

Wise Therapists Say: A Qualitative Interview Study

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ABSTRACT

Wise Therapists Say: A Qualitative Research Study

Samuel H. Minevich

The purpose of this study was to investigate the perspectives of experienced music therapists regarding their career longevity in the field. This study further aimed to determine if themes relating to career longevity in music therapy would emerge when gathering perspectives of experienced music therapists. Modified grounded theory was used to examine semi-structured interviews with four music therapists with 20 or more years of experience. The participants consisted of four music therapists drawn from members of the Canadian Association of Music Therapists. The results of the study were divided into four categories: The surveyed music therapists' educational background and motivations to become music therapists; music therapist participant's reported sources of struggle throughout their music therapy careers; music therapist's perceived important factors contributing to their own career longevity; and music therapist participants' advice to emerging music therapists, with descriptive statements describing career longevity among music therapists as the final product. Results of the study suggest that self-care, adaptability, advocacy, and commitment to music therapy as a unique mode of intervention were considered significant to career longevity in music therapy practice. Interpretations as well as potential implications for practice, education and research are discussed.

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Chapter 1. Introduction

As a music therapist who is beginning his professional journey, I want to understand for my own sake what factors may contribute towards having a long career in music therapy. The amount of time and money that is invested in obtaining music therapist certification is significant, and I am motivated by a desire to help people that I do not want to see extinguished. There are various perspectives in the literature as to the prevalence of burnout, as well as personality factors and skills that may contribute to career longevity in music therapy. It is my hope that the results of this research will identify specific strategies that may aid music therapists towards ensuring that their professional journey is a long and productive one.

Professional burnout has been identified as a major factor influencing career disengagement within those working in the helping professions (Maslach & Jackson, 1981; Maslach & Goldberg, 1998). Burnout has also been identified as a source of occupational stress contributing towards music therapists leaving the field of music therapy (Bitcon, 1981; Oppenheim, 1987). Several studies have been undertaken to assess the prevalence and degree of burnout among music therapists (Clements-Cortes, 2013; Hills, Norman & Foster, 2000; Oppenheim, 1987) with results indicating that the majority of music therapists experience some degree of burnout (Clements-Cortes, 2013; Hills, et al., 2000; Kim, 2012; Oppenheim, 1987; Vega, 2007). While the personality characteristics of music therapists has been the focus of research for a considerable time amount of time (Shatin, Kotter, & Longmore, 1968a; Shatin, Kotter, & Longmore, 1968b; Steele & Young, 2011), only in the last two decades has there been research conducted on the relationship between personality and burnout (Clement-Cortes, 2013; Fowler, 2006; Hills, et al., 2000; Vega, 2010). These results have created further interest towards the interaction of burnout, personality characteristics of music therapists, and the career longevity of music therapist (Decuir & Vega, 2010; Fowler, 2006; Vega, 2007; Vega, 2010). In turn, research into the personal and professional characteristics of music therapists (Brookins, 1984; Stewart, 2000) and the elements of music therapy practice that music therapists feel contribute to their job satisfaction (Braswell, Decuir, & Jacobs, 1989) may give us insight into the potential career longevity of music therapists. All of the studies previously discussed have been of a quantitative nature; there is a gap in the literature concerning the perspectives of experienced clinicians, obtained through a qualitative study, on what factors contribute towards career longevity for a music therapist. This qualitative research may allow us to place the results

of quantitative studies in an applied context that will be of utility to clinicians in the field due to it being easily relatable to their own personal experience (Amir, 2005; Baker & Young, 2016). Further application of the information obtained in this study could serve to benefit those entering music therapy training (Silverman & Furman, 2014). While there has been a small body of quantitative research, as of yet there are no published research studies related to career longevity among music therapists that take a qualitative perspective.

Research has shown that there is a lack of music therapists as compared to the number and size of populations that may be well served through music therapy (Groene, 2003), and that there is a need for more qualified music therapists to serve these clients (Silverman & Furman, 2014). Given that the amount of time that music therapists remain in the music therapy profession is a median of 13.7 years (Vega, 2007) and that the current number of music therapists available is insufficient to serve the potential clients who could benefit from music therapy treatment, there is a need to ensure that an adequate amount of qualified music therapists is available (Groene, 2003). Research into career longevity in music therapy could aid retention of qualified professionals and serve aforementioned need.

Statement of Purpose

The purpose of this study is to investigate the perspectives of experienced music therapists regarding their career longevity in the field. This study further aims to determine if themes relating to career longevity in music therapy emerge when gathering perspectives of experienced music therapists.

Assumptions and Delimitations

The researcher has some assumptions that must be acknowledged. I assume that there are certain ways of being that influence the career longevity of music therapists. I assume that these are best understood through qualitative investigations that contextualize results within real world situations and/or experiences. I also assume that practitioners usually leave music therapy due to complex professional issues rather than for other reasons such as a change in life situation, or other circumstance beyond their control.

In order to work within the scope of a master's thesis and to focus the study, some delimitations were imposed. Participants were delimited to four music therapists with 20 years or more of varied experience in the field and who were at the time of the study current members in good standing with the Canadian Association of Music Therapists (CAMT).

Key Terms

For the purposes of this study, experienced music therapist is defined as a music therapist who is accredited by the CAMT, and who has worked in the field of music therapy full time for 20 years with no longer than 1 year of interruption and no more than 4 interruptions within a 20-year period. This period of employment in the profession is set at 20 years as it allows room for reflection and opinions of those who have experienced both the highs and lows of a professional career. These interruptions in employment history are included in order to take into account familial and self-care obligations that may arise during the course of any professional career. Additionally, music therapists who have worked for a long period of time are likely to have experience with a wide variety of populations, as the majority of music therapists work in more than one therapeutic domain (Sébastien, 1998). *Career longevity* is defined as remaining in the field for 20 years or more. *Burnout* is defined using Maslach and Jackson's (1981) definition as "a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do 'people work' of some kind" (p. 99).

Research Questions

The primary research question of this study is: What are experienced music therapists' perspectives regarding their longevity in the field of music therapy? The subsidiary research question is: How could these perspectives be applied to benefit music therapists beginning in the field?

Overview of Chapters

The first chapter of this thesis outlines the need and significance of this qualitative study. The second chapter reviews the literature that is relevant to this topic, and is separated into specific criteria as they pertain to the subject. The third chapter describes the participants enlisted, as well as the collection of data, data analysis, and methodology. In the fourth chapter the results of the interviews are presented. The fifth chapter presents the findings of the study, and their applicability to music therapy practice, education and research.

Chapter 2. Literature Review

The purpose of this literature review is to identify research in music therapy, related to levels and prevalence of burnout among music therapists, occupational stressors, personality characteristics of music therapists, personal qualities essential to music therapy practice, and factors that contribute to career longevity among music therapists.

Burnout

Bitcon (1981), in the first study of burnout among music therapists describes professional burnout as a major factor contributing towards music therapists' perceived discontent with their profession, with many music therapists withdrawing from active participation in music therapy practice. Bitcon describes professional burnout, as a major factor contributing towards music therapists' perceived discontent with their profession, with many music therapists withdrawing from active participation in music therapy practice. Maslach and Jackson (1981), a seminal force in the development of burnout theory, describe burnout as "a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do 'people work' of some kind" (p. 99). Although this description focuses on the emotional aspect of burnout, there are also physical symptoms such as fatigue (Oppenheim, 1987). There have been several studies measuring burnout amongst music therapy practitioners (Fowler, 2006; Hills, et al., 2000; Kim, 2012; Oppenheim, 1987; Vega, 2010). In order to understand factors contributing to career longevity of music therapists it is important to first understand the prevalence and levels of burnout among music therapists (Hills, et al., 2000; Oppenheim, 1987; Vega, 2010). A common factor among studies measuring burnout among music therapists is the use of the Maslach Burnout Inventory (MBI) to determine perceived levels of professional burnout (Hills. The MBI consists of a 22-item job-related statements, rated on a seven-degree intensity scale (Maslach & Jackson, 1981).

