

**Exploring Musicking as Self-Care for a Chronically Ill Music Therapist:
A Heuristic Self-Inquiry**

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ABSTRACT

Exploring Musicking as Self-Care for a Chronically Ill Music Therapist: A Heuristic Self-Inquiry

Alexandra Hadjis Chartrand

The purpose of this heuristic self-inquiry was to analyse the insights that might emerge when I, a chronically ill music therapist with fibromyalgia, engaged in musicking for the purpose of self-care. To do so, I utilized a heuristic self-inquiry methodology and engaged in eight 45-minute music-based self-care sessions consisting of 30 minutes of recreating songs that were meaningful to me, immediately followed by 15 minutes of journaling. The data generated consisted of the recorded sessions and the journal entries. The analysis revealed insights in the form of three categories (musically disingenuous, my musical identity and understanding the effect of musicking on me) each comprising two themes (inner critic, disengagement from the music, authentic voice, music for me, sensations and feelings provoked by the act of musicking and the powerful experience and transformation of musicking). The findings of this study allowed me to better connect with my musical identity and to develop music-based coping skills that will enable me to self-manage my needs as a chronically ill music therapist. The creative synthesis consists of an original song which incorporates quotes from the data produced in the journal entries. Implications for clinical practice, coping with chronic illness, future research, music therapy education and other helping professionals are discussed. Additionally, I express my hope for my work to encourage other helping professionals to explore how musicking may support them in their own self-care practices.

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Chapter 1. Introduction

Significance of the Inquiry

Being chronically ill can often be physically draining and emotionally taxing. Chronically ill individuals with fibromyalgia, which is defined as a type of chronic illness potentially caused by central sensitization phenomenon, experience life-altering symptoms, widespread pain, emotional disturbances, physical disabilities, and decreased quality of life (Wang et al., 2020). However, chronically ill individuals can develop a variety of coping strategies that may help them better navigate life with their condition (Moos & Holahan, 2007). Proper self-care is a type of coping skill that is a crucial component in the treatment of chronic illnesses (Safren et al., 2007).

Literature indicates that chronically ill individuals who engage in creative arts activities can experience reduced pain perception and an improved overall sense of self (Kelly et al., 2012). This positions creative expression as a vital potential approach to maintaining one's health (Gorny-Wegrzyn & Perry, 2022). Health musicking is a specific kind of creative expression that is defined as the pursuit and maintenance of health through the participation in any form of musical activities (Kirkland, 2013). Therefore, purposeful engagement in music experiences appears to hold potential as a constructive coping method for chronically ill individuals (Stige, 2012).

According to the Canadian Association of Music Therapists (CAMT), part of the professional duties of a certified music therapist is to engage in self-care activities in order to maintain their own wellbeing which, in turn, can help to maintain their ability to provide the best possible care for their clients (CAMT, 2022). This is particularly important in light of literature that suggests that professional factors, such as poor pay and lack of benefits, imbalanced workloads, few job and advancement opportunities, and lack of respect and recognition in the work environment can lead to burnout for music therapists (Gooding, 2019). Burnout can be defined as a persistent state of emotional and physical distress caused by external factors such as work-induced stressors (Maslach & Goldberg, 1998). Thankfully, the development of strong coping skills can promote career longevity (Fowler, 2016). It is recommended, therefore, that music therapists maintain proper self-care by including active and receptive musical participation outside of their work duties (Gooding, 2019). In addition, it is important for music therapists to engage in

reflexive processes to foster self-awareness, ethical practice, and integrity which, in turn, allows the therapist to better serve their clients (Bruscia, 2014).

Personal Relationship to the Topic

I am a chronically ill certified music therapist (MTA) and at the time of this writing, have been diagnosed with fibromyalgia for over two years. I choose to identify myself as a chronically ill person with fibromyalgia rather than as a person living with a chronic illness because I believe that the latter term serves to alleviate discomfort felt by non-chronically ill individuals. Individuals who are not chronically ill often do not comprehend just how much the symptoms associated with fibromyalgia govern every aspect of the chronically ill person's life (Sturge-Jacobs, 2002). Using the term *person living with chronic illness* in my opinion, understates how chronic illness is at the center of the chronically ill person's experience. Furthermore, it is important that I get to choose the language that is used to define a large part of me and my experience.

Although other chronically ill individuals may choose different language to define themselves, my chosen term will be used throughout this thesis not only for the sake of consistency but to be explicit about my perspective. As a chronically ill person, I feel it is my right and my duty not to deny, repress or hide the challenges I face on a regular basis. I am a chronically ill person, and it deeply affects how I live my life. It is part of my identity, even if it is not something I welcome with open arms. I did not get to choose my illness or my symptoms.

As I began my journey as an MTA, I wondered how engaging in musicking as a form of self-care might further benefit me. Since the onset of my illness, I have struggled to find ways to cope with it while trying to maintain my regular activities. I almost considered pursuing a different profession because I worried my symptoms would not allow me to succeed in the field. However, I have found that intentionally engaging with music in various ways (e.g., playing and improvising) has helped to alleviate some of the symptoms of my illness, notably by distracting me from my pain.

Statement of Purpose

As indicated above, in order for music therapists to ensure that they are providing the best service possible for their clients, it is important that they are self-aware (i.e., reflexive) and maintain good self-care practices. As a chronically ill music therapist,

I sought to understand how I could best realize these practices for myself. Therefore, the purpose of this study was to examine insights that emerged when I engaged in musicking experiences for the purpose of self-care. It was my hope that this experience would help me to better understand how to address my own self-care needs through musicking, and to inspire other music therapists, health care professionals, and chronically ill individuals to explore how musicking might be incorporated as a wellness tool in their own lives.

Research Questions

In this study, my primary question was: what insights emerge when I, a chronically ill music therapist, engage in musicking for the purpose of self-care? I also posed the following subsidiary questions: how might these insights influence my relationship to my chronic illness and how might these insights influence my future music therapy practice?

Key Terms

The following key terms are crucial to the research questions articulated above and to the data collection and analysis processes. Chronic illness is defined as a lifelong illness that has repercussions on one's quality of life (Moos & Holahan, 2007).

For the purpose of this thesis, *health* will not be defined as the absence of physical or mental ailments, but rather as the capacity to adjust and cope with challenging circumstances (Huber et al., 2011).

Self-care is defined as the action of actively cultivating one's well-being and making purposeful efforts to foster health and happiness (Hersh, 2022).

A *music therapist* is a musician who has received training in the profession of music therapy (Kirkland, 2013). A certified music therapist (MTA) is a music therapist who has completed the certification process and has been granted MTA status by the Canadian Association of Music Therapists (CAMT, 2023).

Musicking is defined as active engagement in any form of music making or music appreciation (Small, 1998). Health musicking is the use of this action in order to maintain or better one's health (Stige, 2012).

Summary of Chapters

The purpose of the first chapter is to explain the significance and need for the inquiry, thereby establishing a clear rationale for both the purpose and the research

questions. The first chapter serves as an introduction to the work I have engaged in. The second chapter serves as a review of some of the literature that has informed the development of this study and the analysis of data relevant to my topic. The third chapter defines Moustakas' heuristic self-inquiry methodology and details how I engaged in each phase of this research methodology. In the fourth chapter, I present and explicate the results of my study and the insights that emerge from this reflexive process. In the fifth chapter, I have summarized my work through the means of a creative synthesis realized in the form of an original song. I also discuss the potential implications and limitations of my research.

Chapter 2. Literature Review

The purpose of this literature review is to explicate current relevant research pertaining to coping with chronic illness, the importance of good self-care practices for helping professionals, and the potential for music to benefit chronically ill individuals and helping professionals. This chapter also aims to identify gaps in the literature specifically related to using musicking as self-care for chronically ill helping professionals. Finally, it will articulate the identified need for research on the potential mental and physical health benefits of engaging in musicking for the purpose of self-care as a chronically ill music therapist.

Chronic Illness

Chronic illnesses are long-term medical conditions that may be treated, but not cured (Dowrick et al., 2005). Examples of chronic illnesses include cardiovascular diseases, asthma, diabetes, and arthritis (Dowrick et al., 2005). Chronic illness is multifaceted since it refers to a multitude of illnesses. Each illness includes its own set of symptoms, and each can cause individuals to experience both physical and emotional challenges (Wellard, 1998). Indeed, some chronically ill persons who experience debilitating physical symptoms, such as chronic pain and exhaustion, also report symptoms consistent with mental illness, such as feelings of depression (Nasif, 2015). In addition, chronically ill people often feel isolated from their peers because of their conditions and worry about being perceived as a burden by those within their support systems (Arnold et al., 2008).

