

## MUSIC-ELICITED PEAK EXPERIENCES OF MUSIC THERAPISTS

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### ABSTRACT

The purpose of this study was to explore the phenomenon of music therapists' music-elicited peak experiences and the potential influence of these experiences on clinical practice. A qualitative interviewing method was implemented with five individuals who experienced one or more music-elicited peak experiences while working clinically either as board-certified music therapists or music therapy interns. Analysis of interview data resulted in the identification of five overlapping themes that together formed the core of the therapists' experiences. Results are discussed and conclusions are drawn concerning areas for future inquiry.

### INTRODUCTION

Peak experiences are intrinsically meaningful, fulfilling experiences that can have a profound impact on the individuals who experience them. According to Maslow (1970), music is one of the most common means through which people achieve peak experiences. It makes sense, therefore, that peak experiences could be a fruitful area of study in the field of music therapy, as the phenomenon may potentially yield significant benefits for clients and therapists. Despite this potential, little exists in the literature specifically on peak experiences and music therapy. This fact and the author's own personal experiences with music-elicited peak experiences have been the primary catalysts for the undertaking of this study.

#### Related Literature

In order to clarify what is meant by the term *peak experience*, provide context for the present study, and articulate the rationale for undertaking this research, the concepts of peak and related experiences will be reviewed from the vantage point of transpersonal psychology, followed by a discussion of research conducted on peak experiences and music and a review of studies involving music therapy and transpersonal experiences.

#### *Peak and Related Transpersonal Experiences in General*

Transpersonal psychology, established in 1969 with the publication of the first issue of *The Journal of Transpersonal Psychology*, sought to expand the field of psychology, which had up to that point focused primarily on pathology, by examining positive human experiences (Guest, 1989). Transpersonal psychology moves beyond basic human needs to focus on higher needs (metaneeds) and intrinsic values such as truth,

beauty, and excellence. Spirituality, altered states of consciousness, transcendence, and other subjective experiences are considered acceptable topics for research in the field of transpersonal psychology, contrasting the focus on objective, observable phenomena found in behavioral psychology and extending the concerns of humanistic psychology to the investigation of higher human needs (Vaughan and Walsh, 2000). Emphasis is placed on transpersonal experiences, in which the individual's "sense of identity or self extends beyond...the individual or personal to encompass wider and deeper aspects of humankind, life, psyche, and cosmos" (Vaughan and Walsh, 2000, p. 111). The primary goals in transpersonal psychology are *self-actualization* (being truly oneself and in control of one's self and life while also respecting the rights and needs of others) and *self-realization* (knowing one's true spiritual nature) (Guest, 1989).

One type of transpersonal experience is the peak experience. The study of peak experiences was introduced to Western psychology by Abraham Maslow (Singer, 2000), one of the founders of humanistic and transpersonal psychology. In studying people who were considered examples of extreme psychological health (self-actualizing individuals), Maslow found that they tended to have significant transcendent-or peak-experiences, states of consciousness in which the individual experienced unusually intense awareness, insight, and positive affect (Singer, 2000; Vaughan & Walsh, 2000). Maslow used the word *syndrome* to define peak experience as a collection of possible characteristics (Maslow, 1968). For each particular manifestation of peak experience, any number (but rarely if ever all) of the following characteristics may be present:

1. The experience or object is perceived as being independent of relations, usefulness, and purpose.
2. The object is "exclusively and fully attended to" (Maslow, 1968, p. 74). Figure becomes everything and ground disappears.
3. The world is seen as existing independently, outside of the context of human needs and existence.
4. Repeated exposure makes perception richer.
5. Perception transcends ego, self, motivation, desire, and selfishness. The individual is relatively free of and detached from the sense of needing.
6. The experience is felt to be intrinsically valuable, self-validating, and self-justifying.
7. Disorientation of time and space.
8. The experience is viewed as perfect, complete, good, and desirable.
9. There is a sense of the experience being absolute. Perceptions of relativity are diminished.
10. The experience is viewed as more passive and receptive than active.
11. The individual reacts to the experience with wonder, awe, reverence, and humility.
12. There is a perception of unity. Sometimes the whole world is perceived as a single unified entity. Other times a single detail is perceived as if it were the entire world.
13. The individual gains the ability to think abstractly (categorizing) and concretely (particularities) at the same time.
14. The individual transcends or resolves dichotomies, polarities, and conflicts.
15. The experience of complete loving, uncondemning, compassion and acceptance of the world and/or person.
16. That which is being perceived is viewed as unique and unclassifiable.
17. There is a complete, momentary loss of fear, anxiety, and inhibition.
18. As the individual moves closer to the essential being of the object, he or she also moves closer to his or her own essential being. There is a parallelism between inner and outer.

19. In psychoanalytic terms, there is “a fusion of ego, id, super-ego and ego-ideal, of conscious, preconscious and unconscious, of primary and secondary processes, a synthesizing of pleasure principle with reality principle, a healthy regression without fear in the service of the greatest maturity, a true integration of the person at all levels” (Maslow, 1968, p. 96).

Peak experiences are intense, joyous, highly valued, spontaneous, unifying moments (Privette, 1983; Vaughan and Walsh, 2000) that can take the form of the mystical, spiritual, and/or religious. These experiences can bring new awareness through sudden, unexpected insights and ego-transcendence.

Wilson and Spencer (1990) conducted a quantitative study using a questionnaire to examine the subjective effects, interpretations, and after-effects of intense positive and negative personal experiences. Comparisons were made between individual participants' most positive and most negative life experiences as well as between the positive experiences of “normal” participants and those of members of a yoga ashram. The researchers found that intense positive and negative experiences were similar in subjective effects and after-effects. Positive experiences of members of the yoga ashram appeared to include real alterations of consciousness and lasting after-effects (changes to their lives), indicating achievement of what the researchers considered true peak experiences, while the normal participants fell short of this level of experience.

The researchers concluded that intense personal experiences only rarely lead to lasting therapeutic change or self-actualization and that true peak experiences are relatively rare in the general population. People more frequently experience features of peaks, but rarely experience true peak experiences. The researchers' conclusions appear to be the result of their conceptualization of peak experience as a clearly defined state rather than a syndrome consisting of a set of characteristics, not all of which appear in any particular manifestation. Second, the researchers seem to think of self-actualization as a set state of being that is achieved at a particular, singular moment in time. This is not in keeping with Maslow's (1964) thinking of peak experiences as temporary moments of self-actualization and of self-actualization itself as a process that can occur episodically over time. Wilson and Spencer (1990) found that negative experiences are as important as positive ones in terms of being meaningful and potentially leading to self-actualization. The implications of this should be explored in future research.

