THE ARTFUL DESIGN OF CONTEXT: MUSIC THERAPY AND THE ROLE OF SELF-REFLECTION

by

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Abstract

Reflective practice is encouraged in many professions as an education tool to facilitate practice development. Like many allied professionals, we recognize as a profession that music therapists need to continue to develop themselves throughout their career and yet a discussion about the employment of reflective practices to develop mature therapists is lacking. In this thesis, Interpretive Phenomenological Analysis is employed to examine retrospectively the impact of reflective practice on my seventeen year career as a pediatric music therapist which led to its current iteration. The process of this investigation also served as a reflective process in and of itself illuminating hidden contexts and making available a transformed experience of my career and clinical work.

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List of Abbreviations

BMT	Behavioural Music Therapy
CAMT	Canadian Association of Music Therapy
CI	Cochlear Implant
MTA	Music Therapist Accredited (credential from CAMT)
WFMT	World Federation of Music Therapy

Preamble

First, I Quit.

Reflective practices changed my life and saved my career. Five years into being a music therapist I had gained technical prowess, established a full-time practice and was presenting my work to colleagues and allied professionals at conferences. What I thought would be a time of ease -- a point in my career that I had worked hard to accomplish -- became so riddled with distrust, isolation, frustration and a deep, omnipresent disappointment in myself, my colleagues and the "system" that I moved to another city with the intention of abandoning music therapy altogether.

Burnout is real (Maslach & Jackson, 1981). I thought I had done the things one was supposed to do to guard against it. I was an athlete with varied interests and I had a good support system. I practiced reflective practices, or so I thought. I had successfully employed reflection to adjust clinical philosophy and hone my clinical skills. I had become a very effective practitioner, but I had not engaged in the deep, critical thought necessary to transform my understanding, alter my perceptions and gain agency in the often complex and messy realities of clinical practice. It was those messy realities that I could not make sense of or accept. I packed up my belongings, drove to another city and cried the entire way. Far from the sense of relief I thought I would feel declaring an end to that chapter, I felt rudderless and conflicted. I could not imagine my life without music therapy but I also could not conceive of staying. I felt small and weak and could not shake the feeling that I had not only abandoned my dream career, I had also abandoned my clients and their families.

Introduction

I fell in love with music therapy before I really knew what it was. I was fourteen years old when my mother, a palliative and long-term care nurse, returned from a conference exclaiming excitedly that she might have found the career I was looking for. I became instantly enamoured with the idea of a discipline that combines science, psychology and music. Armed with just the term "music therapy" and my mother's brief description, I headed to the school career counselor to request more information. The counselor's response was less than enthusiastic and instead she expressed horror at the idea that I would give up a promising (and more appropriate) career in nursing, teaching or accounting for a career no one had ever heard of - and in the arts, no less. That exchange, of course, only spurred more determination and interest in my fourteen year old self and I set out to hunt down whatever information I could.

The problem I encountered quite quickly in considering music therapy as a career choice was that information was not easy to find. The internet at that point in time was non-existent so I relied primarily on other's descriptions and explanations of what music therapy was. I sought out music therapists to interview but depending on the professional background of the person I was talking to and the clients they were working with, definitions of music therapy and the description of the work varied wildly. In the end, I decided to go to school to become a music therapist with only a vague sense of what it was or what a typical day at work would look like. What might have scared others away from the profession -- ie. the ambiguity -- is precisely what drew me to it.

My understanding of music therapy changed from vague and ambiguous to multi-faceted as I spent the following several years exploring the multiple iterations and applications of music therapy. Rather than training students to employ one specific style of music therapy practice,

music therapy programs in Canada offer students an opportunity to investigate the myriad of approaches to music therapy practice and most aim to equip their students with varied experiences with different populations so that the breadth and width of the profession may be realized. In addition to a variety of populations, settings and applications of music therapy, many Canadian universities explore the eclectic philosophies underpinning music therapy practices. The intention is to give students the opportunity to identify for themselves where and how they would like to work.

Unlike many of my classmates, I knew immediately which population I wanted to work with: children. My decision to develop a pediatric practice occurred before I started my music therapy training and resulted from ten years of extensive volunteer and work experience with both geriatric and pediatric populations and a brief work experience with adults that solidified my commitment to working with children. I sought volunteer and work opportunities with these populations to gain experience and understanding prior to going into music therapy. I worked and volunteered in recreation and enrichment programs that included physical activities, arts and music that took place in hospitals, long term care units and educational institutions. I was adamant and unrelenting in my pursuit to specialize in pediatrics once entering my music therapy program. I completed several practicums in pediatrics working alongside speech language pathologists, beginning my journey as a music therapist specializing in communication. I felt clear entering into my internship that behavioural music therapy was a “good fit” for my clinical approach and sought supervision from an accredited music therapist (MTA) trained in behavioural philosophy and intervention.

Internships for practitioners seeking accreditation with the Canadian Association of Music Therapists (CAMT) give new therapists the opportunity to evolve their skills under

supervision while developing their philosophical stance and professional identity. Following the completion of a bachelor or master's degree in music therapy, the internship process usually takes about a year and involves direct clinical hours, case studies, review of ethical dilemmas and explicating one's philosophy as it relates to his/her clinical practice under the supervision of a CAMT approved supervisor who is an MTA with several years of clinical experience and additional training as a supervisor. In addition to my university education (Bachelor of Music Therapy) and an informative internship that gave me the foundational skills to perform the tasks of a music therapist and employ self-evaluative processes to ensure effective and ethical intervention, it has been self-directed reflective practices that have been key to further developing my philosophies, evolving as a therapist and creating my professional identity. Reflective practices continue to provide me with the means to align my philosophy with my values, modify my clinical approach to better fit the needs of my clients and contain the tools to disrupt burnout.

We recognize as a profession that music therapists need to continue to develop themselves after they have graduated from a music therapy program and completed the accreditation process. Continuing education credits are required throughout one's career to maintain accreditation with the national association, however, these credits focus primarily on skill development. They do not address burnout nor the value of reflective practice for the purposes of developing oneself as a therapist beyond the technical-rational aspects of clinical intervention.

Much of the research and discussion of continuing education for many professions including teachers, medical practitioners and allied professionals acknowledges the diverse needs of adult learners, and also the important role self-reflection plays in developing one's self as a

practitioner, engaging in ethical practices, reducing burnout and effecting change in the larger social context (Lasater & Nielsen, 2009; Mezirow, 2000). It could similarly be argued that in addition to continued training to ensure evidence-based practice and continued skill development, music therapists have an obligation to investigate their own beliefs, not just about their work, but the ideologies informing their practice.

In the years since graduating from university and completing my accreditation, I have continued to read many sources depicting the rich and varied practice of music therapy with the intention of continually assessing my assumptions and broadening my perspectives. Literature devoted to the topic of music therapy continue to enumerate the many, and sometimes conflicting, ways that the field understands itself, ways that evolve with new technologies, discoveries, and philosophies (Bonde & Wigram, 2002; Bruscia, 1998; Davis, Gfeller, & Thaut, 2008; Wheeler, 2015). While the diversity of clinical practice is illuminated in these texts, what I have not been able to find in the current literature are the personal accounts of music therapists delineating the processes through which they unearth their hidden contexts and acknowledge their impacts. In other words: personal stories are missing. I found myself asking: how do they choose the philosophy on which they found their work and then design, create, and in other ways respond to the needs of their clients? How do music therapists evolve their practice? How do these situated, contextual and possibly idiosyncratic approaches to the musical and relational phenomena experienced in session affect their therapeutic practices? And, how might one best express the somewhat ethereal and often tacit knowledge of music therapy practitioners?

This thesis aims to address this current gap in the literature. My personal story and development as a therapist is intricately woven with reflective practices and I wanted to explore first how I might answer the above questions. I have chosen Analytic Autoethnography drawing

from the commitments of Interpretative Phenomenological Analysis (IPA) to illuminate the idiosyncratic approaches and philosophies I employ in my practice. I will describe the career I created over the past seventeen years, starting with an investigation into the premises on which I built my practice of music therapy and the subsequent changes to my philosophy and clinical approach that resulted from reflection on my clinical experiences. I will address such questions as: What is my lived experience and meaning of being a pediatric music therapist? What effect has engagement with my clients had on me as a therapist and how have these experiences shaped who I am as a therapist today? I wanted to discuss the lived moments of session with my clients in which reflective practices are employed as these moments have been transformative and are fundamental to my success as a therapist and yet remain a part of practice not discussed by the music therapy community. My hope is that such descriptions will prompt a discussion of how hidden contexts give perspective to every experience and our genesis of identity (therapeutic and otherwise) and underlying beliefs affect our work and the relationships we form with others. The process of reflection has multi-faceted benefits, one of which is enthusiasm and a continued sense of being invigorated by one's work. While this investigation itself serves me personally, the very act of which has been enlightening, I hope that it spurs other practitioners to engage in reflective practices for their own benefit as well as that of their clients.

Literature Review

What is Music Therapy?

The same year I graduated from high school, the World Federation of Music Therapy (WFMT), acknowledged a need for an inclusive definition that could be embraced by the many professionals from various countries that represented the profession. Their aim was to provide a definition of music therapy that reflected the professional backgrounds of its practitioners, the

needs of their clients, and the approaches that were being used in treatment (Bonde & Wigram, 2002). The following definition was adopted by the federation in 1996:

> Music therapy is the use of music and/or musical elements (sound, rhythm, melody and harmony) by a qualified music therapist with a client or group in a process designed to facilitate and promote communication, relationships, learning, mobilisation [sic], expression, organisation [sic], and other relevant therapeutic objectives, in order to meet physical, emotional, mental, social and cognitive needs. Music therapy aims to develop potentials and/or restore functions of the individual so that he or she can achieve better intra- and inter-personal integration and consequently, a better quality life through prevention, rehabilitation or treatment. (WFMT, 1996)

While inclusive, one of the issues with the WFMT's definition of music therapy is that it is so broad that it leaves the reader unsure of what exactly is involved in the processes of music therapy. The challenge lies in the fact that the practice of music therapy is derived from many approaches, philosophies, and theories, and applies to as wide a population as the world has to offer. The music used and created in music therapy practice is as diverse as the world's music and the places music therapy can be utilized is only limited to the places you find people. Some authors have attempted to reflect this diversity and maintain inclusivity while providing a greater sense of the process in their definitions. For instance, Joshua Leeds (2010) describes music therapy as both an allied health profession and a field of scientific research that studies correlations between the process of clinical therapy and biomusicology, musical acoustics, music theory, psychoacoustics and comparative musicology. Leeds further describes music therapy as an interpersonal process in which a trained music therapist uses music and all of its facets - physical, emotional, mental, social, aesthetic, and spiritual - to help clients to improve or

maintain their health (Leeds, 2010). These field definitions, however, do not pull forth images in the reader's mind that result in a concrete understanding of the processes or the impact of therapy. While the word "interpersonal" is used by Leeds in his definition, a sense of the music therapy process being a shared experience is fleeting within his text. My experience as a practitioner with two decades of experience has taught me that the interpersonal aspect of the therapeutic relationship drives much of the change available. Textbooks used in the education of music therapists also maintain that the therapeutic relationship in many music therapy approaches (including improvisation, a prominent technique in most music therapy practices (Eren, 2017) including my own) remains the foundational key to their effectiveness (Aigen, 2018; Bonde & Wigram, 2002; Bruscia, 1998; Wheeler, 2015). Indeed, as professor Kenneth Bruscia (1998) states, in the second edition of Defining Music Therapy: "Music therapy is a systematic process of intervention wherein the therapist helps the client to promote health, using music experiences and the relationships that develop through them as dynamic forces of change." (p. 20)

