

Music Therapists' Perspectives on how Self-Awareness
Impacts their Work with Adolescents

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ABSTRACT

Music Therapists' Perspectives on how Self-Awareness Impacts their Work with Adolescents

Raquel Ravaglioli

A significant body of research indicates that self-awareness is recognized as a vital aspect in a therapist's career. In a music therapy setting, self-awareness is also identified as a crucial aspect for music therapists who work with the adolescent population. However, studies have not yet established how music therapists' self-awareness impacts their sessions when working with adolescents. Using a modified grounded theory method, this research investigated music therapists' perspectives on how self-awareness impacts their work with adolescents. It comprised interviews of four board certified music therapists working with adolescents in the medical and/or mental health settings. Interview transcriptions were coded using methods from Hesse-Biber (2011). Comparisons were made of participants' perceptions of self-awareness, reactions when self-aware, and influence of self-awareness during music therapy sessions with adolescents. Results indicated that music therapists address self-awareness personally and in regards to clients in order to adjust in the moment. Further research is recommended in order to explore self-awareness practices among music therapists and its complexity in greater detail. It is the researcher's hope that music therapists utilize the findings of this research study to expand on and become more aware in their practice with specific populations of adolescents.

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Chapter 1. Introduction

Significance and Need

Self-awareness in a therapeutic context is defined as “therapists’ momentary recognition of and attention to their immediate thoughts, emotions, physiological responses and behaviors during a therapy session” (Williams & Fauth, 2005, p. 374). Pompeo and Levitt (2014) suggest that a therapist’s self-awareness is an obligation to the clients, and to reach self-awareness, the therapist must first become aware of their own various catalysts and personal values. In a study investigating a psychotherapy researcher’s perspective on therapist self-awareness and self-focused attention, findings reveal that therapists’ negative discussions about themselves are related to their negative perception of self, process, and client (Williams, 2008). In examining therapists’ perceptions of their own work, this study also notes that clients do not rate therapy as being as helpful when the therapist report greater levels of negative self-focus.

Within music therapy contexts, self-awareness is also considered to be an essential skill. Research by Turry (1998) investigating transference and counter transference in Nordoff-Robbins music therapy indicates the importance of self-awareness in the music therapy process. He identifies “being fully human” (p. 164) as an essential factor in the Nordoff-Robbins based music therapy practice as this helps to develop a mutual musical bond with the client. He indicates that while the effect of music on the client is important, therapists must also investigate their own personal qualities in order to build a strong therapeutic alliance with the client. Response to musical stimuli in accordance with reflexivity of therapists signifies the need for “creative freedom with clinical responsibility, the development of intuition with controlled intention, and the ability to be spontaneously expressive with the ability to be methodical and constructing music” (Turry, 1998, p. 165). An examination of therapists’ self-awareness in music

therapy by Camilleri (2001) also demonstrates that self-awareness is essential for music therapists. Since music acts as an external tool disconnected from therapists, the therapists must connect with the music as an essential part of their being in order for the clients to connect with it. Music therapists must be constantly self-aware to fully understand the client in order to change the musical intervention at any moment to benefit the client (Camilleri, 2001). As music therapy is based on expression of thoughts and emotions through an expressive art form, it may be impossible for the client to connect and relate to expressions of emotions through music if the therapist is unable to express and connect through this method.

Other literature indicates the importance of self-awareness particularly in adolescents. As self-awareness is an important aspect for the crucial period of adolescence, music therapists must also be self-aware in order to be effective in sessions. Ruud (1995) notes that music can play a central role in a youth's life and that construction of one's identity can be interpreted by studying the conversations around individual musical preferences and practices. Research on vibroacoustic therapy with adolescent females confirms that their involvement in new experiences resulted in improved states of health, improved senses of self-awareness, higher satisfaction ratings, and specific knowledge about means of self-help (Ruutel, Ratnick, Tamm, & Zilensk, 2009). Findings from a study on musical presentation reveal that growth happens through a mutual dialogue in relation to self and others, as it similarly creates meetings between presenter and self, presenter and music, and presenter and listener (Bensimon & Amir, 2010). This mutual dialogue involves relations with self and others, supporting the importance of self-awareness for both adolescent clients and therapists similarly.

Music therapists must not only be personally self-aware, but also musically self-aware when working with adolescents, by understanding what emerges in the music and how one

perceives the musical experience throughout the process. Identity is primarily built on an assumed sense of self, and if one's sense of 'musicality' is challenged, the idea of 'individuality' may be simultaneously challenged (Ruud, 1995). In spite of the identified importance of therapist self-awareness when working with adolescents, very little has yet been written on music therapists' self-awareness practices when working with this population. In fact, it is not known if music therapists at large consider this to be a fundamental issue in their work with this population.

Researcher Stance

In my experience as a music therapist, I have had clinical incidences that helped me realize the importance of self-awareness, such as the feelings of self-consciousness or frustration during sessions with adolescents. Through discussions with my supervisors, I gained insight, was able to become more self-aware, and realized that the feelings triggered during sessions were related to personal issues in my own life. Becoming more aware of these personal aspects guided me in working more effectively with adolescent clients in music therapy. After observations of other music therapists working with adolescents, these therapists were also able to share personal insights with me that arose for them during sessions. These professionals felt that discussing and working through surfaced issues after sessions helped them to better address the needs of their clients. As a result of such experiences, I began to form the opinion that self-awareness is particularly important when working with adolescents because of critical experiences during this time of life, experiences that music therapists may also personally carry throughout their own lives. For example, results from an investigation of immigrant therapists' unresolved identity issues and counter-transferences indicated that immigrant therapists often have unresolved identity problems stemming from their own childhood and adolescent experiences of

immigration and that these triggered counter transference reactions when working with adolescent clients from their own countries of origin (Yedidia, 2005).

In light of these research findings and my personal experiences, the purpose of this research is to explore music therapists' perspectives on their own self-awareness and their perceptions on the role this may or may not play in their work with adolescents.

Primary Research Question

The primary research question addressed in this study is: What are music therapists' perspectives on how their self-awareness affects their work with adolescents?

Subsidiary research question. The subsidiary question is as follows: How does self-awareness manifest in music therapists' work with the specified adolescent populations?

Assumptions

This study assumes that music therapists' levels of self-awareness affect the therapeutic and musical relationship with adolescent populations, and that greater self-awareness on the part of the music therapist would be of benefit to the therapeutic relationship and music therapy sessions with adolescents. This inquiry also assumes that music therapists working with at-risk adolescents, adolescents who have experienced trauma, adolescents in a medical setting, or adolescents in mental health facilities encounter more opportunities for self-awareness. Opportunities for self-awareness refer to the assumption that during music therapists' adolescent years, they might have encountered critical experiences relating to similar issues. In addition, this study assumes that because of acute emotions and intense interactions of adolescents, music therapists may have strong emotional reactions when working with these specified adolescent

populations. The impact of these assumptions are discussed further in the Limitations section of chapter five.