Related to peak experience are the transpersonal experiences of *flow* and *peak performance*. Flow experience, in the sense of the term coined by psychologist Mihály Csikszentmihályi (1990), involves engagement in intrinsically enjoyable activities, the diminishment of self-consciousness, and a close match between the individual's abilities and the challenges of the activity. Peak performance can be defined as “an episode of superior functioning” (Privette, 1983, p. 1361). All three of these experiences (peak experience, flow, and peak performance) are most accurately seen as syndromes (patterns of characteristics, all of which may not be present in any one manifestation), all are positive, subjective experiences, and all may take place during a wide variety of activities (Privette, 1983). These transpersonal experiences are interrelated and differentiated in the following ways: flow and peak experiences both involve enjoyment and valuing, flow and peak performance both include active involvement, but flow does not necessarily involve the optimal joy of the peak experience or the optimal performance of peak performance (Privette, 1983).

### *Peak Experiences and Music*

While peak experiences can be triggered by “any experience of real excellence, of real perfection, of any moving toward the perfect justice or toward perfect values,” (Maslow, 1971, p. 175), Maslow found that two of the easiest and most common ways of achieving peak experiences were through sex and music

(Maslow, 1971). It is somewhat surprising, therefore, that existing research into peak experiences and music is still quite limited.

In one quantitative study on music as a trigger for peak experiences, Lowis (2002) found significant correlations between musical involvement and musical triggers of peak experiences. Specifically, individuals who scored high on musical involvement (those who played musical instruments or otherwise engaged in musical activities at a deep level) were more likely to experience peaks triggered by active or passive musical experiences than participants who were less musically involved. Lowis speculated that people who are more musically involved tend to have stronger physical and emotional reactions to music and tend to become more absorbed in and more deeply engaged with it.

Lavaysse (2002), utilizing a heuristic method of inquiry to study the peak experiences of professional singers achieved during public performances, discovered 12 categories of experience embedded within participants' descriptions. A primary significance of Lavaysse's exploratory study is that it was the first to research peak experiences occurring in the context of vocal performance.

Peak experience was discussed within the larger context of flow experiences among music teachers and students by Bakker, who conceived of flow in the work situation "as a short-term peak experience...characterized by absorption, work enjoyment, and intrinsic work motivation" (Bakker, 2005, p. 27). Bakker seems to use the term *peak experience* to mean simply the height of the work experience rather than in the more specific sense articulated by Maslow. Thus, this study, while interesting and relevant to transpersonal experience, is not really about peak experiences at all.

Last, Babani (2009) employed a case study research design to study peak experiences elicited by music listening. A significant finding of this study was the frequent presence of emotional ambivalence in the form of simultaneous feelings of joy and sadness. Babani speculated that this may indicate a shift to a nondualistic way of experiencing in which what are ordinarily opposite feelings are unified during the peak experience. The researcher also found that music enhanced memory as well as emotional responses to memory and speculated that music may be able to be used to purposefully deepen emotional self-awareness, a finding of relevance to the field of music therapy.

### *Music Therapy and Transpersonal Psychology*

Except for the present paper, only one research study—a recently completed master's thesis—currently exists specifically on the subject of peak experiences and music therapy. Low's (2012) study consisted of a content analysis of 36 articles published in English-language music therapy journals that made some mention of peak experiences and a survey of board-certified music therapists who were professional members of AMTA on the topic of peak experiences in music therapy. The author used the data gathered from his literature review and survey to create a theoretical model of the process of peak experiences in the music therapy setting. The model consists of four stages: *Andante*, *Accelerando*, *Fuoco*, and *Maestoso*. In the *Andante* stage, the therapist provides a safe, contained musical space with sufficient room for freedom and creativity. In the *Accelerando* stage, the client becomes more engaged in the music therapy experience and more fully present in the here-and-now. The *Fuoco* stage is the 30- to 40-second period immediately before the peak experience. At this point, the client is more completely immersed in the experience than before. Last, in *Maestoso*, the client achieves a peak experience, during which he or she experiences an altered state of consciousness, ego transcendence, and a sense of effortlessness in the music making. According to Low (2012, p. 38), the *Maestoso* stage is "when the deepest therapeutic work can occur." It should be noted that Low's model seems to only pertain to peak experiences of music therapy clients.

While the topic of peak experiences is the focus of only one study, the phenomenon has been touched on by a number of music therapy researchers whose work centers on related topics. For example,

Aigen (1996) pointed out that Nordoff and Robbin's concept of the experiential state the *real thing* (the deepest level of engagement and interpersonal closeness) is similar to Maslow's conception of peak experiences. The real thing is where client and therapist live together in the creative now and is a state that cannot be willed into being (Aigen, 1996).

Similarly, Bruscia wrote about how the Nordoff-Robbins approach to music therapy was aligned with the humanistic concepts of Maslow. Specifically, there is a belief that therapy "should facilitate peak experiences, those sublime moments wherein one is able to transcend and integrate splits within the person, between persons, within the world, and between the person and the world. Since the arts facilitate the occurrence of peak experiences, esthetic endeavors are seen to be a central aspect of life and therefore of therapy" (Bruscia, 1987, p. 33).

Steindel (1992) conducted a theoretical study based on her review of the music therapy literature and concluded that one way that music therapy is relevant in the treatment of chemical dependency is that it can help clients manage the loss of drug and alcohol use by providing them with "enduring access to healthy, meaningful, drug free peak experiences" brought about through closeness and sharing between group members, the "internalization of spiritual principles and the reframing of experiences of suffering into ones of meaning" (Steindel, 1992, pp. 148-149).

While the term *peak experience* is not used in her postlude to her book *Essays on Analytical Music Therapy*, Priestley's (1994) discussion of the Receptive Creative Experience (RCE) in this essay seems to closely match Maslow's conception of the peak experience. RCE is an experience in improvisation that is intense, refreshing, and meaningful. The music, taking place in the "Eternal Now," begins to hold the therapist and client. There is a greater sense of unity between players, and possibly an alteration of consciousness and/or transcendence of ego. RCE cannot be consciously willed and was described as an experience in which "the music flows backwards...and plays us" (Priestley, 1994, p. 322).

Ruud (1995) referred to peak experiences as a type of liminality—or threshold experience—that can occur during musical improvisation. In his essay, peak experiences are characterized as sublime, perfect, and harmonious and are considered to be a way of getting away from conventional categories of meaning. Ruud acknowledged that peak, transcendent, and trance experiences occur receptively in the Bonny Method of Guided Imagery and Music and speculated that eliciting transcendent experiences in clients could be seen as an explicit aim of music therapy (Ruud, 1995).

