

A Heuristic Study on Music-Centered Supervision

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Abstract

This first-person study investigated how a music-centered (Modified Bonny Method of Guided Imagery and Music) supervision contributed to understanding the role of music therapy when working with clients diagnosed with a Disorder of Consciousness during a Masters Fellowship. Data was collected from three sources; a) transcriptions from Dr. Heather Wagner and Ms. Madelaine Ventre, b) personal experience, c) and mandalas drawn during the supervision session. This data was analyzed to answer the following research questions; “How does music-centered supervision help deepen my understanding of working with children diagnosed with Disorders of Consciousness?” and “What do my mandalas reveal about my experience working with children diagnosed with Disorders of Consciousness?” Qualitative methods of interrogation, interpretation, and triangulation were utilized in order to discover the answers to the research questions. Through careful analysis of the data, four themes were present during the music-centered supervision process: nurturance and containment, preparation, discomfort, and new energy. Each theme provided a deeper understanding to the various stages of the supervision process. This study also provides evidence of the benefits of music-centered supervision for music therapists, especially during their studies and training.

Introduction

This study investigated my experience with music-centered music therapy supervision to understand the impact on myself as a clinician, working with clients diagnosed with a disorder of consciousness (DOC). Supervision is a vital part of professional development in the field of music therapy (Bruscia, 2015). Board-certified music therapists need continual supervision to meet the demands of the American Music Therapy Association's (AMTA) advanced competencies (American Music Therapy Association, 2015). Authors have noted that music therapy supervision is a useful tool that assists professionals and students in their work through a process of debriefing and consultation about clinical cases with a peer or mentor (Bonde, 2012; Forinash 2001; McClain, 2001). Supervision assists in the development of therapeutic skills and provides a mechanism for processing issues that arise in clinical work. Types of music therapy supervision differ by who participates (i.e. individuals or groups) and the supervisor's approach.

Among music therapists, music-centered approaches have been shown to help in addressing the particular challenge of translating musical moments with the client into words, during supervision (Langdon, 2001). It appears that supervision of music therapy students also presents challenges that can be addressed by a music-based approach. Music-centered supervision has also been suggested to be an effective way of addressing the specific needs of students during their clinical work (Shulman-Fagan, 2001). Missing from the literature is how music-centered supervision can benefit students during their academic work. The purpose of this investigation is to expand the knowledge of the benefits of music-centered supervision during a student's clinical training.

Literature Review

Professional Context for the Study

Defining supervision. Supervision is a professional relationship between a supervisor and a supervisee where both clinical and administrative evaluations take place (Corey, Haynes, Moulton & Muratori, 2014) and is defined as “a critical watching and directing as of activities or a course of action” (Merriam-Webster Online Dictionary, 2008). Others have defined it as a “concept that includes teaching, modeling, observing, shaping, coaching, and evaluating skills” (McClain, 2001, p. 9). Supervision is utilized to help therapists develop clinical and professional skills necessary for handling the variety of needs clients bring to therapists (Corey et al., 2014). The overarching goals of supervision include: a) promoting a supervisees development within the profession (i.e. competency), b) protecting the welfare of the client (Bernard & Goodyear, 2009; Campbell, 2000, 2005; Kaiser, 1997), c) evaluating performance, and d) empowering supervisees to self-supervise and learn to trust their clinical judgement (Bernard & Goodyear, 2009). Attaining these goals assists therapist in developing their therapeutic skills to meet the variety of needs that clients present. These overarching goals are also utilized no matter which format supervision is chosen.

Supervision can be conducted in a variety of formats. Individual supervision is the most common, however group supervision can also be effective (Corey et al., 2014). Individual supervision allows for personalized attention to develop therapeutic skills through self-reporting, direct observation, or video recording. Group or triadic supervision, however, provides a different learning opportunity for supervisees to learn from their peers. The combination of both individual and either group or triadic supervision is most effective in developing therapeutic skills (Corey et al., 2014; York, 1997). According to Corey et al., (2014) each supervisor has their own format for conducting supervision, which is influenced by their theoretical orientation.

York (1997) states that similar to any type of therapy, supervision has a variety of approaches, or models, that can help supervisees develop and learn in their professional development.

A supervision model is “a theoretical description of what supervision is and how the supervisee’s learning and professional development occur” (Corey et al., 2014, p. 74).

Developmental, psychotherapy-based, and integrative models are three major categories of supervisions. Each category emphasizes various parts of the supervisory relationship and how a supervisee develops as a clinician. These approaches are based on existing psychotherapy approaches that have been adapted to meet the needs faced within supervision (Corey et al., 2014).

Developmental models of supervision view the development of a supervisee progressing through stages (Corey et al., 2014). In this model, the supervisor adjusts specific methods to fit the supervisee’s developmental stage, requiring the supervisor to be flexible to meet the needs of the supervisee (Borders, 2005; Corey et al., 2014). The stages of the developmental model are characterized by specific skills that the supervisee presents within supervision. These stages allow for the supervisee to progress and become more confident in their skills naturally.

Contrasting to the developmental model, psychotherapy-based approaches emphasize the dynamics that occur between the supervisee and their clients (Corey et al., 2014). Supervisors examine resistance, how the supervisee reacts to clients, and the transference and countertransference that occurs within the therapeutic process. Transference is “when the client interacts within the ongoing therapy situation in ways that resemble relationship patterns previously established with significant persons or things in real-life situations from the past” (Bruscia, 2015, p. 16). Contrary, countertransference is when a therapist interacts with a client in a way that is similar to a past relationship either in the client’s or therapist’s life (Bruscia, 2015).

These two concepts are central to psychodynamic-based models in supervision (Corey et al., 2014). Another concept that is discussed heavily is parallel process, which is used to process the therapeutic relationship between a supervisee and their client. Parallel process is the interaction between the supervisor and supervisee that can be equivalent to the supervisee's relationship with their client (Corey et al., 2014; Young & Aigen, 2010).

The final model of supervision is an integrative approach, which incorporates more than one theoretical approach (Corey et al., 2014). Integrative models offer flexibility because various interventions can be incorporated to fit a supervisee's unique needs. This approach can, however, be criticized as an excuse for therapists who do not fully conceptualize their practice (Corey et al., 2014). Supervision requires that supervisors meet the variety of needs that supervisees require to develop as practitioners. Music therapy supervision is similar to traditional counseling because the profession has also developed supervision approaches based on established music therapy approaches.

Music therapy supervision. Music therapy supervision is a useful tool that assists professionals and students in developing therapeutic skills, and in providing a means for processing issues that may become present in clinical work (Kennelly, Daveson, & Baker, 2016). There is an increasing body of knowledge on the effectiveness (Kennelly et al., 2016; McClain, 2001) of supervision for music therapists, which indicates that music-based supervision leads to increases in feelings of validation, awareness, empathy, support, and trust (Kennelly et al., 2016; McClain, 2001; Shulman-Fagan, 2001; Young & Aigen, 2010). However, there is inadequate evidence examining whether or not supervision improves clinical outcomes.