Definitions

Exploration of self-awareness can be facilitated through associations with music including, “the songs we take for granted, the phrases we assume to signify certain feelings, [and] the rhythms we believe represent certain states of experience” (Adrienne, 2006, p. 53). These songs, phrases, and rhythms facilitate the exposure of body language, biases, and feelings. For the purpose of this study, self-awareness within the context of music therapy is defined as: music therapists’ conscious ability to read body language of self, realize biases about their work, understand their own behaviors, and use their own feelings actively (Hoskyns, 2002). This self-awareness of the music therapist references their personal thoughts and feelings during the session as well as how they perceive these matters in personal reflections outside of the music therapy session context.

Chapter Summary Outline

Chapter one has situated the reader and identified a gap in the literature. The purpose statement, primary research question, subsidiary question, assumptions, definitions, and criteria for judgment have been outlined.

In chapter two, the literature review focuses on keywords and ideas as well as other themes that helped conceptualize this research. Critical analysis and summaries of the following major ideas are addressed: self-awareness on the part of therapists; counter-transference and its relationship to self-awareness; self-awareness on the part of music therapists; adolescent

development of musical interests in music therapy; connections to self-awareness, music therapy, and adolescents; and self-awareness on the part of music therapists' working with adolescents.

Chapter three, the methodology section, describes the philosophy, theory, and design behind the methodology used to complete this study, as well as delimitations, materials, participants, data collection and analysis procedures, and criteria for critique related with the methodology.

Chapter four presents findings from data analysis and examines how music therapists perceive personal self-awareness to impact their work with adolescents. Results are developed through a narrative description and findings are displayed in tables. Examination of data from participants and results from data analysis coding are included. Other emerged themes are identified in musical, mental, and physical aspects of the music therapist.

Chapter five, the final section of this research, includes interpretation and discussion of findings, linking the results to the literature. Researcher interpretation of findings, limitations, implications of the study for practice in music therapy, implications for future research, and concluding thoughts including the researchers posture are discussed.

Chapter 2. Literature Review

In this literature review, the definition and key components of self-awareness will be examined as well as the significance of self-awareness for a therapist. The first section introduces reviewed literature of music therapists' self-awareness and how music therapists develop self-awareness through identity. The literature review connects references through evaluating the importance of music therapy for adolescents, specifically for issues dealing with self-awareness, as well as the value of music therapists' self-awareness during music therapy sessions. This literature review includes some studies pre-dating 2000. While typically literature reviews avoid older studies because perspectives and ideas may shift over time, they were included in this review because of the paucity of more current studies in this area.

Self-Awareness on the Part of Therapists

Self-awareness on the part of therapists is defined by Williams and Fauth (2005) as the “therapist’s momentary recognition of and attention to their immediate thoughts, emotions, physiological responses and behaviors during a therapy session” (p. 374). Literature documents that to be a skilled therapist, one must be reflective and self-aware, and use these qualities to continue to learn and grow personally and professionally (Jennings & Skovholt, 1999). Williams and Fauth (2005) find that “the more self-aware the therapists reported feeling in session, the higher were the helpfulness ratings they were given by their clients” (p. 378). The same study reports that the more self-aware a therapist is, the more useful management strategies, such as asking questions and using paraphrasing, are for the therapist. Pompeo and Levitt (2014) specify that self-awareness is an obligation to the clients and that to reach self-awareness, one must first become aware of various catalysts and personal values.

Counselors and therapists can benefit greatly from the experience of being clients, as the process of undergoing personal therapy leads to self-exploration, which increases the therapist's level of self-awareness (Corey, 2005). A survey study of psychologists by Pope and Tabachnick (1994), notes that the most beneficial aspect of therapy is self-awareness or self-understanding. If therapists are able to identify, examine, and address personal issues, their work may become more effective, focused, and developed. As Freud (1937) writes, "every analyst ought periodically himself submit to analysis" (p. 402).

Counter-Transference and Its Relationship to Self-Awareness

As part of analyzing the therapist's self, it is important for therapists to recognize their reactions to the client. In a study examining music therapy students' view, the concept of countertransference is used in reference to the therapist's reactions to the client's inner world within the context of the therapeutic setting (Savela, 2013). Counter-transference can be identified as intersubjective, when it evolves through interactions with the client (somatic, emotional, or impulsive decision making responses), or intrasubjective, when it originates from the therapist's self (characterized by professional identity, use of music, or theoretical orientation; Bruscia, 1998). A self-aware music therapist becomes more aware of these various signs of counter-transference through the above-mentioned diverse manifestations.

Acknowledgement of self-awareness presents itself as an integral issue to music therapists in recognizing and working through countertransference issues (Dillard, 2006). Camilleri (2001) also makes this connection noting, "Self-awareness on the part of music therapists helps us to recognize or avoid the phenomenon of countertransference" (p.84). In examining counter-transference, research indicates that music therapists describe their experience of musical counter-transference as related to the "communication of interpersonal

dynamics in the therapeutic relationship” (Dillard, 2006, p. 212) and that identification, empathy, and emotion may be an inherent characteristic of the music therapy process and may be conveyed on a non-verbal level. While each music therapist acknowledged counter-transferences through a variety of experiences, all identified a variety of indicators that initially alerted them to the occurrence, the most frequent being the urge to respond. This study also revealed that most music therapists had initial difficulty recognizing if their response was a reaction to the client or a personal reaction from their self. However, although responses were not evoked from a consistent matter amongst therapists, all participants did recognize their experience of counter-transference matters relating to past issues (Dillard, 2006).

Scheiby (1998) describes musical counter-transference in three main categories: classical counter-transference, complementary counter-transference, and emotional counter-transference. Each is made evident in different manners, through sound patterns and musical expressions, that may seem out of context or inappropriate from the therapist’s perspective. When therapists are able to maintain a constant focus on their musical response to the client’s musical expression, therapists can use these responses to benefit future interventions. As part of supervision techniques, Pederson (2009) addresses the importance of analyzing music and transference, and music and counter-transference. In analyzing these transference and counter-transference issues with supervisors, it is assumed that music therapists will become more aware of self and personal reactions to the music and the client. By understanding these counter-transferences, therapists would benefit from being aware of both subjective aspects (related to personal issues) and objective aspects (responses to client) of counter-transference (Cartwright, 2011).

Priestley (1994) explains her idea of “e-countertransference” as the image of a “plucked string instrument (the patient) whose music resonates on its sympathetic strings (the therapist)

...” (p. 87) and the therapist then becomes conscious of the “sympathetic resonance” (p. 87) of some of the client’s feelings through emotional and/or somatic awareness. Self-awareness is vital for effective professional practice in avoiding the unconscious acting out of counter-transference. Winstone and Gervis (2006) maintain that if therapists are not self-aware, their counter-transference will compromise the therapist-client relationship. Music therapists indicated that musical counter-transference was beneficial to understanding their clients, though only after the experience was brought to their awareness (Dillard, 2006). Scheiby (1998) mentions ways of using the experience of counter-transference, by consciously and musically expressing the counter-transferential reaction to the client’s music within the musical interaction during the session. As the counter-transferential reactions are acted out consciously and musically, the music therapist is therefore self-aware of this counter-transference. When a music therapist is self-aware of counter-transference, it can be recognized that feelings and reactions are closely intertwined with the therapeutic relationship and can be significant in understanding the client (Austin, 1998).