As mentioned above, Csikszentmihályi's concept of *flow* is a transpersonal experience closely related to the peak experience. Ruud (1995) discussed flow as a key concept to understanding musical improvisation in his study on improvisation as a liminal experience, characterizing it as a feeling of control and total absorption in an activity; one thing follows another in a natural way without the individual's conscious participation. Fidelibus (2004) took on the topic of flow in music therapy clinical improvisation in his dissertation. This qualitative research study examined music therapists' experiences of flow, leading to a model of clinical improvisation implicating mindfulness as a key element.

A transpersonal psychologist whose work has been meaningfully applied to the field of music therapy is Ken Wilber. Wilber's Spectrum of Consciousness model presents various levels of consciousness, each of which is associated with a particular sense of identity (Wilber, 1999). Levels of consciousness range from narrow and egocentric to cosmic consciousness. Different psychotherapeutic approaches are shown to address an individual's needs at different levels. Thus, different approaches are considered to be complementary rather than contradictory. Rugenstein (1996), in her paper on Wilber's model and its applications to music therapy reasoned that because music affects the individual at multiple levels of consciousness and is used to address a broad range of issues, the breadth of Wilber's model can be considered useful and relevant to music therapy practice. The author also included part of a case study to illustrate application of the model to clinical practice.

Lewis (1998 & 1999) utilized Wilber's model to examine the evocation and support of transpersonal experiences in the Bonny Method of Guided Imagery and Music (BMGIM). The author found that BMGIM can assist clients in having unitive, mystical, transcendent, and transpersonal experiences and help integrate these experiences into clients' lives. The author contended that the Bonny Method is a transpersonal therapeutic process because it aids in the expansion of consciousness, loosens attachments to conditioned phenomena, encourages spiritual growth and development, and allows for identification with nature, the cosmos, and God.

Another study of the Bonny Method and transpersonal psychology is Kasayka's (1991) dissertation, which is a phenomenological study of how the *Peak Experiences* BMGIM tape affects transpersonal experience. The author found that the musical sequences of the *Peak Experience* tape elicit, support, deepen, and extend transpersonal experience and can "assist the client in redefining, refining and transforming the images which form transpersonal experience" (Kasayka, 1991, p. 117). This study focused on the entire range of transpersonal experiences and did not distinguish, for example, peak from flow experiences.

In his qualitative study of transpersonal BMGIM experiences, Abrams (2002) conducted a series of interviews with BMGIM practitioners who also had extensive experience as BMGIM clients. Through the interview process, each participant identified defining characteristics of their transpersonal BMGIM experiences. These constructed definitions were found to share similarities with one another in some respects while also retaining characteristics unique to each individual. Taken as a whole, Abrams uncovered 10 themes as defining characteristics of participants' transpersonal BMGIM experiences: body/physicality; healing/wholeness; self; relationship; humanity; life meaning; spirituality; qualities of consciousness; music; and guide.

Other transpersonal experiences discussed in the music therapy literature are moments of insight, meaning, and spirituality. Amir's 1993 article reported on a portion of her more expansive 1992 doctoral dissertation concerning meaningful moments experienced by clients and therapists in music therapy. The article discussed the types of insight found, conditions that facilitated the moments of insight, and the results of these moments in the lives of the clients and therapists. Amir's article focused on the following two categories: moments of insight (involving sudden, intuitive understanding about something) and moments of transformation (powerful, life-changing experiences; finding new life meanings and capabilities). For clients, moments of insight led to improved physical and emotional health, increased ability to make decisions and take risks, and improvements in interpersonal relationships and self-esteem. For therapists, insights led to joy, improved understanding of their work, a better sense of self as a human being, and personal growth. Amir concluded that conditions conducive to insight include intuitiveness, listening to inner self and client, the constant exploration of client needs, an awareness and understanding of one's own beliefs and perceptions of work and client, a holistic view of the client, and consideration of the "client's inner factors that might facilitate or inhibit moments of insight" (Amir, 1993, p. 98).

In a later article, the same author presented findings from her dissertation concerning meaningful moments in the music therapy process (Amir, 1996). In this paper, Amir stated her primary research question as being: "how can we describe and understand the experience of music therapy—including the complexities of subjective realities and multilevel intrapersonal relationships and relationships between client(s) and music therapist(s) in an authentic manner?" (Amir, 1996, p. 110). Fifteen distinct elements were found to have made up the experiences of meaning under study. Amir concluded that, since much congruity was found in the language participants used to describe their meaningful moments, it is possible to develop a descriptive language for music therapy phenomena.

Marom (2004) conducted a qualitative study of music therapists' experiences of spiritual moments in music therapy. The author found 13 units of meaning grouped into the following three larger sections: the role of the therapist, the role of the music, and therapists discussing aspects of their experiences. Moments

reported as spiritual covered a wide range of experiences, including major transformations in clients' lives involving intense transpersonal experiences, bonding and empathic moments, finding solace in a community in difficult times, and close encounters with death. Most moments involved the expansion of therapists' knowledge, strengthening of their beliefs, and growth as practitioners and human beings. The wide range of experiences reported led the author to view spirituality in music therapy "as a dynamic force that at once reaches inward to touch the greatest depth of the human soul and outward to form powerful transpersonal connections with others and with God" (Marom, 2004, p. 65).

While there is limited mention of peak experiences in the music therapy literature, the related concept of flow has been explored as a way of understanding musical interactions in music therapy clinical improvisation (Ruud, 1995; Fidelibus, 2004). Literature exists exploring peak musical experiences outside of music therapy and moments of meaning, insight, spiritual experiences, and various other transpersonal experiences in music therapy. The present study is an attempt to fill a gap in the literature by examining music therapists' personal music-elicited peak experiences, the elements that precede and allow peak experiences to occur, categories of meaning existing in the peak experiences, and the effect of these experiences on therapists' personal and professional lives.

Therefore, the purpose of this study was to explore the phenomenon of music therapists' music-elicited peak experiences and the potential influence of these experiences on clinical practice. For purposes of this study, *music-elicited peak experiences* are defined as music-related activities that serve as a catalyst for an experience that is deeper, more intense, and otherwise qualitatively different from usual, everyday musical experiences.

## METHOD

### Study Design

I employed a grounded theory approach in this study to explore the phenomenon of music therapists' music-elicited peak experiences and the potential influences of these experiences on clinical practice. I chose grounded theory because of its potential to examine the conditions, interactions, and consequences germane to the experiences being studied (Creswell, 2007). After considering a number of qualitative approaches to use for this study, the structure of grounded theory seemed to most directly address the questions that interested me the most. I asked the following specific questions:

1. How do therapists describe their peak experiences?
2. What are the elements that precede music therapists' peak experiences?
3. What are the attributes of the therapists who have experienced these peaks?
4. Do certain personality types or individual characteristics affect the quality or frequency of peak experiences and if so, how?
5. Do the peak experiences affect the therapists' personal and professional lives, and if so, how?