Kennelly et al. (2016) conducted a systematic review that addresses the type and quality of literature about professional music therapy supervision, and the value of the different models.

The findings showed that supervision is a useful tool for developing professional and personal insight into one's clinical work, however the effects of specific interventions are unknown. Synthesis of the findings revealed two themes: "(1) the use of flexible and creative approaches to supervision, including using music as a tool for supervision and (2) the importance of the supervisory relationship" (p. 200). Three relationships were identified between the two major themes: "(1) qualities of an effective supervisory relationship, (2) improved insight, and (3) shared experiences between the supervisor and supervisee" (p. 200). The authors noted that there was a lack of studies that evaluated supervision and an overemphasis on qualitative studies. They also suggested that future studies should focus on how professional supervision affects patient and professional outcomes.

As the field of music therapy continues to grow, board-certified professionals are seeking out advanced clinical training through graduate and doctoral degrees, and continuing education (McClain, 2001). They are also beginning to work with both diverse and specialized clinical populations and searching for ways to explore themselves personally. Through supervision, professionals can bring new depth to their practice. The use of both a clinician's clinical background and the supervisory relationship can be beneficial for both individuals (Brown, 1997; Forinash, 2001). Clinical competencies for advanced clinical training are outlined in AMTA's Advanced Competencies (2015). These advanced competencies, and many other music therapy organizations advocate that supervision is critical to a music therapists development in their professional and clinical practice (AMTA 2015; EMTC, 20005; Forinash, 2001; WFMT, 1999; Wheeler, & Williams 2012).

Music-centered supervision. Music-centered supervision refers to supervision that utilizes a music therapy methodology including Guided Imagery and Music (GIM), and

improvisation-based music therapy. Young and Aigen (2010) identified five live music based clinical supervision models which include: Analytical Music Therapy and psychodynamic perspectives, multi-perspective approaches, music-centered models (e.g. Nordoff-Robbins Music Therapy) and eclectic music-centered models. In reviewing the literature, the authors identified six primary themes for the use of music in supervision: to examine transference and countertransference, to enhance supervisory relationships, to facilitate the process of a supervision session, for personal and professional development, for self-care, and to connect to music. Depending on the model of supervision used, the focus of supervision is different. For example, in Nordoff-Robbins Music Therapy (NRMT), when music is used to examine transference and countertransference, the focus is on using role play to help the supervisee explore their own emotional block. In contrast, in some psychodynamic perspective approaches, the focus is on the therapist's relationship and interactions with the client.

Despite the emphasis on music in the field, there is a limited amount of research on the benefit for therapist and client on the use of music in music therapy supervision (Kennelly et al., 2016). In recent years, there has been growing research demonstrating the positive impact of music-centered supervision. The Bonny Method of Guided Imagery and Music (BMGIM), for example, has been shown to help uncover material that cannot be fully processed within traditional verbal supervision (Bonde, 2012), to provide insight into countertransference-transference dynamics (Bruscia, 2012), and to expand a clinician's capacity to process difficult feelings (Martenson-Blom, 2012). It has also been documented that improvisation-based music therapy, such as Analytic Music Therapy (AMT), helps bring an awareness to clinical issues that were previously unconscious to the therapist (Ahonen, 2012). Group improvisation has also been shown to musically support supervisee's in a shared experience (Langdon, 2001), and has

assisted in building new skills in clinical listening, evaluation, interpretation, and judgement (Lee & Khare, 2001).

Importantly, few of the studies examining the benefit of supervision, have focused on the impact of music-centered supervision on music-therapy students. This is significant given the unique challenges faced by students as they develop into music therapists. Shulman-Fagan (2001) identified specific developmental stages of a student supervision group that can be addressed through creative arts supervision. This includes helping students to feel safe expressing themselves, develop the ability to adjust to changes in their internal and external environment, and identify who they want to be as a therapist. Another study, which examined the impact of using a collaborative peer therapeutic songwriting method during clinical training, also found improvement in factors critical to students' development as music therapists (Baker & Krout, 2012). Specifically, the songwriting process helped students more easily express challenges faced in clinical training, develop insight and self-reflection, led to personal growth, and improved student's understanding of songwriting as a therapeutic intervention. These studies suggest that music-based supervision may play a unique role in the training of music-therapy graduate students.

Personal Context for the Study

This suggestion by the literature is consistent with my own personal experiences during supervision. During my undergraduate studies in music therapy, I received verbal supervision once a week in both individual and group settings. This type of supervision was helpful when I was first learning to be a music therapist because I had yet to develop the skill set to create and lead music therapy sessions. Through verbal supervision, I gained important skills including the ability to determine a client's most prominent needs, develop treatment approaches, and identify

the clinical music skills I needed to improve. I felt, however, that this verbal supervision only briefly touched upon the underlying therapeutic mechanisms, as well as my personal contributions to the therapeutic environment.

The Bonny Method to Guided Imagery and Music (BMGIM). BMGIM derives its roots from the research of Helen Bonny at the Maryland Psychiatric Research in Baltimore, Maryland during the late 1960s (Bonde, 2012; Clark, 2002; Martenson-Blom, 2012). It is a “music-centered, transformational therapy, which uses specifically programmed classical music to stimulate and support a dynamic unfolding of inner experiences in service of physical, psychological and spiritual wholeness” (Clark, p. 22). A therapist trained in BMGIM, or a *guide*, engages with the client using active dialogue throughout an entire session. The music is viewed as a co-therapist that can evoke images that reveal the layers of consciousness, and integrate the mind, body, and spirit. Bonde (2012) explored various approaches of BMGIM to be used within an aesthetic music therapy supervision. One specific method is called “Re-imaging” (RI) where a supervisee experiences their own client’s imagery from a previous session to gain a deeper understanding of the countertransference that has occurred (Bonde, 2012; Bruscia, 1998). RI differs from traditional BMGIM in two distinct ways: 1) the supervisee chooses the music, not the supervisor, and 2) the verbal interventions from the supervisor are directed to examining the supervisee's relationship with their client. Bonde (2012) provides many vignettes to demonstrate the modifications of how imagery, music listening, and RI can be used during supervision. Besides RI, Bonde also uses a traditional BMGIM program to address personal issues that are intertwined within work-related matters. RI can be modified for group supervision and differs in two ways: 1) the supervisor chooses the music for the group to re-image, and 2) all group members take part and listen to the imagery of their peer and also contribute to the processing.

Martenson-Blom (2012) studied the application of group BMGIM to group supervision. The author found this approach to be beneficial in gaining clinical insight, the ability to examine and hold difficult feelings within a session, to develop a professional self, and to be part of a supportive working group. The results provided new insights into how BMGIM can be beneficial for group BMGIM supervision through increasing participants empathy and positive feelings toward their clients and themselves, all which may not be fully processed within traditional verbal supervision.

As stated above, there are several approaches and styles of supervision. Hesser (1985) examined the achievement of advanced competencies through a three-stage developmental progression. In the first stage, the music therapist is focused on strengthening the entry-level skills required. After these skills have been strengthened, the second stage is identifying an area of interest to specialize in and begin building a personal theoretical framework. The final stage of development in Hesser's developmental model is the music therapist developing their own personal approach to therapy.