The literature has reported mixed results from the MBI. Oppenheim (1987) discovered that the entire sample scored in the moderate range of burnout in all subscales except for depersonalization frequency. Results also indicated that less than 1% of music therapists experience a low degree of burnout, while 10% of music therapists scored high on the scale. The results relating to Oppenheim's mean scores are very similar to those found in studies by Hills et al. (2000), and Vega (2010), showing moderate scores in emotional exhaustion, and personal accomplishment, and low scores for depersonalization. Fowler (2006) reports low-mean levels of emotional exhaustion, and depersonalization, and a high sense of personal accomplishment,

while Kim's study (2012) shows moderate levels of emotional exhaustion and depersonalization, and low perception of personal accomplishment. This is significant, as a low degree of success disproportionate to the amount of effort expended results in a loss of enthusiasm for work (Clement-Cortes, 2013).

While MBI scores have been useful in indicating the prevalence and degree of burnout, they do not address factors that may contribute to occupational stress, and the nature of the test may impose rigid guidelines that do not take into account the fluid nature of personality (Pittenger, 2005). The literature has identified specific work related, personal, and environmental factors related to burnout (Clement-Cortes, 2013; Decuir & Vega, 2010; Hills, et al., 2000; Kim, 2012; Oppenheim, 1987; Stewart, 2000).

Work Related, Personal, and Environmental Factors

Register (2013) notes that while it is not difficult for a member of the general public to understand that music has the ability to elicit emotional, social, and physical responses, "it is also the same understanding that causes some to dismiss the qualifications and training necessary to engage in the systematic use of music to address the needs of clients across all developmental domains" (p. 159). This statement relates to key themes that have emerged, a lack of understanding of music therapy (Hills, Norman, et al., 2000), and role ambiguity that results in music therapists performing work duties that are outside of their field (Clement-Cortes, 2006; Clement-Cortes, 2013; Kim, 2012, Oppenheim, 1987). While music therapists often work as music performers and teachers (Clements-Cortes, 2013; Stewart, 2000), being perceived as a performer by others when trying to engage in clinical work can be a source of frustration (Clements-Cortes, 2006), as the work is more intense due to lack of the boundaries between performer and audience associated with performance, with both client and therapist entering the same musical space (Rykov, 2001).

Aside from role ambiguity, an additional job-related factor contributing to burnout and occupational stress is inadequate pay (Bitcon, 1981; Clement-Cortes, 2013; Decuir & Vega, 2010; Maslach & Goldberg, 1998; Oppenheim, 1987; Sebastien, 1998; Vega, 2007). Clements-Cortes (2013) observes that music therapists make significantly less than those employed in similar professions such as occupational therapy, with music therapy considered an unessential service (Rykov, 2001). As music therapists often cite heavy workloads as an organizational issue

contributing to burnout (Decuir & Vega, 2010; Fowler, 2006; Hills, et al., 2000), a lack of adequate compensation for work performed is understandably frustrating.

While work place factors such as inadequate pay and role ambiguity play a major role in burnout, it is important not to underestimate the personal toll that the practice of music therapy may have on the practitioner. It has been suggested that music therapists may suffer differently from other health professionals due to the intensity of their relationships with clients (Rykov, 2001; Sutton, 2002). Music therapists have been shown to have a tendency to be more sensitive than the general population (Shatin, Kotter, & Longmore, 1968b; Vega, 2010), and may be susceptible to heightened levels of stress due to the intensity of their work (Hills, et al., 2000). Clements-Cortes (2006, 2010) identifies ongoing loss, counter-transference, client pain, despair, and anxiety as significant themes in her study of occupational stress among music therapists working in palliative care. Additional contributions to these stressors are physical environmental factors (Hills, et al., 2000) such as the unwelcome interruptions of nursing staff (Clements-Cortes, 2006).

Personality

Wheeler (2002) notes that training as a counselor comes relatively late in life after patterns of behavior and personality have already been established, indicating that personality is an important factor relating to a person's reasons for entering therapy training, as well as their suitability as therapists. Early research into the personality traits of music therapists conducted by Shatin, et al. (1968a; 1968b) found that music therapists assessed using Cattell's 16-personality factor questionnaire (16-PF) showed a higher a degree of intelligence, and were more sensitive and conscientious, resourceful, and trusting than the general population. While these findings might not reflect the current personality characteristics of music therapists due to changes in average age and education among music therapists (Vega, 2007), similarities in recent research have been identified.

Personality characteristics of music therapists have also been shown to be a contributing factors related to music therapists' vulnerability to stress (Clement-Cortes, 2013; Steele & Young, 2011; Vega, 2010). Vega (2010), using the 16-PF questionnaire has shown that music therapists score high on measures of sensitivity, reasoning, apprehension, warmth, openness to change, self-reliance, extraversion, anxiety, abstractedness, rule-consciousness, and self-control. The most recent study (Steele & Young, 2011) which uses the Myers-Briggs Type Indicator

(MBTI), has found that the majority of music therapists showed a MBTI personality type of extrovert, intuition, feeling, judgment. This personality type is characterized as “empathetic and responsible, attuned to the emotional needs of others, facilitate others in a group setting, value team work, can build consensus among different people, facilitate the best in others, and provide inspiring leadership” (Steele & Young, 2011, p. 69). The personality characteristics mentioned show a similarity to qualities described as important by music therapists themselves (Stewart, 2000), however, it must be noted that critics of this test draw attention to the qualitative nature of a four letter personality description, and how rigidly these characteristics may predict behavior in a professional context (Pittenger, 2005).

Music Therapists’ Perceived Important Personal Qualities

While personality test scores have identified common factors related to the personalities of music therapists, they have not addressed the qualities that music therapists themselves indicate as important to the practice of music therapy. Music therapists’ own perceptions of personal skills and qualities significant to music therapy offer commonalities to the results found in personality tests. Empathy and an ability to relate to clients in a sensitive and emotionally mature manner are skills considered necessary for all those working in therapy (Burnett, 1984; Wheeler, 2002), and music therapists consider the personal skills of empathy, creativity, ability to interact with people, ability to spontaneously communicate through music, and musical empathy to be highly important (Brookins, 1984; Burnett, 1984; Decuir & Vega, 2010; Stewart, 2000; Wheeler, 2002). Stewart (2000) mentions (in order of importance) ability to communicate through music, empathy, ability to be spontaneous in music, adaptability, reliability and consistency, musical empathy, and a balance of sensitivity and resilience and creativity, as eight significant personal qualities that emerged in his survey of the British music therapy profession. Given the importance placed on musical ability, we must not forget that music therapists, are drawn to the music therapy profession as a result of witnessing the power of music (Clements-Cortes, 2006), and musical skills are described as of great importance in entering the profession (Brookins, 1984), and this builds a sense of accomplishment in clients and therapists (Vega, 2010).

While music therapists have been shown to be empathic and sensitive, these very skills have been shown to correlate with emotional exhaustion (Vega, 2010). How then do these personality characteristics and skills relate to whether or not a music therapist will have a long

and fulfilling career? Personality factors may affect music therapists' cognitive appraisal of the effectiveness of their work with clients (Fowler, 2006). When viewed negatively, this may be understood as a low degree of success disproportionate to the amount of effort expended, resulting in a loss of enthusiasm for work (Clement-Cortes, 2013).

Factors Contributing to Career Longevity

While the literature related to burnout and personality characteristics and personal skills has been examined, we have yet to discover what important factors determine career longevity in the music therapy profession. Career longevity of music therapists has been steadily increasing from 3.98 years in 1979, to an average of 17.85 years in 2007, however this is not a very long period of employment compared to other similar professions (Vega, 2007) and the largest overall percentage of music therapists have been practicing for less than 5 years (Silverman & Furman, 2014). Through analysis of the literature related to job satisfaction, several themes have emerged in the literature: Amount of time that music therapists spend in the field (Braswell, Decuir, & Jacobs, 1989; Vega, 2010), positive interaction with clients (Decuir & Vega, 2010; Silverman & Furman, 2014), having positive coping strategies (Fowler, 2006), and use of self-care (Kim, 2012; Bitcon, 1981), adaptive skills (Bitcon, 1981), highest level of degree earned (Braswell, et al., 1989; Cohen & Behrens, 2002, Vega, 2010), having strong support systems (Oppenheim, 1987; Stewart, 2000, Sutton, 2002) and working in a team (Hills, et al., 2000, Decuir & Vega, 2010), and adequate pay (Braswell, et al. 1989; Vega, 2010).