## Ethical Precautions

I obtained informed consent, including consent to audiotape the interview, from each participant. In order to minimize the possibility of coercion or undue influence, I emphasized the voluntary nature of participation and conducted the consent process in a calm, inviting, and respectful manner. To ensure participants' understanding of the study, I offered to verbally review the consent document with each participant, allowed him or her ample time to read it and answered any questions the participant had.

I informed participants that there would be no penalties associated with withdrawing from the study. Although no participants withdrew, a plan for orderly termination was in place in the event that this occurred, consisting of thanking the client for participating thus far in the research and assuring him or her that no penalties would follow from this decision. Steps taken to insure participant confidentiality included keeping all data either in a locked fireproof container or on a password-protected computer. Each participant was given a pseudonym to protect confidentiality. Throughout the research process, I was the only individual who had access to study data.

Because all participants were therapists, no ethical or political dilemmas were anticipated in the course of this research. However, the possibility that the peak experiences under study could bring up sensitive personal issues in the participants was considered and strategies were devised to address such a situation. I was prepared to offer support to any participant who experienced an emotional crisis during the recalling of the peak experience until he or she was able to contain the emotions associated with the experience. Additionally, I invested considerable effort in establishing trust, safety, and rapport with participants and made clear my intent to protect participant confidentiality and anonymity. I established rapport with participants by showing gratitude to them for taking the time to participate in the study, showing respect and genuine interest in them and their ideas, and by promoting a calm, comfortable, and inviting atmosphere.

## Recruitment Process and Participant Selection

Following approval by Temple University's Institutional Review Board (IRB), I identified potential participants through the American Music Therapy Association (AMTA) directories of board-certified music therapists living in the Mid Atlantic and New England regions. I sent these individuals an email describing the study, inclusion criteria, and time commitment required for participation. People interested in participating in the study were encouraged to contact the investigator via email reply. Individuals meeting inclusion criteria who expressed interest in participating received a copy of the consent form to review and complete prior to being interviewed.

Participants were active music therapy clinicians and educators who had a music-elicited peak experience at a time in which they were working professionally as a music therapist or music therapy intern. Criteria for limiting the participant pool were prepared prior to recruitment in the event that interested potential participants were too numerous, but the limited number of responses made use of these criteria unnecessary.

## Data Collection

### *Epoché*

There are personal reasons for my decision to undertake this study. A large part of my interest in this topic stems from the several peak experiences I have had throughout my lifetime, some of which have involved



music and others that have not. One specific experience that directly inspired my investigation into this topic involved a peak experience I had during a group music improvisation in a music therapy class at Temple University. The group consisted of 12-15 undergraduate and graduate students singing and playing a variety of instruments including drums, wood and metal xylophones, keyboard, guitar, and miscellaneous percussion. At some point during the 10-minute improvisation, I experienced a shift in consciousness in which I experienced a disappearance of conscious thought and personal individuality—I no longer felt a distinction between myself, the music, and the other musicians. There was an intense sensation of connection, pleasure, and transcendence during and immediately following this experience.

After the improvisation ended and the class let out, I went about the rest of my day, running errands and engaging in the mundane tasks of living, but the peak experience I had in class refused to let go of me. I did not fully return to my usual state of consciousness when the class let out; rather, all I could think about was wanting more of that intense euphoria and connection. I did not get what I wanted, however, and my mood turned very sour. I felt like an addict in need of a fix and did not know where to turn to get it. Eventually, I just went to sleep and woke up feeling more or less myself again.

This particular experience left me wanting to know more about what exactly happened to me, what allowed the experience to occur, what I could have done to counteract the negative fallout, and whether there was a way to foster more experiences like this. As a music therapy student, I naturally wondered whether and how similar experiences occur in the clinical setting, what meaning therapists and clients ascribe to such experiences, and how they might affect the therapeutic process.

### *Grounded Theory Interviews*

Research participants consisted of five board-certified music therapists (three women and two men) who experienced music-elicited peak experiences at a time in which they were actively engaging in clinical work either as music therapists or music therapy interns. Although it was not required for participants to have experienced a music-elicited peak experience within a clinical context, all participants described instances in which this occurred. In-person or virtual (Skype) interviews were arranged and carried out at a time and place convenient to the participant. Interviews were audio recorded using a Tascam DR-07 MKII handheld digital audio recorder.

Guided, audio-recorded interviews were the sole method of data collection. I came to the interviews prepared with a series of topics to address, but with the intention of allowing these semi-structured conversations to evolve spontaneously with each participant. The following interview questions and topics guided the interviews:

1. Please tell me about your peak experience (Who? What? When? Where? Why?).
2. Why do you think this was a peak experience?
3. What elements preceded the experience?
4. How long did the experience last?
5. Were there any after-effects of the peak experience?
6. What meaning did you give to the experience?
7. Discuss the impact of the experience on you personally.
8. Has this experience impacted your clinical work? If so, how?

I followed what Marshall and Rossman (2011, p. 144) refer to as the *interview guide* or *topical* approach to interviewing, wherein I used the above questions as a guide to elicit the unfolding story of peak

experiences from the participants. Additional questions were asked based upon the responses of the participants.

Following each interview, I wrote field notes detailing my initial impressions of, reactions to, and thoughts concerning the interview. Taking field notes allowed me to review what worked and what did not work in each interview, process my personal reactions to interviewees and their experiences, and use this understanding to improve subsequent interviews. For example, I took note of moments in one particular interview in which I felt uncomfortable and self-conscious and noted elements that likely led to this feeling—the interview took place in the interviewee’s place of employment, a large institution in a large city that was not very familiar to me, and the interviewee was an experienced and eloquent practitioner I admired. By exploring and understanding this self-consciousness, I was able to accept the experience and move forward into other interviews with greater confidence and avoid letting the self-consciousness carry forward into the interviews that followed.

### Data Analysis

I downloaded recorded interviews onto a password-protected Apple iMac desktop computer. I completed verbatim transcriptions by listening to small segments of each interview and typing the content of each segment into a Microsoft Word document. Once I had transcribed an interview, I transferred both audio and Word files to a thumb drive that was kept in a locked fireproof safe. Following Marshall and Rossman’s (2011) suggestion, I emailed transcribed interviews back to each interviewee, providing an opportunity for participants to clarify, correct, make additions, or otherwise amend the interviews. I then sat with the data, reading and rereading each transcribed interview until the essence of each interview became apparent. Next, each interview underwent initial—or open—coding, in which important categories were identified. I then followed the process of axial coding as described by Marshall and Rossman (2011), whereby initial codes were then further coded into meaningful units and continuously reworked until a meaningful pattern emerged (Appendix A). During the coding process, in keeping with the suggestion made by Birks and Mills (2011), I wrote memos in which I worked through my evolving thinking on the data (Appendix B). I utilized reflexive journaling in my memos to reflect on the emerging categories and any relevant personal reactions to the evolving content. These insights were then used to rework the data. As new categories emerged, I returned to previous analyses and refined them based on this new knowledge. This recursive process of data analysis continued until new categories ceased to emerge.

