

A PHENOMENOLOGICAL INVESTIGATION OF BEING EFFECTIVE AS A MUSIC THERAPIST

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ABSTRACT

The purpose of this study was to investigate the experience of being effective as a music therapist. Eleven music therapists served as subjects, selected according to years of clinical experience, client populations with whom they worked, and theoretical and methodological orientation within music therapy. Subjects were asked to describe one session in which they experienced themselves as being effective as a music therapist, as well as one session in which they experienced themselves as being ineffective as a music therapist. Data were analyzed to reveal themes in the differences between experiences of being effective and ineffective for each subject, as well as across all subjects. Experiences of being effective and ineffective centered around how subjects perceived (a) their clients' experiences, (b) themselves as therapists, (c) the role and influence of the music, (d) the usefulness of the therapy method, and (e) the therapy process. Implications of these findings for music therapy clinical work and research were considered.

INTRODUCTION

During my graduate studies in music therapy, I became interested in researching the factors that made music therapists effective in their work. With the help of my thesis advisor, I found that I was most concerned not merely in researching the professional and personal characteristics linked with therapist effectiveness; rather, I was truly interested in the actual meaning and experience of effectiveness from the music therapist's own perspective. Specifically, I wanted to understand how music therapists themselves experienced effectiveness in their work with clients and in how they knew on a personal level when they had been effective.

In my initial review of the literature for material related to therapist effectiveness, I consulted a number of sources for information on therapists' professional qualifications and responsibilities, primarily concerning how effectively therapists are able to fulfill their roles and functions in various settings (e.g., Alvin, 1975; Eustis, 1952; Quinn, 1986; Shatin, Kotter, & Douglas-Longmore, 1968). I also consulted a number of sources for information on therapists' personal characteristics, primarily illustrating how personality traits, values, countertransference reactions, and other factors relate to therapist burn-out and distress (e.g., Bright, 1988; Bruscia, 1989; DeFreitas, 1988; Glider, 1987; McGinty, 1980; Oppenheim, 1987; Priestley, 1978; Stephens, 1984). While these sources provided general information on therapist effectiveness, none addressed the essence of my particular question, concerning music therapists' own experiences of effectiveness.

As I began to consider a method for addressing my research question, I realized that it would have been difficult to answer through traditional empirical procedures, which are designed for investigating quantitative aspects of phenomena. Quantification would have reduced the phenomenon to the extent that an entire portion of the experience would have been missing. Because I was investigating a particular component of a whole, multidimensional arts therapy experience, I required a different kind of research approach.

In my search for a research method, I discovered a systematic way of studying qualitative phenomena and human experience known as phenomenology (Giorgi, 1971b). In this method, qualitative dimensions of someone's experience are not measured in traditional ways, but rather are described using

the person's own view on the meaning of the phenomenon. The "meaning" derived from descriptive phenomenological analysis is the equivalent of measurement in experimental (i.e., quantitative) research (Giorgi, 1975), while phenomenology as a method is both rigorous and objective in its faithfulness to the phenomenon under investigation (Colaizzi, 1978; Giorgi, 1971b). Kenny (1989) adds that phenomenology addresses not only concrete events and observations but also more subtle forms of perceptions such as the artistic point of view. Thus, in order to capture the phenomenon of therapist effectiveness fully in its multiple dimensions, I decided to use a phenomenological approach.

In studying how I would apply a phenomenological approach, I found that I would have to explicate my own perspectives on the research question and my own experience of the research process. Giorgi (1971b) has stressed that the phenomenological investigator should be regarded as a participant observer, and thus her or his point of view on the phenomenon under investigation should be made explicit. It is also important for the investigator to avoid absolute stances and to explicate her or his approach to deriving meaning from the data (Fisher & Wertz, 1979; Giorgi, 1971a). Clifton (1983) has pointed out that the investigator should acknowledge her or his anticipations, feelings, values, memories, judgments, and knowledge. Giorgi (1975) has stressed that the researcher's presuppositions, aims, and intentions should not be avoided but acknowledged and given their importance in order to have clear idea of where the investigator stands. I understood how these sorts of measures would help me avert the influence of unchecked prejudices, premature answers, uncritically accepted beliefs, and wishful thinking on my own part.

As I returned to my review of the literature, I found several studies which utilized phenomenology to study experiences pertinent to music therapy. Racette (1989) conducted an investigation to describe the experience of listening to music when upset. She interviewed subjects on this experience, recorded and transcribed their responses, and analyzed these responses in order to extract an essence of the experience. She then compared these essences against the original transcripts to ensure that the products of her analysis corresponded meaningfully with the original data. In another study, Forinash & Gonzalez (1989) utilized phenomenology reflexively to explicate a music therapist's own experience of a particular session with a dying hospice patient. Similarly, Forinash (1990) used phenomenology to describe her own experiences working with terminally ill clients in music therapy. Both Forinash & Gonzalez (1989) and Forinash (1990) focused on the investigator's own experience and the music therapy process, including experiences and interactions among the client, music, and therapist.

Based upon the experience her own study, Forinash (1990) found that the main advantage of using phenomenology was that it provided an excellent means of gaining a deeper understanding of clinical music therapy with her subject, while preserving the integrity of the experiences being explored. Forinash also noted that it provided a deeper understanding of what occurs in the music therapy session, as well as a deeper appreciation of the subject's being. This reinforced my decision to utilize phenomenology as a method of addressing my research questions and for retrieving and exploring specific instances of "lived experiences" of being effective and ineffective. This method also prevents intellectual reflections or discussions of the experience.