Building Relationships Through Music

In her forward to Berger's book, *Music Therapy, Sensory Integration and the Autistic Child* (2002), Donna Williams writes of her personal experience,

> Music therapy is about building a safe space, a meeting place, somewhere to feel equal, a foundation of experience in which to remember in our bodies a spectrum of emotion and connection with a process of connection among others equally being in their own space. (p.12)

Music therapists rarely understand music as an 'autonomous phenomenon', but instead consider music to be a starting point from which to connect and communicate with others

(Aigen, 2014b; Berger, 2002; Bonde & Wigram, 2002; Forinash, 1992; Wheeler, 2005). From descriptions by both music therapy practitioners and clients we understand that improvisational music is not isolated for the client. It is the creation of a relationship inside a musical space and as such, the therapist too is enveloped in the sounds, and is physically, mentally and emotionally involved in and expressed through the music. Despite our intention as practitioners to influence the other, we ourselves are influenced by and expressed in the music we use and create with our clients. We are moved, inspired, and activated in the relational space created in the musical context. While our focus is to provide our clients opportunities to be expressed, valued and heard in session by using music and interventions sensitive to their culture and preferences the reality is that there is always something of us inside the practice of music therapy; our background, our experiences, our very essence is as present in the session as the client's. We are not professionals void of context. We are creators drawing on our past experiences, beliefs, understanding, culture and many other contexts, conscious and unconscious. These influences never cease to exist despite our possible ignorance of them. As a music therapist in Forinash's (1992) research, investigating clinicians' experience of improvisation, expressed concerning the creative process, "You can't hide. It comes out in the music." (p. 128). We do not often articulate this aspect of music therapy in the pediatric literature in education contexts. We tend to focus on the effectiveness of music therapy interventions with only surface descriptions of the contexts in which the therapy is occurring. We have not delved into delineating processes that illuminate and acknowledge the therapist as a powerful context in which the creative, relational process is occurring. To study music therapy from the perspective of interventions and not investigate the complexity of the relationships formed is to quite possibly deny the transformative properties of the intervention. We are therefore obliged as music therapists to not only investigate these

relationships but to attempt to articulate them. In an attempt to understand and articulate our role in the creative process of music therapy, we must develop our capacity to know ourselves and the experiences, contexts and beliefs which influence our perceptions and consequent expressions of our work. Additionally, to become creators of a relational world and not just exist in it by happenstance, we must consider all of what we bring to the relationship. I do not mean just skill and knowledge, I mean an understanding of ourselves and the human conditions that govern us all. To wield the transformative power of relationships requires an unending state of curiosity: How did we wind up being as a result of our life experiences and societal influences? What is our knowledge and how did we come to know it? What are our positionalities, biases and prejudices? Our journey of exploration must include questioning both the external and internal influences and constructs that shape our realities and consequently our practice.

Intentions and Perspectives in Music Therapy Practice

Varied disciplines contribute to music therapy practice around the world. These include general psychology, psychotherapy, music psychology, special education, music education, occupational therapy, anthropology and medicine (Bonde & Wigram, 2002). The intentions and philosophies of these disciplines can vary greatly. As a means of first orienting then positioning oneself in this varied landscape, questions about music therapy arise such as: is the work artistic or scientific?; is it complementary or alternative?; Rehabilitative or acute?; What is the meaning of music?; Is it aesthetic or expressive?; and finally, is music a language in and of itself? (Bonde & Wigram, 2002). Consequently, many paradoxes not only impede a more specific definition of music therapy as I noted earlier, but ontological and epistemological commitments will direct a music therapist's practices and the language they use to express their work (Bonde & Wigram, 2002). Realistically, the way in which music is experienced, understood, and analyzed, differs so greatly

that it could arguably be considered idiosyncratic. As music therapists, our training includes an investigation into the ever-changing historical, social and cultural frameworks not only of music on its own, but as it relates to the changing ideas of medical theory and health as well (Bonde & Wigram, 2002). In Canada, following our university training (Bachelor or Masters of Music Therapy), as interns, we are tasked with positioning ourselves within the frameworks we study and expressing our own philosophies and approaches as we gain experience in the field under supervision. Given that the paradigms of music and health continually change, it would be prudent for us as professionals to review our positioning within these frameworks with regularity.

Life as Influence and Context

In addition to changing cultural frameworks, over time I have also experienced many life experiences that colour and shape my perspectives and philosophies. When I entered music therapy training my experiences, cultural and social influences and exposure to extant scientific literature at that time shaped how I interpreted and aligned myself with specific theorists. Inevitably, it resulted in my "registering" certain information while ignoring or placing less significance on other information and theories. Only later in my career did I access evaluative tools through intentional reflective practices that provided greater flexibility and clarity in my thinking, the ability to invite contrary and expanding information into my philosophy and the ability to articulate my position with greater confidence and ease (Mezirow, 2000). An ongoing review of the (continually changing) therapeutic understanding of music as positioned in culture, science and philosophy alongside the ongoing pursuit of greater understanding of my own inner psychodynamic workings has become a necessary ground for my practice. As regards to my "inner workings", some of the most illuminating inquiries have been those aimed at the "already

existing" contexts of my life. Specifically, the inquiries that have aimed to disrupt taken-for-granted, "common-sense", and/or completely unacknowledged context-driven assumptions, have provided the most access to greater efficacy in my practice and connection to my clients and their families and the colleagues with whom I work. These inquiries have required outside sources to pose questions that I may never have considered. For reflective practices to be effective, I have sought a structure via curriculum presented by trained professionals and engaged in regular practice and group work to illuminate my positionality and assumptions unwittingly derived from experience that lend bias to my perceptions.

What Counts as Music?

The music we are exposed to in our lifetime influences what we perceive as music, what we enjoy and how we consequently express ourselves musically. These are considerations for both ourselves as well as our clients. In addition to investigating the preferences and experiences of our clients, we are responsible for our own expressions and perceptions as well. For most people, musical preferences and what they perceive as music is an area of unconscious acceptance and understanding. This is not a problem for most people, but for music therapists, our "musical biographies" lend action to expectations and ideals inside the session. Unchecked, they drive what we attend to, what we ignore and what we provide space for in terms of creative expression. Influences may be obvious or operate in the background. For example, ask me what my musical influences are and I am likely to cite composers and performers whose influence you can hear in my compositions and improvisations. I can give you the genres and artists I listened to as a child, studied as a classical musician, and now turn to for inspiration. Ask me what counts as music and I have to consider that answer drives my practice as much as the influences I can name and it requires much more thought. This latter question hints at a context that not only

drives what is attended to in session, but what is deemed acceptable, what occurs as right or wrong, useful and expressive or "just noise". What counts as music is a question about standards and ideals, a context existing in society before we were born and an area not considered without effort. There is a musical context for the time and place I exist that impacts my practice that is worth considering. For example, Stravinsky, a composer of the twentieth century famous long before I was born, may arguably be one of the biggest influences on music in the twentieth century. Before him, there was a rich history of adhering to strict rules of composition, avoiding dissonances and even labelling music not adhering to these standards as "summoning the devil" as a way of moralizing deviating expression in music and demanding conformity. Stravinsky's compositions influenced society's acceptance of a greater range of dissonance and atonality (Alvin, 1965; Warwick & Alvin, 1991). This impact is experienced so commonly now, as to erase from society's awareness a time when these elements were deemed unacceptable. Post-Stravinsky music is a context into which I was born, not one I have any control over nor identified without intentional investigation. In music therapy practice, this fundamental comfort with dissonance lends itself to registering a client's "off-key" contribution as expression and allows me to position it inside structures of repetition, call and response and other musical forms such that it becomes obvious intentional musical expression. Dissonance occurs not as a mistake but an opportunity and the acceptance and exploitation of dissonance in the musical structure encourages boldness, exploration and risk in those untrained in musical expression. The acceptance of dissonance as a valued aspect of musical expression is foundational to my work with non-verbal children with autism. My current context of what counts as music supports the development of relationships through a musical framework that is accepting and explorative. Knowing this has had me wonder then about the contexts running in the background that could

undermine the creative process and inhibit my ability to connect with others. What standards, ideals, expectations, prejudices, and preferences lend action or inaction to incidences in session and how does this impact my therapeutic relationships?

Performance Anxiety

Forinash (1992), revealed in her interviews of practicing music therapists that there remains throughout one's career, a performance anxiety related to improvisation especially if being observed. As one music therapist stated, "I am aware of wanting to play a pretty chord because everyone is watching" (p. 129). Those that write about the creative experience of improvising with clients describe the willingness to take risks as paramount to a successful interaction. In combination with my acceptance of dissonance in music and a willingness to explore the boundaries of "what is music?" with my client, there is something in my own risk-taking - to reach out and not know what will be there, sonically speaking, nor what will happen next thereby risking "looking bad" that I have found necessary in achieving connection. Using reflective practices in the very moments of session, I can acknowledge my anxiety regarding playing the right notes without giving it inordinate weight and focus instead on creating a vulnerable and intentional space that holds the potential to transform the experience from simultaneous sound-making to interactive music.

Spontaneity, creativity and intuition were also identified in Forinash's (1992) research as foundational aspects of improvisation with clients. Spontaneity is defined as the ability to "freely respond" in the session. Creativity is relating to a therapist's ability to "develop and expand" their own responses and that of their clients. Intuition is knowing in which direction to proceed seemingly without an external reason. Intuition is described as mystical and magical and yet wholly necessary (Forinash, 1992). I have used self-reflective practices to support the

development of these aspects, and specifically to give me the freedom to take greater musical risks, remain in the present moment, fully trust intuitive impulses in session and acknowledge the human concern for looking good such that I have a say whether I relent to this concern, or take action in line with my commitments. Mezirow refers to this intention of reflection as self-empowerment (Mezirow, 2000). Without reflective practices employed in the moment in session, a concern for "looking good" can inhibit my creative expressions and responses and can also result in blaming others for "making me uncomfortable". If I "play it safe", I am likely to impede a musical connection with my client and may also miss clues that illuminate reasons for a client's behaviour in session. I give specific examples to illuminate the importance of this reflective practice in the Findings and Discussion section of the paper.