## RESULTS

Five overlapping categories emerged from my analysis of music therapists’ peak music-elicited experiences: *Meaningful Experience*, *Connection*, *Change Within*, *Letting Go/Openness*, and *Strong Positive Feelings/Significant Physiological Reactions*. Each of these themes and relevant subthemes are discussed below.

### Meaningful Experience

The peak experiences of participants were significant, standing out from other experiences as special and important. They involved a heightened awareness and intensity that helped participants step out of themselves, changed their mood, and changed their perceptions. They were described as pleasurable experiences that intensified awareness and relationships.

All participants in this study talked about music-elicited peak experiences as being meaningful either professionally, personally, or both. For the purposes of this study, professional meaning refers to meaning that primarily relates to clinical work, including relationship with clients, therapeutic processes, and professional identity and growth. Personal meaning involves aspects outside the professional, including the broader issue of how experiences occurring in the professional setting inform and influence life outside of the workplace.

### *Professionally Meaningful*

Music-elicited peak experiences were professionally meaningful for participants because they involved the development or refinement of therapeutic identity, reminded individuals why they had chosen the music therapy profession, provided renewed energy to continue working in the field, involved witnessing positive change in clients, and led to a deeper client-therapist relationship.

Peak experiences led to explicit professional development for one participant by helping him affirm and refine his therapeutic identity and beliefs:

[The peak experience] was affirming and pivotal. It was pivotal in that that has allowed me to really fully integrate and accept things that I thought and believed about my work and what my role and purpose might be, it affirmed that. And it was pivotal in that coming to that reaffirmation it allowed me to let go of some other constructs about therapy that I was on the fence about. So it solidified, I would say that it was very solidifying at the time of a path that I was on in terms of defining a therapeutic presence, a persona, who I am as a therapist.

Witnessing positive change in clients or the therapeutic relationship through peak experiences was meaningful for therapists because it reminded them why they practice music therapy and reenergized them to continue working in the field. One participant spoke about a feeling of joy related to seeing change occur in a client and how these experiences reminded her of why she does this work and reenergized her to continue. Similarly, another therapist, in speaking on the subject of a particular peak experience she had with a client, stated:

I think definitely that day and going forward those are the things that help create tenure in the profession, those are the things that sort of nourish the music therapist; those are the things that validate the work. The transpersonal is the end game; it's the point of doing the work. So I think those are the things that keep me doing what I do every day. Having that kind of deep relationship with clients and deep relationships in the music.

### *Personally Meaningful*

Peak music experiences were personally meaningful to participants because they involved overcoming obstacles and led to personal growth, renewed participants' connection to music and a desire to use music for personal growth, or led to the establishment of a new personal connection to music. For example, one participant stated:

Feeling like I've surmounted my own mountain maybe inside, that I've done [something] that challenged me, that I didn't think I could do, and realizing that this has changed my life in some way, at a very profound way, has motivated me to become a better person in some way.

Experiencing the power and pleasure of peak experiences reminded participants of the importance of music in their lives. One participant saw her peak experiences as a gift, stating, "I want to do this more for myself...it just renewed my own connection to music and how important it is to me and what it can do for my own growth." Another individual believed peak experiences to be so meaningful to him that they now underlie his fundamental experience of music: "[peak experiences] have been a core to how I define and experience music for myself."

A potential risk for music therapists is the loss of pleasure in music due to using it every day in our work. Peak music experiences can help rekindle therapists' personal relationship with music, counteracting some of the potentially negative effects of using music professionally. Participants in this study were reminded of the pleasure and power of music by directly experiencing it through peak music experiences, opening a door for increased use of music for their own self-care and potentially counteracting musical and professional burnout.

## Connection

Connection occurs when one person makes contact with another. It involves a sense of sharing, closeness, understanding, interaction, and relationship. When we connect to another person, we find commonalities and transcend barriers that separate us. All participants in this study identified a heightened sense of connection with their clients as being a significant aspect of their peak music experiences. Therapists also talked about their sense of connection extending beyond the client and reflected on music and connection both within and outside the therapeutic relationship

### *Connection with Clients*

Therapists used various terms to discuss their experience of increased connection with clients, including "connection," "unified," "bond," and "rapport." For some participants, the peak experiences they reported involved eliciting responses from nonverbal, typically unresponsive clients. These peak experiences seemed to have much to do with overcoming great communicative obstacles and witnessing radical change in their clients. For example, one therapist described her experience as "this ultimate connection with this little girl that felt unreachable," while another stated that her client "kept looking up to indicate 'yes' throughout this whole 10 minute experience and just like, 'you hear me, you can see this, we're doing this together.'"

Some interviewees reported that countertransference played a role in the peak experience. Therapists spoke of using countertransference to help them identify with and better understand clients and their needs. This increased understanding enabled the therapist to be more present to the client, heightened the sense of connection and possibly created a condition conducive to the occurrence of peak experiences. The actual occurrence of peak experiences then further heightened this feeling of connection. For example, one therapist, speaking of a shared peak experience he had with a paraplegic client stated:

I think part of it is that here's someone that at the time I had a strong countertransference with. I was able to go into the space in my head of "if I were 28 years old and this had happened to me how would I make sense of my life?" So I

think that that feeds into the shared space, that I could be present with that at the time and in many ways want to deliver an experience to this person that would give him the structure to just be and explore and experience himself differently than a paraplegic individual...I entered into it with the idea that I want to create this for this person.

Music therapists can experience strong personal emotions during clinical music making, involving countertransferential responses to the music, the clients, and/or clients' emotional reactions to the music experience. One therapist speculated that these kinds of reactions are an important component of his clinical peak experiences, to the extent that it is at times hard to distinguish between strong musical countertransference and peak experiences:

when you're playing music with somebody and there's just these other emotions that start coming up in you from sharing that experience with another client—and I wonder if there's pieces of that mixed in with peak experiences. How if somebody's having a really emotional moment with a song and you're the one facilitating it, how can you not start using your own emotions in that situation? Is that musical countertransference or is that a peak experience? It's one of those self-defined things that you kinda have to find on your own.