Based upon my interest in the topic, along with what I understood to be a need within the music therapy research literature, I proceeded with the present investigation, which was designed to explore and describe music therapists' experiences of being effective. In formulating a specific research problem statement, I realized that effectiveness was largely defined in terms of its opposite characteristic, *ineffectiveness*, and that in order to understand one, I would also have to understand the other. Thus, the purpose of the present inquiry was to address the research question, "What is the experience of being effective versus the experience of being ineffective as a music therapist?" Specific sub-questions were: (a) Of what are music therapists most aware when experiencing their work with clients as effective? (b) Of what are music therapists most aware when experiencing their work with clients as ineffective? (c) How do the experiences of being effective versus ineffective compare for each individual? (d) What was unique and common among these experiences?

METHOD

Subjects

Eleven music therapists served as subjects in this study. I selected subjects according to their years of clinical experience, client populations with whom they worked, and their theoretical and methodological orientation within music therapy. I chose only experienced music therapists as subjects because I felt that they would have a greater number of experiences of both effectiveness and ineffectiveness upon which to base their answers. I also selected subjects in order that work with various client populations would be represented (e.g., adult, child, psychiatric, developmentally disabled, terminally ill, non-clinical, etc.), as well as different music therapy approaches (e.g., improvisation, Guided Imagery and Music, vocal-body work, ritualistic). The subjects varied in age between 30 and 50 years of age and in geographic location. Before participating, every subject signed a consent form. (See Appendix A).

Data Collection

Data collection for each subject consisted of a verbal interview. I conducted the interview either at the subject's home or at her or his office. I audio taped all interviews in their entirety. Each interview was divided in two sections. In the first section, I asked subjects to recall a specific session in which they experienced themselves as being ineffective as music therapists. In the second section, I asked subjects to recall a specific session in which they experienced themselves as being effective as music therapists. The participants were asked to describe their experience of being ineffective first because I assumed that recalling instances of effectiveness would represent a more pleasant experience than recalling those of ineffectiveness—thus, in the interest of improving the quality of the subjects' participation, asking them to reflect upon effectiveness second allowed subjects to conclude on a positive note. For each of these sections, I gave subjects the option of recalling either an individual or group session.

Each of the two sections were composed of three parts: induction, description of the experience, and closure. The induction was designed to help the subject recall a specific instance or session and gather basic information about the session itself. For example, I asked "Can you think of a specific session when you experienced yourself as being effective as a music therapist?" Then I asked whether it was an individual or group session, and which methods were used. And, finally, I asked for all pertinent information about the client. I then had the subject close her or his eyes for a moment, to help her or him reenter the experience.

In the second part of each section, the description of the experience, I asked subjects to describe as many details as possible about what they were experiencing. I continually tried to focus subjects on sensations and feelings within the experience, rather than on cognitive or intellectual reflections upon them. I employed five techniques in order to help guide each subject in describing her or his experiences. An explanation of each technique follows.

Amplification. Focusing the subject on a particular aspect of the experience and eliciting more information. This involved asking questions such as: "What was that like for you?" or "How did you know inside?" or "Can you be more specific?"

Redirection. Refocusing the subject on the experience itself. This was most useful whenever the subject began reflecting upon the experience in a cognitive or intellectual way, such as explaining the client's behavior or providing afterthoughts on effectiveness.

Probing. Eliciting information on physical or emotional reactions concerning a particular experience. This involved attentive silence or open-ended questions in whatever sensory modalities the

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subject was discussing—for example: “How did you body react?” “What did you see or hear?” or “What feelings did you have?”

Reflection. Concisely restating what the subject had said, as a means of keeping her or him focused on the experience.

Summarization. Consolidating the subject’s most significant statements into a single statement in order to ensure accuracy of meaning

The third part of each section was for bringing closure. In this part, I asked subjects if there was anything else to recall about the experience or if there was anything else to say.

Data Analysis

To organize and analyze the data, I combined and adapted procedures used by Colaizzi (1978), Fisher and Wertz (1979), Giorgi (1975), and Racette (1989), thus resulting in the following steps:

1. Transcribe the two sections of the interview
2. Read over the entire transcript to get a sense of the whole.
3. Read the section on being ineffective and eliminate any reflective, interpretive, or descriptive statements, which are not directly related to the experience.
4. Organize the remaining statements (often made at different times in the interview) according to topic and select the most significant quotes on each topic. Write paragraphs on the essence of the subject’s experience with regard to each topic, using the selected quotes and paraphrases, and eliminating all redundancies and repetition. Compare this summary of essence with the entire transcript and insure that all significant material has been included and that there are no contradictions.
5. Repeat steps 3 and 4 on the experience of being effective.
6. Have advisor review original transcripts and summary paragraphs for accuracy. Make adjustment by consensus.
7. Make comparisons between experiences of effectiveness and ineffectiveness, according to topics found in each subject’s summaries.
8. Examine themes on distinctions between experiences of effectiveness versus ineffectiveness, across all subjects.