In my personal development as a professional music therapist, I sought out BMGIM supervision to help process my experiences. It was my hope that this method would improve my skills as a music therapist in a way that talk-based supervision was lacking. My first experience with this form of music-centered supervision occurred when I began a fellowship at the Elizabeth Seton Pediatric Center (ESPC) as a graduate student. Since beginning this study I have become a full-time music therapist at ESPC, and work predominantly with children diagnosed with disorders of consciousness.

Disorders of Consciousness, Music Therapy, and Clinical Supervision. ESPC serves children through a rehabilitative and palliative care approach. The children that are admitted to ESPC are

diagnosed with serious medical and neurological complications, including Disorders of Consciousness. Disorders of consciousness (DOC) are illnesses that lie on a continuum of various conscious states (Giacino, et al., 2002; Giacino, & Kalmar, 2005; Magee & O'Kelly, 2015; Pool & Magee, 2016). These states can range from a vegetative state (VS) to various forms of minimally conscious states (MCS). A VS has no official definition but is marked by a complete absence of behavioral responses that display an awareness of self and of their surrounding environment (Giacino, et al., 2002; Giacino, & Kalmar, 2005; Magee & O'Kelly, 2015; Pool & Magee, 2016). MCS has been defined as when a person demonstrates some behavioral responses that provide evidence of an awareness of self or of their environment. Often individuals receive a DOC diagnosis after suffering from an acquired brain injury (ABI), which is a non-hereditary injury that occurs after birth (Brain Injury Association of America [BIAA], 2018). A traumatic brain injury (TBI) and non-traumatic brain injury are two types of ABI's. A TBI is caused by an external force (i.e. motor vehicle accident, fall, shaken baby syndrome) that results in a change in brain functioning that can be categorized as either closed (non-penetrating) or open (penetrating). A change in brain functioning that is caused by an internal force (i.e. stroke, hypoxic/anoxic, or infections) is considered a non-traumatic brain injury.

Music therapists that work with clients who suffer from DOC are typically in a medical setting and part of a multidisciplinary rehabilitation team (physical, occupational, speech & language, psychology, nursing, medical, dietetics, and social work) (Magee, 1999). All therapists are constantly challenged with developing goals that are outcome-based to measure progress. All of the therapies within a rehabilitation team strive to return the client back, or as close as possible, to their previous level of functioning.

Music therapists frequently assist in rehabilitative goals (e.g. improve gait and speech) by utilizing neurologic music therapy techniques (i.e. rhythmic auditory stimulation, therapeutic instrumental music performance, or vocal intonation therapy) (Magee, 1999; Thaut, 2005). However, client's psychosocial needs may not be seen as a priority, partially because they are more difficult to measure compared to more observable measurements and many professionals view success in terms of what clients can do physically and how they participate in daily life activities (Magee, 1999). Magee (1999) proposes the question, "can the value of personal expression and the emotional consequence of this expression be reflected in measurable outcomes?" (p. 20). Psychosocial needs can be met through music therapy interventions because of music's natural social and expressive characteristics, thus addressing the emotional needs of clients adjusting to their injuries.

Music can provide sensory stimulus, contributing to an enriched environment. In particular, the use of familiar songs can arouse and maximize a person's response potential. The use of familiar songs presents opportunities for increasing attention and arousal, connection to environment, and inducing emotional responses (Giacino, & Kalmar, 2005; Magee & O'Kelly, 2015; Magee, Tillmann, Perrin, & Schnakers, 2016; Perrin, Castro, Tillmann & Luauté, 2015; Pool & Magee, 2016). Auditory stimulation – particularly music with personal significance to the individual - has been employed as a diagnostic tool to assessing awareness (Giacino, & Kalmar, 2005; Magee & O'Kelly, 2015; Magee et al., 2016; Perrin et al., 2015).

Music has increasingly become involved in DOC diagnostic protocols because of its ability to use little to no verbal language and its potential for emotional significance (Magee, Ghetti, & Moyer, 2015; Pool & Magee, 2016). Music therapists have also become more involved in contributing to the care and assessment of clients with DOC. The Music Therapy Assessment

Tool for Awareness in Disorders of Consciousness (MATADOC) is a standardized assessment tool that measures an individual's awareness and responsiveness for clients with DOC (Magee & O'Kelly, 2015; Magee et al., 2015; Magee et al., 2016; Magee, Siegert, Taylor, Daveson,., & Lenton-Smith, 2016; Pool & Magee, 2016). Utilizing musical entrainment, familiar precomposed songs, and varying musical timbres, the MATADOC procedures provide a wide range of auditory stimuli to more accurately diagnose DOC with the assistance of a music therapist.

As stated above, working with clients diagnosed with a DOC is challenging, and thus clinical supervision is particularly important when working with this population. Therapists are trained to continuously evaluate the effectiveness of the interventions they provide for their clients. Individuals with a DOC may not demonstrate an observable response providing evidence that the therapist is making a difference. Music therapists first encountering clients with DOC can become quickly discouraged and doubt their clinical skills without the supervision from an experienced music therapist.

Clinicians often experience countertransference, or the phenomenon of a therapist transferring emotions from a past relationship to a client (Bruscia, 1998). Contemporary psychodynamic theories encourage therapists to utilize countertransference as a tool to better understanding their clients. Through the use of music-centered supervision, music therapists can explore countertransference, and the discouragement they may encounter when working with clients diagnosed with DOC. Utilizing music therapy approaches (clinical improvisation, BMGIM) within supervision, music therapists and music therapy students have the opportunity to better understand their clients and as well as themselves.

Focus of the Study

This study involves a reflexive phenomenological (Hunt, 2016) approach to my experience during music-centered supervision when I first began working with children diagnosed with DOC. My assumption upon engaging in this research was that music-centered supervision could highlight experiences that talk-based supervision cannot. As a student, I was surprised that I had not encountered this supervision until my second semester of graduate studies. After learning the material about music-centered approaches to music therapy, I believed that this supervision could be helpful to all music-therapy students. These feelings motivated my interest in conducting a first-person research study on the impact of music-centered supervision when working with children diagnosed with a DOC.

There is a need for this type of first-person research because, despite the emphasis on music in the field, there is a limited amount of heuristic research on music-centered supervision. In recent years, there has been growing research demonstrating the positive impact of music-centered supervision (Bonde, 2012), however, less is known about how it affects a therapist's therapeutic practice with individuals diagnosed with DOC. Guided Imagery and Music (GIM), for example, has been shown to help uncover material that can not be fully processed within traditional verbal supervision (Bonde, 2012), provide insight into countertransference-transference dynamics (Bruscia, 2012), and expand a clinician's capacity to process difficult feelings (Martenson-Blom, 2012).

This study explored the question, “How did music-centered supervision help me deepen my understanding of working with children diagnosed with a disorder of consciousness (DOC)?” A sub-question for this study was, “What did my mandalas reveal about my experience working with children diagnosed with DOC?”