Scientific Influences

Along with one's intentions and perspectives in music therapy and personal experiences and contexts, advances in scientific knowledge can also change perceptions. New discoveries may change how we understand and interpret the various aspects of music and consequently our clinical work. These scientific advances have influenced how I perceive my role as a music therapist and make sense of my work and also influence my choices concerning continued education in various techniques to use in my practice. The research helps me to better understand the physical experience of music and responses I witness in session. For example, my intentional investigation into neurological science has increased my understanding of my work as a composer, performer and co-conspirator of creative expression. Due to my specialized practice of working with children with language delays (and frequently a diagnosis of autism), I have been drawn to neuroscience that specifically investigates the link between language and music. Over the years, there has been an assertion that music related areas of the brain are linked with

language centres of the brain. In 2015, neuroscientists from the Massachusetts Institute of Technology (MIT) (Norman-Haignere, Kanwisher, & McDermott, 2015) used functional MRI technology with ten human participants to identify a neural population in the auditory cortex that "responds selectively to sounds that people typically categorize as music, but not to speech or other environmental sounds" (Trafton, 2015). A constant question that arises in my practice is why do children respond so profoundly to musical experiences and how is it that they access skillsets seemingly lacking outside of the music context? In the past, I have relied on philosophical commitments to make sense of the phenomenon, however research such as that by MIT begins to explain this phenomenon as "human hard-wiring" (Norman-Haignere, Kanwisher, & McDermott, 2015). This has implications for the application of various music therapy techniques, specifically those that support language development and I use this information to make sense of responses and adjust my approach to maximize success in session.

Charles Limb and Allen Braun (2008) are scientists investigating music, specifically as it relates to creativity in improvisation. In the "flow" state in improvisation there is a "suspension" of self-consciousness or altered state that many therapists, including myself, have tried to understand and make sense of (Aigen, 1995; Czikszentmihalyi, 1996; Forinash, 1992; Limb & Braun, 2008). Limb and Braun's (2008) work identifies the neurological differences between improvisation and learned pieces of music. Limb and Braun (2008) found that when looking at the brain activity during improvisation, there was decreased activity in the dorsolateral prefrontal cortex. This area often acts as a "self-censoring" part of the brain. Additionally, the area associated with reflection on one's personal state or daydreaming, the medial prefrontal cortex ("default network") had increased activity. The differences in responses has implications for my choice of techniques in session as there are techniques that use improvisation to support language

and others that use known music, rhythmic entrainment and also "over practiced" melodic lines as a means to support language development. Instead of employing techniques strictly from philosophical perspective and dogma, the additional scientific information gives me another context from which to perceive, analyze and consider client's responses in session thus informing my clinical choices not just post-session but as it is happening. These scientific discoveries also lend basis for the seemingly magical responses of clients in session and give us a means, as a profession, to explain to some degree why music can be an important and effective intervention to consider.

Transformations in One's Sense of Self

> *The child sees himself doing something he never did before so he has a new idea of himself. He's not the boy he thought he was. He's another boy!*
>
> Paul Nordoff (2015)

While neuroscientific studies identify the physiological changes occurring in response to musical stimuli, fundamental aspects of music therapy intervention require ongoing inquiry. Different theories and philosophies have assisted me in considering the impact of inter- and intrapersonal experience in creative clinical work and provide me with the means to respond with flexibility and intention. I am constantly reconfiguring and designing interventions so that my clients may experience joy and success in creating music. I endeavor to have my clients feel connected where connection was seemingly impossible before and thereby affect their sense of agency and equality in the context of their life. A consideration of many perspectives is key to accommodating the unique skills and personalities of each of my clients and my work has benefited from philosophies specific to music therapy as well as theories provided by other disciplines. For example, theories concerning the essential elements of creativity provide me

with another avenue to interpret and respond to phenomena in session so that I may fully utilize the therapeutic qualities of musical engagement. Take, for instance, the work of positive psychologist Mihayi Csikszentmihalyi (1996) and his state of flow theory studied by Limb and Braun (2008) and presented in the previous section. The flow experience is acknowledged for its transformative ability to alter a person's sense of well-being and confidence. Many of my clients frequently experience struggle, frustration, and disconnect in their daily lives. When parents are asked what they want their child to get out of music therapy, they often say they want their child to be happy. As a musician, artist and athlete having personally experienced the elation following a flow experience, creating environments that support this state for my clients can be a means to both access joy and alter a child's sense of self. Csikszentmihalyi (1996) identified universal elements that people used to describe the "automatic, effortless, yet highly focused state of consciousness" (p. 110). I use the elements indicated in Csikszentmihalyi's theory in combination with my knowledge of music therapy technique and philosophy to inform how I create environments conducive to flow. Reflective practices, particularly in the moments of session, play a large part in making the flow experience possible. For example, one of the elements of experiencing flow is feeling capable, yet challenged. Reflective practices provide the means to see my clients as already-capable by identifying environmental factors and language used to describe the child that diminish or all-together ignore their skills. The on-going assessment necessary for providing enough but not too much challenge requires the utmost focus and presence. It can be easy to have an internal dialogue going (especially if being observed) that results in being distracted and missing nuanced changes. Theories like Csikszentmihalyi's flow state can give me a place to aim - a recognition that the flow experience is a human experience and given the right environment it is possible and it is transformative.

The process of creating and communicating with another with the intention of them being heard, understood, and valued in such a way that it transcends what they know of themselves requires vigilance, presence, intention and endless curiosity. This curiosity propels me to investigate many aspects of the human condition from physical experiences, to existential understanding. It requires me to seek out and identify barriers to connection such as already existing concepts and ideas regarding what is appropriate, comfortable, adequate, and acceptable (Berger, 2002). In addition to reflective processes to reveal these contexts, I continue to investigate various philosophies in service of expanding my repertoire of perspectives to better understand my clients.

My Clinical Philosophies

To be aware of my philosophies and beliefs and to take ownership of these lenses gives me greater ability in acknowledging my interpretations as just one of many views. This provides flexibility in my interpretations and the capacity to explore diverse and even contradictory explanations of phenomena. As a student of music therapy, I initially thought developing one's philosophies was a wholly cognizant process of informed consideration and choice. I have come to acknowledge the more complex nature of philosophies and the impact experience, societal contexts and beliefs have on the philosophies we develop and/or with which we align ourselves. I can see now, after seventeen years and much intentional and in depth reflection, that choosing a clinical approach founded on a philosophy is not a simple task and warrants ongoing investigation and consideration throughout one's career.

Notwithstanding extensive training in client-centred approaches in university, I initially chose behavioural music therapy (BMT) and completed my internship focusing on behavioural techniques. Originating with the work of Ivan Pavlov, contemporary BMT now includes tenants

of applied behaviour analysis promoted by the work of B. F. Skinner (Bonde & Wigram, 2002; Kern & Humpal, 2012). Operant conditioning asserts that behaviour is a function of its consequences and lays the foundations for methods in BMT. The techniques are derived from laboratory research and include various iterations of reinforcement, punishment, extinction and stimulus control (Bonde & Wigram, 2002; Davis et al., 2008; Kern & Humpal, 2012). Beyond training in the application of BMT techniques, I gained augmentative training in applied behaviour analysis outside the context of music therapy. My specialization in working with children with autism and communication delays greatly influenced my selection of music therapy approach at that time and I contend that I was unwittingly influenced by a dominating narrative or context in western society concerning the understanding and interpretation of neuro-diverse children. Reflection later illuminated this context-driven decision such that I can now see its impact and make philosophical choices free of its influence. To be clear, there is nothing inherently "wrong" with behavioural music therapy. I was then and continue to be drawn to the structure and supporting science of BMT interventions despite having since altered my philosophical stance. BMT is a good example of music in therapy (Bruscia, 1998) and I greatly appreciate the rigorous application of assessment processes to measure the effect of music therapy interventions on targeted outcomes. I have received training with renowned music therapist Jane Standley, who designed break-through interventions with babies in Neonatal Intensive Care Units and Michael Thaut, the creator of Neurologic Music Therapy, a combination of behavioural and medical music therapy philosophy and technique often applied for its rehabilitative capacities.

The issue for me personally lay in the core assumptions inherent in BMT that became increasingly in contradiction to my observations as a music therapist and values I was not aware

I had until I was confronted. For instance, I could not entirely embrace being the expert identifying behaviours in need of modification and designing interventions to change those behaviours. I was more inclined to wonder why those behaviours appeared in the first place - a questioning not incorporated into BMT (Bonde & Wigram, 2002; Kern & Humpal, 2012; Rolvsjord & Stige, 2015). I found myself often marvelling at the adaptive behaviours of children despite collegial outcry of frustration and labelling of these behaviours as “maladaptive”. The deficit approach to the intervention - namely identifying what was “wrong” and then “fixing” it, took its toll on my mental well-being and lead in large part to my experience of burnout a mere five years into my career.

Aware of the call signs of burnout, I attempted to remedy my situation by seeking clinical experiences outside of the behavioural realm. During my internship and in subsequent years, I was invited to collaborate with an art therapist working with children in a bereavement program. It was this clinical experience that illuminated for me the human need to be expressed and the capacity for music to provide a means to convey the ineffable. The experience gained during my time with the bereavement program taught me to be still, patient, and present and to honor the human experience. I gained a true appreciation for my ability to compose and improvise and became present to the peace and ease this creative act lent me. I developed more ways of including others in the musical process and witnessed the power of creative expression. Many times I was amazed at the raw, vulnerable and poignant expressions of children’s grief. I synthesized the experience of that group knowing it was not where my career would end up but I had caught a glimpse of the power of looking inward, embracing my humanity, accepting others exactly as they were and the ultimate power of creative expression. This life-changing experience seemed in contradiction to the calling I felt to work with children with autism and

communication disorders. At the time, it seemed that behavioural techniques were what was understood and valued in the education system and those services providing families with intervention. I could not conceive of how to bring the client-centred, accepting and creative approaches to my clinical practice while simultaneously offering the type of therapy my administrators were looking for. I proceeded to struggle in team meetings with colleagues and largely failed at finding the wording to describe the iterative, creative process that accepts children as they are, values their self-expression and consequently reveals skills others do not see. I often withheld my observations, judging my own language as insufficient to express what I experienced with my clients and fearing that I would sound naive or ridiculous to my colleagues.

Following my decision to quit music therapy practice, employment of reflective practices reinvigorated my commitment to working with children. Reflective practice provided me with the tools to excavate and evaluate the many contexts lending perspective to my experience of my work. I started with a reevaluation of the contexts in which I was personally operating. I came to recognize already existing societal expectations and constructs as lending direction to our thinking as a society and as individuals. To truly "begin again" and create a practice required a curiosity about the theories that operate in the background.

Philosophical Influences on Music Therapy With Children and My Reorientation as a Therapist

In pediatric music therapy, it is important to first acknowledge theories that influence our understanding of the growth and development of children. Developmental psychology, an area of study that strongly influences my practice of music therapy (and practices in North America and Europe), was initially influenced by Piaget's "stage theory" (Bonde & Wigram, 2002). While it is fair to say that Piaget still remains influential, different theories on the musical development of

children have illuminated more complex and interactive processes of development that particularly impact the practice of music therapy with children. The more recent work in developmental psychology of music by Travarthen, Stern and Malloch provide extensive influence (Aigen, 2018; Bonde & Wigram, 2002; Bunt, 1994; Malloch, 1999). These researchers assert that musical patterns of behaviour are inherent and serve as the psychological and biological foundation for human communication (Aigen, 2014b; Malloch, 1999; McPherson & Welch, 2018; Panksepp & Trevarthen, 2009; Stern, 1985; Trevarthen, 1998). Malloch (1999) in particular speaks of "communicative musicality" as the cornerstone to human communication: "...it is our contention that the ability to act musically underlies and supports human companionship; that the elements of communicative musicality are necessary for joint human expressiveness to arise, and lie beneath, to a greater or lesser degree, all human communication (p. 47).