Statement of Subjectivity

Once I had decided upon my research topic, but before proceeding with the research method, I documented my own and my advisor’s subjective perspectives on the topic. I acknowledged my own bias that *effective music therapists have certain ideal personality traits* (e.g. openness, empathy, sensitivity, etc.). The advisor acknowledged his biases as well, which were: (a) *A therapist’s experience of his work as effective or ineffective will be subject to influence by countertransference issues, both in criteria for effectiveness and in the ability to recognize when those criteria have been achieved;* (b) *therapists may base their criteria for effectiveness and ineffectiveness along continua* (e.g., control/lack of control, empathy/lack of empathy, etc.).

RESULTS

Results for Each Subject

Summaries of essences for each subject (results of step 4 in the data analysis procedure) are somewhat lengthy and they are presented in Appendix B.

Below are comparisons of experiences of effectiveness and ineffectiveness, according to topics found in each subject's summaries (results of step 7 in the data analysis procedure). As a reflection of the interview structure, statements concerning ineffectiveness precede those concerning effectiveness within comparisons for each subject.

Subject A. When ineffective, the client was delusional, defensive, patronizing, disrespectful, and into male-female issues. When effective, the client had fun, was invested, not withdrawn, and the client group was cohesive. When ineffective, I as therapist was pushing the client further and being confrontational appropriately. I was questioning whose needs I was meeting and was serving in two roles at once. I was vulnerable, afraid, cognitive, going against my feelings, concerned with control, intimidated, and unsure of myself. When effective, I as therapist felt creative, adaptive. I had fun sharing and was not experiencing myself as a music therapist. When ineffective, the music was very provocative. When effective, it was grounded and creative. When ineffective, the therapeutic dimensions of the method I was using got lost. When ineffective, I began feeling competent, but as I was drawn into the client's delusional system, I began feeling incompetent.

Subject B. When ineffective, the clients resisted, avoided issues, and were not receptive. When effective, they stayed on task, were motivated to learn, felt confident and successful, enjoyed themselves, had better self-esteem, and developed a good reputation for what they did. When ineffective, I as therapist had too many clients, and felt like I was being used. I did not offer enough choices, got frustrated with music therapy, and wanted to prove music therapy. When effective, I felt great as a therapist, proud, confident. I had an ego boost watching them. When ineffective, I felt that music therapy was the wrong approach and that what I was doing was contrived. When effective, I felt that I was using a good technique, that it affected the clients' approach to school in a positive way, and that music therapy made a difference.

Subject C. When ineffective, the client was barely conscious, had no reaction, and was groaning in pain. When effective, the client was relaxed, comfortable, free, uninhibited, and spontaneous. The client was interested, open-minded, intelligent, honest, willing to share, expressive, and able to explore sadness. When ineffective, I as therapist could not connect things. My mind was racing, I was questioning, and I lost my intuition. I felt tense, uncentered, unfocused, self-conscious, anxious, not relaxed, not helpful. When effective, I as therapist felt relaxed, comfortable, free, honest, uninhibited, not self-conscious, and able to laugh. I was lucky, confident, inspired, and had good timing. I was touched, joyous, excited. I was open, trusting, sharing. When ineffective, the music was of poor quality. When effective, the music was not the best, but still okay. When effective, the process was moving and flowing. The experiences were meaningful, lovely, and bitter-sweet. There was a personal kind of environment, and the integrity of the moment transcended everything. When ineffective, the process was like a snowball effect.

Subject D. When ineffective, the client was unresponsive. When effective, the client explored scary territories, being pulled into it after resisting—she lifted herself out the muck and got something out of it. When ineffective, I as therapist had no visible connection with the client. I was doubtful, and questioned myself and my belief system. I quit believing in connection at the soul level. I felt vulnerable, low, unvalidated, hurt, depressed, sad, meaningless, and not fresh. When effective, I as therapist was spontaneous, receptive, adaptive, cooperative. I felt on the “cutting edge.” I facilitated, held tension,

knew the pain, provided a holding environment, modeled taking risks, and shared. I felt validated. When effective, the process had organic wholeness; it flowed.

Subject E. When ineffective, the clients were unresponsive. When effective, the clients were creative, spontaneous, appropriate, confident; they initiated inventive responses instead of mimicking me. When ineffective, I as therapist felt frustrated and insecure. I questioned myself but also blamed the clients because the same things worked with other clients. I was arrogant, communicated badly, and felt misunderstood. When effective, I was pleased, proud, validated; I adapted. When effective, the process was flowing.

Subject F. When ineffective, the clients had drastically different backgrounds and formed intense, triangular dynamics. They had the potential for hurting one another. When effective, one client cried, took care of herself, and was open to sharing in a heartfelt way. The group as a whole was cohesive. When ineffective, I as therapist was out of control, uncomfortable, and felt I was going to lose the session. My mind was racing. I felt responsible for maintaining the clients' safety and avoiding any hurt. When effective, I gave the clients control. I felt confident, happy, good. I followed my instincts. When effective, the process was an evolving one.

Subject G. When ineffective, I felt agitated, exasperated, and angry at my client. She was doing things that I was not doing in my life. When effective, the client went into a deeper place and expressed it in her body and voice. When ineffective, I as therapist was agitated, exasperated, angry. I was not open, helpful, or in a place of abundance. I was a poor listener and missed cues. I was in my head, having internal struggles. My intense energy got in the way. When effective, I was in the right place at the right time. I was clear, out of the way, centered, unbusy. I was holding and encouraging to the client. I facilitated. My voice was intuitive and deeper. When effective, the symbols emerging within the process were not mundane.