Fibromyalgia

Fibromyalgia is a type of chronic illness that is not well understood by the medical community (Lobo et al., 2014). It is defined as a musculoskeletal condition of which the etiology is not yet known (Wolfe & Rasker, 2021). The main symptoms of the illness include increased pain perception, decreased quality of life, and physical and emotional manifestations that include depression and anxiety (Wang et al., 2020). However, since there is no confirmed cause for fibromyalgia, the pharmacological and medical treatments available at this time do not provide much relief to persons struggling with this illness (Wang et al., 2020). For this reason, it is imperative that non-pharmacological support for those who live with the condition be researched.

Music to Manage Symptoms of Fibromyalgia

Research on the use of music to manage symptoms of fibromyalgia is not at all plentiful. Current literature does indicate, however, that there is potential inherent in this art form to support coping with chronic pain and fatigue, which are common symptoms experienced by chronically ill individuals with fibromyalgia. Both active and receptive music therapy experiences have been designed and asserted as potentially helpful supports for individuals living with fibromyalgia (Da Costa, 2014), and research is beginning to emerge that explores the potential of this therapeutic approach.

For example, Low et al. (2020) performed a randomized controlled trial using mixed methods intervention design to determine if vocal music therapy (VMT) was effective in supporting 43 predominantly black female patients who had been experiencing chronic pain for an approximate duration of 10 years. These patients either participated in a 12-week VMT program where they took part in 90-minute group sessions twice a week or were part of the waitlisted control group. Both qualitative and quantitative findings indicated that patients who had taken part in the VMT sessions felt they had an enhanced overall ability to manage their pain. Notably, and in contrast with the previous study, most of the available research focuses on receptive music therapy interventions that emphasize passive engagement with the music through music listening rather than active engagement through playing, improvising, singing or composing. Guided imagery and music (GIM) is, none the less, an important form of receptive music therapy that benefits clients by using recorded music to explore thoughts and emotions, and provides optimal therapeutic conditions for positive change (Torres et al., 2018). Torres et al. (2018) explored the use of group GIM sessions to support 56 women with fibromyalgia, and many benefits were observed. For a period of 12 weeks, 33 of the 56 women participated in weekly group GIM sessions whereas the remaining 26 women were part of the control group and received no GIM sessions at all. Participants in both groups were asked to complete a questionnaire following the sessions and at several points throughout the study. Findings indicated that those who were part of the experimental group noted better quality of life, diminished pain perception, and a decrease in feelings of depression and anxiety. These participants reported some of the

same improvements three months following the treatment. The researchers indicated the need for further research to determine efficacy of the intervention.

Music listening, another receptive music therapy experience, has also been reported in the literature as a helpful tool for individuals struggling with the symptoms of fibromyalgia. Garza-Villareal et al. (2014) reported that the pain caused by fibromyalgia posed a significant threat to the functional mobility of those affected by the disease. Their study examined the analgesic properties of music on persons suffering from chronic pain due to a fibromyalgia diagnosis. 22 participants diagnosed with fibromyalgia listen to pink noise, which is defined as a type of sound that balances low and high frequencies that may be reminiscent of natural sounds, such as a heartbeat or a flowing river (Zhou et al., 2012), followed by their preferred music. When asked to rate their pain from zero to 10 while engaging in tasks following the music listening, the participants who had listened to music of their own choosing reported decreased feelings of physical pain and heightened functional mobility. The researchers noted that the reported benefits seemed to be linked to the analgesic effect of music and that the selection of preferred music by each participant played a role in how it affected them. In other words, the more the music was appreciated by the participant, the more effective it was in reducing pain and as a result, increasing functional mobility.

Linneman et al. (2015) similarly aimed to determine if there is a relationship between stress and pain perception for individuals with fibromyalgia; and, if reducing stress had an impact on how pain is perceived by these persons. Over a period of two weeks, 30 female participants with fibromyalgia were asked to listen to music of their choosing five times per day over a period of two weeks. The saliva of the participants was analyzed in order to identify biomarkers of stress response such as cortisol and alpha-amylase. Participants reported, by rating their pain levels and ability to cope with their pain, that music listening positively influenced their ability to cope with chronic pain because the experience allowed them to feel more in control of their pain.

Music listening was also examined by Usui et al. (2020) to determine its efficacy in reducing pain experience by persons with fibromyalgia. 23 female patients with a fibromyalgia diagnosis were asked to listen to a recording of *Mozart's Duo for Violin and Viola No. 1, K. 423* for approximately 17 minutes. While they listened to the music, the

researchers observed the reactions of the participants through functional magnetic resonance imaging (fMRI). Participants were also asked to rate their pain on a numeric scale ranging from zero to 10 before and after the experience. Results of this study indicate that the experience was indeed effective in reducing perceived pain and increasing connectivity between various parts of the brain (Usui et al., 2020).

Coping with chronic fatigue is another challenging symptom experienced by people with fibromyalgia and other chronically ill persons. Atkinson et al. (2020) accordingly led a cross sectional mixed methods study to determine whether active (ie., singing, playing music or improvising) or passive (ie., listening to music) music therapy would be effective in decreasing the fatigue experienced by cancer patients. 436 primarily white female patients with a variety of different cancers took part in this study. 360 patients participated in active music therapy and 76 in passive music therapy. Patients were asked to use the Edmonton Symptom Assessment Scale to rate their fatigue from zero to 10 before and after the music therapy sessions. Patients who had partaken in active music therapy reported a more significant decrease in feelings of fatigue.

Just as music listening has been studied as a coping tool for chronic pain, it has also been researched for its potential to support chronically ill individuals with fibromyalgia who are coping with chronic fatigue. Picard et al. (2014) investigated the use of delta-embedded music, or music programmed at specific frequencies, to promote restful sleep in 20 individuals living with fibromyalgia. Over the course of four weeks, the participants were instructed to listen to the provided audio when going to sleep. Most participants, importantly, reported improved sleep while participating in the study. Music listening, however, did not seem to alter pain perception for participants. This study, however, when considered alongside the others explicated in this section, points to the potential inherent in music therapy and music listening to manage symptoms of fibromyalgia; and, perhaps to serve as a form of self-care.

Self-Care

Self-care is defined in a multitude of ways, and definitions differ according to individual perspective and context (Godfrey et al., 2011). Self-care strategies are personal and, therefore, vary according to each individual's unique needs and preferences (Lev &

Owen, 1996). The following sections will review proposed self-care strategies for chronically ill individuals and for helping professionals such as music therapists.

Self-Care for Chronically Ill Individuals

Proper self-care practices are crucial to the management of chronic illnesses (Riegel et al., 2021). For chronically ill individuals, self-care entails the monitoring of symptoms and the maintenance of health through the management of these symptoms (Riegel et al., 2019). Importantly, engaging in self-care activities provides chronically ill persons with a sense of agency over their own wellbeing (Sidani, 2011).

Although chronic illness is, in a sense, a life sentence, how one adjusts to living with chronic illness depends greatly on a variety of factors (Moos & Holahan, 2007). Moos & Holahan (2007) state that personal factors, the progression of the illness, social support, and many other factors all contribute to how each individual adjusts to their new condition following a chronic illness diagnosis. The authors have articulated seven adaptive tasks that may be useful for chronically ill persons who are trying to adjust to, and cope with, life with their chronic illness-specific challenges. These seven adaptive tasks consist of managing symptoms, treatment, and emotions, forming relationships with health-care providers, maintaining a positive self-image, relating to family members and friends, and preparing for an uncertain future. They additionally articulate eight categories of coping skills: logical analysis and search for meaning, positive reappraisal, seeking guidance and support, taking problem-solving action, cognitive avoidance or denial, acceptance and resignation, seeking alternative rewards, and emotional discharge.

Self-care is personal, and it is unique to each individual's particular circumstances and needs. White et al. (2018) analyzed and categorized current existing literature on coping with chronic illness. Their chosen literature included both qualitative and quantitative studies. Their findings pointed to six classifications for factors deemed important to the management of a lifelong illness: therapeutic interventions, habit and behavioural factors, relational/social factors, individual differences, values and beliefs, and emotional factors. They ascertained that each individual's specific internal and external conditions played a role in how chronically ill individuals manage their illness. The authors also identified the need for further research on the topic.