Similarly, both Stern and Trevarthen view these musical and communicative interactions as pivotal to a child's emotional attachment and development (Aigen, 2018; Bunt, 1994). Motherese (later termed Parentese) is used to describe the way in which adults talk to their babies. We sing and bend our words into a hypnotic and sacred space. This interaction is not scripted or prescribed. It is improvised and remains responsive. Descriptions by Malloch (1999), Trevarthen (1998) and Stern (1995) of these parent-child interactions are very similar to descriptions of music therapy practice.

Mercédés Pavlicevic (1995) has extensively applied these studies of mother-infant interaction to improvisational music therapy. She likens the empathetic connection that occurs between mother and child to the relationship between therapist and client in improvised music. Like Pavlivevic, many music therapists, including myself, find the psycho-biological

descriptions of communication as musical and music as communicative fundamental to understanding how music can be used for human connection and expression in the music therapy context (Aigen, 2018).

Specializing in communication throughout my career has meant seeking out theorists who specifically address the relationship between communication and music and also those who focus on human relationships. Client-centred therapies became the foundation on which I built my practice once I became clear that what I valued most about music was its capacity to express emotion and create connections. Client-centred therapy was developed by the humanist psychologist Carl Rogers as early as 1940. Foundational aspects of this theory include an equal term relationship between therapist and client and providing clients more control in how the session proceeds. This contrasts significantly from my training in behavioural music therapy. Client-centered therapy also stresses the ideas of trust, empathy, genuineness and unconditional positive regard for the client (Bonde & Wigram, 2002; Bunt, 1994).

Client-centred and improvisational music therapists whose approaches have influenced my clinical work are Juliette Alvin (Free Improvisation Therapy/The Alvin Model) and Paul Nordoff and Clive Robbins (Creative Music Therapy/The Nordoff-Robbins Model). My eclectic approach to therapy, sometimes blatant disregard for musical rules and my deep commitment to music as a potential space for free expression reveal the influence of Alvin's philosophies on my work (Warwick & Alvin, 1991). I am also deeply committed to examining the physiological effects of music - also a trait of Juliette Alvin's work (Warwick & Alvin, 1991). Both the techniques and philosophy of Nordoff and Robbins have also become foundational aspects of my clinical approach and philosophy. My music therapy supervisor throughout my university program trained with Nordoff and Robbins, so while I focused my efforts initially on behavioural

music therapy techniques, the influence of Nordoff and Robbins was omni-present in my training and while my current techniques remain eclectic, my current philosophies are best understood in relationship to Creative Music Therapy.

Creative Music Therapy

Creative Music Therapy is a well known improvisational method of intervention developed by composer and pianist Paul Nordoff and special educator Clive Robbins. Nordoff and Robbins developed this method from 1959 until the death of Paul Nordoff in 1976, after which time further development in their approaches were carried on by Robbins and his wife, Carol Robbins (nee Matteson). Nordoff and Robbins developed Creative Music Therapy in response to children with special needs spanning the spectrum of severity. The work of Nordoff and Robbins was largely influenced by humanistic psychology and specifically the ideas of Rudolf Steiner and the anthroposophic movement and concepts of Abraham Maslow including self-actualisation and peak experiences (Cohen, 2018; Kim, 2004; Nordoff & Robbins, 1977; Nordoff & Robbins, 1975). They asserted that every human being has the capacity to respond to music regardless of ability or disability. They named this phenomenon of a natural instinct for musicality the "music child" (Cohen, 2018; Forinash, 1992; Kim, 2004).

The "music child" appears as the natural response one has to the sound stimulus and demonstrates that we are capable of perceiving the shape, structure, and characteristics of musical language, despite a lack of previous musical training or even hearing (Bang, 1998; Davis et al., 2008). This inherent musiciality or "music child" is described by Nordoff and Robbins (1977) as having reference to "the universality of musical sensitivity - the heritage of complex sensitivity to the ordering and relationship of tonal and rhythmic movement; it also points to the distinctly personal significance of each child's musical responsiveness" (p. 1).

Through a variety of music therapy techniques including extensive improvisation, it is the role of the music therapist to create a "musical-emotional environment" to access the "music child" (Forinash, 1992; Nordoff & Robbins, 1977). The assertion is that when a child's musical communication is acknowledged and validated, this experience allows creative expression of thoughts and feelings. Technical skill of the therapist to engage in clinical improvisation is an essential skill, however improvisation is more than merely applying one's musical prowess (Aigen, 1991; Aigen, 2014a; Cohen, 2018; Forinash, 1992). Clinical improvisation with the intention of connection requires extensive intrapersonal and interpersonal skill and sensitivity. The progress made in music therapy in part depends on the child's capacities and limitations, but also may be limited by the music therapist's experience and ability in bringing out the communicative potential in the client, as well as his/her collaboration with parents and/or the disciplinary team (Bonde & Wigram, 2002; Wheeler, 2015). In this way, intrapersonal and interpersonal skills become of the utmost importance. It is necessary to investigate another's context and perspectives such that collaboration and respect can occur.

Context is Decisive

I accept you

I understand you

I want you

Here is music for you

Here am I

Here are you

Eventually,

we can do something together

And then comes the child breaking out into the expression of himself through music which can always be structured at any moment.

These are the words of Paul Nordoff describing his work as he sees it unfolding in a video playback of a session, identifying the musical elements that he used, the responses of the child, and what he recalls as the intentions of his musical responses. As a music therapist early in my career, I would most likely have watched these videos with the intention of gleaning the techniques Nordoff so effortlessly applied. Now, over a decade into my career, I look for what I know to make the fundamental difference, the source of his responses: I listen for *context*. When Nordoff addresses his client, his demeanor and actions communicate to the client that there is nothing broken nor in need of fixing. There is only wholeness, acceptance, and patience. Nordoff is not teaching the child the "right way" to play music; he is creating, improvising, responding and coaxing the child's own self-expression, continuously. In the background of the way that he relates to each client is the absolute conviction that the "music child" - the inborn capacity to respond to and be expressed through music - is there. This context drives Nordoff's attention to detail: how the child walks up to the drum, plays the cymbal, uses their voice. Nordoff is constantly searching for expression of the music child so that he may support it and welcome it into the space.

Self-Reflection is, in large part, a study of constitutive contexts. As Rolvsjord and Stige have noted, the notion of context is of relevance whenever we want to understand human activity (Rolvsjord & Stige, 2015). While the importance of attending to context, as a primary subject, has not yet made it into the textbooks for music therapy, varying concepts of context have made their way into the literature of music therapy. Rolvsjord and Stige (2015) identify different types of context indicated in the music therapy literature and examine the impact the differing

understandings have on the discipline of music therapy. Three types of context relevant to music therapy practice are delineated as: music therapy *in* context, music therapy *as* context, and music therapy as *interacting contexts*. "Music therapy in context" refers to the acknowledgment that a set of circumstances and beliefs (social, academical, political, etc.) impact music therapy practices and experiences. Much of the literature examining music therapy in context does so either explicitly or implicitly as a secondary or supporting subject to the main topic (Rolvsjord & Stige, 2015). "Music therapy as context" diverges conceptually from a consideration of music therapy as affected by context to music therapy as that which creates context. Music therapist Carolyn Kenny (2015) has highlighted the therapeutic relationship as the context for change and development through theories such as "field of play". Similarly, Bruscia (1998) identifies the therapeutic relationship as a source of "dynamic change" in his definition of music therapy. Wigram and Gold (2006), in turn, describe music therapy interventions with children experiencing significant communication impairments as the "context and vehicle" for them to become interested and motivated in communicating. "Music therapy as context" thus refers to the spontaneous development of variability (as opposed to continued rigidity and repetition) through the music experience that noticeably mitigates social difficulties and results in a client engaging in a reciprocal interaction with the therapist. The literature concerning music therapy as context and specifically an acknowledgement of the complex, iterative nature of music therapy intervention and a client's contributions in the therapeutic process is less abundant (Aigen, 2014b; Rolvsjord & Stige, 2015). In recent years, there has been an increase in literature addressing *music therapy as interacting contexts*, where "activities are interlinked with and operate in interaction with a broader ecology of contexts" (the client's community, politics, musical culture etc.) (Rolvsjord & Stige, 2015). The acknowledgement of interacting contexts

and intentional engagement with interacting contexts demonstrates an understanding of music therapy as interacting contexts (Aigen, 2018; Rolvsjord & Stige, 2015).

In summary, Rolvsjord and Stige (2015) revealed that context is not a primary topic in most music therapy literature, however, the concept of context is not wholly lacking from the literature. There are many understandings of the concept of context and the impacts of the various iterations are extensive. As it impacts our work as music therapists, a personal, in depth exploration of the many aspects of context is warranted. In this thesis, I shall address the reflective processes through which I engage in, reveal, and question the various contexts that impact aspects of my clinical work.

Reflective Practice: What is it and why do it?

"What we achieve inwardly will change outer reality" Plutarch

Reflection is the deliberate examination of experiences with the intention of learning from these experiences to guide future action (Caty, Kinsella, & Doyle, 2016; Mann, Gordon, & MacLeod, 2009). Finlay (2002) describes reflection as "thoughtful, conscious self-awareness" (p. 532). Dewey's (1933) initial call for reflection involved, "active, persistent and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it and the further conclusion to which it tends" (p. 9). Reflection is accepted in many professions as key to integrating knowledge and technique with professional practice (Caty et al., 2016; Fry, Klages, & Venneman, 2018; King & LaRocco, 2006; Mann et al., 2009; Plack & Greenberg, 2005) and has consequently become a part of university programs and continuing education for many practitioners (Kinsella, 2010b; Robinson & Rousseau, 2018). Reflection provides us with the opportunity to give meaning to experience and promotes a deeper, more thorough approach to

learning because it encourages us to consider different perspectives, question our assumptions and reframe problems (Brookfield, 2015; Gee, 2011; Huff, Smith, Jesiek, Zoltowski, Graziano, and Oakes, 2014; Kathie & Ann, 2009; Plack & Greenberg, 2005; Robinson & Rousseau, 2018). Kinsella (2010b) asserts that reflection serves to question the epistemology of professional knowledge; how do we know what we know? Reflection also allows for an intersection between past experiences, observations and judgement that then compels clinical decisions (Plack & Greenberg, 2005). Beyond just "thinking", reflection may involve both cognitive and affective behaviours to reveal new insights and deeper understanding (Mezirow, 2000; Plack & Greenberg, 2005). Mezirow (2000) suggests that investigating the content, process and the premise underpinning one's experiences can result in changes to one's attitudes, values and beliefs thus developing one into a more mature, and therefore presumably effective, professional. Reflection also fosters life-long learning as it provides the opportunity for practitioners to identify gaps in their understanding, training and skills (Hoskyns, 2013; Plack & Greenberg, 2005). Specifically "reflective practice", a term coined by Schön in the 1980's, has become one of the most popular theories of professional knowledge being widely adopted by health and social care practitioners and in education (Kinsella, 2006). Reflective practice, as described by Schön, is the practice by which we become aware of our tacit knowledge and learn from our experience. It involves looking to our experiences as active creators of our own perceptions and attending to our theories as they inform our practices. In addition to investigating perceptions, Schön presented the idea of attending to the language and specifically the metaphors used to set the stage or frame through which problems are articulated and made sense of. Music therapists, specifically, are tasked with putting non-verbal processes and exchanges into language not only to describe what happened but also honor the self-expression of clients. The language we use to

describe the music therapy process and provide information to others that may be working with the client shapes how the musical process and the client is perceived. In addition to investigating one's implicit (tacit) understandings, Schön maintained that practitioners should remain flexible in their thinking (Schön, 1987). Given the dynamic nature of music therapy, the continued scientific advances that impact our clinical practice, and the continued evolution of the practice itself, remaining flexible in our practices and our philosophies is key.