Self-Awareness on the Part of Music Therapists

The objective of self-awareness is for the therapist to develop the ability to identify their personal reactions and understand how to utilize these responses within a therapeutic relationship (Pieterse, Lee, Ritmeester, & Collins, 2013). In the field of music therapy specifically, awareness that feelings and reactions are associated with the therapeutic relationship is an essential skill as Wildman (1995) points out in her examination of common assumptions of the therapist’s “omniscience and objectivity” (p. 10) throughout the music therapy process. This case study concludes that when a therapist’s own needs interfere with the therapy session, progress may be hindered. Furthermore, in recognizing these needs, it is apparent that relationships developed

between therapists and the clients are not only about the progress of the therapy session, but also about therapists' awareness of their counter-transference. For this reason, when the client's feelings resonate with therapists, it is a challenge, and essential, for therapists to be able to differentiate between the client's feelings and their own (Austin, 1998). Although Dileo (2006) specifically discusses feminist therapists, her applications may apply to all music therapists. She proposes that a therapist should be responsible for personal or social actions or inactions to be more capable of empowering clients.

In order to become more familiar with identifying and practicing self-awareness, Camilleri (2001) addresses the music in music therapy sessions acting as an external tool, disconnected from the therapist. Therapists must connect with the music as an essential part of their being, in order for the clients to connect with it. If music therapists can actively bring together thinking and feeling in their own music, the music will reflect that emotion, and will allow the client to be affected by the expression of the music. In the event there is a disconnection between the music therapist and the music, Camilleri attributes this to a larger issue of the therapist's repression of, and lack of awareness of feelings. Camilleri writes, "by interacting musically based on my combined and spontaneous use of intellect and emotions, things become more unpredictable, but more free and true" (p. 81). This clarity provides an avenue for self-awareness.

Generally speaking, music is part of a client's reality, which can be perceived and described as a "placeholder for other external realities", therefore encouraging awareness (Haase & Reinhardt, 2011, p. 456). In other words, the therapist can become more aware of what is happening in the moment through understanding the music. In a study by Hayoung (2011), a Music Therapy Career Aptitude Test (MTCAT) was used to measure the affective domain of

music therapy students as it relates to the music therapy career. Content in the MTCAT included: self-awareness of personality, personal perspectives of other people, personal significance in human development, interest in therapy, and competency for being a music therapist. This research notes that in taking the MTCAT, a music therapy student might become more self-aware prior to practicing music therapy and in turn be able to more effectively express and appropriately manage personal views and values during therapy sessions. Other research indicates that when personal therapy is required of music therapy students, it is for the purpose of increasing self-awareness (Gardstrom & Jackson, 2011). Pellitteri (2009) explicitly positions, “The importance of self-awareness cannot be understated. The extent that the therapist is aware of his or her intrapersonal elements determines the degree of control over those unconscious forces that might detract from the therapeutic process” (p. 18).

Adolescent Development of Musical Interests in Music Therapy

The music therapy process for adolescents may be greatly affected by the development of the musical interests. Social psychology literature considers the concept of identity by looking at dimensions within one’s personality, or from a more subjective, phenomenological viewpoint. In this subjective and phenomenological stance, identity refers to feelings or awareness’s that indicate the person’s consciousness and experience of connection with others, as well as the individual’s unique self (Ruud, 1997). Gonzalez’s (2011) study on various cultures of music therapists finds that their foundation for future identities is established in their adolescent years. Musical experiences from various cultures contribute in forming music therapists’ identities by how people engage, relate, and associate meaning to music. Research establishes that music therapists rely on music in their adolescent years to assist in expressing emotions, and to maintain balance in their lives (Gonzalez, 2011). Identity, counter-transference, and musical

counter-transferences are matters that therapists and clients deal with and attempt to understand in order to become more self-aware, especially for effectiveness of music therapy sessions.

Connections to Self-Awareness, Music Therapy, and Adolescents

Music is an essential key in adolescent development and mental health (Laiho, 2004). Perhaps more than in any other stage of life, music can have a significant influence in adolescence, and therefore the connection that teenagers have with music can be remarkable (McFerran, 2010). The four key elements of adolescent health are identity formation, resilience, competence, and connectedness (McFerran, 2010). Identity development in adolescence has a close relationship to the development of self-awareness and sense of self in every day interactions (Galliher & Kerpelman, 2012) and self-awareness has been found to increase matters of self-esteem (Cheng, Govorun, & Chartrand, 2012). Rae and Pedersen (2007) describe the importance, in adolescents specifically, of developing self-esteem, learning to identify and express feelings, understanding self, and discovering the ability to self-reflect on personal perspectives through structured, non-musical, group settings.

Further research indicates that lack of self-awareness in female and male adolescents diagnosed with Attention Deficit Hyperactive Disorder (ADHD) may create barriers in treatment aimed in improving executive functioning. The same study also suggests that males with ADHD have less self-awareness of their behavioral regulation (Francis, Tan, Steward, Delgaty, & Bunner, 2014). In an arts-based mindfulness-based research study, Coholic (2011) notes that through “having fun and enjoying themselves” (p. 310) during a creative approach to mindfulness with children ages 8-15, self-awareness develops, self-esteem improves, emotional regulation is learned, and healthy expression of feelings increases. Literature indicates that the use of music therapy with adolescents has positive effects on clinical and relational aspects in

psychotherapy to develop self-esteem, build rapport, improve emotional expression, provide a teaching opportunity, increase effective communication, and encourage feelings of validation (DiRaimondo, 2002). McFerran (2011) mentions the importance of musical awareness for adolescents in their journey to support identity development after misusing drugs. Improvisation is an identified technique used to help the adolescent population express themselves openly in authentic ways without verbally disclosing private information, which may be uncomfortable for the adolescent to share (McFerran, 2011).

In other research, a pilot study using the evidenced based HealthRHYTHMS protocols, affirms that group drumming with at-risk adolescents improves quality of life as well as achieves other psychological and emotional benefits such as improved self-esteem, development of self-awareness, and increased personal empowerment (Clements-Cortes, 2013). For children and adolescents who experience trauma, Davis (2010) uses an intervention model including materials, facilitation, and process of musical activities in a group setting in order to increase self-awareness and self-understanding. To summarize, the effect of music therapy on adolescents and their grandest moments of insight to themselves are “perhaps not found in spoken words, but in shared musical moments in which non-verbal interactions and shared experiences form the core of therapeutic change” (Erkkila, 2011, p. 213).