Subject H. When ineffective, the client was very disturbed, had strong feelings and not enough ego strength. The client's condition got worse. When effective, the client began to integrate, connect, and heal himself. When ineffective, I as therapist felt lost, frustrated, helpless, nervous, and in need of reassurance. When effective, I was aware, observant, connected, in "sync," and supportive. I moved with my client, and was a cheerleader. I felt validated and reassured. When ineffective, the music was too strong for the client. When effective, the music was appropriate.

Subject I. When ineffective, the client (individual) was easily distracted, stuck in silence about his own depression, and made no progress. When effective, the clients (group) stayed awake, enjoyed themselves, smiled and laughed, were spontaneous, and had no behavior problems. When ineffective, I as therapist was wasting my time, and I was out of control. I was questioning and wondering about things. I felt angry, frustrated, and discouraged. When effective, I was elated, energetic, and almost euphoric. I felt high, rewarded, fulfilled, and gratified. I had fun. When ineffective, the process did not go well. When effective, there was positive energy, and the experience flowed. I used my most successful method.

Subject J. When ineffective, the client (female) was disturbed, beyond help. She refused to do anything and was difficult to work with. When effective, the client (male) was expressive. He collaborated, and made a strong statement for the both of us. He sang well, with power and feelings. He gave meaning to it all. When ineffective, I as therapist pushed, chased, and intruded on the client, trying to fit her into a mold. I felt uncomfortable about it. I was on an ego trip, trying to be the hero and savior. When effective, I was deeply moved and stimulated. I was supportive, resonating, and expressive. My heart was with the client. We collaborated. When ineffective, music therapy was not the best method; the sessions were counterproductive. When effective, the music was like an altered state experience; the song took off.

Subject K. When ineffective, the client was crying, unhappy, and powerless. When effective, the client was intellectually stimulated, proud, excited, and pleased. When ineffective, I as therapist was self-conscious, uncentered, unhelpful, anxious. I felt sorry for the client. I didn't feel good; I was warm, my face was red, my heart was beating fast. When effective, I was excited, stimulated, pleased, smiling, in "sync," and totally there. When ineffective, the method was inappropriate, and not helpful in dealing with client.

Results Across Subjects

Across all subjects, five main themes emerged. Experiences of being effective or ineffective centered around how subjects perceived (a) their clients' experiences, (b) themselves as therapists, (c) the role and influence of the music, (d) the usefulness of the therapy method, and (e) the therapy process.

Perceptions of Client Experiences. The ways in which subjects perceived client experiences in therapy were integral to feeling effective or ineffective. These included overt client reactions that were easily observable and that could be supported empirically, as well as covert experiences perceived by subjects on a more implicit or intuitive level. When the subjects experienced themselves as being effective, overt client reactions included that they were able to share, interact, laugh, be spontaneous, release positive and negative feelings, initiate new and positive behaviors, and exhibit appropriate behavior. Covert experiences included being open-minded, comfortable, free, motivated, creative, stimulated, appropriate, confident, and insightful. When subjects experienced themselves as being ineffective, overt client reactions included crying, yelling, biting, being easily distracted, and having no reactions. Covert reactions included being disturbed, being resistant, avoiding issues, being powerless, and making no progress or getting worse.

Perceptions of Self as Therapist. When subjects experienced themselves as being effective, they reported having specific states of mind, emotional reactions, and behavioral sets (i.e., specific things subjects did). States of mind included being creative, adaptive, relaxed, comfortable, honest, uninhibited, not self-conscious, inspired, spontaneous, confident, receptive, on the cutting edge, in the right place at the right time, centered, "unbusy," intuitive, aware, observant, connected, in "sync," and totally there. Emotional reactions were feeling great, proud, ego boosted, lucky, excited, validated, energetic, fulfilled, joyous, deeply moved, expressive, and heartfelt with client. Behavioral sets consisted of modeling risk-taking, giving clients control, providing a holding environment, and facilitating the process.

When subjects experienced themselves as being ineffective, three kinds of reactions were involved: physical, emotional, and self-reflective. Physical reactions included being tense, warm, having a red face, and heart beating fast. Emotional reactions included feeling vulnerable, intimidated, overwhelmed, frustrated, self-conscious, unvalidated, hurt, depressed, misunderstood, exasperated, angry, helpless, used, sorry for the client, arrogant, not open, not connected, and on an ego trip. Self-reflective reactions included questioning themselves as therapists, losing their intuition, being uncentered and unfocused, listening poorly, feeling incompetent, and wanting to prove something.

Perceptions of the Role and Influence of the Music. Three subjects out of eleven directly described the music as a part of their experience of being effective or ineffective; however, this category did not seem particularly significant. When effective, subjects experienced the music as being grounded, creative, and appropriate, but also not necessarily being the best. When ineffective, they experienced the music as being of poor quality or too strong; however, it was also very provocative, which may or may not have been detrimental in the sessions.

Perceptions of the Usefulness of the Therapy Method. In contrast to the music, perceptions of the methods used by subjects were closely linked to being effective and ineffective. When effective, subjects experienced the method as good, productive, and successful—it made a difference. When ineffective, they experienced the method as wrong, contrived, inappropriate, not helpful, and counterproductive.

Perceptions of the Therapy Process. Perceptions of the process were also closely linked to the subjects' experience of being effective and ineffective. When effective, the process was evolving, flowing, moving, transcending, meaningful, lovely, and organically whole. When ineffective, the process did not go well and involved a cumulative effect.