Reflection in music therapy practice

Despite the extensive benefits of reflective practice asserted in the literature, it seems the profession of music therapy has not widely investigated the processes of critical reflection. Some investigation into music therapy students using reflective processes has been done by Barry and O'Callaghan (2008) concerning student's integration and expression of theory and technique in clinical music therapy. Hoskyns (2013) underlines the need for reflective practice to develop the clinical-researcher, suggesting that research ideas should be derived from practice, requiring one to engage in reflection as a regular part of clinical work. Baker (2007), in her action research project on using problem-based learning strategies to develop one's clinical reasoning, researched her own practice of teaching and subsequently argues a similar stance for reflection. Despite music therapy being a profession dedicated to continued learning according to our national association (Anonymous, 2016), there is little written about reflective processes as it pertains to practicing professionals in the field. While it seems obvious that professionals would continue developing and learning through self-reflective processes, a description or discussion concerning what self-reflective processes look like outside of the university setting is lacking.

Reflective Practice: No, Really. What is it?

There are several key issues relevant to the practice of reflection for many professionals, including music therapists. While many educational institutions and an increasing number of professions, particularly in health and education, support the idea of reflection, the extant literature indicates that the process of critical reflection is often vague, lacking both specificity in reasoning and process (Kinsella, 2010b; Mann et al., 2009; Robinson & Rousseau, 2018). One of the reasons critical reflection may have lost its potency as a learning and development tool may be the omnipresent use of the term reflection (Kinsella, 2006). As the term "reflective practice" has become more commonly used it seems to have become less clearly defined. It has become, as Bleakley (1999) writes, a "catch-all title for an ill-defined process" (p. 317). The assertion here is that while the term is advocated for frequently, it is rarely understood (Kinsella, 2006; Robinson & Rousseau, 2018). Competing and even contradictory rationals and practices of reflection exist in the research (Finlay, 2002; Kinsella, 2010b; Mann et al., 2009; Robinson & Rousseau, 2018). Robinson and Rouseau's (2018) article is dense with the contradictions existing in the literature, depicting the disparate views of the very nature and purpose of reflective practice. Kinsella (2006) gathered extensive evidence as to the confusion about reflection as it relates specifically to the term "reflective practice" as coined by Schön and the need for a firmer understanding of the philosophical underpinnings in order to apply the practice effectively. Other authors have made efforts to describe reflection in its various iterations and have aimed in their definitions to include the varying forms, functions and levels of reflection being employed distinguishing the various processes and the areas they aim to impact (Mann et al., 2009). The common premise to all these models is the assertion that deliberate examination of experience with the intention of learning from these experiences guides future action (Caty et al., 2016; Mann et al., 2009). While

reflective practice may serve several intentions it is often used in practice to gain skill and review processes such that clinical interventions become more effective (Caty et al., 2016; Mann et al., 2009).

Kinsella (2006) asserts that reflective practices should be employed to address more complex issues of practice beyond the technical-rational focus of skill development. To complicate matters, in addition to a conversation about reflection, there is the term "reflexive" practice in the literature (Finlay, 2002). While reflective practice and reflexive practice are often used interchangeably, some of the literature argues a difference between the two. In particular, Finlay (2002) illuminates not just philosophical differences but places reflection and reflexivity on a continuum where both ends are acknowledged as important and useful. She describes reflection as "thinking about" and reflexivity as more immediate and dynamic in nature. Rather than adopt a different term, Van Manen (1997) points out that the term "reflection" may refer to an array of cognitive and philosophical methods and perspectives. He responded by developing three "ways of knowing" in reflective practice: technical, practical/ interpretive and critical (Van Manen, 1977, p. 255-6). In addition to differing understandings of reflection, the process of reflection lacks structure and there also seems to be a lack of understanding of its importance, the areas of practice it aims to affect and the far-reaching impact available by engaging in the critical thought necessary to achieve reflective practice (Robinson & Rousseau, 2018; Kinsella, 2010a; Mann et al., 2009). My personal experience with reflective practices and how I understood the process to be applied to practice initially resulted in a technical-rational application of reflection that illuminated the areas for clinical improvement in terms of technique. I was able to consider some of the complexities of practice such as the possible physical experiences of the music, impact of emotional states, and influence of other staff and/or family members in a child's

participation. These are fundamental elements of music therapy practice that benefit from a technical-rational level of reflection. What Van Manen describes as "critical" reflection and what Schön implied was necessary to be a reflective practitioner is what I consider to be pivotal in the development of my philosophy and identity as a therapist. This level of reflection is a more complex undertaking and requires an ongoing consideration of language and contexts.

Epistemology of Reflective Practice

Reflective practice as delineated by Schön appears to have constructivist underpinnings and a firmer understanding of this orientation may assist those interested in better understanding the intentions of the practice (Kinsella, 2006). Schön acknowledges the influences of known constructivist theorists such as Jean Piaget, Ernst von Glasersfeld, George Kelly and Nelson Goodman (Kinsella, 2006). In particular, Goodman's notion of world making is evoked in his discussion of problem setting and the use of language and framing in professional practice. Understanding constructivist philosophy and specifically acknowledging the human tendency to interpret one's own perceptions and beliefs as realities or hard truths has been pivotal in my application of reflective practice. Perhaps it is because of Schön's experience as a musician and interest specifically in jazz that I find his view of a practitioner as "an artist, a maker of things" (1987, p.218) enticing. His artistic understanding lends him metaphor that speaks to my understanding of improvisation and learning through a feedback loop of experience. The challenge lay in the never ending practice of reflection - attending to my internal dialogue, regarding the words I use as the means through which worlds are created and considering my "truths" as just one perspective.

Tools for Reflection

Journaling is a common reflective practice tool identified in the literature (Barry & O'Callaghan, 2008; King & LaRocco, 2006; Plack & Greenberg, 2005). Some limitations concerning time constraints and people's relationship with journaling are also identified (King & LaRocco, 2006; Plack & Greenberg, 2005). Some clinicians may have mixed feelings about journal writing itself, find the process tedious and/or fail to see the relevance or usefulness of keeping a journal (Lasater & Nielsen, 2009; Plack & Greenberg, 2005). Several alternatives to hand-written journals are available including technology based solutions such as e-journaling which may reduce the time needed to engage in journal writing (King & LaRocco, 2006). Several authors expressed concern that without guidance via some kind of supervision or curriculum, however, journal writing can become more about record keeping than serving as an analytic tool to develop critical thinking skills (King & LaRocco, 2006; Kinsella, 2010a; Plack & Greenberg, 2005). Professional contexts of disciplinary silos, a focus on managing problems rather than re-conceptualizing the issues and a societal push for instrumentalist or utilitarian approaches may impede one's ability to gain insight through practices such as journaling without outside influence and guidance. To fully utilize journal writing as an effective reflection tool, I have engaged in different types of writing which I delineate in the Methods section. My experience has been that while journaling is a very useful exercise, external guidance is key to disrupting what can become circular logic, reinforcing the already existing paradigms, rather than disrupting in such a way that thoughts and "truths" can be examined and questioned. I found group work - access to many points of view simultaneously - to be the most effective and visceral tool for reflection.

Research has indicated that for many, group discussion is a useful way to engage in the reflective process (Mann et al., 2009; Plack & Greenberg, 2005; Richard, Gagnon, & Careau, 2018). Groups give one more agility in navigating different perspectives and developing empathy (Mann et al., 2009). The environment in which people reflect is shown to be an important aspect to consider (Mann et al., 2009; Plack & Greenberg, 2005; Richard et al., 2018). The review by Richard et. al (2018), identified that dialogue is supported by "attitudes such as openness, trust, respect, and intellectual honesty" (p. 2). They went on to assert that reflection that aims to affect behavioral change and organizational practice cannot be left to "improvisation, intuition or the good will of participants" (p. 10). Several authors insist specific training is necessary to take reflection beyond superficial levels (Plack & Greenburg, 2005; Richard et. al, 2018; Mezirow, 2000; Kinsella, 2006). Plack & Greenburg (2005) specifically suggest practitioners apply Bloom's Taxonomy to improve their depth of processing. In addition to the three domains of learning: cognitive, affective and psychomotor, they delineate three levels within each: knowledge and comprehension, analysis and application and synthesis and evaluation. They helpfully suggest questions one may ask at each of those levels to support deeper reflection. Certainly, several authors assert that simply sharing one's impressions and views without questioning how they arrived at such conclusions is not productive. Defending one's views through honest and rigorous debate are key to effective reflective practices (Richard et al., 2018). A lack of such a rigorous approach may result in breaking down team dynamics and further calcifying positions. Such discussions can devolve into right/wrong and further entrench power dynamics in a group. For this reason, a good facilitator that is both skilled in collaboration as well as reflective practices is seen as pivotal in creating the environment necessary for transformative results (Richard et. al 2018; Plack & Greenburg, 2005). My personal experience

with reflective practice is that the process necessitates an outside perspective. I share with the reader in the Findings and Discussion, insights I have gained through group work and specifically from "coaching" from a trained individual - insights I could not have gained on my own.

Methodology

"...we were determined not to let a passion for unassailable little truths draw in the horizons and crowd the sky down on us. We knew that what seemed to us true could be only relatively true anyway. There is no other kind of observation."

John Steinbeck (1996, p. 752)

Quantitative research methods have contributed significantly to the current understanding of music therapy, however, it is also acknowledged in the profession that quantitative methods of inquiry fall desperately short of explaining or describing the very essence of what we experience as music therapy clinicians (Aigen, 1991; Forinash & Gonzalez, 1989). It could be argued that a multitude of methods for investigating the processes and impact of music therapy intervention is necessary in order to accomodate the many facets of the therapy and acknowledge its complexity (Hoskyns, 2013; Rickson & McFerran, 2007; Rolvsjord & Stige, 2015). As it relates to the music therapy practitioner's understanding of their own work, european music therapy researcher-practitioner, Smeijsters (1997) encourages the investigation and employment of a multitude of perspectives and methods in music therapy research as a way of assessing one's own positionality in the "luxurious landscape of possibilities (p.ix) rather than with the intention of looking for what is "true" or "false". Hoskyns likewise suggests inquiry into one's own practice via a plethora of methodological approaches, using reflective practices to identify areas worthy of investigation and development (Hoskyns, 2013).