### *Connection Beyond the Client*

In addition to speaking of feelings of connection to the client during their peak experiences, therapists talked about how their specific clinical peak experiences extended beyond the client to include a heightened sense of connection to other people and a heightened understanding of the power of music in facilitating interpersonal connection. One therapist had a recurring sense that "the world is a better place" during and immediately following peak experiences in the clinical setting. This therapist perceived the act of making a positive impact on an individual by connecting with him or her through music as impacting the larger world and reminded her of the interconnectedness of all people. While several therapists spoke of how peak music experiences allowed them to feel more deeply connected to other people, one participant spoke about this feeling of connection extending beyond humankind, taking on a spiritual dimension and helping her feel "part of the entire universe."

Clinical peak experiences led another therapist to a deeper understanding of the meaning of "relationship" as a joining of two people and that "music is one of the ways that people can do that [be in relationship] really authentically and really intensely and really efficiently and effectively." Peak music experiences allowed therapists to gain a deeper appreciation for and deeper understanding of the power of music to facilitate a sense of connection between people.

### *Change Within*

Change involves a shift from one state, experience, or way of being, behaving, or perceiving to another. Almost all the clinical peak experiences reported by interviewees in this study centered on witnessing some kind of client change. In turn, the peak experiences led to various changes for the therapists themselves. Clearly, there is overlap between this theme and the theme of Connection discussed above. My decision to place content in one category or the other was guided by whether the change was identified as being the significant factor within the peak experience (in which case, it was categorized under Change) or whether it

was the experience of depth of connection that was emphasized (in which case it was discussed under Connection).

### *Change in the Client(s)*

The majority of the clinical peak experiences shared by interviewees involved the transcendence of impairment and limitation by the client. Significant changes in clients' affect, level of engagement, and level of pain were reported during peak experiences. One example of transcendence of limitation was a typically quiet, reserved, non-verbal client with cerebral palsy who uncharacteristically showed an "intense display of emotion...really singing with a full voice and he was crying and laughing" during a peak experience. Another participant described the change in her client as follows:

Oh, her whole affect and body language and persona changed instantaneously, I mean, she was just this really tender, mild-mannered, quiet, unassuming person who...something just came out of her, it was like she just, the amount of intensity that she had and the way that her face looked and closing her eyes while she was singing, really getting into the moment.

In the aftermath of a shared peak experience with a paraplegic man, one therapist's client reported having total relief from the constant pain he had experienced since his accident, further affecting the peak nature of the therapist's experience:

When it finished, I remember there were no words, we both just sat back, and he actually was "Whooooo" [sound of heavy exhalation] and then after several moments, several minutes of silence his words were, "I feel so different. I don't feel any pain in my back. I don't feel any pain in my hips." He was sitting. He didn't have sensation in his legs but would often feel this tension in his hips from sitting. He said, "the pain is all gone."

In a group setting, a peak experience shared between a therapist and her clients led to a change in the clients' attitudes toward music therapy and a change in the tone of subsequent sessions. The shared peak experience seemed to build a sense of trust, instilling in the clients "a deeper respect for the music and for the music therapy group" and generally changed the way following sessions felt to the therapist.

Through clients' transcendence of limitation, therapists viewed a side of their clients that they had not seen before, which changed the way they thought about their clients. One interviewee described this experience as follows:

It was almost like you could see for just that moment the window opening and you could see who she was before she had the cognitive impairment, before her mind started to change, you could see the woman that she had been.

### *Change in the Therapist*

While a significant component of clinical peak experiences for the participants of this study involved the act of witnessing changes in clients, it is important to note that these experiences involved changes for the therapists as well. In the midst of the peak experience, interviewees experienced various significant changes:

in focus, perception of time and space, and role. A therapist who spoke of changes in focus described it as follows: "[it is] almost like my vision changes, like I can only begin to see them [the clients]...my peripheral vision goes away, like I can only now see exactly what we're looking at." Another therapist experienced an alteration of the perception of time and space in this way: "it's like we weren't here, like we left...Time, the clock, suddenly had moved from, say, 3:00 to 3:20. And it was just the strangest sensation." Several participants spoke of their peak experiences involving a transcendence of or change in role. In the midst of the peak experience, the sense of connection could be so intense that therapists connected to clients on a more fundamental human level that momentarily transcended the usual client-therapist dichotomy. As one interviewee stated, "the music just kinda took over and I stopped being a music therapist and I stopped being the person behind the guitar and we were just all making music together." For another therapist, this change in role perception occurred as a consequence of the peak experience shared with clients: "I was no longer just another staff member telling them what they can and can't do, but there was a different bond that happened there."

Last, it is notable that clinical peak experiences changed the therapists themselves in a number of ways. Having a peak experience instilled some participants with greater confidence in their abilities as therapists and an increased ability to trust their capabilities. One of these individuals went so far as to say that she considered her shared peak experience to be "a turning point in my work." Another consequence of peak experiences for interviewees was an alteration or expansion of the ways in which they worked or in how they thought about their work. For example, one therapist stated that her clinical peak experience led her to reevaluate her "quest for doing music therapy and [her] quest for music therapy experiences with clients," causing her to ask questions such as "how do we get back there [to the shared music peak experience]?" and "what needs to happen for me to stop being the director of this and let the music really have a space to do what it needs to do in the experience?" In other words, she came to trust the therapeutic potential of music more and incorporated a greater emphasis on the shared music experience into her practice.

### Letting Go and Openness

Letting go and openness are two sides of the same coin. Letting go means relaxing into the experience, allowing things to happen as opposed to forcing them, surrendering a degree of control, being comfortable with not fully knowing, trusting the process, allowing for the unexpected, opening up to the natural flow of events. Openness means being receptive to and welcoming possibilities and potentials. When one lets go of narrow views of what can happen in a session, what a client can do, what music can do, he or she opens up to a wider array of possibilities and experiences.

All interviewees in this study identified letting go as a significant aspect of their peak experiences, taking the form of entering a state of increased relaxation, a feeling of effortlessness, letting go of conscious concern with the physical actions required in playing an instrument, a decrease of conscious thought and decreased preoccupation with controlling the music experience. It should be noted that therapists emphasized that this letting go occurred in such a way that they retained their position as the one rendering care. In other words, the experience was not one of leaving the client mentally or emotionally; on the contrary, it involved being freed to experience what was happening in the session more fully than usual. For example, one participant said, "I felt myself relaxing, I remember letting go, and just going with it. Not leaving the group mentally, but being able to enjoy...those moments."

Being open to the client's therapeutic process allowed therapists to connect with the client in significant ways, perhaps leading to clinical peak music experiences. This required responsiveness from the therapist and a willingness to musically engage in a manner consistent with the client's needs. For example,

one interviewee speculated that had she not been open to moving out of her comfort zone and altering the typical structure of sessions she usually had with a particular client, that the client would probably not have reached the point in that session “where he was able to really express himself as he did and feel supported by the music, heard in a way that he was able to really just breathe and be more free than he had been.”