Method

Design

This study utilized a heuristic research design drawing upon the approaches of reflexive phenomenology (Hunt, 2016). Hunt (2016) stated that the aim of first person research “is to acquire firsthand, personal accounts of subjective experience with the phenomenon of interest as directly experience by the self” (p. 453). This research design was suitable to this study because I was interested in understanding the process of my music-centered supervision during my fellowship with clients in minimal states of consciousness. I used the mandalas drawn during supervision and interpreted by from two fellows of BMGIM as the primary source of my data.

Reflexive phenomenology was utilized in this study to fully understand my own experiences during music-centered supervision. Hunt (2016) defined reflexive phenomenology as “a form of phenomenology where the researcher examines his or her own experience only, rather than the experiences of others” (p 458). Encountering the “the object world” (Bruscia, 2005, p. 380) is understood first internally prior to a person becoming conscious of importance of the experience (Viega, 2009). This is consistent with my personal worldview.

Epistemology

A non-positivistic framework was used to study my process during music-centered supervision, making me the best source of data for this study. This study located itself within a constructivism epistemology which recognizes that reality is formed by our collective and individual relationships with the world (Wheeler & Bruscia, 2016). An interpretivist perspective that “humans construct reality and truth as they interpret their experiences of and in the world; all knowledge is grounded in our unique experiences” (p. 2) was also adopted for this research. Bruscia (2005) also stated that our understanding of the phenomena arises out of direct human experience with said object. This is the case with my experience with the process of music-

centered supervision. Viega (2009) stated that one's meaning of the world is suggested from first person research. This statement is consistent with this research's non-positivist stance, which is interested in my unique experience within music-centered supervision.

Participants

In congruence with heuristic research, I was the primary researcher and participant. I am a 27-year-old Caucasian male with a Bachelor's degree in Music Therapy and a board-certified music therapist with approximately six years of clinical experience. During this study, I was working as a fellow at the Elizabeth Seton Pediatric Center, under the faculty supervision of Dr. Heather Wagner. I conducted this research in partial fulfillment of the requirements of the Master's program at SUNY New Paltz. I have experienced several methods of supervision during my clinical training as a music therapist, but prior to supervision with Dr. Wagner, I had never engaged in music-centered supervision.

During my undergraduate studies at Shenandoah University, I learned to treat individuals and groups utilizing a variety of musical activities that were designed to benefit people with disabilities. I was taught to begin work with clients by identifying certain aspects of their functioning that were abnormal. I then created therapeutic goals targeting specific behaviors for improvement. When treating the client, I would collect quantitative data about the frequency, duration, and timing of the targeted behaviors. As the therapist, I was the expert and made all decisions about the therapeutic activities including what music to play, the musical instrumentation, and techniques used to elicit the behavior. At the beginning of my graduate studies, I became aware that my undergraduate training focused on a behavioral approach to music therapy. As I have progressed and developed as a music therapist, my perspective and philosophy of music therapy has changed (see the Discussion section).

Additional participants included two music therapists, both fellows of the Association of Music and Imagery (AMI), each who assisted in bringing a deeper understanding to the mandalas and music used within my supervision. One of these individuals was my faculty supervisor, Dr. Wagner, and the other was Ms. Madelaine Ventre, a leading primary instructor in BMGIM. Both therapists are advanced level clinicians with many years of experience. Their roles will be further explained in the “Procedures” section.

Materials

Music selections from Bruscia’s (2014) Guided Imagery and Music programs were selected by Dr. Wagner during my supervision. These choices were based on material discussed in the prelude, or opening discussion. Individual music selections were chosen from the BMGIM programs. Helen Bonny created several music programs which are defined as “a specially selected, recorded sequence of western classical music designed to help the imager explore inner experiences and various levels of consciousness” (Bruscia, 2002, p. 307). The music pieces chosen were: Benjamin Britten’s (1934) “Simple Symphony: III. Sentimental Sarabande” from the *Nurturing* program; Antonin Dvorak’s (1875) “Serenade in E Major for Strings Op.22 mvmt. 4 Larghetto” from the *Caring* program; Gustav Holst’s (1915) “The Planets: No. 7 Neptune, the Mystic” from the *Pastorale* program; and Johannes Brahms’s (1876) “Symphony No. 1 in C minor movement III. Un Poco Allegretto e Grazioso” from the *Explorations* program.

Music during my supervision was played from an Apple iPad, which was connected to a Bluetooth speaker. Twelve mandalas were made over a series of 11 sessions over a period three months. Oil and chalk pastels and paper were used for drawing the mandalas after listening to the music. An iPhone 6s was used to record Ms. Ventre’s contribution to the interpretations of the mandalas.

Procedure

The primary source of data came from two transcriptions from both Dr. Wagner and Ms. Ventre, my own personal experiences, and the mandalas chosen for this thesis.

Step 1: Supervision Sessions. The music-centered supervision sessions were conducted by Dr. Wagner, a fellow of the AMI. Dr. Wagner has developed a technique of music and imagery supervision that she has found to be effective in exploring the therapeutic relationships between therapists and children in therapeutic day schools (Wagner, 2012). She has utilized this method extensively with several music therapists in professional supervision, which is based in the supportive or re-educative levels. In the supportive level of supervision, the focus of the session is on the here-and-now and intends to build inner fortitude in the clinician to use with their clients. The re-educative level of supervision is issue-oriented and emphasizes working through issues that are present in the clinician's work.

The format of the session follows a traditional BMGIM including a verbal prelude to identify pressing issues, music from the BMGIM literature, and postlude to discuss the process and insights gained. There are several differences between Dr. Wagner's supervision technique and traditional BMGIM sessions. Only one or two music pieces are used. After the music is chosen, a short induction is facilitated with the supervisee in an upright position. This is different from the deep altered-state of consciousness and extended imagery experience present in BMGIM sessions. During the music segment, the therapist creates a mandala based on the clinical issue(s) that were identified during the prelude. The postlude, or debrief, is used to explore the mandala and the inner process during the music as it is related to clinical issues.

Step 2: Choosing Mandalas. For the purposes of this thesis, only four were chosen. All the mandalas were laid out on the floor in front of myself in the order that they were drawn. The

first and last mandalas were chosen automatically to examine the process from the first and last sessions of supervision. This was also seen as establishing a beginning and an end of the supervisory process. A third mandala was then chosen because this particular session was the most memorable due to its intense imagery and emotions that arose. This session was the eighth session. The final mandala was chosen because it was a mandala that I found myself examining several times. It left me questioning why it was so empty. This took place on the fourth session.