DISCUSSION

Results revealed several key indicators of effectiveness and ineffectiveness. When subjects experienced themselves as being effective, there were three major indicators: clients, themselves as therapist, and the method. They experienced that clients either got something out of the session or showed progress in their level of functioning. They experienced themselves as creative, adaptive, receptive, sensitive, out of the way, and containing the session. They also felt that the methods were among the most successful they had employed.

When subjects experienced themselves as being ineffective, the most important indicators were: the clients, themselves as therapist, the music, and the method. They experienced clients as having no response or a different response than what was expected, or as being stuck in depression. They experienced themselves misplacing their attention by either focusing on themselves or on outside elements, such as interns. They also felt lost and did not know how to help the clients. They experienced the music as too strong for the client and as becoming counterproductive. One subject placed the blame on the method of music therapy itself, and two others mentioned that music therapy itself was probably not the most appropriate modality for their clients.

It is interesting to note that subjects differed according to what they considered to be effective or ineffective therapy. For example, being effective for some meant that their clients were responding to their expectations and were providing cues indicating therapist effectiveness. In many instances, subjects reported that the session was flowing when they were effective. Some talked about “*organicity*,” wherein all elements worked together within a session. Many reported that, when effective, they did not experience themselves as music therapists but just as being a part of a larger process. By contrast, being ineffective for some meant not meeting their own expectations of themselves, such as not responding to a situation or to their clients in an effective way. It also involved feeling self-conscious. For most subjects, both effectiveness and ineffectiveness involved having strong feelings.

For certain subjects, I also discovered continua (or polarities) between experiences of being effective and ineffective, specifically concerning client, therapist, music, method, and process. Continua concerning clients involved degree of positive versus negative mood, as well as spontaneity of client responses. Continua concerning therapists also involved degree of positive (e.g., high) versus negative (e.g., discouraged) mood, degree of experiencing the work spontaneously versus feeling self-conscious (e.g., questioning oneself), degree of following clients (e.g., being adaptive) versus imposing one’s own will on clients (e.g., being arrogant), and degree of assurance by clients that their needs were being met. Regarding the music, one subject expressed a continuum between appropriateness of music versus music that was too strong. Regarding method, one subject expressed a continuum concerning the degree to which the method felt right versus wrong. Finally, regarding process, one subject expressed a continuum concerning the degree to which the process was “*flowing*.”

Implications for Clinical Practice and Research

According to findings in this particular study, the experience of being effective as a music therapist depends upon how therapists perceive client experiences, themselves as therapists, the music, the therapy methods they employ, and therapy processes. This carries implications for music therapy practice, in that these aspects may serve as specific guidelines for therapists when assessing their self-perceived levels of effectiveness, which may in turn carry implications for the efficacy of the therapy from others’ perspectives as well.

The phenomenological method employed in this study helped provide new perspectives on what constitutes effectiveness in music therapy. By studying the unique and personal experiences of music therapists, from the therapists’ own points of view, new insights on the topic were revealed which may otherwise have remained uncovered. Interestingly, the method itself was somewhat flexible and open to revision at various junctures during the research process. In spite of the basic guidelines in the data collection and analysis procedures, it was not always possible to know precisely what form these

procedures would take prior to considering the data. This was so because the overall method required accepting the subjects' experiences in whatever ways they were presented, without imposing preconceived ideas or inflexible procedures upon them.

Further phenomenological research on the experience of being effective might focus on music therapy with specific client populations or on therapists who use a specific method, as both of these factors appeared important in the experiences of the present subjects. Beyond the matter of effectiveness, the phenomenological method might also be employed to investigate any of the many other experiential aspects of being a music therapist.

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APPENDIX A

CONSENT FORM

You are invited to participate in a phenomenological study about the experience of doing music therapy . We hope to catch the essence of the experience. You were selected as a possible participant in this study because we are looking for experienced music therapists working in different fields. There will be eight to ten music therapist interviewed.

If you decide to participate, Pascal Comeau will interview you and audiotape the interview. The tape will be stored in a safe place and be erased after the completion of this thesis. The interview should last at the most one hour. It will be given in two sections: the first is about the experience of not being effective as a music therapist (in any one specific session); the second is about the experience of being effective as a music therapist. There may be discomfort felt in talking about a session when you felt not effective as a music therapist.

This research may benefit the field of music therapy. Your participation is voluntary and you may withdraw at any time. Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. No names will appear in the final version of my thesis.

If you have any questions you may reach Pascal Comeau at: (215) 232-4495, or Dr. Bruscia at: (215) 787-8314.

Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw at any time without prejudice after signing this form should you choose to discontinue participation in this study.

Signature

Date

APPENDIX B

ESSENCES OF EXPERIENCES BEING INEFFECTIVE AND EFFECTIVE FOR EACH SUBJECT

Subject A

Subject A is a female music therapist working with adults in a psychiatric setting.

Ineffective. In the first experience reported, the session was powerful for the patients because I used a particularly provocative musical piece. I wasn't sure if pushing the patients was their need or mine to see a change. One patient reacted defensively, saying that the music was trivial to him. I felt competent when I confronted him but I didn't feel competent after he wrapped me in his delusional system. I felt intimidated, vulnerable, and afraid because he could have easily overpowered me. There were male-female issues. He patronized me and didn't respect me as a music therapist. I had an issue of control that remained unresolved; I don't know if I dealt with it very well.