Self-Awareness on the Part of Music Therapists Working with Adolescents

Literature in sister disciplines to music therapy, art and play therapy, outlines rationales for therapists’ self-awareness being particularly important when working with adolescents to identify counter-transference issues (Gil & Rubin, 2005). Referring to music therapy specifically, Ruud (1995) denotes that music plays a central role in a youth’s life and construction of one’s identity in music may be interpreted by considering ideas surrounding musical practice. It is a

challenge for therapists to know what is happening for an adolescent; therefore, therapists can focus on knowing themselves (McFerran, 2010). Adolescents are initially defensive then quickly vulnerable and at times therapists can feel “plagued with insecurity” (McFerran, 2010, p. 48), however it is not beneficial to take these attitudes personally. McFerran mentions the intensity of the adolescent world and how, when working with this population, music therapists can be quickly returned to their own experience of adolescence. A music therapist must be comfortable in returning to these complexities and must demonstrate authenticity throughout the process (McFerran, 2010).

As a music therapist, it is important to identify one’s client-therapist counter-transferences as well as musical counter-transferences through the development of self-awareness or by identifying it within the music itself, and therefore be able to use this self-awareness to benefit the music therapy session. Identifying counter-transferences in music may be used as a diagnostic tool in the sessions and eventually the music therapist can work on these counter-transferences outside of the session (Scheiby, 2005). It is especially important as a music therapist to be able to distinguish what is the perception and what is the reality of one’s practice, psychologically and musically. In recognizing this, the music therapist can then be conscious and self-aware of emotions and reactions in the moment in order to be more effective in sessions with the adolescent population. As countertransference is identified as factor in therapists working with adolescents, and identity of oneself is primarily built on assumed sense of self, music therapists working with adolescents must take care to practice self-awareness in personal and musical matters.

In spite of the importance of music therapists’ self-awareness when working with adolescents, very little has been written on music therapists’ self-awareness practices when

working with this population. Literature indicates that a therapist's self-awareness is a primary component in music therapy, affecting the therapeutic relationship. The literature also demonstrates the importance of the use of music during adolescence due to music as an influence on the development of an adolescent. However, it is not known to what degree music therapists at large consider personal self-awareness when working with adolescents to be a fundamental issue in their work. Therefore, the purpose of this study is to explore music therapists' perspectives on their own self-awareness and how self-awareness may or may not impact their work with adolescents. Music therapists will be asked to share and discuss their self-awareness and how they perceive it impacting their work with adolescents during the music therapy process. This research will also inquire about how a music therapist's self-awareness manifests itself through the approach of a modified grounded theory study.

Chapter 3. Methodology

Philosophy and Theory

A qualitative approach was deemed the most relevant method for this research because it was exploratory, questions emerged and evolved as the study unfolded, behaviors were assumed, connections were revealed, and processes were interpretive. In developing this study as qualitative research, base motivations were revealed and the focus was on understanding relationships of context-phenomenon. The process was inductive and the researcher was also a participant, immersed in the exploration through reflective note-taking, unsure of what the outcome concepts would be (Watkins, 2015).

Design

This research used a modified grounded theory approach to study how music therapists perceived self-awareness impacting their work with adolescents. A grounded theory method is defined as a “general approach of comparative analysis linked with data collection that uses a systematically applied set of methods to generate an inductive theory about a substantive area” (Amir, 2005, p. 365). However, this research utilized a modified grounded theory approach because a theory was not formulated. This research did not include theoretical sampling, as collection of data and recruited participants did not emerge with data collection. The point of theoretical saturation was not reached. A literature review was also completed before collecting data rather than post data analysis. Amir (2005) quotes Aigen from a personal communication on February 20, 2003 in his definition of a less rigid form of the grounded theory approach as a “data analysis method focused upon generating theory of social processes that could be fit into any one of many other more general qualitative research approaches” (p. 366). The social

process that this study focused on was music therapists' perceptions on their own self-awareness when working with adolescents, through a general qualitative study. Trustworthiness was determined through internal and external validity. Internal validity was considered in this study by reviewing interview recordings multiple times to ensure accurate transcriptions were documented. Student-researcher collaborated with advisor to ensure coding of transcribed interviews did not skew data. External validity was defined in this study by consulting with supervisors throughout the process to ensure that ethical vigor and accurate methods were in place.

Member checking was not employed for rigor and pragmatic reasons. McConnell-Henry, Chapman, and Francis (2011) wrote that revisiting participants for clarification would be a potential threat to the rigor of interpretive studies because when asked to revisit a concept, a participant may overemphasize it, due to the "halo effect", or the "desire of the participants to say the right thing" (p. 30). Re-examining the data may have guided the participants in the direction the researcher desired. McConnell-Henry, Chapman, and Francis (2011) noted that re-entering the data would not necessarily equate to obtaining richer data, but rather could dilute information. As data analysis for this research was designed to follow the interpretation of the researcher, member checking would have placed the entire project at risk if participants did not agree with interpretation.

Delimitations

The participants of this study were delimited to include only music therapists working with typically-developing adolescents, including those adolescents at-risk or having experienced trauma, in medical settings, substance abuse, or in mental health facilities. The age range of the music therapists' adolescent clients was delimited to 12 to 18 years old.

Materials

A Summary Protocol Form was submitted to Concordia University Human Research Ethics Committee (UHREC) after the Concordia Department of Creative Arts Therapies Research Committee approved the research proposal. Materials needed to collect data for this study included informed consent forms (see Appendix B) and a semi-structured interview questionnaire (see Appendix C). The device used to audio record participant interviews was a Zoom H2 Handy Portable Stereo Recorder.

Participants

Criteria for inclusion included the following: participants were required to be board certified music therapists who were currently working with the specified population of adolescents. After the Concordia University Human Research Ethics Committee (UHREC) approved the study (see Appendix D), music therapists were recruited via a participant recruitment email (see Appendix A) sent to select Board Certified Music Therapists in North America working with the specified populations of adolescents. A convenience sample of no more than five music therapists was identified to participate. Pseudonyms were used to ensure confidentiality of participants. Involvement was confidential, and participants contributed as individual professionals, not as representatives of specific facilities. Participants were provided a consent form necessary information, including their right to withdraw from the study at any time with no repercussions, up until 2 weeks after data was collected.

Data Collection Procedures

Data collection procedures were implemented as follows:

1. After ethics approval was received from Concordia's UHREC, recruitment procedures were initiated, collaborating with the research advisor to determine a convenience sample of music therapists who fit inclusion criteria.
2. Informed consent forms and information about study were sent to participants. Participants were informed by recruitment letters sent via email, and were able to discuss further questions with student researcher via telephone or email. After agreeing to participate, participants were sent a consent form via email and also verbally consented prior to a telephone interview.
3. Data collection began by conducting four semi-structured interviews via telephone conversation, at a time designated by each participant's convenience.
4. Verbal interviews were recorded on a Zoom H2 Handy Portable Stereo Recorder, and transcribed by the student researcher.
5. Researcher kept ongoing notes of self-reflections about interview process, information discovered in interviews, and about new insights on personal self-awareness.
6. After all interviews were conducted and transcribed, data were analyzed using data analysis procedures from a modified grounded theory approach.