In some cases, self-care for chronically-ill individuals entails foregoing some of the daily activities in which one regularly participates in order to have more time for rest. For other chronically ill persons, self-care means purposefully engaging in an activity that provides enjoyment for them. Kelly et al. (2012) investigated the use of creative arts therapies as a coping strategy for chronically ill women living in rural areas of the western United States. One hundred 55 participants were asked to visit an online forum that promoted peer support for chronically ill people. The messages shared on this forum by the participants served as data for the study. Many reported that engaging in creative arts activities, such as crocheting, knitting, sewing and quilting, diminished their perception of pain, encouraged relaxation, and improved their overall quality of life. Creating art also provided some participants with an improved sense of self and with opportunities to contribute to their communities by gifting their artworks. Their findings position creative art interventions as an important coping tool for chronically ill individuals and highlight their promise as a valuable self-care strategy.

Self-Care for Helping Professionals

Although it is important for everyone to maintain adequate self-care practices in order to achieve optimal health, therapists are especially encouraged to cultivate adequate and regular self-care practices. Doing so can help to mitigate the risk of burning out and to be able to provide their clients with the best possible care (Barnett & Cooper, 2009). According to Malinowski (2014), there are four dimensions to self-care: the psychological dimension, the spiritual dimension, the physical dimension, and the social dimension. Nourishing and maintaining each of these dimensions constitutes appropriate self-care. The author claims that the psychological dimension is the most important one to individuals with occupations that may be emotionally demanding, such as therapists who must develop self-awareness and an understanding of how outside factors may affect them. The rewarding, yet at times draining and overwhelming, nature of a music therapist's work positions self-care as a vital consideration for music therapists who, according to the literature, are at risk of burnout at all career stages (Baruch, 2004).

Self-Care for Music Therapists

Music therapists have an ethical obligation to engage in self-care and to maintain their well-being (CAMT, 2022). Unfortunately, self-care can be difficult to maintain in a

profession that has, according to recent research, increasing rates of burnout (Gooding, 2019). A survey completed by 829 certified music therapists indicated that although many of the participants reported high job satisfaction, nearly half of the music therapists surveyed planned to leave the profession due to the challenges they face. Those challenges include a constant need to self-advocate and the existence of numerous stressors that are commonly experienced by helping professionals (Murillo, 2013). Gooding's (2019) integrative review analyzing literature pertaining to burnout among music therapists identified stressors such as poor pay and lack of benefits, imbalanced workloads, few job and advancement opportunities, and lack of respect and recognition in the work environment as possible causes for these troubling burnout rates. The author asserts that regular self-care practices are important for music therapists to cultivate in order to mitigate these stressors. The researcher specifically argued that engaging in active and receptive musical experiences outside of work duties is an important component of self-care for music therapists.

Fowler (2006), in contrast, examined factors associated with career longevity rather than burnout. In a correlational study, Fowler sought to determine what personal and professional factors might be associated with career longevity amongst music therapists living in the Midwest region of the United States of America. 49 music therapists took part in the study, and their overall work satisfaction and stress levels were evaluated using the Maslach Burnout Inventory and the Stress Profile (Fowler, 2006). Findings indicated that music therapists with stronger coping skills were likely to remain in the profession for longer than those without the same coping strategies. Engaging in pleasant activities, including playing music for enjoyment, was listed as a type of coping strategy.

This essential need to develop self-care strategies is importantly evident before music therapists begin professional practice. Moore and Wilhelm (2019) surveyed 371 American music therapy students about their perceived levels of stress and their self-care strategies. Their findings highlighted that music therapy students tend to perceive higher levels of stress than other students due, at least in part, to poor self-care. Study investigators recommended that self-care strategies be integrated into music therapy

training programs to support the cultivation of proper self-care strategies and mitigate the potential for early career burnout.

Musicking and Health Musicking

Musicking encompasses the many ways in which one may partake in a musical activity, whether it be playing an instrument, composing, or listening to music (Small, 1999). Small (1999) asserts that musicking is far more than just making music; it is an action that holds meaning because it is deeply influenced by the relationships formed and molded by the musical experience. Health musicking, then, is the act of achieving a sense of well-being through the act of musicking (Stige, 2012). These health benefits may be realized as a result of various components of musicking including the environment where the music is created, the individuals with whom the music is shared, and the instruments used during the musical experience. Musicking as self-care can, therefore, be thought of as a form of health musicking since it includes the intentional seeking of improved health by engaging in the activity.

Musicking as Self-care

Helping professionals, as stated above, must engage in self-care to be able to provide care for their clients. Hersh (2022) advocated that therapists who engage in creative activities allow themselves to participate an activity they enjoy, and also to foster growth and self-discovery through the creative process. Board-certified art-therapist and psychologist Lisa D. Hinz (2018) places importance on prioritizing self-care and enhancing her life through various means. One strategy she identified for life enrichment is creative expression. She argues, in her book, *Beyond Self-Care for Helping Professionals*, that engaging in creative self-expression is a form of flow. She described flow as a feeling that emerges when one is focused on an activity they enjoy, and this can support helping professionals to mitigate any negative impacts of their profession, including secondary traumatic stress and compassion fatigue.

Musicking may also allow people to find a balance between work, life, and leisure. In his essay, Crane (2020) stated that engaging in regular musical practice, playing, and sharing allowed him to better navigate and cope with the many challenges of being a graduate student. Although he was not studying music, he prioritized making time and space for musicking while still focusing on his studies. The author stated that his

understanding of music as a drummer allowed him to draw parallels with the tumultuous environment of his academic experience. He further argued that engaging in musicking to cope with the stress and demands of his studies allowed him to continue with his studies while many of his peers decided to prematurely end theirs.

The literature also suggests that musicking benefits individuals who experience chronic mental illness. Dingle et al. (2012), for example, aimed to determine the potential benefits of engaging in choral singing for adults living with chronic mental illness or disabilities. In a choir initiative for mentally ill individuals, 21 members were interviewed to discuss their engagement in the activity. The findings suggest that most participants benefited from engaging in musicking through the form of choir singing. In fact, many participants reported an increase in positive emotions, reduced stress and anxiety, improved confidence, and positive ramifications for their social and work lives as a result of engaging in this experience. However, some participants also noted negative impacts of participating in the study such as pain while singing and feelings of anxiety, stress and agitation.

One notable music therapy-specific study explored coping through musicking, and it specifically centered the experience and perspective of a music therapist. In her master's thesis, Montreal-based music therapist Pierrette-Anne Laroche (2021) explored how engaging in vocal improvisation may constitute a form of self-care. Heuristic self-inquiry allowed Laroche (2021) to connect with her authentic self and with her inner child. This experience also permitted her to explore emotional blocks through the process of vocal improvisation. As a result, this self-discovery process influenced the music therapist's professional life by providing her with a new-found sense of confidence and authenticity in her voice, and renewed motivation to engage in new projects. In other words, this undertaking has made her a better clinician. Laroche (2021) articulated her hope that her study might inspire future studies on the topic. Perhaps the next step in the road she has paved is to explore self-care through musicking for a chronically ill music therapist.

Conclusion

The literature clearly indicates the need for music therapists and chronically ill individuals to engage in self-care. Yet, no literature pertaining to self-care for chronically

ill helping professionals has been found, nor have I come across literature addressing the specific challenges these individuals may face while trying to manage the chronic pain and fatigue-related symptoms of their illness and thrive in their careers. Being a chronically ill music therapist requires a special set of coping skills that should be identified and explored.

This literature review has provided the reader with an overview of the various topics related to my research question. Self-care has been cited as an effective coping strategy for chronically ill individuals and for helping professionals. It was my intention, therefore, to further discover what insights emerged by participating, as a chronically ill music therapist, in musicking as a form of self-care.

Chapter 3. Methodology

Research Design

The personal and reflexive nature of the research question made Moustakas' (1990) heuristic self-inquiry the most appropriate methodology for my project. Indeed Moustakas' (1990) introspective and reflective methodology emphasizes the value and importance of the researcher's lived experience. It also emphasizes the importance of thoroughly analyzing these experiences, which can also be tied to broader implications.

My choice of methodology was influenced by certified music therapist's Pierrette-Anne Laroche's work. I attended her Master's thesis defence in the fall of 2021 and was impressed by the process of a music therapist engaging in individual musicking in a research context (Laroche, 2021). After formulating my research questions, I thought of how I would like to engage in musicking as a means for self-care and felt that individual music-based sessions would provide me with important insights as it had one of my peers.