Step 3: Analysis of Mandalas. After the 4 mandalas were chosen, I established a meeting with Ms. Ventre for the purpose of analyzing the mandalas. Ms. Ventre is a primary trainer in the BMGIM who also utilizes a standard analysis of mandalas and Joan Kellogg's (1978) archetypal stages of development. This is a series of 12 developmental stages which reflect the cycles of growth all individuals encounter. Ms. Ventre's approach to analyzing mandalas is a process in which she works with a client/supervisee to enable them to come to their own interpretations (M. Ventre, personal communication, February 1, 2018). She does not share her own interpretations of ideas, as they are secondary to the client/supervisee's. Ms. Ventre's therapeutic philosophy is that the client knows what is internal (both heart and psyche), and what they are able to accept in the given moment.

Step 4: Transcription Analysis. Dr. Wagner provided a retrospective reflection on the supervision process one-year after working together. She completed this summary utilizing the brief notes she had taken of each session, and pictures of my drawn mandalas. Her reflection provided general interpretations of the mandalas utilizing a mandala assessment that identifies various developmental stages. She also reflected on moments that were significant to her. In addition, as I only chose four of the eleven mandalas, I extracted pieces of the reflection that

pertained to the four mandalas. These were then coded, which will be discussed further in the Data Analysis section.

Data Analysis

To examine the question, “How did music-centered supervision help me deepen my understanding of working with children diagnosed with a DOC?” I first re-listened to each of the pieces used in my supervision in a relaxed state. This allowed me to relive the imagery and become familiar with the emotions that surfaced during the session once again. After each piece, I then read the sections of Ms. Ventre’s, Dr. Wagner’s, and my own transcriptions that pertained to that specific mandala. The intention of this first read-through was to become acquainted with the language that each clinician used to describe the mandala. After the initial read-through, I extracted direct quotes from each transcription that correlated with the mandala drawn that session. This step was done to better organize the data to then return to the quotations and highlight particular words or phrases that resonated with me in regards to my process in supervision. Selecting these words or phrases allowed me to analyze keywords and create the first themes. The final step in analyzing the data was to compose a brief narrative of the major theme within each person’s description of the mandala, utilizing the keywords or phrases from the previous step. Composing these narratives assisted me in revealing the importance of music-centered supervision when working with children diagnosed with DOC.

Similar steps were taken to answer the sub-question, “What did my mandalas reveal about my experience working with children diagnosed with DOC?” with an emphasis on both Ms. Ventre’s and Dr. Wagner’s expertise on mandala assessment. While examining the transcriptions, I focused on statements pertaining to color theory or the mandala assessment. These statements were intertwined within phrases pertaining to the supervision process.

Results

The results will be presented in four sections that each contribute to answering how my *music-centered supervision help[ed] deepen my understanding of working with children diagnosed with a DOC*. Describing the results will consist of: (a) an explanation of the prelude discussion to provide a context of the session; (b) an analysis of the music selected for that session; (c) a description of the mandala drawn; and (d) interpretation of the mandala. Each section is dedicated to the theme that was discovered within each mandala to highlight the overall process of the supervision experience. Quotations will be followed with the initials of either Dr. Wagner (H.W.), Ms. Ventre (M.V.), or myself (T.D.).

Nurturance & Containment

The first mandala revealed a theme of needing *nurturance* from parental figures and *containment* of emotional distress. The prelude discussion consisted of encounters with the stress and “anxiety” (T.D.)¹ of my fellowship at the Elizabeth Seton Pediatric Center and my graduate classwork. I was struggling with feelings of frustration, exhaustion, insecurities that contribute to my need for “nurturance” (M.V.) and “containment” (H.W.) (M.V.) (T.D.). “I was putting on a brave face while dealing with inner turmoil to successfully manage” (T.D.) the demands that were placed upon me.

In response to the prelude discussion, Dr. Wagner chose the third movement, *Sentimental Sarabande*, from Britten’s (1934) *Simple Symphony* to provide an experience of “nurturance and being held” (Bruscia, 2014) by the music. This symphony utilizes various suspensions to create a “yearning” quality in the music. Dr. Wagner chose this piece because it helps the imager to experience both feelings of being held and sense of being unsettled. What makes this piece

¹ The quotations that are present in the results section represent words or phrases that come directly from the transcription of the voiceover or reflection from the raw data. These quotes give support to my experience.

particularly sound in its structure is the grounding G pedal tone present for the majority of the piece (Bruscia, 2014). The form of the piece, ABA, also projected a feeling of “structure and containment” (H.W.) (M.V.) (T.D.). Beginning and ending with the same theme provided “balance and stability” in the emotions that I encountered. The B section furthered the emotional quality of “nurturance” (M.V.) by centering itself in the relative major (Bb) of the previous section.

The mandala drawn following the music contains four different color boxes connected with a brown line. Above the boxes is a yellow smiley face with its teeth displayed. The top of the mandala is covered in a blue horizontal figure, while the bottom is covered with a red, orange, and yellow fire (Figure 1). The different figures in this mandala display separate entities with separate statements. Ms. Ventre described that both the “mother and father” (M.V.) were present in this mandala, with an emphasis on the “nurturing mother” (M.V.). In Ms. Ventre and Dr. Wagner’s BMGIM training, they learned about color theory and various techniques for analyzing mandalas. According to their training, blue “is associated with the feminine, nurturing and very often to Mother Mary’s clothes” (M.V.). Blue can also be “an intuitive” (M.V.) color. The image is “contained” (H.W.) (M.V.) (T.D.) by the blue lid that is drawn and the fiery red/orange/yellow smeared bottom. Both Ms. Ventre and Dr. Wagner’s mandala assessment identified this image as displaying a clear “split” found in stage six (Kellogg, 1978). A “split” refers to the beginning stages of a person individuating, the process of transformation whereby the personal and collective unconscious are brought into consciousness. The yellow is associated with “masculinity and knowledge” (M.V.) and is found in the “forced” (H.W.) (M.V.) (T.D.) smiley face floating above the fire that is growing out from the bottom, “swallowing my containment” (T.D.). The middle area has statements of “containment” (H.W.) (M.V.) (T.D.)

represented by the floating boxes, potential for a “logos/rational thinking” (Kellogg, 1978) found in stage seven.

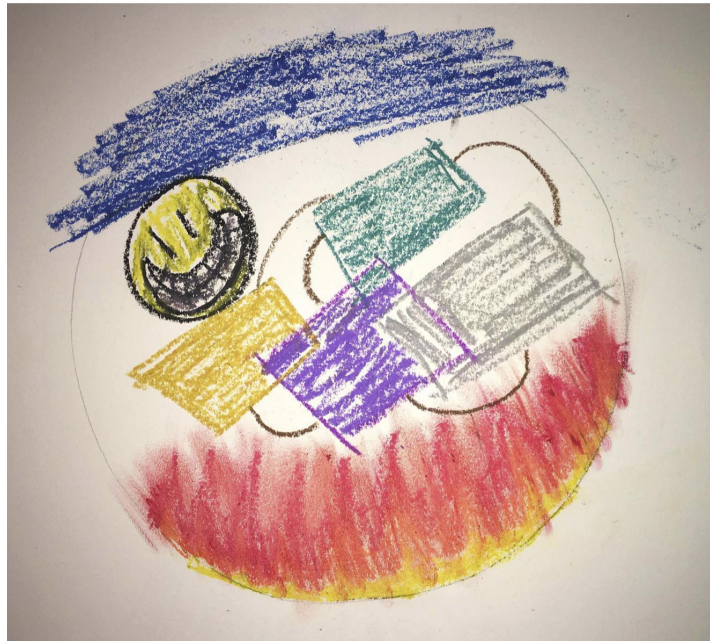


Figure 1. Putting on a happy face in New Paltz, NY. February 7, 2017.