Highest Degree Earned, Salary and Time Spent in the Field

It has been shown that the highest level of degree achieved by music therapists is a major predictive factor of therapist job satisfaction and longevity in the field (Cohen & Behrens, 2002). This correlates with findings that show that music therapists in academia (also the music therapists with the highest degrees earned) have the highest levels of job satisfaction, the greatest length of time in the field, and the highest salaries among music therapists (Sebastien, 1998; Vega, 2010). Considering the interplay between all of these elements, as well as a lack of pay contributing to occupational stress (Bitcon, 1981; Clement-Cortes, 2013; Decuir & Vega, 2010; Maslach & Goldberg, 1998; Oppenheim, 1987; Vega, 2007), it might be concluded that an important factor contributing to career longevity among music therapists is a higher degree of education, as it indicates a higher salary and greater career longevity.

Support Systems and Working in a Team

Numerous authors in the literature have indicated that having strong support within the work environment as well as support from peers contributes to job satisfaction and reduced levels of burnout (Clement-Cortes, 2013; Hills et al., 2000; Oppenheim, 1987; Vega, 2010). Having opportunities to share accomplishments, frustrations, and feelings with peers is a major strategy for greater adaptation to occupational stress (Bitcon, 1981). Additionally, music therapists who work within and have the support of a multidisciplinary team have been shown to see this relationship as a source of support (Decuir & Vega, 2010; Hill, et al., 2000). Considering the contribution of having a strong support system both in and out of the workplace setting, it has been shown that these are also contributing factors to career longevity.

Positive Client Interaction, Coping Strategies, and Self-Care

We have previously indicated that the ability to communicate and engage in music is an important skill for music therapists (Brookins, 1984; Stewart, 2000). An important factor that has been shown to contribute to music therapists staying in the field is witnessing positive client progress (Vega, 2010), as well as engaging in the creation, sharing, and enjoyment of music with clients (Decuir & Vega, 2010). Positive attitudes related to professional achievement as a coping strategy have been shown to contribute to career longevity, as underscored in Fowler's (2006) statement that "music therapists who have either learned or have the innate tendency to use positive coping strategies and preventative health measures have the potential to sustain a long and satisfying career in music therapy" (p. 191); this is confirmed by Steele and Young (2011). Finally, self-care is a related coping strategy recommended to all music therapists in order to have a long career (Vega, 2010). Therapists often spend so much time trying to help others that they may not find time to take care of themselves (Kim, 2012). Bitcon, (1981) suggests that music therapists must take the time for self-care, with Oppenheim (1987) suggesting that proper nutrition, use of unplanned leisure time, exercise, sleep, and continued education contribute to reduced burnout, and increased career longevity (Vega, 2007). Through the review of the previously mentioned literature, it becomes clear that positive client interaction, coping strategies, and self-care are all factors that relate each other and contribute to longevity in the field of music therapy.

Conclusion

This literature review has described burnout, personality characteristics and personal skills as related to career longevity, as well as factors contributing to longevity in the field of music therapy. To understand career longevity in the field of music therapy, it is important to understand the myriad of related factors that impact music therapists in the field. The subjects as outlined in the literature review situate the following study in terms of our basic understanding of the goal of the research. What are experienced music therapist's perceptions on their longevity in the field?

Chapter 3. Methodology

Design

Grounded theory has been shown to be a research method that is both a descriptive and interpretive explanatory model, that may be used to generate specific theories or used as a methodological paradigm (Amir, 2005). This inductive approach, which has been successfully used in music therapy research, has been shown to be effective in identifying themes and theories grounded in data that has been extracted from open-ended interviews (Amir, 2005; O'Callaghan, 2012). The results of grounded theory analysis make it possible to discover emergent themes and approaches related to career longevity in music therapy. As a result, a modified grounded theory approach was used in this study to assess participants' perspectives on their longevity in the career of music therapy. Grounded theory has been shown to be a flexible approach that allows certain modifications while maintain a rigorous analytical approach (Short, 2013). For the purposed of this study grounded theory was modified to support the inclusion of four participants instead of aiming to reach theoretical saturation, and did not use informant verification techniques.

Participants

The participants in this study were drawn from those accredited music therapists who were current members of the Canadian Association of Music Therapists (CAMT). The members selected for the study had been practicing music therapy as their primary occupation for a minimum of 20 years, and were defined as experienced music therapists as noted in the definitions in the first chapter

Ethical Process

After approval was received from the Concordia University Research Ethics Committee, participants were recruited through an email call distributed to the membership of the CAMT by its national office. This e-mail contained information related to the conditions of participation. Once the researcher received replies, the first four respondents who meet the criteria for inclusion were selected. The researcher then contacted the participants by phone to further explain the project and obtained their informed consent prior to the interviews.

Data Collection

The researcher conducted semi-structured, open-ended interviews in order to obtain the participants' thoughts pertaining to the research question. These interviews were audio recorded. The researcher kept a journal, which described his impressions following each interview.

Data Analysis

The open-ended interviews were transcribed, with the transcripts coded using an inductive approach; codes were then developed from analysis of the data. The information recorded in the researcher's journal was also used in order to identify or clarify themes.

To begin, the transcribed material was organized into initial categories using open coding to discover emergent themes. Following this, axial coding was used to discover connections between the categories that emerged in open coding, with themes that emerged grouped into thematic categories. As the next step thematic themes and labels that emerged during axial coding were further refined during a selected coding process. Finally, analyses of the themes that emerged resulted in a synthesis, the result of which was descriptive statements that clarified the themes and categories that emerged. Expert review was used to insure that all of the steps of the research were conducted in a way that insured external validity (Amir, 2005; Charmaz, 2006).

Chapter 4. Results

As a result of the interview analysis, a variety of themes emerged that provided insight into the processes that contributed to the career longevity of the music therapists interviewed. These themes were organized as a series of descriptive statements that were then grouped into four categories. The first category contains descriptive statements describing the educational background of the participants, as well as their motivation for pursuing a career in music therapy. The following category describes the music therapist participants' sources of struggle related to their music therapy careers. The third category describes the music therapist participants' thoughts related to their own career longevity. The final category is a series of statements consisting of the music therapist participants' advice to emerging music therapists.

Descriptive Statements for Category 1

The surveyed music therapists' educational background and motivations to become music therapists

Music therapists have a diverse educational background. All of the the participants had an education level of a bachelor's degree or higher, with the majority of participants having achieved a masters degree, and one participant having achieved a Ph.D. All of the participants of the study had studied a musical instrument for a number of years, with all indicating a proficiency in more than one instrument. None of the participants began their university studies with the specific goal of becoming music therapists. Rather, the music therapists had diverse educational backgrounds that included studies in performance, education, as well as psychology. Only one of the participants graduated with a bachelors degree in music therapy. The remaining music therapists pursued music therapy studies following prior education in related fields. All of the participants had participated in continuing education related to music therapy including such training as Neurological Music Therapy, vocal psychotherapy, and the Bonny Method of Guided Imagery and Music.

The participants had a variety of motivations for becoming music therapists. The participants described being introduced to music therapy in a variety of ways. These included taking introductory courses in music therapy as part of music degree, being recommended to study music therapy by a mental health professional, working in a field related to music therapy and then obtaining the MTA credential with the purpose of, "legitimizing what I was already doing(a)", as well as being inspired to become a music therapist through working as an educator.

The participants described wanting to be able to pursue a career in music, with music therapy being a viable career option, “I knew I wanted to do music(b)”. Additionally, the music therapists described music therapy as a mode of working within music which was inspiring from the beginning, “so it was dive right in, I did, and I absolutely loved it from day one(b)”.

Descriptive Statements for Category 2

Music therapist participants’ reported sources of struggle throughout their music therapy careers

Lack of control in the workplace is a significant source of burnout. Analysis of the interviews showed that frustration in dealing with employment and workplace were significant sources of burnout experienced by the music therapists. This was manifested as a perception of lacking control within work situations,

I guess my burnout is more related to just a frustration, an inability to change the situation, you know, you can’t convince employers to increase hours or increase the wage, you know, the more I’m frustrated without any resolution, the more burnout there is. (b)

This frustration was also expressed as burnout resulting in fatigue from expending a vast amount of effort, without the results being acknowledged. As one music therapist participant stated,

Just really tired, that’s a good way to say it. Like, am I making a difference? I’m tired of, giving it 110 percent when I’m not getting it back from other people, not the clients, but, people around me, like always having to struggle. (d)

There is still a lack of understanding of music therapy. Three of the respondents spoke of a sense of frustration in having to continually explain music therapy to co-workers, clients and staff, “I knew going into it, that people didn’t necessarily know what music therapy was or what we did, or what we could offer, or benefits and whatnot. I mean I knew I would have to educate people, but what surprises me is that that never stopped (d)”. This was further articulated by music therapist B.