Data Analysis Procedures

Data analysis for this research was based on the Hesse-Biber (2011) coding system in order to interpret the findings from the transcribed interviews. Each transcript was reviewed and coded separately and student-researcher's self-reflection notes were also reviewed. The following data analysis procedures were used to review data collected:

1. The student-researcher listened to interview recordings with transcriptions thoroughly while continuing to develop self-reflection through personal notes during transcription process.
2. The Hesse-Biber (2011) coding system was implemented. During and after data collection, codes were developed through inductive open coding.
3. Axial coding, the procedure for connecting categories, was based on the elements that defined self-awareness.
4. Selective coding identified core categories from the analysis and related them in a systematic manner to other categories discovered in analysis.
5. Process, the action and interaction sequences, determined connections between perception of the individual music therapist's self-awareness and why, when, and how their self-awareness occurs.
6. Memos and diagrams included the process of documenting all data collected in order to demonstrate the relationships found, and record themes that emerged. In this study, memos and diagrams consisted of organization tables for each level of coding and researcher notes on personal thoughts throughout interview process.
7. Although a theory was not formulated, aspects of theoretical sensitivity were addressed by recognizing important (i.e., the most relevant) data and presenting meaning through (a) literature; (b) professional experience; (c) personal experience; (d) analysis (Amir, 2005). This stage of data analysis conceptualized all data findings into an organized description of the phenomena. When other themes emerged, additional literature was reviewed and recognition of connections were stated in results and discussion sections of research.

8. Synthesis, the narrative description of the data findings of the modified grounded theory, was applied. This was written in the form of the student-researcher's interpretation of each of the participants' viewpoints.

Criteria for Critique for the Current Research

This research employed the EPIC CURE qualitative criteria for critique by Stige (2009). EPIC refers to the challenge of producing rich and substantive accounts and CURE discusses the challenge of dealing with preconditions and consequences of research. The acronym EPIC CURE addressed engagement of the researcher's interaction with and relationship to the situation, processing and preserving observed material, interpretation and developing contexts for understanding experiences, critique of self, critique of limits of research, usefulness of study's value in relation to practicality, relevance to how the study contributes to the development of the field, and ethics of values and moral principles. Chapter five addresses properties of the second acronym, CURE, in the Limitations, Implications for Practice, Implications for Future Research, and Concluding Thoughts sections.

Chapter 4. Results

In completing this research, four music therapists were interviewed. Each semi-structured interview contained eight questions that were asked in the same order to each participant, though at times participants' answers strayed from current question and addressed an unrelated topic. Although participants were encouraged to share unique perspectives, all participants were asked the same eight questions during their interviews to ensure that they remained focused on the research topic. Length of interviews ranged from 15 minutes to 45 minutes. In this chapter, the research findings will be presented and analyzed, organized according to the interview questions asked to participants (see Appendix C).

Participant Demographics

Four board certified music therapists were interviewed during this process. Speaking to their own experiences rather than representing their facility, the music therapists answered the interview questions based on the current populations of adolescents with which they were working, including a pediatric hospital, a facility for mental health and behavioral needs, an acute hospital setting for mental health, and a facility for those with mental health disabilities. Participants indicated their experience at current facilities ranged from 1.5 years to 15 years, and years credentialed range from 2 years to 11 years. However, two of the four participants had experience working at their current place of employment before certification was acquired.

Description of Participant Responses to Self-Awareness Interview Questions

Participant responses to the interview questions were coded following a process outlined by Hesse-Biber (2011). The first step to conceptual ordering developed through this modified grounded theory method involved open coding. The second step, axial coding, is illustrated in

the text and tables which follow. The development of properties comprised the third step in the analysis process, which transpired in the selective coding process. The emerging themes from the coding process that are described in the subsequent section and depicted in the tables represent the final step to conceptual ordering, the relational statements. All examples provided are direct quotes or paraphrasing from participant interviews.

Music therapists' perceptions of self-awareness within the context of a music therapy session with adolescents. Participants provided information on this topic in response to the interview question: "What is your perception of self-awareness within the context of a music therapy session with adolescents?" (see Table 1). The participants identified their perceptions of self-awareness within the context of a music therapy session with adolescents as physiological changes, physical aspects, and emotional/cognitive nuances. Some examples of physiological changes that music therapist participants acknowledged were heart rate and nervousness. This is illustrated through one example in a quote from a participant, "my self-awareness is that I'm super nervous and I don't like adolescents...I do get a little tense personally with adolescents". Change of "heart rate" was also mentioned as a physiological change by a participant when discussing perception of self-awareness during a music therapy session with a specific population of adolescents.

Physical changes recognized as self-awareness by participating music therapists included: tone of voice, proximity to client, and body language. Participating music therapists' acknowledgement of emotional/cognitive qualities incorporated being aware of biases and perceptions, and how the music therapist is feeling that day and moment. One participant's response incorporated both physical alertness and emotional/cognitive sensitivity, explained as "watching that my own beliefs are not interjected into any aspects of it [the session], whether it is

their music choice...their responses or family responses...when I go into a room with a teen, I try to see where they're at and adjust my tone of voice or my body language according to the situation that I'm walking into". The developing theme was that all participants experienced self-awareness as a physiological, cognitive/emotional, and/or physical/behavioral reaction. As summarized by a participant, "self-awareness to me is what is happening cognitively, physically, [and] emotionally... and how that can interface with what the client themselves are perceiving, especially from the perspective of achieving holistic atonement with the client".

Table 1

Related Codes and Themes Emerged from Data Analysis of Interview Question 4

Question from Interview	Codes from Axial Coding	Emerging Theme from Coding Process
<i>What is your perception of self-awareness within the context of a music therapy session with adolescents?</i>	Physiological Emotional/cognitive Physical/behavioral	All music therapist participants experience self-awareness as a physiological, cognitive/emotional, and/or physical/behavioral reaction.

Music therapists' observances of when self-awareness occurs in a situation during a music therapy session. Participants shared their perspectives on this topic in response to the interview question: "When have you noticed yourself being self-aware of a situation during a music therapy session?" (see Table 2). Participating music therapists recognized that self-awareness is a consistent cognizance, however situations during which a heightened sense of self-awareness occurs are when others are present and observing as well as during less familiar

situations. This is exemplified in the answer of one participant who believed self-awareness occurred, “all the time, but to give you an example particularly, sometimes when I’m moving outside of, perhaps my comfort zone”. Music therapist participants specified others being present as new interns observing. This participant stated, “whenever we get a new intern, and each time we’re working with our teen population, I feel a heightened sense of awareness of how I’m delivering services and interacting”.