Preparation

The second mandala surfaced from a need for *preparation* of my psyche to be ready to unveil deeply rooted psychological distress. During the prelude, Dr. Wagner and I discussed how I had become comfortable with my caseload and the facility. We also identified places that I go in my mind for relaxation. The scene that was drawn is a place that holds significance, my home while in the Peace Corps in Fiji.

Dr. Wagner chose the piece from Antonín Dvořák’s (1875) fourth movement, *Larghetto* of his *Serenade in E Major for Strings Op.22* to provide a feeling of support and comfort. The music is composed in A Major which provides an uplifting dreamlike experience. Long extended tension and release phrases are utilized, nurturing the passionate lyrical lines. The B section brings an equally passionate, dreamlike attribute. This piece is used in the *Caring* program and is

typically utilized for travelers to “experience being loved and cared for... and tap into emotions related to familial love” (Bruscia, 2014, pp. 34-35).

This mandala contrasts from the other mandalas because it is empty in the center. The figures are drawn on the edges of the circle, including blue water outside of the circle. A tree is located on the right side of the circle, with a yellow sun shining down from the upper left corner. Green grass is growing out from the center of the bottom.

Individuals that utilize “white or leaving things blank” (M.V.) in mandala drawings are either “covering things” (M.V.) that they “don’t want to look at” (M.V.) or are beginning with a “blank slate” (M.V.). The figures within the mandala are located on the “outer edges” (H.W.), and even outside the circle. These figures “have not been brought inside” (M.V.) to my internal self. It appears that the figures are “protecting” (M.V.) or “defending” (M.V.) me from of the emotional trouble that is going on internally. In terms of process, it was helpful for me to examine troublesome emotions slowly, so I could “store up” (M.V.) energy for more intense imagery at a later time. The water falling out of the bottom portion with the fist, may signify something has fallen out of my internal being and has begun to form new life. Stage two “lack of identify/control” (Kellogg, 1978) is most evident. The yellow sun (father figure) is located in a developmental stage of 5/6 “separation/individuation” (Kellogg, 1978). These were identified using Dr. Wagner and Ms. Ventre’s mandala assessment.



Figure 2. Empty tropics in New Paltz, NY. February 28, 2017.

Discomfort

The third mandala uncovered severe *discomfort*. When I had entered the space, I was filled with “anxiety” (T.D.) and restlessness. A full-time music therapy position had been announced at my fellowship site and I was unsure about applying. I was also beginning to truly understand that my therapeutic style was not effective or sustainable. During a session with a client that week, I experienced a countertransference of them needing a “father figure” (M.V.) presence. This client, is male and suffered an anoxic brain injury and has been in a minimally conscious state for the past six years. He is nonverbal and physically bound to his bed due to his spasticity, and thus, is completely reliant on others to assist him in all activities of living. Although I felt he needed me to be less nurturing and more traditionally masculine in my presence, I was unable to do this for him.

Dr. Wagner selected Gustav Holst’s (1915) *Neptune, the mystic* from his major work, *The Planets* to push me out of my comfort level. Alternating between E minor and G minor chords, the piece consists of three different melodies that are repeated several times. Each melody

creates a mysterious character that causes the listener to feel there is an “impending doom”.

(H.V.) The fragmented instrumentation also generates a visual of disembodied figures floating in space. When the chorus first enters, intensity is built to its breaking point when the music is forced to transition to a major modality. Just as quickly as the major modality appeared, it transitions back to even more fragmentation. Even though the nature of the *Pastorale* program is used to “provide lots of rest and reassurance, while bringing many beautiful and healing images,” (Bruscia, pp.178, 2014). *Neptune* brought several unsettling images and an assortment of extreme emotions which made me feel “stuck and unsafe” (pp.178).

The mandala (see Figure 3) contains a “purple figure” (H.W.) (M.V.) (T.D.) inside of a cave that is “swallowing him whole” (H.W.) (M.V.) (T.D.). Blue streaks are falling out from the bottom with similar yellow streaks falling over the top edges of the mandala. Brown vertical pillars with green tops are on both the left and right side of the mandala. The figures appear to be drawn using a heavy pressure. The “scribbly” (M.V.) (T.D.) technique used displays a feeling of anxiety and stress that has returned. This drawing technique is regressive in nature. The mandala assessment also revealed stages four (“birth”) and 10 (“death”) are present while stage 11 (“falling apart”) is most apparent (Kellogg, 1978). Surrounding the cave are colors that suggest “nature: yellow sun, green grass, brown earth, and blue water” (H.W.). These colors are also present in the previous mandala. The yellow sun is no longer contained, but “broken” (T.D.) and drapes the entire image. The purple figure in the center is notable because this same figure “returns in the last mandala” (H.W.) (M.V.).



Figure 3. My cave in New Paltz, NY. April 18, 2017.

New Energy

The fourth and final mandala presented a *new energy* that had been created through this supervision process. I had recently been offered and accepted the full-time music therapy position at the Elizabeth Seton Pediatric Center, which had filled me with anxiety in the previous mandala. I also had sought out BMGIM sessions in Philadelphia to begin processing the deeply rooted relationship issues with my father.

Brahms's (1876) third movement, *Un poco Allegretto e grazioso* from *Symphony No. 1 in C minor* was selected for the final supervision session in hopes to "stimulate many kinds of imagery experiences" (Bruscia, 2014, pp. 95). The ever-changing movement of this piece creates a visual of walking in a large pasture full of birds flying, represented by the clarinets and oboe circular phrases. Themes are repeated several times throughout the piece creating a feeling of symmetry, order, and predictability. The momentum of the music continues until the orchestra slowly descends to their final note, similar to falling in the grass after running.

The “purple figure” (H.W.) (M.V.) (T.D.) has returned “thicker and more fleshed out” (M.V.) and stands in the center of a green hill. The figure is surrounded by a yellow light that is shining out from behind. A yellow sun has also returned to the upper left corner. Several birds are flying in a clear, light blue sky. The strokes are smoother and blended, creating a peaceful image. (see Figure 4). Signifying “peace, creativity, and wisdom” (H.W.), the “purple figure” (H.W.) (M.V.) (T.D.) stands with his hands raised in a triumphant stance depicting “victory” (H.W.) over an obstacle. A yellow aura surrounds the purple figure, which is representative of “understanding and knowledge” (H.W.). The sun is drawn on stages five-six and may signify a sense of “individuation” (Kellogg, 1978). Standing on “solid ground” (H.W.), the purple figure is surrounded by colorful birds. These components suggest a “full embrace of growth and readiness to step into the next stage of life, both professionally and personally” (H.W.).