I really identify with comments that I had from other music therapists, from previous conferences, and they said, you know, it’s so nice to go to a music therapy conference because the one thing you don’t have to do is have people ask you, what is music therapy?

The role of music therapists as allied health professionals is often misunderstood. The music therapists surveyed that worked in facilities expressed that they often felt that their role as a music therapist is not clearly understood by those in their work environment, with the most common manifestation articulated as being perceived as an entertainer. As one participant described, “I’ve been called a music lady, and a music aide and a musician and an activity worker, I mean, all kinds of stuff” (c). Another of the respondents stated, “I get kind of tired of like going, no I’m not a volunteer who plays piano, or, ‘Yeah isn’t it great, you entertain the kids’ you get really frustrated with that” (d).

This misunderstanding of the role of music therapists was a source of resentment for the majority of the respondents, who felt that it undermined the clinical skills that differentiate music therapists from their musician colleagues. As one respondent stated, “it’s not entertainment, it’s not something that everybody can do. No, putting on an iPod is not the same as having a one-to-one session with a music therapist, believe it or not (b)”.

It is often difficult to communicate with administration. A significant amount of difficulty was expressed concerning interaction with the hierarchal nature of large institutions. Participants revealed that in order to resolve issues in the workplace, it was often difficult to speak to those who are able to facilitate change due to a lack of direct lines of communication. This was viewed by the participants as a source of frustration when it came to resolving a conflict with a co-worker stating,

I’m over here, this staff will be here, so I technically can’t talk to them, I have to go to my manager, who talks to her manager, who talks to her. It’s the bureaucracy is so frustrating because it’s not direct, it’s not collegial, and a lot of times people don’t do it, they just don’t talk to them. They drop the ball (c)”.

Lack of adequate compensation contributes to a sense of frustration. The majority of the music therapists surveyed felt that music therapists were not compensated in a way that adequately reflected their education and skills. The respondents felt that this lack of adequate compensation stemmed from a perception of music therapy being undervalued in comparison to other health-related occupations. One of the music therapists described the situation as such:

We’re misunderstood and we’re misrepresented and we’re under-hired. They go, well why should I pay you \$40 an hour, which is actually super-cheap. If I go to my massage therapist, it’s \$80-100 an hour, my physiotherapist is \$65-85 an hour (c).

Lack of compensation was also perceived in terms of the amount of time that is spent going to and from small contracts. This was a theme that arose in all of the interviews, and was described as a career-long struggle,

I spent a lot of unpaid time, or I have previously, for instance, in one of the 3-hour blocks that I've had to eliminate private clients with, I did an hour and a half driving, and an hour and a half of sessions(b).

Conflict may result in interaction with other health professionals. The participants who worked within an institutional treatment milieu related that there were often conflicts with staff when delivering music therapy services specifically in a group setting, “we’re often very client-centered in a milieu of not-client-centered staff, [who are] more task-oriented, and who are staff-centered(c)”. This was perceived as staff placing their own occupational priorities (such as washing or toileting a resident), over the delivery of music therapy services, when the scheduling of these activities may be in conflict. “I might be doing a group on a Tuesday afternoon, and a certain care aide always comes in and grabs somebody, and just does whatever they want to do (c)”.

An additional element of this conflict in relation to other health professionals, was the use of music by non-music therapists with therapeutic intention, without appropriate knowledge of the implications of the music being used. This was illustrated in an anecdote describing a nurse practitioner using music as a relaxation method with geriatric patients. The music therapist set forth the situation as follows,

I wrote an email to her saying, here’s my recommendation. Music can be harmful, they’re locked in this ward, and she was going to pipe it to every bedroom and every common area for an hour a day. We know because we’re trained and we know why and we would change it. Everybody can be or thinks they’re an expert, and I don’t think they recognize that we actually are experts (c).

It is important these perceptions had a negative emotional impact on the participating music therapists as related in this anecdote,

In 2002, I got cut from a position that they said, literally, you’re the best thing we have here, sorry, and we will play more CDs. And I said, don’t insult me. And they don’t realize that that is insulting. It’s like you’d say to a nurse, oh, you’re the best thing we have here, and don’t worry, I’m going to hand out more Band Aids (c).

Music therapy faces competition from other music services. Three of the respondents spoke of competition from other music services that provide prescriptive CD compilations, and music in health institutions provided by professional as well as volunteer musicians. There was a significant amount of concern expressed that these other forms of music-related services were replacing jobs that were previously occupied by music therapists, and that this was a cost cutting measure undertaken by management, as described by one music therapist, “it looked like (organization) was eliminating music therapy, because their thought was, well, anybody including a volunteer can do music (b)”. Furthermore, there was anxiety expressed that these replacement services were not able to offer equivalent services in respect to understanding the impact of music used in a clinical setting,

One of our challenges is to see so many more music-based things popping up, and people coming in to our homes and offering music in a way that’s untrained in knowing what they’re doing. Not that they’re not great musicians, but they don’t know the impact (c).

Finding funding for music therapy is a struggle. All of the music therapists interviewed reported struggling for funding, even when working within institutions that were associated with government programs, including hospitals, residential facilities such as nursing homes, and programs subsidised through the public education system. Many of these jobs, although situated within government resources required that music therapists source supplementary funding through fundraising, or charitable organizations, “I started working with kids, and then various charities found me, and they started throwing money at projects, so I was doing the uh, five different school districts (a)”. The precariousness of some of this funding led to many of the music therapists having to find seek out employment when funding was suddenly cut, as one music therapist described.

So I couldn’t just go, oh jeeze this is tragic, I’m going to go fight the good fight for these people who are no longer being funded for their therapy needs, I just couldn’t afford to do that, I just had to keep the eye on the prize (a)”.

The capricious application of funding to many of these positions was reported as a significant source of frustration among the music therapist’s interviewed. As one of the participants reported when speaking of his main employer, “I’ve only managed in 12-plus years to get 2 days of work, and that’s dependent on external funding, not organizational funding (b)”. Additionally, it was found that as a result of this lack of consistent funding, music therapy is

often seen as an unessential commodity: “When push comes to shove, if there’s a budget cut, I’ve been cut a couple of times from jobs which they said, ‘You’re the best thing we have here, sorry’, Frustrating! (c)”.

Part-time employment results in a lack of communication within the team. Collectively, all of the respondents had worked in a mix of facilities, and private contracts. The music therapists who worked primarily within facilities expressed a frustration with not feeling that they had the same amount of visibility within the organizational structure as other allied health care professionals. This resulted in a perceived lack of presence in a team as related by one of the participants,

Working part time and being a part of a team, I find a huge challenge, because they want you to do direct care, and there’s not always the time to do the team planning. Being physically present as a person, but having music therapy present as part of the team plan. If you’re not present sometimes it gets left out because everybody’s pressed for time, and things don’t get communicated if you’re not there (d).

As a result of these problems in communication, the music therapist participant felt that she had to rely on others within the institution who may not be qualified to advocate on behalf of music therapy, “as much your colleagues are wonderful, they can’t always answer in the moment for you (d)”.

Part time employment results in a lack of depth with clients. Several of the music therapist respondents felt that although they were able to apply appropriate and adequate care, their lack of presence within the organisation was a factor in clinical work. This was primarily expressed as lacking the information and time to gain a deeper understanding of their clients. This is shown in one music therapist participant’s statement,

so I didn’t know their admission criteria or their admission diagnoses, and I didn’t know who they were, I had to find out, and after a while, just doing direct clinical work without having the depth and the relationship in the same way (c).

Part-time employment contributes to a second-tier perception of music therapy. Lack of presence was also perceived as a factor contributing to music therapy being perceived as having less value than other services offered by the organization. One music therapist stated, “Contract work is less stable, especially if it’s just a few hours, they don’t seem to take it as seriously when I’m here 4 hours or 6 hours one day (c)”. Furthermore, this was seen as the professional opinion

of an experienced music therapist having less weight than the views of other similarly qualified health-care professionals. The same music therapist related “not being invited to the table when I have more skill and more training and more education than anybody (c)”.

