I think the most valuable thing has simply been her loving presence, which has been an inspiration and a foundation for students to stand upon. She helped us believe before we believed, soldier on when the going got rough, and remember the path back to ourselves when we got lost. I carry her in my heart and in my work, and always will. What a gift she has given to all of us!” (SUNY New Paltz News, 2010).

According to Dr. Gimeno, Dr. Boyle always emphasized how to treat and try to understand students, and not to focus on their needs and limitations. She continued that Dr. Boyle always empowered a person's strength and never looked at a person's weakness. Parker added Dr. Boyle was a professor who fiercely protective of her students and who had skill for seeing people's strengths and seeing beyond their insecurities.

Guide Students through Publication. In 1988, Dr. Boyle co-authored a book, *Music Therapy Clinical Training Manual*. The book was published by MMB Music Publications. It was co-authored by Dr. Robert Krout, another former music therapy professor at SUNY NP. This manual was dedicated to music therapy students to help them clarify their clinical decisions and tasks inherent in music therapy treatment based on the behavioral approach. Thus, the book contains clinical samples which can be directly applied for their practical settings. The book consists of four chapters: assessment, data collection, baseline design and measurement, and treatment design and measurement.

DR. MARY BOYLE'S CONTRIBUTION TO MUSIC THERAPY

In the first chapter, the authors state that there are three processes during assessment. First, they point out the significance of the initial interview that both serves to identify what clients need, and to help the clients understand the process of music therapy. They include a number of specific examples with detailed instructions. The included examples help beginner therapists or students who are pursuing music therapy to learn how to cope with unexpected situations and to improve their analysis skills. In addition, the authors discuss the development of writing skills in relation to assessment.

The second part of the book illustrates data collection, an integral aspect of accountable music therapy practices. The authors describe specific steps that are needed for data collection, and how to prioritize client needs in terms of music therapy treatment.

In the third part of the book, baseline design and measurement, the authors show how therapist obtain a pre-treatment or baseline measurement of a client's skills and/or behaviors in order to determine realistic goals. The authors provide different ways to collect baseline data, and to assess the client's skill level based on the data collected. Also, the authors give examples of unexpected situations that may occur during this step.

Lastly, the final section of the manual illustrates that therapists should outline a specific treatment, and two types of information: progress notes and the final assessment. The authors also included several samples of termination assessment to help readers better understand the final step of procedure.

This book provides fundamental information for music therapy practice in all different settings, even though there are various clinical approaches to music therapy. The procedures and concept are currently being used in the field. Parker stated that the publication has been a helpful

DR. MARY BOYLE'S CONTRIBUTION TO MUSIC THERAPY

guide for her when it comes to organizing the assessment of clients, developing her own assessment form, and determining clinical strategies in a concrete manner.

Dr. Boyle: An Insightful Pioneer

Dr. Boyle wrote *Operant Procedures and the Comatose Patient* in 1983 with Dr. Greer. In 1986, this research was reprinted in *Behavioral Medicine: Behavioral Interventions in Medical Problems* in both Spanish and English. Furthermore, she continued to research comatose patients in music therapy and published her works: 1) *Music in operant procedures with comatose patients*, University Press of America, in 1986, and 2) *Comatose and head injured patients: Applications for music in treatment in Rehabilitations for music in treatment*, MMB Music, in 1989. This research demonstrated the possibilities for the use of contingent music in the assessment of comatose patients who had been otherwise unresponsive. For this research, three patients who had been in vegetative coma for six months, ten months, and thirty-eight months were selected. The effects of contingent music differed for each patient and were associated with the length of the coma and the nature of the injury. The authors concluded, "The operant assessment and treatment of comatose patients would hold the greatest promise for those patients who have more recently become comatose and who have less severe or extensive head injuries" (Boyle & Greer, 1983, p. 11). Dr. Boyle suggested that future researchers should examine the effect of contingent music with acute coma patients, and advised to reduce variability during treatment phases, which will affect potential contributions of the use of operant assessment and treatment procedures. According to Dr. Kern, this study had a major impact at this time in entire music therapy field.