Figure 4. Success in New Paltz, NY. May 9, 2017.

Discussion

The analysis of my mandalas and supervision experience revealed four themes: *nurturance and containment, preparation, discomfort, and new energy*. Together, these themes reflect the process that I underwent as an individual to become a more effective therapist. Music-centered supervision deepened my understanding of working with children diagnosed with DOC by bringing to light how their emotional needs were incongruent with my established means of relating to my client. The experience also helped challenge my internal coping strategies for personal internal distress and taught me the critical role music can play in supervision.

The first mandalas' theme of nurturance and containment suggests that when I began my supervision experience, the skill set I had as a therapist was not well suited for this population. I had learned, both as a therapist and a person, to compartmentalize when I encountered high anxiety, regressing, in part, to contain my internal struggles. The first mandala shows that the containment I had created was at risk of being opened, however and that I was not ready for these boxes to be opened. This reflects that the new client population (DOC) was challenging my previous method of engaging with the therapeutic process. The behavioral approach to music therapy that I had been taught allowed me to have structure and containment within my sessions. It did this by having established session plans and procedures to achieve therapeutic goals. Within the first few weeks working clients with DOC, I realized that the methods I had been taught were not reaching into my clients' inner beings. My old approach was being swallowed as I developed a new approach to music therapy.

I have observed over the course of a year that my clients do not exhibit the expected typical child behavioral responses to external stimuli. This is consistent with the patient population described in research focused on children with DOC, including music therapy studies (Giacino et. al., 2002; Giacino & Kalmar, 2005; Lichtensztein, Macchi, Lischinisky, 2014;

Magee, 1999; Magee & O'Kelly, 2015; Magee et. al., 2016; Pool & Magee, 2016). My client's responses to music stimuli are intermittent and my job is to facilitate those sporadic responses and make them musical. This is why a behavioral approach to music therapy was unsustainable for me in this context and, as reflected in the first mandalas, was something that I was initially trying to keep a lid on. Music therapists need to have a working knowledge of all theoretical approaches to music therapy to be able to adapt to the needs of their client's needs.

The second mandala's theme of preparation assisted me in recognizing that my need to rest from the supervision process mirrored my clients' need to rest. When I first examined the second mandala, and reflected back on the session, I felt that it was a "maintenance" or "resting phase" to my overall process. No large emotional reaction or imagery appeared during the music. The tropical image of the island in Fiji where I lived over two years, is a place that I consider to be my place of refuge during times of stress and anxiety. This supervision experience also helped me identify how my clients have a similar need. They also require occasional rest and recharging of their mind and bodies. If they are over stimulated they can have adverse reactions to external stimulus. Music-centered supervision helps highlight the parallel process between clients and therapists, in this example, my clients and I both need or each needed rest and recharging in therapy sessions (Young & Aigen, 2010).

Music-centered supervision allowed me to explore the occurrence of countertransference better than talk based supervision. The third mandalas' theme of discomfort reflects this exploration. This supervision session was a pivotal moment in my process because it brought clarity to my understanding of countertransference. I also gained an understanding of the unique needs of clients diagnosed with a DOC and an understanding of the need to address my deeply rooted emotional distress in order to meet their needs. In working with children diagnosed with a

DOC, a majority of the process is interpreting their responses to the music. A strong emphasis is placed on clinical intuition and on psychodynamic transferences. These psychodynamic transferences require me to occasionally take on various roles to help my clients therapeutic process. For example, the client whose session I had prior to this supervision, needed me to portray a more traditionally masculine energy. I was unable to do this and felt at the time that doing so would have caused me to lose focus, turning my attention away from the client and towards myself.

The countertransference is evident in the third mandala, from which it is clear that I could not take on a father figure role because of the contained and suppressed anger and grief I felt toward my own father. The client's physical containment of his emotions in his body reflected the psychological containment I had around my own emotions. The *discomfort* feeling of losing control of my contained emotions, regarding my relationship with my father, made me realize my shadow (Jung, 2014). The Shadow, is Jung's most well-known archetype and symbolizes our animal urges and the qualities of ourselves that are considered negative to society. These qualities can be repressed memories or behaviors that we do not wish to integrate with our outward persona. The place where my shadow resides was revealed in the mandala by the drawing of the cave. This enhanced exploration of countertransference during music-centered supervision is congruent with the BMGIM literature and is a viable option for music therapy students and professionals to consider as a supervision approach (Bruscia, 2012).

During this supervision session, I realized that personal work on my relationship with my own father was necessary so that I could be a more effective therapist for clients with disorders of consciousness. The containment that I had developed and used in my previous work as a music therapist was no longer useful; it was falling apart and dying. Gaining the courage to face

these deep emotions was extremely frightening, however, it was a positive step towards strengthening myself mentally and preparing myself for the needs of my clients. This experience is consistent with the literature showing that BMGIM expands a clinician's capacity to process difficult feelings (Martenson-Blom, 2012) and provide insight into countertransference-transference dynamics (Bruscia, 2012). Music therapists are encouraged to undergo their own music therapy in order to improve their understanding of themselves so that they are better able to serve their clients.

My Personal Development

The changes in my mandalas also reflected a shift in my perception of how music therapy and music therapy supervision is conducted. Over the course of my music-centered supervision, I began to open my containment and rigidity in the music therapy sessions to fully allow my clients to express themselves in a way that is possible for them. I began to accept that I could utilize improvisation and nontraditional methods of music therapy to meet my clients where they are, rather than attend to the session with a set plan. The final mandalas' theme of *new energy* marks the end of my supervision process and the time when I fully accepted my new insights and embraced the changes in my music therapy practice. A new energy was formed. I felt triumphant over the obstacles I was facing, both personally and professionally. I had also recently accepted a job at the Elizabeth Seton Pediatric Center and felt prepared to continue my development as a music therapist. I also began to witness a shift in my ability to manage my emotions towards my father. I was ready to take on the challenges of facing my shadows.

Music-centered supervision has allowed me to uncover important internal that now contribute greatly to my work with children diagnosed with a DOC. It has stimulated my passion for working with this population and inspired me to pursue training in BMGIM. The music-

centered supervision process also made me realize the importance of engaging in creative modalities to express the emotions and transferences that occur in music therapy sessions.

Until this supervision, I had only participated in talk-based supervision. I always felt that there was more I wished to discuss within the session but couldn't describe the feelings that arose with my clients. I wanted my supervisor to experience those same feelings so they could fully comprehend my sessions. Immediately when I began the process of music-centered supervision, Dr. Wagner was able to connect the music with my sensations. Incorporating mandalas also assisted in revealing unconscious material that I could not describe in the limitations of a talk-based supervision. Many of the music therapy students that were within my academic programs have also never experienced music-therapy themselves. I do not believe you can be an effective music therapist, without ever engaging with the therapeutic practice first hand. Even though music-centered supervision is not personal therapy, it can be an avenue for students to experience the effects that music therapy approaches can have on their clinical and academic work.