Delimitations

I was the only participant in this study. Literature sources were limited to those published in English journals, books and websites. To delimit the amount of data collected, the self-care sessions were time-bound (approximately 30 minutes of engagement followed by 15 minutes of journaling) and took place once per week for a four-week period (total of eight sessions). My decision to engage in eight music-based self-care sessions as a data collection strategy was somewhat inspired by certified music therapist Laroche's (2021) thesis, in which she engaged vocal improvisation sessions as a means for self exploration.

Materials

Materials used to conduct this research included: my personal laptop to write my thesis, my cellular phone to record the self-care sessions, a keyboard I used to accompany myself as I sang meaningful songs during the musicking sessions, as well as a notebook and pens to journal following each session.

Data Collection and Analysis Procedures

Moustakas' (1990) heuristic self-inquiry methodology is divided into six phases which will be defined below. The data collection and analysis strategies of my research were conceptualized within these six phases.

The initial engagement phase is defined as the process where the researcher begins to reflect on the topic that deeply interests and puzzles them in order to come up with a research question. In this phase, which began in September 2022 and lasted until the end of April 2023, I formulated my research topic and question while taking CATS 691 (Research in the Creative Arts Therapies), MTHY 600 (Advanced Music Therapy Literature), and MTHY 693 (Research in Music Therapy). During this time, I also read literature relating to music therapy, burnout among helping professionals, and coping strategies for chronically ill individuals. I also met with my thesis supervisor and discussed the timeline of my research. Lastly, I came up with a list of meaningful songs to be used during the music-based self-care sessions. In order to choose the songs that would be on my list, I determined which songs I had most listened to in the past 5 years. Among those songs, I selected 15 that I felt were most meaningful, based on the depth of emotion they evoked in me (see Appendix A). I limited my list to 15 songs to minimize the amount of time spent in each session choosing songs.

The immersion phase is an intense process in which the researcher fully engages in their topic and research question. The aim is to cultivate a deep understanding of the phenomenon in question and to allow oneself to be transformed by it. Over a 4-week period in the months of July and August, I engaged in regular (2x per week) music-based self-care sessions each lasting 30 minutes. The music-based self-care sessions consisted of singing songs that are meaningful to me while accompanying myself on the piano. I chose to accompany myself on piano, an instrument with which I am very familiar, because I wanted to be able to focus most of my attention on my singing. I chose recreating songs as a method of musicking because voice is the instrument that I am most comfortable with. In the past, singing has proven to help alleviate my symptoms of anxiety so I believed this form of musicking could potentially help to relieve the symptoms I experience as a chronically ill music therapist with fibromyalgia. I generated data by recording the sessions and by writing in my journal for a period of 15 minutes following each session.

Table 1*Music-based self-care sessions*

Week 1	Week 2	Week3	Week4
1 st session (July 25 th , 2023)	3 rd session (August 3 rd , 2023)	5 th session (August 8 th , 2023)	7 th session (August 15 th , 2023)
2 nd session (July 31 st , 2023)	4 th session (August 6 th , 2023)	6 th session (August 10 th , 2023)	8 th session August 20 th , 2023)

The incubation phase is a temporary interruption of the research process following the intense phase defined above. The purpose of this phase is to allow the researcher to step back from the data to meditate on and contemplate their work. I took a one-month pause from actively engaging in my research project in August of 2023. During this time, I continued to engage in music-making for work (as a music therapist, as a teacher and as a professional singer) and in non-musical self-care activities (i.e. swimming, meditation, walking, journaling).

The illumination phase can be described as a sort of breakthrough or awakening following the experience of the previous phases. During this phase, the researcher gains a better understanding of the phenomenon they are studying. I first engaged in open coding, which involves analyzing a text and identifying important concepts present in it (Khandkar, 2009). I did so by reading through the handwritten journal entries and highlighting phrases and words that were interesting or intriguing. I then typed these identified passages into an excel document. These identified passages became my codes. Following this step, I used axial coding, which involves establishing categories and themes from the identified data (Belgrave & Seide, 2019). By grouping the codes based on their resemblances and relationships, I identified 8 themes. By coupling the themes, I identified 4 categories. Listening to the recordings of the sessions allowed me to identify more codes that were then attributed to each theme. Once I reviewed each theme and category, I was able to identify redundancies. This led to the final decision to create three categories, each containing two themes.

The explication phase aims to analyze what has been discovered during the illumination phase. During this phase, I aimed to answer my primary and subsidiary

research questions by presenting the insights that had emerged in the form of categories and themes and explicating them. I began by highlighting any words or phrases that stood out to me during the initial reading of my journal. These highlighted passages became my codes. By identifying which codes shared similarities, I determined eight subthemes. Then, by coupling the subthemes, I established and articulated four larger themes (see table 2 in chapter 4). I also listened to the audio recordings of the self-care sessions which provided me with additional insights pertaining to the identified themes and subthemes.

The creative synthesis is the process of summarizing the themes and insights that have emerged by using a creative medium that is meaningful to the researcher. I have created an original song which includes some of the codes identified in my journal to present the insights that emerged throughout this reflexive process. I have chosen an original song as a creative medium because songwriting was how I came to love making music many years ago as a teenager. A link to a recording and the lyrics to this original song are included in Chapter 5.

Ethical Considerations and Validity

Moustakas' (1990) methodology requires researchers to be authentic and honest in their introspective processes. Indeed, researchers are encouraged to question their biases, assumptions, and preconceptions consistently and regularly in order to ensure the validity of their work. During each step of my research, I made time in my schedule to reflect on my work. I did so by going on regular walks or swims where I would ponder on the direction in which my research was going. I sometimes had instances of self-doubt where I thought that my research was not valuable and not worth engaging in. In those moments, I meditated on those thoughts and reminded myself of the reasons why I had chosen my research questions. Validating my feelings of self-doubt and any other unexpected thoughts that emerged ensured that the insights recorded in my journal entries were honest and authentic.

Throughout this process, it was important that I reminded myself that the goal of this study was not to self-therapize or to overshare with the reader. In order to mitigate the risks of doing so, I continued to attend regular psychotherapy appointments throughout the process. Being followed by a psychotherapist also provided me with a

space to explore negative feelings that came up during this deeply reflexive process. This in turn allowed me to ensure that I may be present for my clients.

Chapter 4. Illumination and Explication

This chapter aims to explicate the data generated and analyzed during the immersion phase of this research (Moustakas, 1990). My primary research question was: What insights emerge when I, a chronically ill music therapist (fibromyalgia), engage in musicking experiences for the purpose of self-care? My subsidiary research questions were: How might these insights influence my relationship to my chronic illness and how might these insights influence my future music therapy practice? In order to answer these questions, I generated data in the form of audio recordings of eight self-care sessions and documented reflections in journal entries after each session. After analyzing the data, I was able to identify several categories and themes that represent the insights that have emerged throughout this process.

Table 2

Categories and Themes

Categories	1. Musically Disingenuous	2. My Musical Identity	3. Understanding the Effect of Musicking on Me
Theme 1	Inner Critic	Authentic Voice	Sensations and Feelings Provoked by the Act of Musicking
Theme 2	Disengagement from the Music	Music For Me	The Powerful Experience and Transformation of Musicking

Process

Before explicating specific insights that emerged from my reflective self-care and journaling process, it feels important to describe how the overall process unfolded. This appears, in some ways, as procedural and more applicable to chapter three. However, it is in many ways an insight that emerged as a result of the data analysis that, for me, is more usefully explained here.

Reviewing Journal Entries

Following the incubation phase, the first step I took to re-engage with my work was to read the journal entries I had written following each music-based self-care session.

The coding process detailed in chapter three produced the categories detailed in the table above. As I carefully reviewed each journal entry, I began to grasp how incredibly valuable this work was. Indeed, I gained a better understanding of my self and my needs as a music therapist and as a chronically ill person. I think the process of musicking encouraged me to be more candid in my journaling about what I was feeling during the musicking experiences which, in turn, allowed me to know myself better. The music-based self-care sessions were a self-discovery opportunity which was extended in the reviewing of the journal entries because I was able to observe the insights that had emerged in a different way than I had when I had initially written about my musicking experiences. Furthermore, reading the data after weeks of not engaging in any music-based self-care validated just how much I believe music has the potential to enable me to better cope with my illness and to protect myself from the mental health risks associated with being a helping professional (Dârjan & Tomita, 2014).

Although many insights emerged from this process, how much I benefited from this work was a recurrent unanticipated theme in every journal entry. Moreover, the prevalence of this theme was somewhat surprising because I was not expecting the enjoyment I experienced throughout the process to be so prominent in my journal entries. Connecting with music, and on occasion, having difficulty-doing so, was also something that I frequently wrote about in my journal. Finally, I connected in important ways with the pleasure of music making for myself rather than simply making music as a way of generating income.