In the second experience reported, my main reaction was cognitive: having a conflict between being a supervisor and a therapist. I allowed my students to perform a piece for the patients instead of listening to a tape as I had planned. The patients focused on the students as performers instead of on the music, the beauty of it, the power of it, and lyrics. I was disappointed in myself for letting it happen. The important therapeutic dimension of the song discussion was lost because I let my student have it their way against my own feelings. Was I trying to prove something to myself or to them? My motivations were not focused only on the patients where they should have been.

Effective. The group had fun, interacted with one another, and was cohesive. The music was good, it was grounded, it was creative. There were no withdrawn people, everyone seemed to be equally involved and enjoying the situation and themselves. They were accelerating as we built on the activity; they were getting more and more invested and had more fun. Good dialogues ensued. I felt effective because I was creative in being able to quickly change my plan for the session. I wasn't experiencing myself as a music therapist; I was experiencing myself as having fun, making music with them and sharing the moment with those people.

Subject B

Subject B is a male music therapist. His example of being ineffective is with adults in a hospital setting. His example being effective is with people with developmental delays.

Ineffective. It wasn't so much that I wasn't effective as a music therapist as much as I felt that the method of music therapy was ineffective. It had some impact, except that I found that I could get it done much faster with another method. We talked about the songs I brought but it was contrived. We were dealing with an outside source as opposed to bringing in the reasons they were there. Another factor was that I didn't care very much for the song I brought in, so perhaps I did not offer them enough choice. I was frustrated with myself because I allowed that to happen. I should have stopped after one song. There was a lot of resistance on their parts, trying to get out of any issues related to why they were there at the hospital. There were also too many people in the group, and they weren't in a receptive mood. That wasn't a good experience. It was very frustrating, because it wasn't getting anywhere, and I felt that I was being used. It was also frustrating because there were times even in this particular session that I wanted to prove that music therapy works. Well, the frustration is about the whole field in general!

Effective. I wrote a book with a friend of mine on a technique that I'm really pleased with. It teaches sophisticated arrangements of music in half an hour. The biggest thing is that they can stay on task far more by using my method than they can in anything else, especially since they are not supposed to be able to stay on task. They can do it and be successful. Sometimes they even conduct the whole

group. I just sit back and watch them. They really get off on the power of conducting a group, and putting it together. Their motivation is triggered by the charm of the music. They've really gotten up on it, enjoying the technique and themselves, and building self-esteem and confidence at the same time. It also affects positively their approach to school; helping them to be motivated to learn. It's been my most successful of techniques and approaches, and the responses of the audience has been really good. It feels great! Because it's: "Yea! I did it!" I was also proud because the group acquired a good reputation. It's a little bit of an ego trip to an extent; and it's a real ego boost.

Subject C

Subject C is a music therapist working with adults in palliative care.

Ineffective. My patient was barely conscious and groaning in pain. There wasn't much of a reaction from her throughout the session. I couldn't make any connection with her, and it had a snow-ball effect. It became tense and the quality of the music suffered a great deal. It wasn't very good, and I felt unmusical. My mind was racing, worrying about what I should do. I couldn't get centered, and I lost my intuitive process. I lost the focus on the other person; the focus was more on my own self. I was wrapped up in myself holding the guitar in a closed fashion with my shoulder going forward. I had the feeling that I didn't do anything for her. I felt that I couldn't be there for her and that I couldn't relax. I was anxious, and I got tensed in the pit of my stomach and across my shoulders.

Effective. It was very moving; everything flowed and the direction of the session was clear to me. We were relaxed and comfortable. There was no tenseness, no tightness; there was just a natural evolving process. There was a personal kind of environment, which allowed us to feel free, spontaneous, and honest. It was important for us to be together. There was no inhibition; we laughed and moved into another level of feelings where we got into to sadness felt by the wife about her husband's impending death. They were able to use the music to analyze themselves and progress in their marital relationship. They were very interesting and intelligent people: open-minded and really available. It was very touching, lovely, and bitter-sweet at the same time. I felt lucky to be able to share that kind of intimacy. It was inspiring, remarkable, and incredible. Music therapy was working even though it wasn't my best musical experience. It was the expression and the integrity of the moment that sort of transcended everything. My critical mind wasn't engaged; I wasn't even thinking about myself. My timing was right, and I allowed the process to unfold naturally while providing a container and a structure. I was very open, and I believed that, whatever was going to happen, it would work. I felt wonderful, joyous, excited, comfortable, relaxed, free to be there and to be who I am, and free to trust. I wasn't aware of my body during the session. It was a peak experience for me where I felt that my work was useful and meaningful.

Subject D

Subject D is a female music therapist. Her example of being ineffective is working with a client in a coma. Her example of being effective is working with a teenager with anorexia.

Ineffective. I questioned myself if it was really an effective way of using my time, my skills, my expertise even if the person wasn't responding. Because I didn't receive any cues from my patient, it became harder and harder to come back to her, session after session. I was going to give up. I bought into the system of justification. Then, when it turned around because my patient responded, it really challenged my deepest belief systems. Her condition really reinforced all my doubts and fears in some ways. I was questioning my work, my skills, my technique, my belief system, and trying to keep faith in myself, in the music, and in the client. I quit believing that no matter what the visible level was, there was an important exchange at a higher level, at the soul level. I wasn't fresh; she found my most vulnerable place! I felt low, hopeless, totally ineffective as a clinician because I wasn't receiving any response: no validation (the golden pot at the end of the rainbow). I felt like I was being hurt as a person; that I haven't been loved in return for my involvement. There was a sense of meaninglessness and a little bit of depression; I felt sad.