After that, Dr. Boyle was invited to present her work concerning the impact of music on patients with PDOC: 1) National Symposium for Research in Music Behavior, Florida,

DR. MARY BOYLE'S CONTRIBUTION TO MUSIC THERAPY

1982, *Music in operant procedures of comatose patient* in Fourth International Symposium on Music, Rehabilitation, and Human Well-Being, New York, 1985; and 3) *Validation of an operant sensory assessment of profoundly brain injured patients* at NAMT national conference, San Francisco, 1987.

Foundations for Future Developments. This research became the basis of current research conducted by Dr. Wendy Magee. Magee started research regarding music therapy assessment tool for low awareness states from 2007. In her research, I often found many references of Dr. Boyle's works. She finally developed MATADOC in 2012, Music Therapy Assessment Tool for Awareness in Disorders of Consciousness, which is a tool to measure patients' awareness through music. Working with PDOC populations is complicated because of patient's limited, non-purposeful, or lack of movement, sensory impairments, poor arousal, inconsistent responses, cognitive impairments, and medial vulnerability. PDOC includes coma, the vegetative state (VS) and the minimally conscious state (MCS).

According to Schnakers et al. (2009), the rate of misdiagnosis is 41% in VS and 10% in MCS, which creates concern that patients do not receive appropriate treatment. This level of misdiagnosis influences decisions about withdrawal of tube feeding (Magee, 2007). Therefore, as patients with PDOC are not able to express or are aware of their symptoms, assessment for PDOC must be accurate. The auditory modality has been found to be the most sensitive in identifying responses indicating awareness in people in VS, which gives possibility of how music can help to measure their awareness to prevent misdiagnosis for patients with PDOC (Owen et al., 2006). At the center of accurate diagnosis in PDOC is the issue of measuring the patient's responsiveness using measures that are sensitive to minimal and complex responses (Magee, 2007). The goal of intervention with MCS patients is to find alternate ways to elicit the

DR. MARY BOYLE'S CONTRIBUTION TO MUSIC THERAPY

clients' responses purposefully to contrasting stimuli through music. Limbic responses are responded regardless of context, but cognitive responses are not (Magee, 2018).

Hearing preferred music promotes attention and arousal, increases eye blinks, optimizes arousal conduction, and stimulates brain activation, because preferred music provides both familiarity and personal significance of patients (Magee, 2018). Only music can stimulate both external and internal brain areas, enhancing cerebral connectivity in PDOC patients as well as self-awareness, in contrast to environment around general noise (Perrin et al., 2015).

Smiling, crying or changes in facial expression may occur involuntarily in the patient who is unaware (Giacino & Kalmar, 1997). In other words, these limbic responses do not represent an internal feeling state. Thus, the therapist during MATADOC should compare what patients have responded differently to contrasting stimuli and how patients have responded differently during the music compared to outside of music. Music as a complex stimulus may trigger limbic responses. Furthermore, the auditory network is one of the most reliably observed networks, enabling discrimination between MCS and VS (Magee, 2018). MATADOC can be started, when the following pre-requirements are met: 1) when patients are medically stable, 2) when patients have enough arousal to tolerate a session and demonstrate responses, and 3) when patients are in quiet and uninterrupted environment (Magee, 2018).

Every interviewee agreed that Dr. Boyle's early work has profoundly influenced current music therapy practice in PDOC, and in education and clinical training. Professor Blaine explained that in addition to the development of MATADOC, Dr. Boyle's contribution also had a significant influence on a training entitled Music Therapy with Medically Fragile Children. This is an advanced two-day training given by Elizabeth Seton Pediatric Center, in Yonkers, NY. Blaine adds, "Dr. Boyle's work continues to influence the clinical training of music therapy

DR. MARY BOYLE'S CONTRIBUTION TO MUSIC THERAPY

college students and the advanced education of experienced music therapy clinicians through her published research, clinical training manual, and editorial contributions to music therapy journals.”

Dr. Boyle: An Inspiring Mentor

Every participant commonly stated that Dr. Boyle was an inspiration to them, beyond her role as co-worker and professor. Dr. Kern shared:

Dr. Boyle was a brilliant thinker, the voice of reasoning, and a mentor to many of us. She was a woman with integrity, passion, and courage. She stood up for what she thought is right, fought for all of us, but never forgot putting things into perspective and to enjoy life. Her dream was that music therapy one day will be a household term and offered to everyone who can benefit from it worldwide.