Listening to Audio Recordings

The audio recordings did not provide me with as much data as I expected. Still, during the analysis, listening to these recordings generated important analytic insights. During the immersion phase, there were many moments where I felt uncomfortable about being recorded and thought the musicking would be far more beneficial to me if I had chosen not to record the sessions. However, when I listened to the recordings, I did not pay much attention to any wrong notes I may have sung or played. Instead, I was focused on how much I enjoyed hearing my own voice. I appreciated observing how my voice would change from song to song, depending on my mood, and from session to session, depending on how I was feeling at the time of the recording. My voice sounded weak and

timid on days when I was flaring up and more powerful on days when I felt well. Yet, as I listened to the recordings, I did not judge my voice. I felt happy that I could use my voice, even on difficult days. Perhaps what struck me most was how my voice changed drastically from the first session to the last session. With each session, I heard myself try less to sound like someone else and more to simply sing as I wanted to.

As noted above, finding and using my authentic voice was a sub-theme that appeared in my journal entries. By listening to the recordings, I was able to hear my authentic voice; to hear what I sound like when I am being myself. I heard my true voice. In comparison to the journal entries, the audio recordings may not have provided me with the most information, but they enhanced what had already been observed. This also encouraged me to revisit the journal entries with a new perspective, and this new perspective led to the categories and themes represented in the next sections.

Category One: Musically Disingenuous

Although the experience of musicking was largely positive, there were several points during the music-based self-care sessions that I felt disconnected from my work. This recurring sense of disconnection led to this category, and ultimately to the themes of Inner Critic and Disengagement from the Music.

Being a musician used to be deeply connected to my identity. Many years ago, when I first began studying music in college, I frequently caught myself stating the following: “Music is who I am, not only what I do.” Lately, seeing music as more than just a source of income has been difficult. Although I firmly believe that music has so much to offer me, so much more than just an income, I find it difficult to engage in musical projects that are not for the purpose of generating an income. In a sense, it felt like I was a fraud and pretending to immerse myself in my work when in reality, I felt uninspired. I qualify the moments where I felt disconnected from the music and disengaged from the music-based self-care process as musically disingenuous – a recurring disconnection that was often accompanied by highly critical self-talk.

Theme 1: Inner Critic

During the music-based self-care sessions, I sometimes found it difficult to focus on making music for myself. In the first two sessions, for example, I found myself treating my work as a performance. Indeed, I worried about the aesthetics of what I was

singing and playing and was concerned about any mistakes I made. I felt self-conscious about being recorded. Although I knew these recordings would only be heard by me, the act of recording led me to view these initial sessions in terms of performance, not self-care. In fact, in one of my journal entries, I recall asking myself the following: “I wonder how it would feel to engage in this work without recording myself”.

While listening to the recordings of the music-based self-care sessions, I was reminded of how I was encouraged to record my voice lessons in university and listen back to them. I seldom did so because I despised hearing my own voice. While I was engaging in the music-based self-care experiences, I knew I would eventually be listening to the recordings of the sessions. I wonder if this played a part in my anxiety regarding being recorded during the self-care sessions which I documented in my journal entries. Perhaps I was concerned about how I would feel hearing myself sing? This may have also pressured me to feel the need to sound my best, like if it were a professionally mixed and mastered recording. I believe there was a part of me that was afraid I would dislike my voice when listening to the recordings and that is why I noted feeling anxious and uncomfortable several times in my journal.

In addition to the initial focus on performance, the data revealed that I was, at least at first, trying to prove myself as a musician. I used, at least at the outset, this experience to flaunt my skills and I initially chose songs that would sound impressive rather than songs I truly felt like singing in that moment (see song list in Appendix A). I found this humorous as I noted in my journal: “For someone who hates performing, it’s strange just how much I feel the need to perform”. I felt as though I was struggling to be genuine in my musicality. In fact, I was singing in a way that felt unnatural and forced by overusing my chest voice and attempting vocal runs, all of which I would normally not do. Ironically enough, when listening back to the recordings, I noted that the moments when I was forcing myself to sing in a certain way were the moments when my voice sounded shaky, weak and lacking in brightness.

An insight that I found particularly interesting was the realization that, in this process that was so focused on self-discovery, I found it increasingly difficult to be myself over those first couple of sessions. Whenever I made mistakes, I instantly criticized myself. I seemed very concerned about making music that sounded like it had

been recorded in a professional studio, highly edited, and mastered, because I felt my work could only have value if I believed it would be perceived as musically appealing to others. I noted in my journal following the first session: “I felt the need to perform even though no one was listening. I fumbled with my accompaniment because I wanted to play something impressive.” In the first couple of sessions, so much of my focus was on how this would sound should someone else hear me, even though the recordings were never shared. There were moments during the first two sessions where I almost felt like I was sitting down to practise. I was treating this time I had set aside for musicking as an opportunity to better my skills rather than as a moment to take care of myself. I meant for this to be a time to discover myself musically, not to criticize myself and to aim to change the way I express myself. I had decided to engage in such an affirming process and yet, I wanted to sound nothing like me. I believe this stems from some lingering insecurities in relation to my musical training. Having only begun my vocal training in my early twenties, I often fear that I am not a strong vocalist in comparison to my peers.

An important and unexpected insight that emerged from this process and from the data analysis was the realization that my fear of making technical musical mistakes was also present in my clinical work. In fact, I realized that I often worry about making a mistake in a session. I worry that it will diminish the therapeutic value of an intervention and that it will lessen my clients ‘enjoyment of the experience. Part of me believed that there would be no therapeutic value to my interventions if I was not able to execute them flawlessly. Ironically, this added weight I have placed upon my shoulders often leads me to make more mistakes.

Although I now consider my voice to be my primary instrument, this has not always been the case. When I was younger, I wanted to learn how to sing; but unfortunately, I was told that I did not sing well. Still, I loved singing and felt a deep connection to my voice – a connection that I longed to explore. I now have extensive vocal training and have been told on many occasions that my voice is beautiful. Yet, despite complements that counter previous critics, I believe there is a part of me that feels my musical abilities are not advanced enough and, therefore, are not sufficiently advanced to facilitate meaningful musical experiences for my clients. In my first journal entry, I wrote about how “different I sound in a clinical context”. I noted that I did not

feel as though I was using a very authentic sound at work. I believe that out of fear that my true sound would not be good enough, I had crafted a different sound that I used exclusively in a clinical context. I sang softly with minimal vocal effects, but my true sound included far more dynamics.

Another important insight that emerged during the data analysis was that, for a very long time, music has been connected to generating income. It has not, sadly, been something I do for me. Whenever I think of music, I think of work. It felt like I had forgotten how to treat music as something that I do simply because it brings me joy and comfort. In my first journal entry, I wrote the following: “Even in my free time, music means work. How refreshing for it to be just music”. When I first read this journal entry, I was shocked to reflect on how little time I have made for myself in the past 4 years to make music for the sake of making music. I feel as though I am always trying to create ways to generate income through music and have forgotten why I was so drawn to music to begin with. This realization was particularly distressing to me given that I had chosen to pursue music therapy as a career because I had experienced, firsthand, the power music has to help one heal. So, as I moved through the self-care sessions, I began to devote the first few minutes of each session to technical vocal warm-ups. During these warmups, I allowed myself to be more critical of my sound, provided that I did not focus on the aesthetics of my singing during the song portion of the session. This compromise I made with myself appeared to work. In later sessions, I noticed that I began to sing the songs I had chosen without trying to sound like the original versions. It also felt surprisingly freeing to actually make mistakes. I think that the technical warm up allowed me to focus on the enjoyment of singing the songs. Eventually, the time spent on the technical warm up served as a time to check in with my voice. In my fourth journal entry, I noted that “I was focusing more on what my voice needed and less on what I thought I should be doing as a trained singer.” Having this time to check in with myself vocally allowed me to feel more grounded and by the time I began singing songs, I was able to focus on how the singing felt rather than on how my voice sounded.