Effective. The session was flowing and it had the quality of wholeness: where the child, me and the other therapist, and the hospital were working cooperatively. I was holding the tension and not trying to find an early resolution. So the patient felt it was O.K. to explore scary territories. At first, she was very up in the air about the whole thing. It was total resistance, but despite herself, she was pulled into the experience. Through disclosure and metaphors she was lifting herself out of this muck! Following the principle of organicity, I switched gears and quickly designed an experience that could help the particular disclosing patient as well as the group to go deeper. I was on my cutting edge, being spontaneous in order to provide the resources in the here-and-now for their own processes, and taking risks in order to model. I was waiting in anticipation, holding the container, saying and doing what was appropriate. I was receptive to the level of intensity, sending the message that I knew—pain. It was important not to block. We all shared the creation of a secure aesthetic place where everybody was growing. The warmth that came from the feeling level was a relief to everybody. It was holistic; everybody got something out of it. When I was experiencing the phenomena, I wasn't theorizing. I felt that I was a real good therapist. I really felt in my own self that I had done excellent work. I was high for two days after the session. I felt that my life was validated.

Subject E

Subject E is a male music therapist working with adults with developmental delays.

Ineffective. It seemed to be a failure because the group didn't respond to any of my activities. I felt insecure and frustrated because the other intern I was working with did the same activities with another group and it worked. I was putting the blame on them: I thought they were lazy, not motivated, and not accepting of what I was providing them. It was as if I were making a point and nobody understood. I was questioning myself about the reason why it went wrong, and I was trying to find an explanation for every response or lack of response from the group. I wanted my activities to be working and I was even arrogant in trying to make the group do them. There was a bad communication; I couldn't make the connection.

Effective. Everything seemed to flow and click. The experience they all needed came out right. I changed my plan and responded to my clients by allowing them to initiate without me intervening. I was watching them, and we acknowledged each other's with eye contacts. They were initiating either by doing activities I modeled before or through their own creativity. Because they knew me, they could take the freedom to do something they couldn't do before. I was pleased and proud of myself and of the group of people with mental retardation who initiated an appropriate behavior; it wasn't mimicking. It was a validation of my work.

Subject F

Subject F is a female therapist. Her example of being ineffective is with a war veteran. Her example of being effective is with a woman who experienced abuse.

Ineffective. I didn't know the new member of the group who was a Vietnam veteran. I feared that the dynamics were not going to work because of the triangle between one concentration camp victim and the two Vietnam veterans. I didn't know how to help them deal with all the feelings that were coming up because I had never dealt with an issue like that. I wanted them to share their experience without blaming anybody, but I had no idea what direction they were taking. I was running through all kinds of alternatives of what I could do or what I could say with each of the clients in my mind. I felt really lost and out of control. I thought I was going to lose the session. It seemed that it went on forever! I wanted this to come to an end. I felt uncomfortable in my stomach because of everything going around in my head and angry that this person was put in my group and nobody warned me. I felt responsible for the safety of my clients. I was afraid that something horrible could happen. I had a sense that the woman wouldn't get out of control but that she might go away from the group real hurt and not ever come back.

Effective. Half way through the music, a woman sat up and was crying and sobbing. Since I gave them the control to decide what they could handle and what they couldn't, I felt confident that she could figure out what to do by herself. I gave her the permission to take care of herself. I was happy with myself for listening to my instincts and just letting things evolve and trusting the process without rushing it or trying to rescue. Her beautiful story was just the real confirmation that I had done the right thing. That felt good that I had done my homework and set it up that way. She was so open and sharing in such a heartfelt way that they were all able to share their story very openly. At the end, the group really felt that they had shared something very special with one another.

Subject G

Subject G is a female music therapist working with adults.

Ineffective. I was agitated, exasperated, and angry at my patient. My anger was in my upper chest and in the arms. But I was mainly in my head (forebrain), thinking about what was coming up and getting into struggles so that I was not completely open to the client. I was more dancing with myself than with the client. There was intense countertransference because my personality and my day-to-day issues got in the way. I was watching her do things that I wasn't doing in my life. This intensified energy got in the way of me being a therapist and a listener. I wasn't in a place of abundance where I could have helped and heal.

Effective. I had the feeling of being in the right place at the right time, doing the one thing I was meant to do well. I gave some encouragement to my client but at the same time I didn't make any changes, I didn't make any shifts. I just held the situation to give her room to move to a deeper place and then move with the music. I was watching, witnessing someone's aliveness. It was me getting out of the way and staying clear. I was in a true place, a deep bright central point, very non-transient, very "unbusy," and very correct where the symbols are no longer mundane. It was a deep knowing from the heart, which listened and filtered down what my client was saying to me through her body and voice. The deeper intuitive voice was telling me and really looking in her and in myself for a piece of information that moved us a step deeper. My upper mind was there to question and analyze the choices coming up, but when there was not a complete agreement I always went with the deeper voice. I was relieved when she was able to go in a deeper place where her emotion of worthlessness came up. I started singing like her mother telling how worthless she was. We processed it further until she made connections to herself and her life.