### Strong Positive Feelings and Significant Physiological Reactions

All interviewees experienced strong positive feelings and significant physiological reactions during their peak experiences. Interviewees spoke of feelings of joy, comfort, gratitude, satisfaction, surprise, euphoria, beauty, warmth, chills, racing heart, and changes in breathing as being part of their peak experiences. Some examples of these include one therapist who spoke about feeling “joy, gratitude, it’s not like running down the street necessarily joy and screaming my head off but it’s more like a real deep inner satisfaction and joy.” Another participant stated, “I know that I got chills and that I felt my heart begin to race and that it was harder to breathe.” Another therapist reported a physical sensation of “euphoria, just a sense of overall comfort and warmth and an overwhelming ‘yes’...that this is what it [the session] needs to be.”

## DISCUSSION

The purpose of this study was to explore the phenomenon of music therapists’ music-elicited peak experiences and the potential influence of these experiences on clinical practice. Five research questions were formulated for this study and will be addressed below:

1. How do therapists describe their peak experiences?
2. What are the elements that precede music therapists’ peak experiences?
3. What are the attributes of the therapists who have experienced these peaks?
4. Do certain personality types or individual characteristics affect the quality or frequency of peak experiences and if so, how?
5. Do the peak experiences affect the therapists’ personal and professional lives, and if so, how?

The music therapists in this study described their music-elicited peak experiences as being professionally and personally meaningful. Because participants in this study spoke primarily about peak experiences that occurred with clients in clinical settings, the peak experiences they reported were closely tied to the therapeutic interaction between client and therapist and most often involved witnessing significant changes in the client and the experience of an uncommonly strong sense of connection. Participants talked about their peak experiences as involving the act of letting go of preconceived notions and relinquishing a degree of control while remaining open to the musical and therapeutic process that unfolded naturally before them. Therapists’ peak experiences were accompanied by strong positive feelings such as joy, pleasure, and ecstasy and physiological reactions such as changes in respiration and heart rate.

For some therapists, education and training played a role in preparing the way for peak experiences. These participants received specific training in music-centered thinking and improvisational methods prior to their peak experiences, providing them with conceptual tools and musical skills that allowed them to make fuller use of the clinical opportunities presented to them. Therapists speculated that these experiences made them more musically responsive and open to musical and therapeutic possibilities, likely opening the door for peak experiences to occur in the clinical setting. In some cases, a strong connection and/or



countertransference existed with the client prior to the peak experience that seemed to create a situation conducive for the peak experience to occur.

One participant speculated that, to the degree that music-elicited peak experiences have to do with experiencing musical beauty, therapists who believe that aesthetics are important in music therapy may have a greater chance of eliciting such experiences. Similarly, prior experience with, acceptance of, openness and receptivity to, and belief in the therapeutic benefits of peak experiences may predispose therapists to have peak experiences. A number of participants spoke about looking forward to music-elicited peak experiences and desiring to experience more of them. After experiencing the pleasure and power of a peak experience, therapists moved forward in their work with a heightened awareness of these experiences as a possibility in therapy. Based on this study's data and results, it is unclear whether certain personality types affect the quality or frequency of peak experiences. However, one may speculate that past experiences of peak experiences and an attitude of openness to and valuing of them may increase the likelihood and frequency of their occurrence.

Music-elicited peak experiences in the clinical setting were meaningful to therapists personally and professionally. Personally, therapists felt as though peak experiences helped them overcome internal obstacles, led them to experience personal growth, renewed their connection to music and their desire to use music for personal growth, and led to the establishment of a new personal connection to music. On a professional level, peak experiences allowed therapists to see clients in a new light, catching a glimpse of who they were before impairment as the client momentarily transcended their usual limitations. Therapists also experienced a different manner of being as therapists, including significant changes in focus, perception of time and space, and role when in the midst of peaks. The experiences resulted in increased confidence, increased trust in one's abilities as a therapist, served as a turning point in one therapist's clinical work, and led to greater trust in the therapeutic potential of music and the incorporation of a greater emphasis on the shared music experience in clinical practice. Peak experiences reminded therapists of why they chose the profession and reenergizing them to continue working in the field.

In some cases, peak experiences altered the course of therapy, providing new pathways for exploration in therapy, enhancing the client-therapist relationship, and increasing the understanding and respect clients felt toward the music therapy process. In other cases, peak experiences were isolated events that did not significantly alter the course of therapy. Peak experiences helped participants develop or refine their therapeutic identity, changing the way some therapists worked and thought about their work.

## CONCLUSIONS

The findings of this study indicate that music-elicited peak experiences in the music therapy clinical setting can be very significant, powerful, and meaningful experiences that have the potential to result in positive therapeutic, personal, and professional change. More research should be carried out on the topic of peak and related transpersonal experiences in music therapy to increase our understanding of these phenomena, their benefits, and any potential negative impacts. While the present study utilized a grounded theory research method, the intent was to begin an exploration of peak experiences from the viewpoint of the therapists. Studies with large enough sample sizes to generate theory would be of significant benefit to the field.

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## APPENDIX A: THE CODING PROCESS

For each transcribed interview, I engaged in initial—or open—coding by identifying and designating categories to significant interviewee quotations. Following initial coding, I brought the initial codes from each interview together and formed new categories. I continuously reworked these categories until I reached the final results of this paper. To illustrate this process, coding examples of the category that ultimately became *Meaningful* are presented below, separated into four primary phases of further coding.

### Phase One

There was not an overt category related to meaningfulness in this phase.

### Phase Two

*Purpose & Meaning* was a category with five quotations. Other quotations that later became a part of the *Purpose & Meaning* category are shown below under the categories they had at this time.

#### *Purpose & Meaning*

“when I do have these experiences, it always reminds me why I’m doing this and for me that is so important”

“I accept them and welcome them and have a lot of gratitude for them because they underscore why I’m doing this”

“I feel that the sessions that really strike me, the ones that really feel like peak experiences to me, where I feel that joy again and that reminder that this is why I’m doing this and see how this person is changing in some way, even subconsciously or unconsciously. I’m always reminded to stay the course I guess.” [Change]

“peak experiences really are a part of how I see the progression of my life”

“It helps me move forward. Those [peak] experiences help me move forward.”

“it’s [peak experiences] kind of a reminder, like yeah, this is where you’re supposed to be”

#### *Challenge/Life-Changing/Motivating/Growth*

“Feeling like I’ve surmounted my own mountain maybe inside, that I’ve done [something] that challenged me, that I didn’t think I could do, and realizing that this has changed my life in some way, at a very profound way, has motivated me to become a better person in some way.”