Theme 2: Disengagement from the Music

At times, it felt like I had so much to express and yet, I felt unable to express it. In my mind, I knew there was something I needed to say but I could not find the words to

describe it. This was particularly interesting because previously, music had helped me say what I could not find the words to express. During the first few music-based self-care sessions, I struggled to find a way to engage with the music so that it would provide me with the release I was seeking. It was almost like there was an invisible barrier coming between the music and me. Not only did I feel disconnected from the music but, in my third journal entry, I wrote the following: “My emotions are all over the place and I feel disconnected from myself”. I felt like there was a tornado of emotions surrounding me and I could not find a way to channel them in the music. I also noted in the same session that I “need to cry, an additional release.” Whatever emotions I was living felt like they were trapped and could not be released through the music. This surprised me because musicking had previously helped me process difficult emotions and release tensions. I believe that my inability to connect with my musical self impeded my ability to find comfort and relief in the music.

I also noticed that I sometimes became bored while singing, and I began to realize that the boredom may have been caused by the fact that I was singing mostly the same songs each session. There were only fifteen songs on my list of chosen meaningful songs which led to me inevitably singing the same songs nearly every session. When bored, I would sing while thinking about facts and tasks completely unrelated to my work. In other words, I was not as present and available as I should have been. I felt like I was mechanically going through my song list without paying much attention to the music itself and how it made me feel. During the fifth session, I realized that having a predetermined song list was part of the problem and wrote the following: “Perhaps no song list would have been best.” This feeling of boredom was weighing on me and I was desperate to find a way to better connect with the music. I thought going off script and choosing songs at random while disregarding my list would help. So, I attempted to sing a few songs outside of my established list in the hopes that it would help me feel more inspired by the music (see Appendix B for a list of added songs). Yet, I repeatedly found myself falling into this pattern of performing the music rather than experiencing it. It felt more like I was practising songs than singing songs for the purpose of self-care. I could not connect with what I needed or with how musicking could help me. So, I shifted my focus to thinking about how music could continue to generate revenue for me. I thought

practising would allow me to become a better musician and would therefore be a more valuable use of my time rather than trying and failing to connect with music more deeply.

There were other moments when mentally, I felt engaged with my work but physically, I had difficulty connecting with the music. When listening back to the recordings, I noticed that in the first couple of sessions my voice sounded shaky, timid and weak. My voice sounded unsupported, and I was out of breath at the end of most musical phrases. Although there were no physical reasons prohibiting me from singing, it felt difficult to do so. During these sessions, singing was taking a significant effort for me. During the last sessions, I noticed my voice sounding stronger and brighter. I also noted this in my journal in the sixth session: “I feel like my voice has gained power compared to the first sessions.” I noticed a relationship between the connection with my musical self and how confident I am in my singing abilities. Indeed, in my journal I wrote the following: “the more I engage with this work, the more connected I feel with my body and my voice”.

Importantly, this feeling of being disengaged did not last. It was most often present during the first two sessions. At the end of the first session, I sang the song *Cactus In The Valley* (Lights, 2011). I chose this song because it contains a chord progression that I find particularly soothing and grounding and toward which I tend to gravitate when improvising and songwriting. It is also a song I listened to very often when I was a teenager, the point in my life when I realized the healing potential of music. I noticed a shift once I sang this song. I felt transported back in time and remembered how it felt to be a teenager, singing and playing this song on the piano in the living room of my childhood home. I thought of how it felt the very first time I connected deeply with music, when I realized it offered me a way to feel better. I wrote in my journal that “making music for oneself holds more than just one purpose” and that music can be something that is done simply because it feels good. When listening back to the recordings and to the moments when I sang this song, I remarked that I sang this song especially softly. It almost sounded like I meant to sing this song just for me, like I was singing a lullaby to myself. During the second session, I sang the same song earlier in the session, as soon as I started to feel disconnected. *Cactus In The Valley* (Lights, 2011) once again allowed me to re-centre myself and focus on the experience of musicking.

Category Two: My Musical Identity

Finding my musical identity has been a focus of mine since I began making music as a teenager. For the past 15 years, I have been trying to understand who I am as a musician. What musical styles am I most drawn to, and which ones best reflect who I am as a person? These are questions I frequently ask myself when songwriting. Interestingly, they are not questions I have really pondered at all in the past few years while training to become a Certified Music Therapist. During that time, I tended to focus on determining what I could bring to the table musically for my clients. For this reason, I was surprised that this theme was as prominent as it was in my journal entries. Whenever my musical identity appeared as a reflection in my journal entries, the concepts of my authentic voice as well as how music could be used for my own benefit accompanied my reflection.

Theme 1: Authentic Voice

I first encountered the concept of authentic voice when I was studying classical voice and one of my teachers encouraged me to explore it. She described my authentic voice as the sound that my voice produced most naturally and effortlessly. She instructed me, then, to sing without trying to sound like another singer. I struggled a lot with this concept, and I had trouble finding the patience required to really get to know my true voice. The idea of an authentic voice is one that intrigues me immensely and thus, I have been searching for my true voice since the concept was first introduced to me.

Given the focus on singing in my musicking sessions, thoughts surrounding my authentic voice came up almost immediately. Indeed, I initially criticized myself for trying to sound like someone else. As I became more comfortable with the process, I wrote in my journal that “my voice felt stronger” and how “my voice had gained power compared to my first sessions”. During my final sessions, I wrote that-I was able to “focus more on the enjoyment of singing the songs” and about how I noticed “a change in how I sing the songs with more joy and confidence.

As previously stated, I initially found it quite difficult to engage with the music. Yet, once I was able to fully and authentically do so, I began to generate rich insights that proved valuable on both personal and professional levels. As a trained singer and a music therapist, I tend to primarily use my voice at work. Having an opportunity to explore my sound in the music-based self-care sessions and finally begin to discover the tone of my

authentic voice has led me to appreciate my voice more. Once I stopped being so concerned about making mistakes and ceased trying to make myself sound like the singers who had sung the original versions of the songs I had chosen, I was able to connect with my true, or authentic, voice and really begin to appreciate what I had to offer.

I began to notice a deeper and more genuine connection with my voice. In fact, when listening back to the recordings, I could hear a change in vocal quality as the sessions progressed. As previously noted, my voice sounded more powerful, clearer, brighter and stronger. However, the strength and sound of my voice was not the only or even most surprising indicator that I was connecting with it differently. The experience of singing also felt different in my body. I felt more resonance and more control over my voice. It felt as though I finally sounded like myself and I could feel it in my body. It also felt like the quest I had begun when I was first introduced to the authentic voice was coming to an end, or perhaps I was forging a new beginning.

This felt like the beginning of a new era for me vocally. I felt less afraid of being imperfect and for the first time, genuinely enjoyed hearing my sound and experiencing the bodily sensations that affirmed it was my voice. I then began to wonder what would happen if I used this new more authentic voice I was discovering at work? Of course, the way that I sing in a clinical context is influenced by the client's needs and preferences. Still, I wondered if this more genuine way of singing could provide my clients with more valuable musical experiences. By engaging more authentically through the use of my newly discovered authentic voice, I would be offering a more genuine musical contact. Every session, I felt as though my voice was getting stronger and gaining power. In the last sessions, I noted in my journal that: "I feel as though I have unlocked a next level to my singing". I was finding a truer voice and I felt myself singing with more and more confidence and joy.

In my final session, I did something I had not done in several years: I sang with my eyes closed. Singing with my eyes closed was something I was advised not to do by my teachers during my undergraduate studies. Before my undergraduate studies, I would frequently sing with my eyes closed to savour how singing felt in my body. It allowed me

to feel transported by the music and deeply linked to my voice. All these years later, I had forgotten how freeing and soothing singing with my eyes closed can be for me.

Theme 2: Music for Me

Earlier in this chapter, I stated that over the past few years, I have not made much time to make music just for the joy of making music. As I analyzed the insights that have emerged in the generated data, I have come to realize that since beginning my musical studies, I have never taken the time to reflect on what making music for myself is and how it feels to do so.

During the music-based self-care sessions, I noticed I was singing for myself based on how much I was enjoying what I was doing, and also based on how I was singing. This was a gradual change that became more present with each journal entry. In my first few entries, I made brief references to how much I enjoyed the singing. As the sessions progressed, my enjoyment became more apparent. In the sixth session, I began my journal entry with the following phrase: “Wow, that feels good.” When listening back to the recordings, I noticed I sang softly, almost whispering the notes and loudly depending on my mood. I allowed myself to explore my voice and to do what I felt my voice needed to do. I found myself singing sadder songs if I needed my sad mood to be validated by the music I was singing. It was comforting to sing songs that I had chosen for myself and not the songs that are usually requested by my clients. In my fifth journal entry, I wrote the following: “I never get to sing this way at work or choose repertoire as freely.” In a clinical context, I always think about my musical choices in order for them to align with the client’s needs and preferences. It was exciting and refreshing to be able to make music only for myself.