Examples of other less comfortable situations disclosed by participating music therapists included during verbal processing, when interacting with culturally-different backgrounds, in the presence of extraneous noises, and when unpleasant disruptions occur. The following is one detailed encounter of extraneous noises and disruptions. “I’ve had times where I’m trying to run a group session, and there are windows where you can see out into the hallway, and we have a kid that’s loud and banging on the windows and, it’s very hard, and I can tell my anxiety and tension and stress levels are quite high when there’s all this extraneous noise in the hallway, and there’s people yelling and screaming”. In each participant’s observations, self-awareness occurred in situations when the music therapist was outside of his/her comfort zone.

Table 2

Related Codes and Themes Emerged from Data Analysis of Interview Question 5

Question from Interview	Codes from Axial Coding	Emerging Theme from Coding Process
<i>When have you noticed your self being self-aware of a situation during a music therapy session?</i>	Around others In times of less comfort	Music therapist participants commonly described times of being more self-aware when outside of comfort zone

Music therapists' perspectives of their reactions when becoming self-aware in a music therapy session. Participants reported thoughts on this topic in response to the interview question: "When you become self-aware, how do you react in the session?" (see Table 3). When participating music therapists noticed themselves becoming self-aware, an adjustment was made during the session. Adjusting for the client was one method of alteration, by discerning when and if the client was not on the same level as the music therapist and/or intervention. This was the responsibility of the participating music therapist to modify the setting to meet the client in the moment. A participant commented, it "doesn't help to not be self-aware and accidentally give a cue to the clients and have it derail the processing. But it also doesn't help to be too self-aware and focusing on how I'm responding and not actually listen to what they're saying".

The participants also identified that a response to self-awareness can be a personal adjustment such as deep breathing and self-care in the moment. As stated by one participant, "I mostly just try to breathe and relax...sometimes I'll even just ask myself 'does this really matter?'. And again it's picking and choosing battles". One participant portrayed the notion of both changes for client and personal alterations, as being able to "seek to find ways to validate them [the clients] through collaborative discussion or direct questioning, to validate assumptions, or internal perceptions that I'm noticing in the moment". Overall, participants' perspectives of reacting to self-awareness during a music therapy session emerge in the moment.

Table 3

Related Codes and Themes Emerged from Data Analysis of Interview Question 6

Question from Interview	Codes from Axial Coding	Emerging Themes from Coding Process
<i>When you become self-aware, how do you react in the session?</i>	Change for client Changing self	Participating music therapists react by adjusting in the moment

Music therapists’ perspectives on how self-awareness influences sessions with the specified population of adolescents. Participants provided information on this topic in response to the interview question: “How does self-awareness influence your sessions with this specific population of adolescents?” (see Table 4). During music therapy sessions with adolescents, participants identified the influence of self-awareness as affecting the client’s experience as well having a personal impact. The client’s experience dealt with facility regulations for client, providing holistic processing (verbal and non-verbal), modeling self-management, and group dynamics. One participant’s elaborations on group dynamics included, choosing “sessions very carefully, gearing towards the group, and the dynamics of the patients we have on the unit”, as well as being cautious of group dynamics and rapport with clients especially during song writing and drumming interventions.

Self-awareness influenced the music therapist participants in terms of noticing personal biases, validating through client feedback, energy level of self, and maintaining a responsibility to professionalism. One participant expressed, “If again, I am not able to holistically, and what I mean by that is in my verbal and my non-verbal cognitive processing of what the client is

experience or their presented issue, or intended goals are, if I'm not able to check in with myself and have that validate, through continuous feedback from my interactions, I don't believe I'm doing my job". As concluded by related axial coding, self-awareness influenced all participants present during music therapy sessions with this specific population of adolescents.

Table 4

Related Codes and Themes Emerged from Data Analysis of Interview Question 7

Question from Interview	Codes from Axial Coding	Emerging Themes from Coding Process
<i>How does self-awareness influence your sessions within this specific population of adolescents?</i>	Experience of client Personal experience	Music therapist participants are aware of all participants' experiences involved in session

Chapter 5. Discussion

Interpretation of Results

This section addresses an interpretation of the results, based on quotes and ideas from participants. References from literature were used to compare, contrast, and clarify results from participants' answers. The presented interpretation is organized according to order of interview questions.

Music therapists' perceptions of self-awareness within the context of a music therapy session with adolescents. Wildman's study in 1995 concluded that therapists' personal needs interfere with the therapy session. It was apparent through analysis that the participants experienced this same interference. When speaking about perception of self-awareness, one participant said, "watching that my own beliefs are not interjected into any aspects of it, whether it is their music choice, or their responses or family responses". Austin (1998) also mentioned that music therapists must be cautious in differentiating between the client's feelings and the therapist's own feelings. Another participant stated "continued collaboration [is necessary] with the client to validate and explore whether or not my perceptions are accurate".

The participants in this study were able to identify personal reactions and understand how to utilize their responses within the therapeutic relationship in sessions with adolescents, as Pieterse, Lee, Ritmeester, and Collins (2013) defined the objective of self-awareness to be. To describe perceptions of self-awareness, participants used words such as "nervous", "body language", "tone of voice", "emotionally", "tense", "proximity", "behavioral response", and "stimuli". Evidenced by Williams (2008), the personal reactions the four participants addressed were personal emotion, a physiological reaction, or a personal behavior.

Music therapists' observations of when self-awareness occurs in a situation during a music therapy session. Contrary to evidence identified in the literature review, participants did not mention attention to music when observing themselves becoming self-aware. The only mention to self-awareness and music was due to policies set on types of music allowed at the facility, and how to validate client preferences. The participants' theoretical orientations were not discussed; however, attention to music when becoming self-aware may vary with different orientations. Literature noted that therapists can become aware of what is happening in the moment through understanding music (Haase & Reinhardt, 2011). Participants had similar views on music versus verbal processing. One participant stated, "the music making usually takes care of itself". Another said, "the main part of it is the processing". Another participant also discussed being aware of responses to how the client is processing. In elaborating on this question, participants discussed the occurrence of self-awareness being when they moved outside of their personal "comfort zone". Other examples from participants of being outside of a comfort zone included "whenever we get a new intern", "working with clients from culturally-different backgrounds", and "clients who are perhaps expressing an intense affect".

Music therapists' reactions when becoming self-aware in a music therapy session. The literature demonstrated that feelings and reactions are supplementary to the therapeutic relationship (Wildman, 1995). While a common theme amongst participants was to adjust in the moment when reacting or responding to self-awareness, two main categories emerged. Participants either adjusted to meet the client's status, or adjusted their personal emotions, thoughts or behaviors. In order to reflect how sessions and/or interventions were altered to meet the client's level, participants used phrases such as, "subtle changes", "was that tempo/volume okay for you", "monitor...and evaluate my own internal assumptions about the client", "seek to

find ways to validate them through collaborative discussion or direct questioning”, and “meeting the patients where they’re at and it’s not always where I expect them to be”. As one participant mentioned, the music therapist shall “respond rather than react, by adjusting when necessary to continue to meet the client’s needs where they are at, at that moment”.