It is important to note the lack of presence that comes with part-time work was not always seen as detrimental. One music therapist described their part-time status as offering opportunities and novelty that may not have come with a full-time position, “I think working in a variety of settings has also contributed to keeping the interest. The variety of clientele over the years, I think has also sparked interest and challenge, to do things that are not the same” (d).

Descriptive Statements for Category 3

Music therapists’ perceived important factors contributing to their own career longevity

Positive interactions with clients contributed to music career longevity. All of the music therapists surveyed spoke of the positive impact of interaction with their clients on both their professional and personal lives. Musical interaction, and the perception of beneficial therapeutic change experienced through therapeutic work with clients was a key motivating factor in the participants continued career longevity. In terms of positive musical/clinical interaction with clients, one of the participants revealed,

To me it’s about having the kid, or the adult, it doesn’t matter, play something that is musically valid, and when it all clicks in together, to quote Artie Shaw, “it’s better than sex”. When it clicks, and it can click within like, 10 seconds, a person has never experienced that level of communication (a).

Satisfaction in their careers as music therapists contributed to career longevity. All of the respondents described being inspired by the nature of their job. This inspiration was seen as an important motivating factor contributing career longevity, and was distinguished from interaction with clients as an appreciation of the artistic and creative nature of music therapy practice as a whole. As music therapist (b) states when describing why he has continued to practice music therapy in the face of numerous career ups and downs, “(it’s) partially just the joy I get, the intangibles from my position. I mean, I can honestly say, despite all the sort of situations etcetera that I’ve faced and challenges and stuff, I love my job, I absolutely love my job”. This was also seen as relating to the creative nature of of music therapy work as opposed to other professions,

I get to do music at work even if I'm not playing. Cause I can sit down at work and play the piano... for myself, for 5 minutes, if need gather myself together for something, and people don't mind that. Like if you were a clerical or something, and went in to play the piano they might look at you kind of funny (d).

Strong support networks contributed to career longevity. All of the participants of the study spoke towards the importance of having a strong support network, which they defined as being primarily that of family and friends, as well as animal companions. As one of the interview subjects disclosed, "I admit that there's people I can just reach out to. And I also have pets, we are down to one cat right now and I think that's helpful too" (d).

Involvement in music outside of music therapy is beneficial to career longevity. All of the music therapists interviewed stressed the importance of engagement with music outside of their role as music therapists, "playing music for myself, I think is really a key for me (d)". This was described as a regenerative process that allows for the opportunity to stay inspired over the course of one's career, "they learn how to keep, keep inspired, keep the music thing happening (a)". This continuing engagement in music outside of music therapy took a variety forms including, live performance as a member of a variety of ensembles such as choirs and wind ensembles,

I lead in a women's choir that has beautiful music, and I sing with a 5-person music therapy choir, and we're all supports for each other as well as singing. So music for myself, not just for others, music that feeds my soul and my heart (c).

Continued engagement with music was also seen as related to maintaining a level of music skill necessary to be an effective music therapist. When speaking of having the appropriate musical skills to offer adequate clinical treatment, a participant stated, "The people who.... don't have the skill level, to go out and be constantly recharging their musical batteries don't last very long (a)", elaborating further in the interview, "you've got to be the crutch upon which they lean, and if they're leaning on a faltering musical crutch, it's going to sound like shit, and when things sound like shit it's not music (a)".

Descriptive Statements for Category 4

Music therapist participants' advice to emerging music therapists

Employment is a process that develops over time. All of the participants reported finding work following their music therapy education, "I graduated in '88 and I got jobs right away (c)",

however the majority of the music therapist participants described their employment process as beginning with many small short term contracts, “sort of the best I was offered was maybe a few hours once a week (b)”. A factor that was described by all of the participants of the study was having to adapt to working with many populations from the start in order to be gainfully employed “there was a whole bunch of facilities that had part-time work, so, I looked around to see, what was being funded (a)”. Closely related to this is a progression from a variety of short-term contracts to more stable long-term employment, with the participants reporting that many small contracts gradually progressed to more hours “I wrote a report and down the road it actually became into a position...when I first started I was actually working in a mental health facility, it was, again another provincial resource... and alongside with working there I was doing the contracts, and that did develop into a half time position there (d)”.

In order to find employment, you have to work with many populations. The participants described working with a wide variety of populations encompassing much of the scope of music therapy practice. These populations include, adult survivors of traumatic brain injury, children with a wide variety of special needs, gerontology, people on the autism spectrum, gifted children, individuals in residential care, individuals in rehabilitation facilities, among others. In the words of one participant, “Anyone who is breathing (a)”. For several of the therapists, working with many different populations was a hallmark of their early careers, with specialization occurring after the accumulation of more employment experience.

Openness to new experience is essential to career longevity. A topic that arose in conversation with all of the respondents was the need to be able to adapt and be open to new situations and experience. The respondents indicated that this was a necessary quality in a variety of aspects of music therapy including finding employment opportunities, clinical work, and their own conception of what music music therapy can be. In terms of finding employment opportunities, one of the respondents stated:

Be open to opportunities and experiences that might come your way, and that’s how I kind of set out my career. I didn’t plan, to work in mental health, but it was a spontaneous phone call to fill in for someone who was sick, and I didn’t want to go, but I did and it was a really good decision, to take a contract for an hour on a Sunday evening that turned into a job (d).

It is essential to have allies both within one's workplace and within the community. All of the respondents described the importance of having allies advocating for music therapy as an important aspect of continuing longevity as a music therapist. In particular, demonstrated support for music therapy and its applications by management was seen as particularly helpful. In reference to having the support of the organizational structure, one of the respondents declared,

If you have a manager that believes in you, you're going to get a lot easier time working and just growing in yourself than if you have to prove over and over, every week you're in there, why they should send people to you, why the care staff should bring people, why they shouldn't just leave them in bed (d).

Advocacy on the part of the families of clients was also seen as important when seeking the continued support of those in charge of music therapy programs. This kind of grassroots involvement by a family member advocate was described by one of the music therapist participants as instrumental in obtaining new funding and hours in the respondent's current employment situation,

She knows how to advocate, she knows what strings to pull, she knows the people to talk to, and she can get the bucks to back that up. So get people like that to advocate on your behalf. It may not cause changes right away, but eventually, if you get enough of those people, eventually it's going to get up to the upper administration who control the purse strings, and they're going to say, you know, we need to do this (b).

Advocacy is essential to the continued growth of music therapy as a profession. All of the music therapists interviewed spoke of educating the public and organization about the efficacy of music therapy. One music therapist stated, "I think it's important to be a community-oriented person, so join your professional associations, become actively involved, give back (c)". However, another of the respondents spoke of the need for further involvement in raising the public profile of music therapy stating,

We still do not have a good system of PR in my opinion, concerning music therapy. If we did a survey across Canada and asked how many people knew that March was Music Therapy Awareness Month, I think it would be 95% or more would go, "What?" (b).

Commit to music therapy as a lifelong career choice. All of the music therapists surveyed spoke of finding music therapy as a profession that they committed to seeing music therapy through as a career-length occupation.

Since I graduated in '88 I have never wanted for work. I knew absolutely this was my career for life, and not everybody did, and those that didn't know that this was their career, or were iffy, didn't work, or didn't stay. So if someone's committed to this field, they'll find work. Absolutely (c).

An additional element that was described, was staying with music therapy when other professions provide opportunities for advancement that were perceived as not open to music therapists. This was described as music therapists choosing to advance their professional trajectory through pursuing education and careers in fields such as counselling and social work.

It is essential to retain more music therapists in the field. All of the respondents spoke of the difficulty and the time commitment that is required in starting and maintaining a music therapy career. As much as starting and persevering in the field of music therapy has been mentioned as an arduous situation, one of the participants mentioned retaining music therapists in the profession as one of the most important factors required in maintaining longevity for current music therapists as well as future generations. In reference to the visibility of music therapy that would be apparent if all had stayed within the occupation, the respondent stated

If everybody who's trained stayed in the field, we would not be short, they'd be all over the place, there'd be more jobs, there'd be more people, more visibility, but people get discouraged and they leave (c).