Subject H

Subject H is a female music therapist working with adults.

Ineffective. It was a GIM session with a [client with] multiple [personality disorder] who was a Satanic Cult Victim. The experience that caused her to split off in the first place is so difficult and so intense that many of the "alters" have been survivors. I found it very hard to listen to her very traumatic experience. I felt helpless listening to what happened to her as a child. I felt ineffective because I didn't know enough the dynamics of [clients with] multiple [personality disorder] and that led me to be destructive: I used strong music, which fragmented her, instead of going along with the strong feelings coming out. I realized that there wasn't enough ego strength to handle the music and that it was too early in the treatment. I should have chosen a music that would have contained, supported, and comforted her. The strength of that energy of the music is going to be so important in terms of what memories get tapped into. In some way, they image at the drop of a hat -- at one sound, one tone. There were many questions running in my head: where did I go, what do I do, are my judgment and actions appropriate, how do I bring some sense, how do I allow the alters to be expressive while keeping them centered? I needed a lot of reassurance that what I did was the best thing that I could have done; I would get frustrated and nervous when my client wouldn't say anything, regardless of my invitations to the alters. A great responsibility for the therapist is to avoid further fragmentation in the client. I have to accept that there

isn't a whole lot I can do when things happen except remaining centered and attend to the individual as much as possible.

Effective. I recall a session where the [client with] multiple [personality disorder] expressed an alter and then connected it with an other, which is the beginning of that integration. I was connecting with what was happening, and I was supporting my client. I was in tune, in synchrony with her, using the appropriate music and using consented and purposeful touch. My client validated or reassured me by her comments in the processing afterwards that I did the right thing. I was aware of the step she made; I felt we were moving together. There was a sense of being a cheerleader, an observer, and there was also a sense of really connecting with the experience.

Subject I

Subject I is a male music therapist. His example of being ineffective is with an adult in a psychiatric setting. His example of being effective is with a group of older adults.

Ineffective. I was wasting my time trying to teach guitar to my client. I felt angry and frustrated because she was easily distracted and not making the progress she could have made. I was discouraged because things were not going well for a long period of time. Unfortunately, the student was really stuck in depression and tight-lipped about it. I felt out of control, and I was wondering if I should try something else. In fact, I was questioning the whole field of music therapy and its use.

Effective. I used my most successful technique: it almost always guarantees a good experience with older adults. My goal was to get them to stay awake for an hour during the session without any behavior problems. It was fun, elating, energetic, almost euphoric, and it elicited spontaneous participation. The clients really enjoyed the group; they smiled and laughed. It was a real positive energy flow, and if something didn't go right, it didn't matter because you've just had so many things that have happened. People could come and observe and enjoy observing it. It was rewarding, fulfilling, and self-gratifying. I felt good after it; it gave me a real high, which carried me through the day.

Subject J

Subject J is a male music therapist working in a hospital setting.

Ineffective. I was working with a very disturbed woman considered beyond help. Nobody wanted to deal with her because she refused to do anything. This made her very difficult to work with. It became uncomfortable because I continued to work with her and pushed her even when I saw it wasn't working; I was intruding on her. Instead of dealing with who she was, I chased her. It was counterproductive. It was more like getting her to fit a mold. When I was with her and didn't do anything, then I felt silly. I wanted to go in and save the day kind of thing. It was an ego trip because I wanted to break through where nobody else had. I wanted to be a kind of hero. In essence, music was probably not the best thing.

Effective. My client sang a very powerful song I wrote, which talked about coming forward with a person, looking them in the eye, being very direct, and not backing down from one's feelings. It was such strong statement, and it was my statement also. It was a really neat collaboration between my patient and me. When he was singing it, the song just took off, and it was just like an altered state experience. He just sang so well with a whole lot of feeling...it was really powerful! As I was accompanying him at the guitar, my heart went out to him because I was supporting and resonating with him as he was making his statement. It was really special for me to express myself and for him to express himself. It was just such a win for him. I was a triumph of the spirit, which gave me stimulation and meaning to what I was doing at the hospital. I was just deeply moved! I felt that I said what needed to be said at a deep level.

Subject K

Subject K is a female music therapist working with children with autistic features and with developmental delays.

Ineffective. The patient was a little boy who was incessantly crying and looked very unhappy. I was thinking about how much pain he had, how powerless he was, and how long I would have to continue the session. The mother, the administrative supervisor, and some students were watching me behind a one-way mirror. I was doing a good behavioral session but the child didn't respond the way he was supposed to. After a few trials I stopped because I didn't feel good about his pain that I had to ignore. I was self-conscious thinking about the kind of reactions the observers might have. I was thinking that I had to make them understand that no matter how experienced you are, you don't always know what to do. I was not being helpful. I was anxious, my face was red, I just feel very warm, and my heart was beating fast.

Effective. I was aware during the session that it was enriching for him; it's helped him to learn more, improve his self concept, improve his use of language, and provided some concepts that he understood. He was getting an intellectual creative experience that he probably never had before. He was proud, excited, and enjoying what we were doing. I was thinking about the pleasure and that intellectual stimulation that he was getting. I was really pleased and excited to see how quickly he learned. I was smiling and stimulated because I could feel his mental processes moving. I think my heart got faster. The fact that we were alone helped me to be totally with him during the whole session; we were in sync.