While there was an abundance of literature indicating the importance of identifying personal reactions and being aware of reactions in the moment, literature did not specify what occurred for the music therapists after the reaction. Examples of phrases used by participants to explain the personal changes that occurred when reacting to becoming self-aware included, “doing some deep breaths myself just to stay calm”, “my own self-care”, “my own surroundings but of my emotional status”, and the idea that the healthier the therapist, the easier it is to be mindful and aware of the clients’ responses.

Music therapists’ perspectives on how self-awareness influences sessions with the specified population of adolescents. As mentioned by participants, self-awareness was an ongoing development and challenge, it was also important to model self-awareness for clients. Another response from a participant identified the importance of being an “appropriate model when becoming self-aware and trying to manage self and manage how the situation goes”. The two main categories that were derived from responses to this question were the influence on the client and the influence on the therapist. Many responses about influence of self-awareness on the client from participants incorporated gearing the sessions and specific interventions towards the client and the group, and noticing how the group dynamics are affected, and appropriateness of individuals and groups.

Another aspect in which self-awareness influenced the clients’ experience was seen arising from rules and regulations about song content, and sound traveling outside of session

rooms in the facility at which one participant worked. This participant stated, “they might mention an artist, and so I find myself being aware of my reaction to it because I don’t want them to not feel like they can’t have their voice, but talk about, ‘well how can we change it so we can still do that song here’”. This statement exemplified the concern for influence on clients as well as influence on self. Participants emphasized their focus on personal biases and reactions, and responsibility for professionalism. Other responses incorporated being conscientious about the proper time and place for specific interventions based on not only group dynamics, but also on the therapist’s “energy level”, “right attitude”, and “emotionally okay”. The effect on clients and therapists were linked, as the principal indication of how self-awareness influenced a session impacted all participants involved in the music therapy situation.

Additional thoughts from participants. The music therapists participating in this research made it clear that it was important to have a balance of self-awareness and not being overly self-aware. One participant shared that self-awareness was one of the “key ingredients of the therapeutic outcomes, but also something that has to be nurtured, respected, and engaged with developmentally throughout a career”. One participant’s response explained this balance as, “self-awareness is something we must do, if we focus on it too much...sometimes you can be so self-aware that it leads into nervousness and it inhibits your ability to be effective...and it can lead to insecurity if you question things too much. So I think it’s a good balance to have, and you build your confidence, in, um, difficult situations”.

Participants identified that “self-awareness is applicable to real world success”. Another participant recognized that “self-awareness is [an] on going developmental process so [it’s] limited by our own developmental levels with previous exposure”. Participants also acknowledged the challenges as, awareness’s of internal biases and how to work past, through,

and/or disarm the biases in order to “remain objective and be responsive to musical-cultural perceptual factors, in each moment”. Demonstrated in participants’ reflections, self-awareness encompassed ongoing change during each session. The basis of self-awareness was in the moment as well as throughout life, as the therapist continues to develop, mature, and understand more complex ideals.

Additional Thoughts on Findings and the Researcher’s Stance

In conducting this research, the research question and subsidiary question were answered within the context of the interview questions. It became apparent that participants’ perceptions of self-awareness were similar to that of the researcher, as well as coincided with evidence from the literature review. One premise that manifested throughout this research was that participants believed personal biases should not be interjected in music therapy sessions with adolescents. This goal was difficult to accomplish because of personal enthusiasm and desire to please clients, as the music therapist’s perception was not what was truly happening for the client in the moment. It was apparent that music therapists should not follow personal or family influences, but rather gauge what the client needs in the moment.

In the process of accommodating clients in the moment while encompassing facility rules, participants shared that it was the responsibility of the music therapist to not express personal biases through body language or affect. This made it possible to protect the client’s self-esteem, individuality, opinion, and independence. According to the literature, each of these characteristics is a primary focus in the development of adolescence. In protecting these characteristics, the idea of modeling confidence by balancing self-awareness with a genuine attitude creates a safe therapeutic environment. From the researcher’s stance, and as reinforced from participant’s answers and the literature, it is important for music therapists to exude a

comfortable and confident composure in appropriately expressing to clients genuine and professional thoughts when becoming self-aware, and utilizing this openness to achieve a higher therapeutic alliance, and therefore client progress within a music therapy context.

Limitations

This research is a detailed analysis of a small number of music therapists; as a result, the small sample limits the opportunities of this study in terms of generalizability. This small sample size of music therapist participants also limits the music therapy approaches represented. This may also limit the understanding and affect the relevance for music therapists practicing outside the theoretical orientations of the study's participants. Additionally, the small sample size necessitated a limited scope of contexts within which music therapists worked. Another potential limitation lies in the variability of years of work experience among the participants. Furthermore, depending on the time and place each interview took place, participants may have been distracted by personal issues or extraneous sources. For example, some answers from participants appeared to be directly related to sessions and/or emotions that had recently occurred.

It is also important to acknowledge the possible influence of personal assumptions as a limitation to this study. As outlined earlier, it is the researcher's assumption that music therapists' levels of self-awareness affect the therapeutic and musical relationship with adolescent populations, and that greater self-awareness on the part of the music therapist could be of benefit to the therapeutic relationship and music therapy sessions with adolescents. Another assumption is that music therapists working with at-risk adolescents, adolescents who have experienced trauma, adolescents in a medical setting, or adolescents in mental health facilities

encounter more opportunities for self-awareness. The possible impact of these assumptions must be kept in mind when reviewing the findings of this research.

Implications for Practice

This research may help music therapists to develop perspectives on self-awareness and how it impacts their work with adolescents as they strive to become more effective practitioners with these specific populations of adolescents. Information that emerged may change self-awareness practices of the participants themselves by bringing consciousness to, and evoking thought about this issue. This research may also inspire other music therapists who work with these specific adolescent populations to incorporate self-awareness practice into their work, potentially benefitting their clients. As for my personal practice, this research validates my perspectives on self-awareness when working with these specific populations of adolescents. It also motivates me to continue being mindful of all aspects during a music therapy session, while finding a balance of a genuine and safe therapeutic environment.

Implications for Future Research

Future research could encourage more in-depth exploration of self-awareness. It is recommended to interview a greater number of music therapists with greater diversity of adolescent populations. Interview questions could be redefined to attain more specific information. As there is also a lack of literature about how music therapists respond when becoming self-aware during a music therapy session, it is also recommended that potential research focus on these reactions, i.e. adjusting in the moment. Further qualitative and quantitative research could enhance current understanding and provide broader applicability. While music therapists interviewed in this research understood and thoughtfully expanded on

self-awareness, they were limited in number, context, and theoretical approach. Future research could expand upon this, looking at a greater number of music therapists and their experiences of self-awareness in diverse contexts, from within diverse theoretical orientations, and with diverse populations.