I also noticed, as I listened to the recordings, that my sound differed from the sound I tend to produce in a clinical context. It felt freeing to be able to sing how I wanted to sing without being concerned about how it would impact anyone else. It was illuminating to take this time to make music for myself in order to be reminded that music can serve more than one purpose in my life and that although I rely on music to make a living, I can also use it to help me feel better when I am in need.

When singing during the music-based self-care sessions, I noticed that some of my favourite moments were when I let myself focus on the lyrics. This reminded me that

I have not been making any time for my own music and for writing songs, an activity that I used to enjoy immensely. It also reminded me that it might be helpful to start prioritizing songwriting in my schedule. During my last week of data collection, I was disappointed that I would soon have to take a break, during the incubation phase, from these music-based self-care sessions I had come to enjoy. During my sixth session, I wrote the following: “I feel sad that I only have one week of data collection left.” I had already noticed how helpful these sessions were and looked forward to once again engaging musically once the incubation phase would be done. I had already started incorporating musicking as a form of self-care in my work routine and had noticed a positive impact. In my seventh session, I wrote: “I started a new ritual at work. I start each day by singing a couple of songs just for me.” I have come to find that giving myself a few moments to experience music for myself before seeing a client allows me to provide more meaningful experiences to my clients. Indeed, the short period of time I spend singing one or two songs for myself goes a long way by priming my voice, body, and mind before stepping into a session. When I sing for myself, I am allowing myself to sing whatever I want however I would like to. When I step into a session, my music choices are dictated by my client’s needs and preferences. I sometimes find myself yearning to sing songs, or sing in a way, that would not necessarily be most appropriate for my client. Having a dedicated time during my day to make music for myself allows me to be more present for my clients and attentive to their needs. Using musicking as a form of self-care is certainly a habit I look forward to maintaining as part of my weekly routine throughout my career.

Category Three: Understanding the Effect of Musicking on Me

When I began to conceptualize this research project, I believed that it was very likely that musicking would be an effective self-care tool for my chronically ill self. Music has, in the past, been an effective tool for managing my anxiety. For this reason, I believed musicking would have a positive effect on my mood since I tend to feel hopeless and depressed when I am flaring up. However, I was concerned about how I would feel about engaging musically on days when I was in a lot of pain, and I wondered if the act of making music would worsen the perceived pain. I was pleasantly surprised as I noted in several journal entries a “decreased pain perception”. The experience of singing for

myself and the sensations accompanying this experience allowed me to better grasp just how exactly musicking positively influences me. Indeed, I was surprised by how many of my insights involved the physical, emotional, and sensory reactions I experienced in response to the music. Moreover, many of the insights that have emerged focus on how my relationship to music has transformed me and how connecting with my musical self benefits me.

Theme 1: Sensations and Feelings Provoked by the Act of Musicking

By journaling, I was able to note any thoughts and feelings that came up during the self-care musicking sessions. Much of what I wrote in my journal describes bodily sensations evoked by the music. In my final journal entry, I noted the following: “This feels incredible.” The music-based self-care sessions left me feeling energized and increasingly grounded. During many of the sessions, I described feeling like a tree rooted to the experience of musicking.

As the sessions progressed, I noted that my engagement felt “more intuitive” than it had felt during the first couple of sessions. In fact, allowing myself to make music for the purpose of self-care left me feeling light and free. When engaging with the music, I felt more and more grounded and connected to my body as well as to my voice. During the sessions, as I sang, I became hyper-aware of the vibrations in my throat and in my body. It almost felt as though I was giving myself a massage with my voice. There were moments, in fact, when I felt so in touch with my voice that it almost felt like the sounds were not coming from me, but rather surrounding me. Regardless of how I had been feeling prior to the session, I was able to relax and to find a sense of peace or calm. In other words, when I was able to establish a strong connection with the music, the musicking self-care sessions allowed me to focus on the present moment rather than on the weight of all my stressors. The music uplifted me and gave me a safe space where I could take a few breaths and step back from all my concerns.

Once the sessions ended, in most cases, I had more clarity and was able to approach the stressful situations I was living with more hope and strength. I felt as though I was harnessing the power of music and letting it penetrate me deeply in my core. Importantly, the feelings and sensations experienced during the session lingered after the fact. The act of musicking did not lead me to avoid how I felt. Instead, it helped me contain the stress

and anxiety I was feeling and provided me with a sense of control over life's stressors. Health musicking as a means for self-care was not only an incredible experience, but also one that nourished me. These sessions were short but powerful. Just one session had the ability to reset me and leave me feeling less anxious than I had been at the beginning of the session.

Theme 2: The Powerful Experience and Transformation of Musicking

Engaging in this work was an energizing full body and mind experience for me. It was one that I felt on cognitive, physical, emotional, and spiritual levels. This experience was so transformative that every time I felt myself drifting towards a more musically disingenuous state, the following phrase would surface in my mind: "experience rather than do". I would repeat this phrase in my mind as I sang and played. One could argue that doing and experiencing are not all that different. Yet, to me, the subtle shift in language made all the difference. Doing felt like a chore, like a task I was forcing my tired mind and aching body to complete. Experiencing meant letting go and letting the music happen to me. Rather than force myself to sing a certain way, I opened my mouth and allowed whatever sound I felt had to come out resonate. Instead of overthinking my song choices, I let my intuition guide me without second guessing every choice. In a way, experiencing is a more effortless way for me to make music. So, experiencing rather than doing was a way of being more present in the music and of connecting with and expressing my emotions deeply. I felt empowered as I worked to stay engaged with the music, and I increasingly felt in control of myself.

As a chronically ill person with an unpredictable illness, feeling in control of myself is something I seldom-experience. My chronic illness has affected every aspect of my life and has certainly also impacted my relationship with music. Interestingly enough, although I expected to be more reluctant to engage in musicking while feeling unwell, the sessions I had while flaring up were the most enriching because they allowed me to find a way to help myself even when I feel helpless. As the sessions progressed, it became easier to experience rather than do. I noticed myself becoming more playful with how I used my voice. I let myself be guided by song choices that sparked joy. I did not overthink my song choices but rather, went for the ones that caught my eye almost instantly. I became more intuitive and less analytic as I progressed in my work.

Following my intuition became synonymous with experience after a few sessions. Although there was a cognitive aspect to this work, the less I focused on it, the more rewards I reaped from the musicking self-care sessions. I believe the musicking self-care sessions allowed me to become more aware of my intuitive self and helped me realize how relying on my intuition may be beneficial. In fact, I noticed that making musical decisions in a more spontaneous and intuitive way was less tiring than overanalyzing each choice.

Conclusion

Several insights have emerged thanks to this process and have proven useful to me on both a personal level and a professional level. When I first chose to centre my thesis on my lived experience as a chronically ill music therapist, I wondered how the insights that would emerge from my work would impact my chronically ill self and my work as a music therapist. I have found that the musicking self-care sessions have indeed influenced me in a positive way by enriching my music therapy skills and by giving me a way to cope with the realities of my illness.

Chapter 5. Discussion and Creative Synthesis

The final chapter of my thesis aims to summarize and synthesize the findings of my work by sharing an original song. In this chapter, I have also presented how I have benefited from the exploration of musicking for self-care and conveyed my hopes for future research.

Creative Synthesis

As previously described, the first step I took when analyzing the data I had generated by journaling was to read each entry and highlight the phrases or passages that struck me. These later became my codes. Once I had finished analyzing the data, I read through my codes and selected one code per theme. The codes selected were the ones I felt resonated with me most. For my creative synthesis, I decided to include these codes in my original song.

Table 3

Selective coding

Themes	Selected Codes
Inner Critic	“Making a sound that would please others.”
Disengagement from the music	“Shakiness”
Authentic Voice	“First time in a long time I sang with my eyes closed.”
Music for Me	“Sounds different when it’s just for me.”
Sensations and Feelings Provoked by the Act of Musicking	“Connected”
The Experience of Musicking	“Experience rather than do.”

Given the role the song *Cactus in the Valley* (Lights, 2011) played in allowing me to better connect with my voice during the musicking experiences, I decided to base the melody of my song on the chord progression of Lights’ work. To write the song, my first step was reading through my selected codes.

I pursued my songwriting work by choosing a title I deemed appropriate to summarize how this work has made me feel. I then wrote the lyrics to the entire song. Once the lyrics were written, I sat at my piano and, using the chord progression from

Cactus in the Valley (Lights, 2011), I wrote the melody to the song. Centring the song title as a heading rather than formatting it according to convention is intended to emphasize how it exemplifies genuine transformation – a process that cannot be subjugated to a chapter subheading.