The questions I have about music therapy practice in general and about my own processes specifically are best served with qualitative inquiry. Qualitative inquiry is ideal for investigating and gaining clarity about self-perceptions and the roles one plays as well as finding creative approaches to "over-familiar problems" (Merriam, 1995). I wanted to choose a method in which contexts, specifically, could serve as the primary focus of investigation. I also wanted the research itself to not only be informative but transformative as it related to my understanding of my own work and issues I viewed as persistent in my career and clinical work. For this reason, I found myself gravitating towards Analytic Autoethnography modified by drawing heavily from Interpretive Phenomenological Analysis (IPA) as the generation of a theory (a focus of Analytic Autoethnography) was not the goal of this study but instead, I was concerned with my personal perceptions of my work and how I might describe my lived clinical experiences.

Interpretive Phenomenological Analysis (IPA) was developed by Jonathan Smith in 1997 to explore the idiosyncratic nature of each person's understanding of themselves and their lived experiences. Built on the foundations of Heidegger's concepts such as everyday ordinaryness, being with others in the world in shared humanness and shared interactions and Husserl's concept of a 'life world', IPA gives researchers access to a method of identifying a person's world and "being" through their language and storytelling (Horrigan-Kelly, Millar & Dowling, 2016; Smith, Flowers, & Larkin, 2009). It is less about analyzing the meaning of the words, as it is using the words as a gateway to access the context from which a person operates, the beliefs that give rise to action. This requires an investigation into the specifics of word usage but also stepping back to assess tone and investigating unconscious aspects of their communication: what they believe about themselves and others and the meanings they ascribe to events in their everyday life (Pietkiewicz & Smith, 2014). IPA asserts that you can interpret and understand a

person's "world" through their personal and cultural biography (Brocki & Wearden, 2006; Shinebourne, 2011; Smith et al., 2009). It is not about investigating just "pivotal" events; even the "mundane" (everyday ordinary human experience) holds value in understanding how a person perceives of themselves and their life (Gee, 2011; Horrigan-Kelly et. al., 2016). IPA is an especially useful methodology for examining phenomena which are "complex, ambiguous and emotionally laden" (Smith & Osborn, 2015). The creative and relational aspects of music therapy practice are prime examples of such phenomena: transient, spontaneous, iterative and difficult to articulate.

Strategies of Research

Over the course of a couple years, while I was working on my master's degree and also practicing full time as a music therapist, I kept notes on what I felt were important aspects of my practice and the development of my clinical style and approaches. This was in addition to the clinical contact notes that I am ethically and professionally obligated to keep on each client. My clinical notes are primarily written in third person and describe events from session and the therapeutic application of music. Clinical notes are intended for the use of my clients' families and allied professionals working with the child and they are written with the intention of being illuminative about what the child can achieve in the music context and they often contain recommendations on how to generalize those skills outside of session. My personal notes, on the other hand, explored different ways to capture my experience as a music therapist. I started by writing stream-of-consciousness notes, journaling my experience during a given session, and capturing conversations I had with colleagues. I explored the use of voice-to-text and then voice messages to capture my ideas, as time constraints in my clinical day rendered the sole use of written or typed notes impractical and voice-to-text was not always reliable when I was rushed. I

found using voice messages to be much faster and while this later necessitated creating a transcript -- a time consuming process -- for the purposes of gaining insight, I found the tone of voice, including sighs, and exact language I used in speech (often lacking in my written reflections) to be pivotal in revealing emotional subtext, allowing for a much richer, and more useful reflection resource.

After two and a half years of voice message note taking, I set aside thirty days to transcribe the voice messages in intensive sequential sittings, a process that resulted in a 50,000 word document. I chose such an intense approach for a couple of reasons. First, it allowed me to immerse myself in the process of writing out my thoughts and feelings in an unfiltered way. My previous experiences of journaling as a child resulted in a very negative association with being blunt, raw and unedited in my writing. It could be argued that my clinical writing style is a direct result of feeling "unsafe" with putting my personal thoughts and feelings down on paper. My clinical notes are measured, precise and I am personally removed from that writing in order to examine "what happened". While this is extremely helpful in demonstrating the influence of music and examining assumptions clinically, the aim of the journaling exercise was entirely different, focusing on my experiences, thoughts, and feelings in order to reveal the internal dialogue and personal story that colours my perspective and experience. The idea was to get to a point where what I was writing was not "measured", but raw, unedited and more indicative of a running internal dialogue. Secondly, given that I have almost two decades of experience writing about my clinical practice in a "professional capacity", the intensive time frame helped produce the cathartic, raw material I was wanting to investigate. My intention was to create an environment in which my dialogues - those that sometimes unconsciously impact clinical

sessions - would emerge in such a way that I can both reflect on and analyze them. This approach to the writing process proved to be very fruitful.

I printed out the personal reflections document (ninety-two pages, single spaced) as I found that I could not effectively annotate digitally. Throughout my career and time as a master's student, I have used a program called Notes Plus to annotate articles, but found the space limitations and the process of writing on a screen frustrating as it did not allow me to examine several pages at once. As an artist, I like working in graphite and charcoal and I myself returning to these media for this process, avoiding the coloured pens and highlighters that I had used for other academic projects. I followed the guidance given by Smith (2009) and demonstrated by James Huff, et al. (2014) in annotating the transcript at three different levels - descriptive, linguistic and conceptual. Analyzing in this manner felt second nature. I initially began reading through the document with the intention of reading through three times, approaching each level individually, but quickly found that it made more sense to work to identify the three levels simultaneously. For the conceptual level of the annotation, I engaged more investigatively with the personal reflections document probing for obscured meaning (Smith et al., 2009). These investigations were illustrated in question form as my intention was not to draw set conclusions so much as it was to consider different perspectives, ways of being and context. Themes emerging from this process were listed as they occurred in the writing and then moved around to form clusters of related themes. Themes aimed to concisely encapsulate vital aspects of the text and were sometimes turns of phrase from the text itself. Master themes were developed only after identifying all of the super-ordinate themes identified and delineated in the writings. Given the sheer size of the data set - a much bigger sampling of material than is usually analyzed using IPA methods - I chose to include in this thesis those themes which I assert best address the

research questions. Smith et al. (2009) detail how super-ordinate themes can be identified through abstraction (putting like topics together and developing a new, more comprehensive and/or descriptive title for the cluster); subsumption (where an emergent theme itself becomes a super-ordinate theme as it draws other related themes towards it); polarization (oppositional relationships and contradictions); contextualization (identifying the context or narrative elements within an analysis); numeration (the frequency with which a theme is identified) and function (themes are examined for their function). A chart has been included in the Findings and Discussion section to further illustrate master themes and their related super-ordinate themes.

The time lapse between writing the document and reviewing the document (ten months) provided an emotional distance that allowed me to engage a curiosity more in line with how I might listen to someone else. In other words, while the personal reflections document represents a moment in time and holds valuable information about my understandings and self-perception, the time lapse resulted in my not feeling overly identified or "stuck" with what I had written. This allowed me to notice, in new ways, the varying contexts that I was bringing into my clinical sessions, over time, and how these were affecting my practices as a therapist. I was able to engage in such questions as: What is my lived experience and meaning of being a pediatric music therapist? What do I fundamentally believe? How do I view myself as a therapist and artist and what is my role as a music therapist? What effect has engagement with my clients had on me as a therapist? Who am I being in the moments of session (e.g. righteous, generous, scared, angry, playful, fed up, joyful)? What am I committed to? (a question not only concerning the results I wanted to achieve clinically but also a means to illuminate where I was sure that my perspective was the "right" perspective). I looked to my various writings to illuminate my commitments and contexts and also contradictions between what I was saying (literally) and the

tone and/or subtext. Specific words or phrases, such as “should” and “have to” were considered for the possibility that they revealed standards and ideals (a context through which events were being perceived and a construct derived from past experiences and societal influences). Persistent complaints throughout my writing were investigated for where I was unwilling to take responsibility and the underlying contexts resulting in the avoidance of responsibility. These types of questions and analysis draw heavily from the theories of Heidegger and are not only the basis for the analytical process for IPA but also a philosophy and practice of reflection for which I have hundreds of hours of training and thousands of hours of practice. The process was arduous and time consuming, however, given the longer time frame from which I was drawing the data, I could begin to see patterns in the way I was being.

During the process of analysis using IPA methods, one particular theme which emerged repeatedly throughout the personal reflections document, remained troubling for me, as I could not identify the context (what I would later identify as a master theme with several related super-ordinate themes) from which I was operating. I saw the opportunity to transform what I could see was a dominating, ever-present and disempowering context however, I was unable to distinguish the exact root of the upset on my own. I sought out the coaching of a trained individual whose familiarity with my biography and training in extracting contexts via language assisted me in gaining insight into the context hidden from my view. With a commitment to transparency and transformation, I immediately wrote out the insights gained and share in this thesis excerpts from both the personal reflections document and the subsequent insights from that coaching. The insights gained from this process have subsequently helped me be a better therapist and engage in therapeutic exchanges that might have otherwise not been possible.

In the following section (Findings & Discussion), informed by the insights gleaned through the self-reflective journaling process described above, I share vignettes from throughout my career that illustrate specifically the use of reflection to develop myself as a therapist and hone my practice to the benefit of my clients. I have chosen to present compositional vignettes drawn from seventeen years of practice rather than case studies of individual clients as the intention is to illustrate different aspects of my therapeutic philosophy developed over many years of practice rather than offer a case-study of any one client. My intention in so doing is to provide the reader with the details necessary to contextualize and delineate my processes such that my line of thinking is clear they have enough detail to be able to relate their own experiences to those I have written.

Perspective of the Researcher

From a young age, I was fascinated by words and stories. I grew up in a community in which stories were identified as a fundamental way of transferring information to the next generation. Stories were also understood to provide diverse perspectives, each valued for their contradiction and the richness of information they could provide. For this thesis, I am drawn to IPA for the analysis specifically for its commitment to explore the idiosyncratic nature of an individual's story, its resistance to analyzing that story within already existing theories and instead allowing the individual's world to be excised from the obvious, the subtle and the sometimes hidden-to-ourselves contexts revealed in storytelling.

Throughout my career, I have organically engaged in analyzing and investigating my clients. I have done this through various methods, including clinical techniques, writing clinical notes that focused primarily on the happenings of session, journaling with the intention of processing my more subjective experiences of session and engaging in conversation with those

familiar with my client and/or who observed my sessions. In addition to the work I do on the job site, I also regularly attend seminars aimed at illuminating context and mastering language as access to and creation of "worlds".