Similarly, Blaine expressed that “Dr. Boyle was always available; kind, open, curious, encouraging, inclusive. She modeled all the things she taught, personally and professionally, in her own behavior.”

Dr. Gimeno reflected on the advice she received from Dr. Boyle as an educator: She was an incredible mentor to me. One of the memories that I have that touched me and impacted how I communicate with students. Dr. Boyle made two reflections: Never ask more, never get angry. You tell them what is needed, and they will respond in one way or the other, but you never get angry. Never lose your cool. I always keep this advice in my mind. Even if I'm feeling annoyed, I step back, give them space and make another appointment to talk about it.

Parker felt that Dr. Boyle's nurturance and belief in her helped her develop as a music therapist. She stated:

DR. MARY BOYLE'S CONTRIBUTION TO MUSIC THERAPY

She did not have children and I almost felt like she saw her students as her children. She had skill for seeing people's strength and helping to nurture the part of them that needed nurturing. In my case, she made me feel so proud of my creativity and make me feel it really was an asset in my chosen field, music therapy. She had very high hopes in me. She believed in me, my skills, and my future.

Dr. Boyle helped the interviewees through struggles, boosted their confidence, and communicated value of their skills and talents. For instance, for Dr. Gimeno and Dr. Kern both came to the United States from Europe. Dr. Boyle welcomed them both to stay in her home while they settled in New Paltz. Dr. Boyle also encouraged Blaine and referred her for a full-time position upon her graduation from the music therapy program at SUNY NP.

Dr. Boyle: Her Continued Impact

Dr. Gimeno worked with Dr. Boyle to establish new music therapy internship programs for clinical training at local institutions, starting with Health Alliance of Hudson Valley. She completed the negotiations for the contract for clinical training and took on many responsibilities after Dr. Boyle retired. This was an important step, not only to provide clinical training opportunities for SUNY NP students, but also for the growth of music therapy practice in the area. After a decade, an increased number of local medical and educational institutions have hired music therapists, and students are more able to find jobs after their graduation. This is a tribute to Dr. Boyle's vision for this program and its impact on the community.

Conclusion

Dr. Boyle's contributions to the music therapy field, in PDOC, in clinical training, assessment, program development, university education, state licensure, and research will continue to inspire, provide insight, and light the way for future students, teachers, and clinicians who follow in her footsteps. Dr. Boyle was a true leader with love and compassion, a researcher who could raise funds from investment banks, an inspiring mentor and supervisor whom people still love and respect, and insightful pioneer who demonstrated how music could affect patients with PDOC.

All the resources gathered for this study, as well as all the help from people, who voluntarily participate for Dr. Boyle, clearly illustrate the significance of her achievement in music therapy field, how she had treated every people with love and how she is beloved, and respected.

Limitations

There were only few biographies of prominent music therapists that were accessible just a few decades ago. Fortunately, thanks to Joseph Moreno and John Mahoney, the book of *The Lives of Music Therapists: Profiles in Creativity* which was completed in three volumes were recently published in Barcelona Publishers. These three books offer the space to review and reflect upon music therapy history with therapist's lives. This idea gave me clear idea of why I should write about Dr. Boyle and how I should make the outline of the study. However, with the amount and time resources, it is nearly impossible to discover all of her professional achievements and her personal life.

Due to my limits of timeline as an international student, I could not reach out to some other possible candidates including Sr. Miriam Pfeiffer and Eleanor Deniz. Discovering all of her

DR. MARY BOYLE'S CONTRIBUTION TO MUSIC THERAPY

professional achievements and her life was not nearly impossible. Therefore, her research on music therapy in special education has not been looked in depth in this study.

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DR. MARY BOYLE'S CONTRIBUTION TO MUSIC THERAPY

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DR. MARY BOYLE'S CONTRIBUTION TO MUSIC THERAPY

Appendix A: Interview Questions

- What draws your attention to and how did you first get interested in music therapy with PDOC?
- How did you know or how were you connected to Dr. Boyle?
- How would you describe Dr. Boyle?
- Is there a particular aspect of Dr. Boyle's work that stands out to you most? Has Dr. Boyle's work influenced you directly?
- Has Dr. Boyle's work influenced current music therapy practice? If so, how?
- Will Dr. Boyle's work influence future music therapy practice? If so, how?
- Can you think of any accomplishment of Dr. Boyle that people are not aware of?