Implications for Future Education and Training

The training that is required of music therapists is an undertaking due to the amount of work that is required for our credentials. Students often burnout while in their programs and do not have the time to take care of themselves (Baker & Krout, 2012; Shulman-Fagan, 2001). While engaging in my music-centered supervision, my academic work began to have more meaningful and direct connections to my professional work. My professors challenged me to examine how my personality contributed to my therapeutic approach. Music-centered supervision guided me in establishing that my own emotions and history contribute to my client's sessions. I believe that to become an effective therapist, students should explore this

connection of personal history while establishing their own therapeutic approach. Music-centered supervision can be the catalyst for students to find direction in connecting their academic, professional, and personal perspectives to discover their theoretical approach to music therapy.

My experience is consistent with the literature on music-centered supervision, which has shown that these approaches are extremely useful for expressing musical or emotional moments into words (Langdon, 2001) and are of particular importance for music-therapy students (Shulman-Fagan, 2001). GIM specifically has also been shown to help process material that cannot be fully uncovered within traditional verbal supervision (Bonde, 2012). Importantly, this study adds to existing, but limited, research showing the benefit, for both therapist and client, of using music in supervision (Kennelly et al., 2016).

Implications for Future Research and Contraindications

This study demonstrated the positive role that music-centered supervision can play for music therapy students as well as for professionals working with clients diagnosed with a DOC. The use of a heuristic approach in this study lays the groundwork for future research examining both a clinician's experiences in other treatment populations and studies that take a phenomenological approach. It is important, however, to take note that music centered supervision is not appropriate for all individuals, especially those who are not emotionally stable, have low attention spans, acutely psychotic, or who lack the maturity (Clements-Cortes, 2016).

Conclusion

My development as a music therapist has continued as I maintain my music-centered supervision and I very often find new insights into my clinical practice. As I write this last paragraph, I decided to once again listen to the Brahms's (1876) piece from my final supervision

to remind myself of the emotions I had experienced. The same feelings, sensations, and imagery appear once again. I am walking on top of a hill and stop to smell the fresh air. As the music comes to the final cadence, I raise my arms into the sky victoriously and lift my head towards the warm sun. I then fall with the final orchestral note into the plush green grass and await the beginning of my next journey of development as a music therapist.

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APPENDICES

APPENDIX (A)

Example of Coding of Data

Mandala #1





Music Used

Benjamin Britten

"Simple Symphony: III. Sentimental Sarabande"

BMGIM: Nurturing Playlist

"Designed to uncover early experiences
of nurturing (or lack of nurturing) ...in a
non-confrontive way"

"Safe, holding environment"

"to remember feelings of love, caring,
comfort, and safety and relationships"

Analysis

Key: G minor/Bb Major

Time Signature: 3/2

Tempo: Poco lento e pesante

Form: ABA

- Feeling of yearning towards something (suspensions, 7th chords)
- Dark, intensity
- Grounding in G pedal
- B section gives a place of rest (short lived)
- Hope is placed within the instruments
- B section returns slightly faster

	<ul style="list-style-type: none"> • Ends with a sense of hope that the listener has reached a place of rest 		
<p>Mandala TTAQ</p>	<p>Title: Putting on a Happy Face Theme: Trying to keep things contained Affect: Fake, Artificial, Alarming Question: What is being left out in the foreground?</p>		
<p>Data Point</p>	<p>Direct Quotes</p>	<p>Analysis - Keywords</p>	<p>Summary/Theme</p>

<p>Mady Quotes</p>	<p>“Blue is in general a color that is associated with the feminine, the nurturing and very often to Mary’s clothes in a short of blue cape. So it is the idealized mother very often, and that color blue, which is a darker color blue, which is an intuitive blue. Can also be a punishing blue. It is short of like the properties of the witch, in terms of having great wisdom to impart great knowledge. But you have to meet her on her own grounds. So it leads to intuition, and can be an intuitive color, or it can be a heavy handed mother coming down on you. So the fact that you are trying to put a lid on it with that feels somewhat ya know, it doesn’t look like it is holding it in very much. And that happy face, you poor thing. It must have been a very difficult moment when you drew that. So we talked about a little bit about the sun color. Yellow very much is often the father color, either god the father or father father or masculine or mind. Blue very often is associated with mother intuition, nurturing or caring. So you needed it. It doesn’t seem to have contained it real well.”</p>	<ul style="list-style-type: none"> • Parental figures: Mother, father, nurture, caring • Containment: Lid, holding 	<p>Mady discusses how parental figures are present throughout this mandala, especially the need for nurturing by a mother. The blue in the upper half of the mandala is associated with feminine, and nurturing. It is also depicting a lid like quality, keeping all the things below tightly closed. Boxes are present in this mandala, displaying containment in its most basic form of a box. Yellow is associated with the masculinity and knowledge. The yellow smiley face appears forced, floating above fire. The fire appears to be growing in my unconscious, swallowing my containment.</p> <p>Nurturance</p>
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	<p>“Containing that sense of, now remember we are not talking about physical death. But this may have been a moment of where you are saying this is do or die. This is life and death and I have got to keep going.”</p>	<ul style="list-style-type: none">• Containment• Death, Dying	
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<p>Heather Quotes</p>	<p>“This mandala shows multi-colored boxes, overlapping with each other and connected with brown lines. The smiley face above them has a large, forced smile. The image is contained by a heavy blue sky at the top, and fiery red/orange/yellow smeared at the bottom. The entire image appears to be tilted to the left. It appears the boxes are all that Tim felt he had to manage. It appears that these boxes are in danger or succumbing to the fire below, and the smiley face sends the message of barely keeping everything together. It is clear that he was putting on a brave outer face while dealing with inner turmoil trying to successfully manage all of the demands placed on him.”</p>	<ul style="list-style-type: none"> • Containment • Keeping it all together 	<p>Heather discusses that this mandala depicts several aspects of containment; the boxes, the blue and fire. She also mentions how it appears the containment is beginning to fall apart. This is evidenced by (according to her) the smiley face and the fire. During this time, I might have been putting on a front to combat my deeper issues when I faced chaos.</p> <p>Containment</p>
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	<p>to be fine just keep moving. But as I kind of look through especially in these three (<i>multiple mandala's</i>), I see that the blue is not smoothed. It is very just drawn, scribbled and dark. So it was kind of that happy face, like everything is fine everything is good just keep drawing calm.”</p> <p>“There is almost these lines (<i>pointing to the brown lines</i>). It is almost like half, it's trying to get it together, trying to get it started. Trying to keep together trying to piece all my compartments, all my containing together.”</p> <p>“Leaving out birth and death.”</p>	<ul style="list-style-type: none">• Trying to keep it together - containment• Birth and death	
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MARI Stage	<p>Pieces do not fit together. Each is a separate entity with separate statements.</p> <p>There is a clear spilt (stage 6 -) with the top/bottom frames.</p> <p>The middle appears to have the statements that are attempting to hide or be covered by the boxes. Potential for stage 7 representation - logos/rational thinking</p> <p>Disconnect feels like stage 11</p>
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