This thesis is written from a position of having worked in the field of music therapy for almost twenty years. September to June, four to five days a week, my clinical days have consisted of 5-7 hours of clinical intervention and sometimes more. I usually work in multidisciplinary teams, often as a consultant coming in to work with the goals already set, but sometimes as a team member that is more involved in the designing of goals and objectives. I have always maintained a portion of my practice dedicated to working with children and their families in private practice. I have done this to expand my understanding of familial dynamics and to further extend a child's generalization of skills such that it affects a child's experience of their world beyond a music therapy session. I present my work regularly to parents, colleagues, university students and others through workshops, presentations and conferences. The act of telling and retelling stories and insights of my work has been pivotal in developing the art of putting into language work that is often non-verbal. I have also engaged in research in teams primarily involved in quantitative inquiries of music in the medical setting.

During the course of my masters, the informal research I engaged in throughout my career has been honed into a more formalized and considered approach whereby I am wanting to contribute to bridging the gap between various theories and practice itself such that it impacts my practice and also gives access to others.

Significance of Research

The field of music therapy is composed of a vast, interdisciplinary set of practitioners and the research informing music therapy practice can be similarly if not more varied. Those who

contribute to and practice in the field of music therapy come from traditions with diverse methodological and philosophical frameworks. Consequently, music therapy education (or continuing education) would benefit the overall practice and development of music therapy as a profession by assisting individuals in the investigation of the plethora of philosophical and theoretical assumptions that impact one's practice, methods of investigation and subsequent expressions of their work.

Many aspects of music therapy practice are difficult to articulate, particularly iterative creative processes involving clients (Aigen, 2014b; Robarts, 2009). Bruscia (2000) argued that especially as it relates to the aesthetic and transpersonal experiences in music therapy, "these experiences are truly ineffable" (p.89). Bruscia (1998) asserts they are impossible to capture in words and they are impossible to reconstruct musically" (p. 7). This difficulty, however, should not suppress our attempts to articulate our experiences. As Michele Forinash (1992) found in her research about music therapists' experience of improvisation in session, all the therapists indicated that they gained deeper understanding by reading someone else's attempt to describe the experience of improvisation as they all found it difficult to articulate their experiences in session. The process of sharing with others and reading other's descriptions was illuminating and identified as beneficial by the participants. Caty et. al (2016) assert that it is of value to a profession that professionals practicing in the field put into words their own experiences lest others attempt to do so for them.

In addition to contributing to the profession of music therapy, I contend that it is unethical to keep these relational and creative aspects of music therapy practice hidden from other professionals as the music therapy process reveals clients as capable, creative beings and their agency, contribution and expression in the creative process demands acknowledgement. In

the education system, my clients are often defined by their diagnoses and challenges. The very process of securing funding and creating educational supports for a child requires extensive examination and acknowledgement of deficits. I assert the very language we use daily perpetuates a context of "something is wrong that needs to be fixed", namely the child. Rather than creating an accepting and caring environment, the very language we use reeks of ableism and undermines the "attitude and approach that embraces diversity and learner differences" necessary to create an environment that is "flexible and responsive" (Government of Alberta, 2019). Music therapy has the capacity to reveal the bright, intuitive, connected, creative, joyful child. It makes apparent the skills they possess, recognizes the value of their self-expression and contribution and dignifies their learning and growth as an individual. Our attempts, as practitioners, to articulate our client's contributions and the difficult-to-relay aspects of therapy to allied professionals opens up the possibility of reframing aspects that were initially seen as problems, in ways that lead to creative solutions and collaborations. In these efforts we also expand our capacity to articulate creative processes thus building interprofessional communication and the process of articulation allows us as professionals to identify the limits of our own knowledge and thereby allow, if not welcome the contribution and perspectives of others.

As well as giving voice to the creative and relational aspects of music therapy, reflective practices that support these interactions is another area of practice identified as difficult to put into words but nonetheless important to articulate (Kinsella, 2010a; Mann et al., 2009). Mann, Gordon and MacLeod (2009) encourage professionals to make their own reflective activities (and tacit processes) explicit with the intention of modelling for students in the field. Caty et. al (2016) posit that reflection has the capacity to benefit not only the individual practitioner, but

also generate disciplinary knowledge and support interprofessional collaboration. The acknowledgement of the "situated and interpretative quality" of our knowledge contextualizes our perceptions lending us the opportunity (individually or as a team) to break habitual responses and thought patterns thereby making previously unavailable breakthroughs possible (Smith et al., 2009).

In this thesis, besides investigating the processes of IPA as a means to inquire into and articulate the ethereal aspects of clinical practice and the development of one's identity as a therapist, I aim to illustrate the journey I undertake to continually engage in reflective practices to improve my practice, find new and effective ways to acknowledge my clients' contributions and stretch the boundaries of my effectiveness and sense of self as expressed inside the work of a music therapist. The purpose is not to provide a prescriptive method for discovery but instead illustrate the messy, imperfect and ongoing process of reflection and the development of my identity as a music therapist. My hope is that such an account will encourage the reader to engage in reflective practices themselves, if they do not already, and consider contributing their own experiences to the body of professional knowledge so that we have more voices and perspectives through which to see ourselves as practitioners.

Trustworthiness

Golafshani (2003), uses the words "Credibility, Neutrality or Confirmability, Consistency or Dependability and Applicability or Transferability" to address reliability and validity concepts in qualitative research. This thesis does not aim in any way to be neutral. I would argue that my efforts to illuminate my positionality is the very crux of this thesis and that is somewhat antithetical to the concept of neutrality. "Qualitative research assumes that reality is constructed, multidimensional, and ever-changing; there is no such thing as a single, immutable reality

waiting to be observed and measured." (Merriam, 1995), p. 54). Recognizing my reality as constructed, I endeavor to clearly indicate the very lack of neutrality and instead express the depth and reach of the contexts I recognize as impacting my perspectives. In this way I aim to clarify my researcher biases and orient the reader to better understand my perspectives and interpretations (Creswell & Miller, 2000; Merriam, 1995). I strive to equip the reader with rich descriptions of my experiences and my perspectives so that they may also decide for themselves transferability to their own practices through characteristics they may recognize and/or share (Brocki & Wearden, 2006; Creswell & Miller, 2000).

The credibility in my writing at least somewhat lies in my practical experience as a music therapist. I do not write about music therapy as an outsider, asserting insider understanding. I am a practicing music therapist accredited (MTA) and have completed over 15,000 clinical hours in the course of my career. I am also a CAMT MTA supervisor and have taken on students and interns over the course of my career. For the past thirteen years, I have engaged in structured, intentional reflective practices involving curriculum, individual coaching and extensive group work.

Triangulation is suggested in the literature as a way of validating findings (Creswell & Miller, 2000; Golafshani, 2003; Lincoln, 1995; Merriam, 1995). I aim to employ triangulation by using multiple and different sources of information in my investigation to derive themes and understanding (Creswell & Miller, 2000; Golafshani, 2003). In the process of writing this thesis I have reviewed clinical notes, personal journals,vignettes about my work and the personal reflections document I prepared using voice-messages. Using collegial review of my work with the intention of verifying my findings in this instance would only reveal another person's perspectives and would not validate my findings (Coffey & Atkinson, 1996; O'Callaghan, 2005).

Findings and Discussion

Emergent themes

Following, I shall explicate the dominant themes that emerged from analyzing multiple and different sources of information about my practice. These sources include clinical notes, personal journals, vignettes about my work and the personal reflections document I prepared using voice-messages. There are many technical-rational aspects of my work that I have chosen not to include in this thesis. The reasoning for this is that there are many handbooks, textbooks and resources dedicated to the technical aspects of music therapy. My aim is to investigate more elusive aspects of intervention revealed through reflective practice and specifically those contexts that affect my practice of music therapy and the challenges I face beyond the technical-rational aspects of clinical practice.

Birth of the Music Child

Throughout the source material for this thesis, a predominant theme which emerged both in frequency and force was a commitment to the "music child". Nordoff and Robbins' "music child" is a belief in the human being's inherent capacity to respond to music. I came to see through my writing that this belief operates in the background of my practice and directs my clinical decisions. "Music child", as termed and understood by music therapists, denotes specific techniques as developed by Nordoff and Robbins. I have visited the Nordoff and Robbins Centre in London, extensively observing the work of Creative Music Therapy practitioners and subsequently have chosen to maintain my eclectic practices, drawing from the various techniques developed by music therapists adhering to different philosophical and scientific understandings. My techniques are eclectic and while I would not describe myself as a practitioner of Creative Music Therapy, the *philosophy* of the "music child", the belief in one's inherent capacity to be

expressed and related through the music experience, is omnipresent in my practice and is illuminated in my writing as I sought to answer the question of what it meant for me to be a music therapist, what I view as my life's work and how I arrived at the current iteration of my practice. The "music child" shows up as an unwavering commitment to a child's expression and a stand that children are seen as whole, complete and perfect beings deserving of acceptance and capable of connection. In the following sections, I will address specifically the challenges in extricating and honoring the "music child" amidst the many contexts that exist that have the potential to obscure, disappear or hinder the expression of the "music child". Analysis of the source material for this thesis resulted in five master themes. These are as follows:

- Risky business: Vulnerability as access to understanding
- 100% responsible: Agency as access to effective intervention
- The dark side of 100% responsible: Therapist as martyr
- I'll burn that bridge when I get to it: Isolation in the therapist role
- It's called practice for a reason: Reflective practice as a life-long commitment

Exploration of these master themes and their constituent superordinate themes (see Appendix 1) will form the basis of this chapter. Rather than explore the extensive raw data that illuminated the themes, each theme is illustrated in a more reader-friendly format using compositional vignettes from the course of my practice.

Risky Business: Vulnerability as Access to Understanding

> When I met Harry, I was told that he was a very frustrated, isolated and depressed little boy. The staff felt his health was failing faster than his diagnosis would indicate and that was likely due to his every day experience. He spent a lot of time screaming, usually at

the top of his lungs. I first met him in the supply closet of a school. That sounds horrible, but the reality is, the screaming was really loud and almost constant. The supply closet had walls lined with paper. In addition to losing his eyesight and his hearing, Harry had lost the ability to sit up so he was lying on the floor of the supply closet, taking a break from sitting in his wheelchair. I tried putting on his cochlear implant (CI) so that he could hear my voice, but he would knock it off immediately with his hand or wiggle his head to remove it. He was very good at that and very fast. I was unsuccessful in gaining his attention. So, I laid down on the floor and started screaming too. It was the only way I could think of to figure out why he was screaming. He didn't seem to be in pain, it wasn't a very angry sound. When I screamed, especially while lying on a concrete floor, I realized it made my head vibrate. Harry had lost his hearing, so with his cochlear implant (CI) off, he didn't hear his screaming. He felt it. And it was like a vibrating massage. I had to admit it was kind of awesome. So, how do I compete with that? I brought out instruments that made loud, obnoxious and/or weird sounds and vibrated. Ones that caught his attention were the slide whistle, the tambourine and the cymbals. Did you know that when you crash a set of cymbals and then hold them on either side of your head, you can feel the vibrations? That's how I first really "met" Harry. I am sure it sounded like anything but "music therapy" when I was with Harry in that closet and during subsequent visits. I would do anything to get his attention and the longer he left his CI on to interact, the more I felt I was winning the game. Turns out, Harry had a pretty great sense of humour and his laugh was like bells ringing out pure joy. It was the most inspiring sound. It made the screaming seem like just a blip.