Mentorship opportunities are a source of inspiration and career longevity. Each participant in this study spoke of having the experience of being a music therapy educator, or mentor, as well as the importance that mentors played in their own experience as music therapists.

Seek out your music-therapy heroes. Several of the respondents spoke of there still being easy access to many of the luminaries in the music therapy field. They stated that during their own education, they had the opportunity to study and be mentored by some of the prominent music therapy scholars and practitioners of their day, and that these opportunities are still available to emerging music therapists. As one of the music therapists interviewed stated

The music therapy community is still small enough that you can meet people like Clive Robbins, and he'll help you. It's not like, oh, you're a student, go away. Learn from them, accept their knowledge, and take it all in and so, yeah, don't be afraid to approach people that you think oh, I'm nowhere near their league (b).

Continuing education is essential in order to stay inspired in music therapy. The majority of the music therapists interviewed indicated that continuing education was an important factor contributing to their career longevity as music therapists. Primarily, continuing education was seen as a way of maintaining skills, and staying engaged with the continuing development of music therapy practice, as one of the respondents said, “if you just sit back and do nothing, don’t educate yourself, just sort of go through the movements, you’re going to burn out, you’re going to leave the profession” (b). The music therapist elaborated further in the interview stating:

I’m constantly reading, constantly looking for information, and so that keeps it fresh and new, because I say, “Oh, there’s this new technique” or I can create a drumming exercise program based on my new knowledge of neurologic music therapy and how the brain works (b).

The primary mean of accessing continuing education was through research and courses. There was also an additional emphasis embracing web technology such as online classes and conferences, with a stated advantage being that these opportunities are available to music therapists geographically isolated, and those whose financial resources limited their ability to physically attend conferences. As one respondent states, “it’s interactive, you can get continuing education credit for it, and there’s multiple presentations from people all over the world, and you do it all from the comfort of your living room” (a).

Music therapy has unique qualities that separates it from other related therapies. The participants all described the unique qualities of music therapy and the importance of our training as musicians and clinicians. The lengthy musical training that is essential to becoming a music therapist was described as unique to the profession,

Being a music therapist is different from being almost any other therapist, in that, we have to be a musician first, and that takes years of practice, you just can’t, say when I finish high school I’m going to be a music therapist (d).

This unique quality was also addressed by one of the respondents in terms of how we need to value music therapy for its own sake and not just through the validation that may be bestowed from the acceptance of other health professions, through an appreciation of the uniqueness of the results that music therapists offer within the health care spectrum.

it is time we step into our lights, these are my words, step into our lights, be counted, sit at the table, say what we know, don't interpret it for doctors, they don't interpret for us, This person actually was able to do this and this and this, and because they were able to do the music. This is what it means, and believe in ourselves and go out there, and do the work that we love and stay passionate about, and stay in the field, and keep learning, keep going (c).

Do not lose sight of the music within music therapy. The music therapists surveyed all spoke of the emphasis that they placed on music within their practice. While the music therapists expressed a thorough appreciation of the importance of setting goals and objectives in therapy, there was considerable stress placed towards the importance of play as part of the therapeutic process. One of the music therapist participants described it as follows,

All I know how to do is play. And in my music therapy life, I teach people who have disabilities of one sort or the other how to play. I'm going to try and harness the energy and channel it into a musical direction, and the person is going to get off on the experience, and they're going to have, to have the best time of they're life (a).

It is essential to maintain one's physical health. Without exception the respondents emphasised the need to maintain one's physical health as necessary to continued longevity in the music therapy profession. This was described by the participants as staying active through activities such as bicycling and walking, as well as receiving physiotherapy and massage. The respondents emphasized that music therapy involves a great deal of physical activity, and additionally, that there is a potential for repetitive strain injuries as one becomes older. The need to maintain a certain level of physical activity was also identified as essential for the day to day tasks of a music therapist such as transporting equipment from site to site.

Psychological support is a mitigating factor against burnout and will aid career longevity. Half of the respondents surveyed stated that they had sought psychological help when they were experiencing feelings of burnout. As one of the respondents stated,

I've always gone to therapy, I've probably 35 years plus of therapy, and that's also a huge help. I've been a music therapist, a verbal therapist, a vocal psychotherapist, GIM, the energy practice is a therapy form, so that's a critical one for me, if I don't have some support on that level, the deeper level, then my frustrations and my burnout just multiply (c).

A factor contributing to the need for psychological support was found to be the intense nature of interaction with clients, including their presenting needs and social situations. One of the music therapists shared,

The overwhelmingness of the people that I worked with, that was hard sometimes not to take home with me, particularly the kids that I worked with, they had horrific stories, and, just even physically seeing them, and being with them, and just not understanding. I know in the early days I took mental health days just 'because I couldn't handle it (d).

Conclusion

In summary, the results of the interview analysis were divided into four categories: The surveyed music therapists' educational background and motivations to become music therapists; music therapist participant's reported sources of struggle throughout their music therapy careers; music therapist's perceived important factors contributing to their own career longevity; and music therapist participants' advice to emerging music therapists

Chapter 5. Discussion

Granting that the sample size of the study was limited, the results show that the four music therapists interviewed had both unique and distinct perceptions regarding their career longevity, as well as how these perspectives may be applied to those beginning in the field of music therapy. The purpose of this chapter is to situate the results of the study within the related literature, and to propose potential reasons for the findings. In addition, the limitations of the study, as well as implications for practice, education and research are discussed.

Interpretation of the Results

Category 1: The surveyed music therapists' educational background and motivations to become music therapists. The four participants had varied levels of educational accomplishment, with one of the music therapists surveyed having achieved a PhD, two having achieved a masters degree, and the remaining music therapist, a bachelors degree. Cohen & Behrens (2002) found that the highest level of degree achieved by music therapists was a major predictive factor of career longevity and job satisfaction, with Braswell, et al. (1989), also finding that the highest degree earned was strongly predictive of a high levels of job satisfaction. Given that high levels of job satisfaction have been shown to correlate with the length of time that music therapists spend in the field (Sebastien, 1998; Vega, 2010), it may be likely, that the level of education of the participants has had an impact on the career longevity of the music therapist surveyed.

All of the music therapists surveyed spoke of wanting to be able to work in a music related profession as a significant factor in pursuing music therapy as a career. Clements-Cortes (2006) describes witnessing the power of music as an important factor motivating people to enter the music therapy profession, and a high level of musical skill has been shown to be a competence that is considered important for those entering the profession (Brookins, 1984).

Category 2: Music therapist participants reported sources of struggle throughout their music therapy careers. Three of the music therapists surveyed reported experiencing a feeling burnout over the course of their careers as music therapists. The prevalence of burnout is consistent with previous studies measuring the pervasiveness of burnout among music therapists (Hills, et al., 2000; Oppenheim, 1987; Vega 2010). The music therapist participants that experienced burnout most often, described the prevailing symptom of burnout as a feeling of fatigue, which has been shown to be a symptom common among music therapists experiencing

burnout (Oppenheim, 1987). One of the participants described this feeling of burnout as stemming from a perception of expending a vast amount of effort, with little acknowledgment; this has been shown to be a common cause of burnout in the literature (Clement-Cortes, 2013).

Additionally, three of the respondents spoke of a lack of understanding of music therapy, and their role as music therapists being a significant source of frustration during the course of their careers. This lack of understanding of music therapy has been shown to be a source of frustration when working within the context of working within a multidisciplinary team (Hills, et al., 2000). The music therapists surveyed described confusion of their role as music therapists as primarily stemming from being perceived as performers or entertainers, with this perception undermining the significance of their work as clinicians. Aside from feeling as if their work was not taken as seriously as that of other allied health professionals, one of the music therapists surveyed felt that this led to unwelcome interruption of the therapeutic space by staff, who felt that scheduled music therapy did not have priority over other interventions. Clement-Cortes (2006) also describes the impression of music therapist as performer by others as a significant source of frustration when engaging in clinical work, describing unwelcome interruptions by staff and the trivialization of music therapy as getting to “sing songs all day” (p.33). Furthermore, the music therapists surveyed felt that a lack of understanding of the education and skill required to become a music therapist, compounded with the perception of music therapist as entertainer or performer, led to competition or replacement by music services provided by musicians without a CAMT credential, or use of pre-recorded music selected and implemented without the input of a music therapist.