#### *Connected to Spiritual Beliefs*

“peak experiences are really, you know, they’re connected to my spiritual beliefs, not religious, but I believe that this is a calling to change careers and go through what I’ve gone through in my 50s, my 40s and 50s”

#### *It Stuck with Me*

“So that’s the peak experience that I chose to talk about today. It stuck with me. And it’s now...8 years old? So I’ve had other experiences but that one seems to stay with me.”

*Affirming/Pivotal/Solidifying Identity as Therapist*

“It was affirming and pivotal. It was pivotal in that that has allowed me to really fully integrate and accept things that I thought and believed about my work and what my role and purpose might be, it affirmed that. And it was pivotal in that coming to that reaffirmation it allowed me to let go of some other constructs about therapy that I was on the fence about. So it solidified, I would say that it was very solidifying at the time of a path that I was on in terms of defining a therapeutic presence, a persona, who I am as a therapist.”

*Motivation*

“I think definitely that day and going forward those are the things that help create tenure in the profession, those are the things that sort of nourish the music therapist, those are the things that validate the work. The transpersonal is the end game, it’s the point of doing the work. So I think those are the things that keep me doing what I do every day. Having that kind of deep relationship with clients and deep relationships in the music.”

*Peak Experiences are Core [Fundamental] to How I Define and Experience Music*

“I think those music peak experiences really, they kind of have been a core to how I define and experience music for myself”

Phase Three

In this phase of coding, all of the quotations shown above became subsumed under *Purpose & Meaning*. Additional codes that fit the category were identified and are shown below.

*Turning Point*

“I think it [shared peak experience] was kind of a turning point in my work”

*Pinnacle/Internal Experience*

“I think the definition of a peak experience is one that feels like a pinnacle of something, a pinnacle of an event. But not just reaching the top of a mountain, it’s an internal experience for me”

*Empowerment/Nourishment*

“I also would hope for my clients that it makes them feel empowered to continue to do the work that they’re doing, ‘cause therapy’s really damn hard for everybody. And so I hope that they feel like a peak experience empowers them to continue to go forward in the work, that it also provides some nourishment for them, ‘cause you can go along and be on a plateau and not get anywhere and not get anywhere and not get anywhere and then you can have a peak experience that can really open the doors for deeper exploration. So that’s what I would hope. That’s what my experience has been, anyway.”

*Freeing/Renewed Connection to Music/Personal Growth*

“And then it gave me kind of the gift of saying, ‘wow, I want to do this more for myself, too,’ to be able to make music on my own and let it take me where it will go. It was such a freeing experience for him and I know that I’ve had those experiences myself outside of sessions, but it just renewed my own connection to music and how important it is to me and what it can do for my own growth.”

Phase Four

In this phase, I renamed the *Purpose & Meaning* category *Meaningful* and divided it into two subcategories: *Personal* and *Professional*. I also omitted one quotation that did not fit either category (“So that’s the peak experience that I chose to talk about today. It stuck with me. And it’s now...8 years old? So I’ve had other experiences but that one seems to stay with me.”). The final complete set of quotations under the category *Meaningful* are included below.

*Meaningful*

Personal

“peak experiences really are a part of how I see the progression of my life”

“It helps me move forward. Those [peak] experiences help me move forward.”

“it’s [peak experiences] kind of a reminder, like yeah, this is where you’re supposed to be”

“Feeling like I’ve surmounted my own mountain maybe inside, that I’ve done [something] that challenged me, that I didn’t think I could do, and realizing that this has changed my life in some way, at a very profound way, has motivated me to become a better person in some way.”

“peak experiences are really, you know, they’re connected to my spiritual beliefs, not religious, but I believe that this is a calling to change careers and go through what I’ve gone through in my 50s, my 40s and 50s”

“I think those music peak experiences really, they kind of have been a core to how I define and experience music for myself”

“I think the definition of a peak experience is one that feels like a pinnacle of something, a pinnacle of an event. But not just reaching the top of a mountain, it’s an internal experience for me”

“And then it gave me kind of the gift of saying, ‘wow, I want to do this more for myself, too,’ to be able to make music on my own and let it take me where it will go. It was such a freeing experience for him and I know that I’ve had those experiences myself outside of sessions, but it just renewed my own connection to music and how important it is to me and what it can do for my own growth.”

Professional

“when I do have these experiences, it always reminds me why I’m doing this and for me that is so important”

“I accept them and welcome them and have a lot of gratitude for them because they underscore why I’m doing this”

“I feel that the sessions that really strike me, the ones that really feel like peak experiences to me, where I feel that joy again and that reminder that this is why I’m doing this and see how this person is

changing in some way, even subconsciously or unconsciously. I'm always reminded to stay the course I guess." [Change]

"It was affirming and pivotal. It was pivotal in that that has allowed me to really fully integrate and accept things that I thought and believed about my work and what my role and purpose might be, it affirmed that. And it was pivotal in that coming to that reaffirmation it allowed me to let go of some other constructs about therapy that I was on the fence about. So it solidified, I would say that it was very solidifying at the time of a path that I was on in terms of defining a therapeutic presence, a persona, who I am as a therapist."

"I think definitely that day and going forward those are the things that help create tenure in the profession, those are the things that sort of nourish the music therapist, those are the things that validate the work. The transpersonal is the end game, it's the point of doing the work. So I think those are the things that keep me doing what I do every day. Having that kind of deep relationship with clients and deep relationships in the music."

"I also would hope for my clients that it makes them feel empowered to continue to do the work that they're doing, 'cause therapy's really damn hard for everybody. And so I hope that they feel like a peak experience empowers them to continue to go forward in the work, that it also provides some nourishment for them, 'cause you can go along and be on a plateau and not get anywhere and not get anywhere and not get anywhere and then you can have a peak experience that can really open the doors for deeper exploration. So that's what I would hope. That's what my experience has been, anyway."

## APPENDIX B: EXAMPLES OF MEMOS

During the coding process, I wrote memos to work through my evolving thinking on the data. Some selected examples of this process are provided below.

[what is the] Connection between “openness” and “letting it happen”?  
Openness to possibilities.

Purpose and Meaning—is this a code in itself? i.e. peak experiences are innately meaningful to music therapists or they point to a sense of purpose in the work *or* are the different meanings [themselves] codes?

Change—obviously something changes to differentiate the peak experience from other experiences, but is change in therapist, observed in client or in therapeutic process an essential part of music-elicited peak experiences?

What’s the difference between “letting go” and “transcendence”?  
What’s the difference between “transcendence” and “change”?

Should Change be subsumed under Purpose and Meaning?  
Change often seems meaningful and a reason why music therapists do the work?

Should Transcendence be under Change?  
Transcendence is a kind of change, a profound change, crossing over some boundary.

Connection (heightened sense of)  
is (making) contact  
closeness  
interaction, sharing of a moment or experience  
understanding  
relationship

Connection  
does it really make sense to include countertransference under Connection?