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Appendix A: Participant Recruitment Letter

“Music Therapists’ Perspectives on how Self-Awareness Impacts their Work with Adolescents”

Hello, my name is Raquel Ravaglioli, MT-BC, and I am a Master’s student in the Masters of Arts in Creative Arts Therapies, Music Therapy at Concordia University, in Montreal Quebec, Canada. My faculty supervisor is (to be determined), professor of Music Therapy in the Creative Arts Therapies program, Music Therapy, at Concordia University in Montreal, Quebec, Canada.

I am seeking board certified/accredited music therapists who work with adolescents. These board certified music therapists will participate in a semi-structured interview (via telephone, videoconference, or in person) about their experiences of self-awareness when working with this population. In the context of this research, the term self-awareness when used to refer to music therapy will be defined as; the music therapist’s conscious connection of and awareness to thoughts, emotions and physical responses to their personal relationship to the musical intervention, the client-therapist relationship, and the client’s relationship to the music, throughout a music therapy session. The purpose of this research is to explore music therapists’ perspectives on their own self-awareness and their perceptions on the role this may or may not play in their work with adolescents.

In participating in this research, it is aimed to benefit music therapy sessions with the specified adolescent population by helping music therapists gain insight to the impacts of their self-awareness. Potential risks that may arise for participants as a result of this research are minimal, with the limitation of possible use of web conferencing applications (such as Skype or Google talk). No identifying information of participants will be conveyed to outside parties or affect their current job standing.

Due to the limited scope of this research project, only English-speaking participants practicing in the United States of America or Canada will be considered for an interview. Anyone who is interested in participating in this study can contact the researcher directly at r_ravaglioli@u.pacific.edu to discuss possible arrangements. Please feel free to contact me, or my research supervisor, with any further questions.

Sincerely,

Researcher:

Raquel Ravaglioli, MT-BC, MA in MT
MA Creative Arts Therapies, Music Therapy
Concordia University
Department of Creative Arts Therapies
1395 René Levesque Blvd. Ouest, VA 264,
Montreal, Quebec, Canada, H3G 1M8
Email: r_ravaglioli@u.pacific.edu

Appendix B: Research Consent Form



Consent to participate in:

“Music Therapists’ Perspectives on how Self-Awareness Impacts their Work with Adolescents”

Concordia University Protocol Number: 12345678

I understand that I have been asked to participate in a research study being conducted by Raquel Ravaglioli, MT-BC, and Masters of Arts in Creative Arts Therapies, Music Therapy student of Concordia University (r_ravaglioli@u.pacific.edu; 514-632-7645).

A. PURPOSE

I have been informed that the purpose of the research is to investigate music therapists’ perspectives on how self-awareness may impact their work with adolescents.

B. PROCEDURES

I understand that I will be asked to provide basic information about myself and incidences in music therapy sessions as well as information related to self-awareness in my work with adolescents.

I understand that this information will be obtained during an interview that will be recorded with an audio-recording device through Skype or via telephone, will last between 1-2 hours, and will be at a convenient time for the participant.

I understand that I am being asked to participate in this semi-structured interview that will take place until all relevant information has been collected, as determined by last question on interview questionnaire and when all participant questions are answered.

I understand that the interviews will be audio recordings and transcribed. Recordings and transcriptions will be stored in a locked/password-protected file on the student researcher’s laptop computer.

I understand that audio recordings and dissemination of results may be used in presentations to educate other music therapists about the results of the research and to benefit future music therapy with adolescents of the specified populations.

C. RISKS AND BENEFITS

I understand that I may feel slightly uncomfortable about sharing personal experiences of self-awareness and other issues that may emerge. However, I also understand that the interviewer will do everything possible to make me feel at ease with talking about subjects that may transpire.

I understand that the results of this research may help other professionals to provide more effective sessions for adolescents in the future by more readily recognizing self-awareness.

D. CONDITIONS OF PARTICIPATION

I understand that I am free to withdraw from the interview process at anytime during the discussion without negative consequences.

I understand that I am able to withdraw my interview answers from the research only up to two weeks after data has been collected.

I understand that member checking will not be employed due to time constraints of research study.

I understand that my identity in this study will be CONFIDENTIAL, my pseudonym will be used, and that my name will not be disseminated with the results.

I understand that the results from this study may be published and/or be presented in training and/or academic contexts (i.e. thesis defense, professional conferences, workshops, etc.).

I HAVE CLEARLY STUDIED THE ABOVE AND UNDERSTAND THIS AGREEMENT.

I FREELY CONSENT AND VOLUNTARILY AGREE TO PARTICIPATE IN THIS STUDY.

NAME (please print) _____

SIGNATURE _____

If at any time you have questions about the proposed research, please contact the study's Principal Investigator, Raquel Ravaglioli, MT-BC, and Masters of Arts in Creative Arts Therapies, Music Therapy student of Concordia University at:

E-mail: r_ravaglioli@u.pacific.edu

Phone (CA): 514-632-7645

Phone (USA): 310-529-7645

If at any time you have questions about your rights or recourse or about your participation in this research project, please contact:

Karoline Girard, Research Ethics Coordinator for the JREC/RCIDPDD at the following number: 819-376-3984 ext. 347 or by email: Karoline_girard_csid@ssss.gouv.qc.ca

Appendix C: Interview Questions for Music Therapists in Inclusion Criteria

“Music Therapists’ Perspectives on how Self-Awareness Impacts their Work with Adolescents”

1. How many years have you been practicing as a board certified music therapist?
2. What population of adolescents do you work with currently?
3. How many years have you been working with this specific population of adolescents?
4. How do you perceive of self-awareness within the context of a music therapy session with adolescents?
5. When have you noticed yourself being self-aware of a situation during a music therapy session?
6. When you become self-aware, how do you react in the session?
7. How does self-awareness influence your sessions with this specific population of adolescents?
8. Is there anything else you’d like to add?

Appendix D: Certification of Ethical Acceptability for Research Involving Human Subjects



**CERTIFICATION OF ETHICAL ACCEPTABILITY
FOR RESEARCH INVOLVING HUMAN SUBJECTS**

Name of Applicant: Raquel Ravaglioli
Department: Faculty of Fine Arts \ Creative Arts Therapies
Agency: N/A
Title of Project: Music Therapists' Perspectives on How Self-awareness Impacts their Work with Adolescents

Certification Number: 30004811

Valid From: July 24, 2015 to: July 23, 2016

The members of the University Human Research Ethics Committee have examined the application for a grant to support the above-named project, and consider the experimental procedures, as outlined by the applicant, to be acceptable on ethical grounds for research involving human subjects.

A handwritten signature in black ink, appearing to read "J. Pfaus".

Dr. James Pfaus, Chair, University Human Research Ethics Committee