All of the music therapists interviewed related that they had experienced struggles with lack of adequate compensation as well as a lack of funding for music therapy programs. The participants described music therapy as being perceived as an unessential service that is one of the first to be cut when there are budget constraints, and additionally working for less pay than other allied health professionals with similar experience. Issues regarding a perceived lack of inadequate pay are found extensively throughout the literature (Bitcon, 1981; Clement-Cortes, 2013; Decuir & Vega, 2010; Maslach & Goldberg, 1998; Oppenheim, 1987; Sebastien, 1998; Vega, 2007), with music therapists receiving less compensation than related services such as occupational therapy (Clement-Cortes, 2013), and perceived as a frill (Rykov, 2001).

Finally, the music therapist participants spoke to the itinerant nature of the profession, with the majority of their workload consisting of a collection of part-time contracts rather than a full-time placement. This was seen by the music therapists interviewed as resulting in a lack of communication with other members of the treatment team, a lack of time to gain an in-depth understanding of clients in the treatment milieu, and the perception of music therapy as a second-tier service. These struggles relating to lack of integration within the treatment team are not unique to the music therapists interviewed, with Hills, et al. (2000), and Rykov (2000), describing part-time music therapists as not being fully integrated within treatment team working models.

Category 3: Music therapist's perceived important factors contributing to their own career longevity. All of the music therapists who were interviewed, related that their positive interactions with clients, and the perception of effecting beneficial therapeutic outcomes were strongly related to their experienced career longevity. Additionally, the music therapist participants expressed that despite the challenges they have faced throughout their careers, they were very satisfied in their occupation as music therapists, feeling considerable pride in the profession that they had chosen. Within the literature, career longevity among music therapists has been linked to positive interactions with clients (Decuir & Vega, 2010; Hills, et al., 2000; Silverman & Furman, 2014); furthermore, Fowler (2006) speaks of positive correlations between feelings of personal accomplishment, job satisfaction, and career longevity. It should be noted that job satisfaction has also been shown to relate to time spent in the field (Braswell, et al., 1989), which may signify a paradoxical relationship.

The participants of this study also found, that a strong support network was considered an important factor related to career longevity, with all of the music therapists surveyed describing this as adjuvant to their career longevity. This was described by the music therapists in both personal and professional contexts, and there are several sources in the literature that find this to be significant in relation to career longevity (Oppenheim, 1987; Stewart, 2000; Sutton, 2002; Vega, 2010).

Without exception, the music therapists interviewed spoke of the importance of engaging in musical activities outside the scope of their music therapy practice. Engagement in music outside of their roles as music therapists was universally described as regenerative, inspiring, and necessary in order to maintain the skills required to practice music therapy to a high professional

standard. Decuir & Vega (2007) found that the majority of experienced music therapists participate in musical activities in the community, with participants describing music making for its own sake as professionally energizing. Additionally, Fowler (2006) also found an association between career longevity and engaging in extracurricular activities such as music for personal satisfaction.

Category 4: Music therapist participants' advice to emerging music therapists. The music therapists interviewed all described finding employment rapidly following the completion of their music therapy training, however they described the process of establishing themselves in the profession as developing from the acquisition of many small contracts. Furthermore, some of the participants recounted working with a variety of populations as necessary in order to maintain a sufficient workload. The interviewees advised emerging music therapists to be open to new experience and populations, as the willingness to engage in novel experiences may lead to stable employment. Vega (2010) found that music therapists scored high on the openness to change element of the *Sixteen Personality Factor Questionnaire*, with her sample having an average amount of 17.75 years of experience as music therapists. It must be noted however, that correlation between openness to change and career longevity was not proven.

All of the music therapists surveyed emphasized the importance of having allies and advocates both as colleagues within and outside of the workplace, and stressed that this would be beneficial to music therapists beginning their professional journeys. The participants described the advocacy of associates within the workplace, and those outside who believe in the efficacy of music therapy, as significant to their maintenance of employment and subsequent career longevity. There are numerous sources within the literature that describe the importance of support within the work environment as significantly contributing to job satisfaction and reduced burnout (Clement-Cortes, 2013; Hills et al., 2000; Oppenheim, 1987; Vega, 2010), with specific significance attached to having the support of other professionals when working within a multidisciplinary team environment (Decuir & Vega, 2010).

The music therapists consulted universally spoke of their steadfast commitment to a career in music therapy from the outset, with a clear sense that their engagement in the music therapy occupation would be life-long. Additionally, one of the respondents spoke specifically towards the need to have music therapists who have trained in the field, stay in the field for the long-term. This was described as having the potential to raise the visibility of music therapy, and

through increased awareness of music therapy, consequently create more paid positions. Groene (2003) speaks of both a current and future need for music therapists, and given that music therapists who have stayed in the field for a considerable amount of time are likely to have further career longevity (Braswell, et al., 1989, Vega, 2010), it may be speculated that commitment to being and staying a music therapist, would be an important factor related to future music therapists career longevity.

An additional factor that the majority of the music therapists surveyed found significant was maintaining a commitment to continuing education and research, indicating that this was essential to stay inspired, and to reduce burnout. Continuing education took the form of participating in conferences (both online and in-person), practicing and acquiring new instrumental skills, seeking opportunities to mentor others, as well as expanding one's resources by training in techniques such as music therapy in neonatal intensive care unit or neurological music therapy. Bitcon (1981) observes that engagement in continuing education is a mitigating factor against burnout, and Fowler (2006) found attending conferences to be a coping strategy used by music therapists to mitigate burnout. Furthermore, highest level of degree earned has been shown to have a correlation with career longevity (Braswell, et al., 1989; Cohen & Behrens, 2002; Vega, 2010), suggesting that emerging music therapists may be wise to pursue graduate level education in order to improve their chances of high career longevity.

The music therapists interviewed wished to advise music therapists beginning their professional journeys to be mindful of the unique qualities that differentiate music therapy from other caring professions, and to be cognizant of the skills and training that accredited music therapists bring to the table. This was seen by one of the participants as being willing to embrace music therapy's ability to effect positive therapeutic change through music as opposed to seeking the validation furnished by other health professionals. One of the individuals in particular espoused a belief that while the concept of intervention was valid, the most powerful experiences in therapy took place in the musical space and that this was a fundamentally poignant aspect of music therapy. The literature suggests that music therapists tend to place a high value on musical skills (Stewart, 2000), considering them highly important when entering the profession (Brookins, 1984), and that music therapists are attracted to the music therapy profession through observing the potential of music as a therapeutic modality (Clement-Cortes, 2006).

Finally, the music therapist respondents mentioned the need to take care of one self both physically and mentally. It was seen as important to engage in regular physical exercise such as walking and cycling, as well as in healing activities such as massage and physiotherapy. The interviewees cautioned that practicing music therapy may result in injuries from repetitive strain, and to be cognizant of the impact and effect of these types of injuries on future career longevity. Additionally, the majority of the music therapists interviewed spoke of participating in psychological interventions such as counselling to help mitigate, and address the personal impact of intense interactions experienced when practicing as a music therapist. The related literature indicates that music therapists may be more sensitive than the general population (Vega, 2010), and are affected by the deepness of their relationships with clients (Rykov, 2001; Sutton, 2002), the impact of client pain, ongoing loss, and other factors, resulting in heightened levels of stress (Clement-Cortes, 2006; Hills et al., 2000). The use of positive coping strategies has been shown to be a tool used by music therapists with career longevity (Fowler, 2006; Steele and Young, 2011), with self care such as unplanned leisure time, exercise, sleep, and proper nutrition having a place of particular significance (Bitcon, 1981; Oppenheim, 1987; Vega, 2007).

Limitations

Some potential limitations of this study may arise as a result of its modified grounded theory design. Grounded theory methodology was modified to not include informant verification of the results, this is consistent with other studies that do not follow the exact steps of grounded theory analysis (Amir, 2005). Furthermore, as only four participants were interviewed, it is not possible to generalize the findings beyond the selected group, as a point of data saturation was not reached (Charmaz, 2006). Additionally, the geographical distribution of the respondents was skewed towards Western Canada, which may have influenced the information collected due to employment conditions and opportunities that may be particular to that region of the country. Finally, this was my first involvement conducting a research study using modified grounded theory methodology, and while I was mindful to be cognizant of my own my personal beliefs regarding music therapy, my own experiences may have had an impact upon the open-ended interview process, consequently influencing the responses of the music therapist participants.