Singing with my Eyes Closed

Verse 1: For quite some time, I've been so preoccupied

With making a sound that would please others

It's been a while since I've tried

To get in touch with my true colours

Verse 2: I don't make the time, I blame my laziness

I don't feel like I'm good enough

I can't get rid of this shakiness

Why is this so tough

Chorus: Breathe in, breathe out

Any second now I'll be composed

Breathe in, breathe out

Singing with my eyes closed

Verse 3: I've been so worried about making a living

That I haven't been able to let myself be

The funny thing about musicking

Is that music sounds different when it's just for me

Verse 4: When I let the music happen

When I feel each note resonate deeply

I'm connected as I imagine

All my pain floats far away from me

Chorus: Breathe in, breathe out

Any second now I'll be composed

Breathe in, breathe out

Singing with my eyes closed

Bridge: Music flowing, my heart is soaring

I'm experiencing rather than doing

*Nothing's forced, this feels easy
I didn't know this would make me feel so free
Chorus: Breathe in, breathe out
Any second now I'll be composed
Breathe in, breathe out
Singing with my eyes closed*

<https://1drv.ms/u/s!Avi3RqfPWNf6mzjbNL8ZDgELsPTs?e=vPDkf7>

Implications

Assumptions and Limitations

I assumed that engaging in musicking as a form of self-care would be helpful to me and that engaging in this process would have a ripple effect on various aspects of my personal and professional life. I also assumed that aspects of my research process and findings may be relevant for other chronically ill music therapists or other chronically ill healthcare professionals.

Lack of existing research and literature on self-care for chronically ill helping professionals was limiting as I engaged in this research without knowledge of how other chronically ill helping professionals view and engage in self-care. Having this type of guidance may have influenced which music-based activities I chose to engage in. In addition, the short duration of my Master's degree limited how much time I had to engage in the reflexive processes that were part of this study, which may have impacted the depth and breadth of the insights that have emerged. Lastly, my relationship with my illness and the difficulty I have had to fully accept what it means to be chronically ill has influenced my research. Indeed, since my diagnosis two years ago, I have struggled to come to terms with the limits and needs my body has. I have often compared myself to peers who are not chronically ill and have criticized myself for not being able to accomplish as much as my peers have in the same time frame. The lack of a definitive diagnostic test for fibromyalgia has led me to internalize the belief that my illness is fake and that my symptoms are therefore not as debilitating as I felt they were (Le Page, 2005). Although making parallels to disability studies has been suggested to me by my supervisor, my internalized invalidation of the disabling nature of my chronic illness has

led me to refuse to explore such parallels (Grodman et al., 2011). It is possible, that this has limited the insights I was able to derive.

Implications for my Clinical Work

At first, I struggled with accepting my sound and appreciating my own voice. Throughout this process, I became more connected to my voice by embracing the bodily sensations that accompanied it. Over time, I notice that being more authentic with the use of my voice seemed beneficial to my clients. Indeed, the deeper I connected with my voice, the more feeling and emotion I could convey through it.

I found myself, importantly, becoming more and more confident at work. By becoming surer of my musical identity, I was able to reduce the influence of my inner critic and of any concerns I have about my musical skills. In other words, this added confidence made me a better music therapist. Inspired by how beneficial the musicking self-care experience was for me, I decided to start a new ritual at work where I would begin each day by singing a couple of songs for myself before meeting with clients. I noticed that by engaging in this ritual, I was able to be more present, confident and grounded during my sessions.

My clinical work was not only influence by the positive rewards I reaped from this experience. The more difficult aspects have been just as helpful. In fact, by becoming aware of how self-critical I can be and of my tendency to worry about making mistakes, I was able to better understand why some clients may be reticent to engage in active music-making, especially singing, during music therapy. Although I do my best to create a safe and welcoming environment in order to encourage instrumental and vocal expression, I cannot be aware of the client's inner critic and their insecurities. Perhaps, as uncomfortable as it was, dealing with my inner critic has provided me with a different perspective that will allow me to empathize more authentically with clients who are unwilling to actively engage in music therapy and thus find different ways to encourage them to make music.

Implications for Coping with my Chronic Illness

Musicking as a means for self-care was very helpful in giving me tools to cope with my chronic illness. In terms of pain management, I noticed the singing helped to distract me from the pain and on certain occasions, reduced my pain perception. Indeed,

during the few sessions I was actively flaring up, I felt less pain at the end of the session than I was feeling before musicking. Singing also allowed me to connect with my body. By being in chronic pain, I am often aware of my body for unpleasant reasons. It was pleasant to create bodily awareness in a more positive light through the singing. Regarding my chronic fatigue, the music energized me. On days when I had little to no energy, the musicking self-care sessions did not feel like a chore or something far too demanding for me to do in the state that I was in. It felt easy to do. In addition, on days when my illness did not permit me to do much, being able to engage in self-care through musicking made me feel accomplished. It made me feel in charge of my illness by providing me with a way to manage my symptoms. In other words, it gave me a sense of power over my illness. Musicking certainly won't cure me, but it has provided me with a way to cope with two of the biggest symptoms I experience on a regular basis.

Implications for Future Research

My research has given the readers insight into how I, a chronically ill music therapist with fibromyalgia, manages her illness with music-based self-care activities. I believe it is necessary that others living with similar challenges also share how they engage in self-care in order to educate the public and to provide our community with more literature on the specific needs of chronically ill helping professionals.

Having cultivated self-awareness and a better understanding of how to manage my illness thanks to the work I have engaged in, I believe that should I someday choose to pursue research endeavours involving chronically ill participants, I will have the necessary skills to engage in the work ethically.

Implications for Music Therapy Education

Music therapists, similar to many other helping professionals, are at a risk for burnout (Clements-Cortes, 2013). In order to increase career longevity, it is important for music therapists to engage in music-making for their own benefit (Minevich, 2018). A study addressing burnout among music therapists was conducted by Chang (2014) where six Canadian music therapists were interviewed and identified the need for self-care awareness in music therapy curriculum. Musicking for self-care has allowed me to get better acquainted with my strengths and has helped me cope with work-induced stress by providing me with an outlet to safely express my emotions. Although there is much to

cover throughout music therapy studies and often not enough time to cover all the material thoroughly, I believe it is essential to emphasize the need for the development of personalized self-care practices for music therapists in order to ensure that future music therapists remain in the profession.

Implications for Other Helping Professionals

Work-related stressors are not solely a concern for music therapists. In fact, given the emotionally demanding nature of their work, nurses, doctors, social workers and various other helping professionals are also at high risk of burnout (Ondrejková & Halamova, 2022). Although my research is focused on my perspective and my lived-experiences as a chronically ill music therapist, I hope that all chronically ill helping professionals feel inspired by my work to discover their own personalized self-care strategies.

Closing Thoughts

A heuristic self-inquiry was not my initial choice of methodology. At first, I was worried that my personal experience would not hold enough value to be worth sharing with my peers. Perhaps, had I engaged in this work with a more accepting and validating frame of mind, the results of my research may have differed. However, I would argue that I may not have benefited as much from this type of self-reflexive work had I been at peace with my diagnosis.

After having completed my research, and seeing the immense benefits this highly self-reflective work has had on me, it is my hope that this thesis will inspire others to engage in their own music-based self-care and to reflect on how advantageous it has been for them. I also hope that the readers have now gained a better understanding of the many challenges chronically ill music therapists may face.

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Appendix A

List of Songs

1. She Used to be Mine-Sara Bareilles
2. How Far I'll Go-from the movie Moana
3. Cactus in the Valley-LIGHTS
4. Dearly Departed-Marianas Trench
5. I Believe You-Fletcher
6. Wildflowers-Tom Petty
7. Down to the River to Pray-Spiritual
8. Caledonia-Traditional Scottish
9. Coward of the County-Kenny Rogers
10. L'amérique Pleure-Les Cowboys Fringants
11. I'm Yours-Jason Mraz
12. No Place to Fall-Townes Van Zandt
13. Over You-Ingrid Michaelson
14. The Parting Glass-Irish Folk
15. To be Human-Marina

Appendix B

Added Songs

16. Mirror-IDER
17. Crazy to Leave-David Myles
18. Everybody but Me-Lykke Li
19. Light of a Clear Blue Morning-Dolly Parton
20. The Old Churchyard-Folk