Appendix B: Sample Email for Potential Interviewees

Yunsun Choi
Graduate Student in Music Therapy
State University of New York, New Paltz
1 Hawk Dr, New Paltz, NY 12561
929-312-0630
choiy3@hawkmail.newpaltz.edu

[Date]

[Name]

[Title]

[Address]

Subject: Informed Consent to Participate in Study

Date: _____

Dear: _____

My name is Yunsun Choi, and I am a graduate student at State University New York, New Paltz majoring in Music Therapy. I am researching Dr. Mary Boyle's contribution on Music Therapy. The purpose of this study is to explore Dr. Mary Boyle's life and her pioneering work in music therapy, including her contribution to music therapy practice with persons with disorder of consciousness. Your participation will require an interview with the student researcher. The interview will last approximately 30-60 minutes. Interviews will be scheduled at your convenience and will occur from March to April in 2019. Interviews will be scheduled in person when possible, or through the use of online conferencing tools.

The interview will be recorded, and student researcher will take notes. This is done for data analysis. All the recording data will be removed from the hard copy of the transcript after thesis presentation.

The study has been approved by the Institutional Review Board of State University of New York, New Paltz. For your convenience, I have attached a consent form. If you are willing to participate in interview, please fill out the form and send it back to me so that I can set up the schedule for the interview. Thanks for your time and please feel free to contact me for any additional information.

Sincerely,

Yunsun Choi

Appendix C: Consent Form for Potential Interviewees



TITLE OF STUDY

Dr. Mary Boyle's Contribution: Focus on Music Therapy for PDOC (Prolonged Disorders of Consciousness)

PRINCIPAL INVESTIGATOR

Yunsun Choi
Graduate Student in Music Therapy
State University of New York, New Paltz
1 Hawk Dr, New Paltz, NY 12561
929-312-0630
choiy3@hawkmail.newpaltz.edu

Faculty Advisor

Heather Wagner, PhD, MT-BC
wagnerh@newpaltz.edu

PURPOSE OF STUDY

You are being asked to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

The purpose of this study is to explore Dr. Mary Boyle's life and her pioneering work in music therapy, including her contribution to music therapy practice with persons with disorder of consciousness.

STUDY PROCEDURES

Your participation will require an interview with the student researcher. The interview will last approximately 45-60 minutes. Interviews will be scheduled at your convenience and will occur in 2019. Interviews will be scheduled in person when possible, or through the use of online conferencing tools.

There are no anticipated risks associated with your participation, but you have the right to stop the interview or withdraw from the research at any time.

This consent form is necessary for me to ensure that you understand the purpose of your involvement and that you agree to the conditions of your participation. You have to therefore read the accompanying information sheet and then sign this form to certify that you approve the following:

- The interview will be recorded, and a transcript will be produced.

DR. MARY BOYLE'S CONTRIBUTION TO MUSIC THERAPY

- You will be sent the transcript and given the opportunity to correct any factual errors.
- The transcript of the interview will be analyzed by the researcher as research investigator.
- Access to the interview transcript will be limited to the researcher and her faculty advisor.

CONTACT INFORMATION

If you have questions at any time about this study, or you experience adverse effects as the result of participating in this study, you may contact the researcher whose contact information is provided on the first page. If you have questions regarding your rights as a research participant, or if problems arise which you do not feel you can discuss with the Primary Investigator, please contact the Dr. Maryalice Citera in Human Research Board (HREB) at SUNY NP at 845-257-3456.

VOLUNTARY PARTICIPATION

Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

QUOTATION AGREEMENT

I also understand that my words may be quoted directly. With regards to being quoted, please initial next to any of the statements that you agree with:

I wish to review the notes, transcripts, or other data collected during the research pertaining to my participation.
I agree to be quoted directly.
I agree to be quoted directly if my name is not published and a made-up name (pseudonym) is used.
I agree that the researchers may publish documents that contain quotations by me.

CONSENT

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

DR. MARY BOYLE'S CONTRIBUTION TO MUSIC THERAPY

Participant's signature _____ Date _____

Investigator's signature _____ Date _____