Implications for Practice

Although the results of this study were not generalizable, and the participant's perspectives represented a mosaic of opinion, the data collected revealed several potential

implications for music therapy practice. Self-care was seen as necessary tool for the achievement of career longevity. It might be beneficial therefore for music therapists to engage in a variety of self-care activities to maintain the physical and mental capabilities necessary to reduce burnout and therefore remain engaged in music therapy over the long-term. Of particular significance was continued engagement in music outside of the music therapy context as a source of inspiration and stimulation, with the music therapists interviewed agreeing that this was beneficial to career longevity.

A further implication revolves around the need to engage in music therapy within and outside of the workplace in order to raise the visibility of music therapy as a profession, as well as the efficacy of music therapy interventions for a variety of populations. Music therapy is often misunderstood as entertainment or performance (Clement-Cortes, 2006), and for music therapy to achieve recognition on par with other allied health professions, music therapists might be wise to advocate for music therapy by joining professional associations, and creating opportunities to educate colleagues and the general public about music therapy. This may result in employment opportunities that offer the potential for career longevity.

Implications for Education

The results of this study presented a potential implication for music therapy education. The participants of this study placed great importance on the emerging music therapist's capacity for adaptation as they begin their careers. This was viewed as working in many localities, and with many populations being an antecedent to more stable and static work. Given that many music therapists find they have to create their own job opportunities in order to find employment (Silverman & Hairston, 2005), perhaps it might be helpful to offer courses related to music therapy business practice within the curriculum of approved music therapy degree granting post-secondary institutions.

Implications for Research

A theme that arose during this study was the need for a high level of musical skill in order to practice music therapy effectively. While there is research that shows connections between level of education and job satisfaction (Cohen & Behrens, 2002), as well as job satisfaction and career longevity (Vega, 2010), there is no research relating to degree of musical skill and career longevity. Further research regarding musical knowledge and instrument

proficiency has the potential to uncover possible connections between career longevity and musical skill.

Due to the time constraints involved in writing a thesis, the research was limited to four participants. Further research involving a greater number of participants has the potential to further enrich the discourse surrounding career longevity and music therapy. Furthermore, this study surveyed Canadian music therapists exclusively. It would be interesting to gather international perspectives to explore whether there are unique conditions pertaining to employment in other countries, or differences in practice globally that have the potential to influence career longevity among music therapists.

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Appendix A: Interview Questions

1. What is your level of education?
2. How many years of experience do you have as a music therapist?
3. Have you worked with more than one population during your career as a music-therapist? If so, please describe the client populations that you have worked with.
4. Have you worked at more than one location during your career as a music therapist? If so, please describe the locations where you have worked.
5. Please describe some of the challenges that you have encountered during your career as a music therapist?
6. Please describe any self-care strategies that you have used during your career as a music therapist?
7. Have you ever experienced feelings of burnout during your career as a music therapist?
8. Please describe any factors that have contributed to your career longevity in the field of music therapy?
9. What strategies would you consider important for other music therapists to achieve similar career longevity?
10. Is there anything else that you would like to add that is pertinent to the topic of our conversation?

Appendix B: Research Consent Form



INFORMATION AND CONSENT FORM

Study Title: Wise Therapists Say: A Qualitative Interview Study

Researcher: Samuel H. Minevich

Researcher's Contact Information:

Phone: 514-668-6682;

Email: minevichmusic@gmail.com

Faculty Supervisor: Guylaine Vaillancourt PhD.

Faculty Supervisor's Contact Information:

Office:	S-VA 271-1 Visual Arts Building, 1395 René Lévesque W.
Phone:	(514) 848-2424 ext. 5670
Email:	G.Vaillancourt@concordia.ca

Source of funding for the study: None

You are being invited to participate in the research study mentioned above. This form provides information about what participating would mean. Please read it carefully before deciding if you want to participate or not. If there is anything you do not understand, or if you want more information, please ask the researcher.

A. PURPOSE

The purpose of the research is to to examine to gather the perspectives of music therapists with over twenty years of experience concerning their career longevity in the field of music therapy. Semi-structured interviews will be used to determine if there are any strategies that emerge which may be helpful to music therapists with less experience. Four music therapists will be interviewed, with the results of the study presented as descriptive statements concerning career longevity.

B. PROCEDURES

If you participate, you will be asked to participate in an open-ended interview by phone or Skype.

In total, participating in this study will take a maximum of sixty minutes.

C. RISKS AND BENEFITS

You might face certain risks by participating in this research. These risks include: []
OR

Potential benefits include: Contributing towards the learning and teaching processes in which music therapists are engaged. Participants may also gain positive insight into their own music-therapy practices including positive strategies related to career longevity in music-therapy.

D. CONFIDENTIALITY

We will gather the following information as part of this research: []

We will not allow anyone to access the information, except people directly involved in conducting the research. We will only use the information for the purposes of the research described in this form.

The information gathered will be coded. That means that the information will be identified by a code. The researcher will have a list that links the code to your name.

We will protect the information by []

We intend to publish the results of the research. However, it will not be possible to identify you in the published results.

[] I accept that my name and the information I provide appear in publications of the results of the research.

[] Please do not publish my name as part of the results of the research.

We will destroy the information five years after the end of the study.

F. CONDITIONS OF PARTICIPATION

You do not have to participate in this research. It is purely your decision. If you do participate, you can stop at any time. You can also ask that the information you provided not be used, and your choice will be respected. If you decide that you don't want us to use your information, you must tell the researcher before [].

There are no negative consequences for not participating, stopping in the middle, or asking us not to use your information.

G. PARTICIPANT'S DECLARATION

I have read and understood this form. I have had the chance to ask questions and any questions have been answered. I agree to participate in this research under the conditions described.

NAME _____ (please _____ print)

SIGNATURE _____

DATE _____

If you have questions about the scientific or scholarly aspects of this research, please contact the researcher. Their contact information is on page 1. You may also contact their faculty supervisor.

If you have concerns about ethical issues in this research, please contact the Manager, Research Ethics, Concordia University, 514.848.2424 ex. 7481 or oor.ethics@concordia.ca.

Appendix C: Certificate of Ethical Acceptability



CERTIFICATION OF ETHICAL ACCEPTABILITY FOR RESEARCH INVOLVING HUMAN SUBJECTS

Name of Applicant: Samuel Minevich
Department: Faculty of Fine Arts \ Creative Arts Therapies
Agency: N/A
Title of Project: Wise Therapists Say: A Qualitative Interview Study

Certification Number: 30007579

Valid From: February 14, 2017 **to:** February 13, 2018

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 be "J. Pfaus".

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

Appendix D: Participant Recruitment Email

CALL FOR PARTICIPANTS

Dear Music Therapy Colleague,

You are invited to participate in a research study concerning career longevity among music therapists who have more than twenty years of experience in the field of music therapy. The purpose of this research is to examine the perspectives of experienced music therapists concerning their career longevity in the field of music therapy.

If you choose to participate, you will be asked to complete a semi-structured phone or Skype interview. The expected duration of the interview will be approximately 45 minutes and will consist of ten specific questions describing your career experience, thoughts, strategies, and perspectives towards your career longevity in the field of music therapy. In addition, you will also be asked for demographic information, as well as description(s) of the population(s) with whom you have worked, as well as the settings where you have practiced music therapy.

Through analysis of the interviews I will be conducting, I hope to discover strategies that may of benefit to new music therapists emerging in the field.

You do not have to participate in this research. It is purely your decision. If you do participate, you can stop at any time. You can also ask that the information you provided not be used, and your choice will be respected. If you decide that you don't want us to use your information, you must tell the researcher before April 30, 2017. There are no negative consequences for not participating, stopping in the middle, or asking us not to use your information. Further information concerning the the identification of participants, and storage of information is contained in the consent for which will be forwarded to you should you interest in participating in this study.

If you have any questions, do not hesitate to contact myself or the faculty supervisor.

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This project has been approved by the Concordia University Human Research Ethics Committee and has been assigned Certification Number: 30007579