(Compositional vignette extracted from the personal reflections document)

A few key elements are necessary for the music child to show up. One is giving up looking good, another is being okay with the unknown. I often have to engage in leaps of faith and take many risks in session. I embrace that looking silly might be part of the process in accessing the music child. I practice every day giving up being self-conscious about looking ridiculous. My commitment to the discovery of the music child supersedes any discomfort or self-consciousness I may feel engaging in the processes I deem necessary to access the music child. At the beginning of my career, it required a very conscious decision. I was notably more inhibited with others watching. I required coaching from outside sources and discussions with colleagues and fellow music therapists to develop a confidence and ease that supported risk taking in the moments of session. It remains a conscious practice employed before session, acknowledging certain environments and colleagues as more or less conducive to my feeling comfortable taking risks and a conscious choice to not let fear, nerves or self-consciousness sway my commitment to accessing the music child. It is also a practice that takes place "in the moment" in session. In addition to taking risks is a sense of urgency. If I fail to follow an instinct, I can lose an opportunity to connect. With Harry, it mattered that I understood in that moment, what was going on for him, why the screaming and why he was disinterested in anything I offered. The music child requires a keen observation in combination with giving up knowing how things will go or asserting the process should look a certain way and have certain results. It requires being open minded and curious.

There are many incidences throughout my career of accessing the music child through any means necessary, not just music therapy techniques. The intention is ultimately to engage the child in music, however, sometimes questions about their physical experiences need to be answered in order for me to make appropriate and effective choices of music and music therapy

techniques. I have “flown” around a classroom knocking all the papers off the desks in order to conceive of its enticement and to help me design a less destructive activity that would hold the same thrill. I have imitated a client during “circle time” in a kindergarten room, placing my head on the floor and my bum in the air so that I could understand the child’s motivation for such a stance. I discovered the sound bounced off the concrete floor and the child’s subsequent hearing tests showed profound deafness. Many of my clients have a diagnosis of autism and while it is common to dismiss certain behaviours as self-stimulatory, I have found that a continued curiosity in the function of the behaviour gives me access to better understanding the child’s experience of their environment and gives me clues and guidance concerning the techniques and music I employ and considerations about the space in which I work. It is insufficient, inefficient and irresponsible to label a child’s behaviour as “stimming” or “self-stimulatory behaviour” simply because they have a diagnosis of autism. Over the years, I have observed with regularity that behaviours are communicative. If we are willing to be curious, behaviours hold a key to unlocking a child’s experience of their world.

100% Responsible: Agency as Access to Effective Intervention

Another key component to accessing the music child is the willingness to take one hundred percent responsibility for how the interaction goes. If I have not accessed the music child, it is not because it is not there nor is it because the child is misbehaving or being difficult. I simply have not found the way yet. Being 100% responsible means being continuously curious: about my client’s experience, the myriad of reasons why certain behaviours show up in different environments, what motivates my client, what grabs my client’s attention, who the client gravitates to and why? The questions are endless. It is a process I often feel exhilarated by. I have a plethora of sources to investigate to gain insight into my client’s experience. Being 100%

responsible occurs for me like a challenging logic puzzle in which I am piecing together the sights, sounds, textures and feel of a child's world such that I can become a part of it and build a relationship of trust and understanding. It is also the process through which I identify gaps in my understanding and seek additional training.

Sometimes I have interns or students in my sessions. One particular incident between an intern and one of my clients sticks out in my mind as one that solidified for me the importance of curiosity, the therapeutic relationship, the context that relationships lend to every interaction and the necessity of being 100% responsible for the way the session goes.

> Sarah was a little girl with autism. Her speech and communication was significantly delayed, but in music, Sarah was a rockstar. Over many sessions her and I had developed a relationship of trust and ease. She was able to answer questions, speak in phrases, engage in musical play using harmonies and various rhythms. Clients who are easily engaged, motivated and well-regulated are not always common in my practice so this seemed like a good session for an intern to start with. The result was somewhat disastrous as Sarah seemed to lose her capacity to follow directions, remain focused and regulated, answer questions and otherwise attend to the intern. I watched as the intern attempted to get Sarah to "comply" by being stern. The intern got upset with Sarah and when I asked what she thought was the issue, she declared that Sarah was just being difficult, that she knew she could do all these things and she was just being oppositional and obstinate. My response was instantaneous: I felt tightness across my chest, a red hot flush came over my face and I barely held a level tone when I told the intern to go to the staffroom, have a coffee and contemplate what else might have happened.
>
> (Vignette on being a supervisor)

Our preconceived notions about how something should go or how someone should behave are often expressed in our disappointment and frustration rather than recognized as a standard and ideal that is negotiable or optional. Reflecting on upsets, disappointments and frustrations post-session has given me access to recognizing when a standard or ideal - a construct of societal norms and experiences - has driven my responses in session. I could relate to the intern's frustration, recognized it as unmet expectations and thwarted intentions inside the the already existing societal conversation of obedience and I was prepared to share this observation. Then, something happened. I was instantly triggered the moment she blamed my client for how the session went. I considered later that my own standards and ideals may have driven my response to the intern, however, this answer felt incomplete. It was in the process of reviewing incidents such as that above and many others noted in my journals and voice notes - moments in which I became frustrated with staff for blaming children for what was deemed a lack of progress or participation and cooperation - that I have gained an understanding of the context that drove my response.

The Dark Side of 100% Responsible: Therapist as Martyr

Throughout the thought process involved in this thesis, including journaling in various ways and also continuing to take seminars to gain agency, I have repeatedly said the words, "100% Responsible". In the kind of personal work that I do, taking responsibility is key to gaining access to designing how my life occurs. Circumstances out of my control arise constantly, especially in session, but how I perceive the issues and then respond are in my control. I get to decide my context, but only when I am willing to consider assumptions, stories I made up and acted from like they were true, and then be willing to give up that context for something else. In the process of looking at what makes me the therapist that I am, I had to consider these words,

"100% Responsible" because they were not always accompanied by a sense of freedom and empowerment. Often, in fact, they were accompanied by an expression of frustration. Some of the comments were directed at specific colleagues but more often it was in response to what I viewed as the "system". The words I would use to describe the tone would be bitter, jaded and frustrated.

> I think we can get tired. We try for a few years and then the context we are operating in is impatient...Being 100% responsible for something moving at a glacier's pace can take on language that is wholly disempowering. I think it's due to our impatience as a society. I think we have gotten worse about things being immediate. When dealing with a child with a neurological difference that we likely do not fully understand, it's going to take us longer. It may take the child longer. And we add language to that process that is tiring, robbing the situation of hope and the child of possibility. We don't have to, though. I think we do it, in part, so we can bow out. So we don't have to be responsible. If it's helpless, well then, it's not our fault.
>
> (Excerpt from the personal reflections document)

After writing the personal reflections document, I noticed that I was unable to access the underlying context that was driving the words "100% responsible" and the frustration that accompanied it, as I rationally thought of responsibility as a place of power. This was not rational. This was loaded with emotion. That is one of cues I use to investigate something further. I have learned that I cannot "logic my way out". I have to get into the grit of the situation. I requested coaching from a trained individual to discuss this contempt that I felt. He helped me look for a source of the upset by asking me a series of questions and me being willing to think back on times when I felt inadequate and a failure. Specifically, there was an incident

unresolved for me that kept nagging at my conscience. I had written about it a couple times in a personal journal and it showed up a couple times in the voice notes. It kept coming up, even though I felt I had addressed it. It obviously remained incomplete for me so I returned to discuss it.

> The thing I was upset about was that [an administrator] called a student a shithead and then called [the mom] a snake. The mom is well connected - parents sit on [important boards] kind of connected and [administrator] told me to watch my back and what I might say. I was not sure what that meant exactly, as my interactions with that mom would be to discuss how sessions were going and what they could do at home. I can not think of a reason why I would be gossiping with her or participating in a conversation where I was calling someone else down ... I wasn't sure if I was being accused of being unprofessional or she was just letting off steam about when she was and it bit her in the ass.
>
> (Excerpt from personal reflections document)

This type of experience was not an isolated incident. There were many incidents like this that left me feeling diminished. I was disappointed in myself for not saying more or disrupting the conversation. I felt shame for condoning the conversation via silence and complacency. Given that these incidents happened over and over, I noticed this theme emerging over and over again my writing. What I realized in my conversation with my coach and accessed through the language that I was using was that the upset I felt, including the physical manifestations of that upset, was not new. It was unresolved from my past and each time a similar incident arose -- one in which I kept my mouth shut when I wanted to express protest -- I found myself reliving the shame of that initial incident and felt further diminished as a human being in the present. Rather

than simply addressing the incident in the present, I went after the root cause - the context I unwittingly lived from and acknowledged that context for the thing it is: a context and not a truth. Once distinguished, I can now recognize it and name it when it shows up. For me the root was a context or story about myself that harkened from my childhood in which I had decided that I was selfish and irresponsible. This was driven up for me each time I found myself in conflict with colleagues and authority figures, feeling compelled to say something, but not doing so.

In the latter part of my career, I would say that I engage in as much reflective practice about my relationships with colleagues as with my clients. My work was initially in isolation and as I grew to see the potential for the expression of the music child to transform how a child occurs for themselves and others, I became much more active in artfully designing context for the child to live into. This requires community. Rather than isolating myself and minding my place as I was told in school, I began reaching out to colleagues, sharing my ideas and my experiences.

I'll Burn That Bridge When I Get There: Isolation in the Therapist Role

One of the themes that emerged repeatedly in my writing was a sense of isolation and that of not fitting in despite efforts of reaching out to colleagues. Alongside the desire to fit in, however, there is a resistance to conformity, a pull to disrupt. Here you can hear both the frustration and the resistance.

> We value children who make us seem competent, make us look good, essentially. When they don't, we label them and convince others of their limits. This can be a very insidious process and one I have been caught up in. I hear it, it "makes sense". But as Kumashiro proposes, common sense can be just an expression of habit and a lack of critical thought - so what I often hear "makes sense", but some part of me feels disgusted, disappointed,

> diminished by listening to it and also "buying in". I'll push back in ways that occur as abrasive and intimidating sometimes. And isolate myself. l also intentionally remove myself from staff rooms where a lot of this conforming takes place and collusion to put the blame on the child for being difficult.
>
> (Excerpt from the personal reflections document)

There is work for me, in the realm of "I don't belong" that I am constantly working at. I realized through the process of writing this thesis, for example, that as a child, I felt the way that I learn was something to be handled: "I was difficult" was synonymous with different and I lamented not being "easy" like other learners. It is no mistake, but entirely by unconscious design that I work in a system defending diverse learners. Also in the personal reflections document one can notice the following themes: being "tired" and "lonely" and "I'll never be able to change anything". I have learned to recognize these as a "default setting" and one that I can transform should I choose to operate, instead, from connection, empowerment and expression. Reflective practice in these moments looks like a disruption in my thought process, a recognition of old patterns and instead an intentional reframing of the issue before me such that different solutions emerge. This is often through an investigation of the language I am using. I can then use language to identify perception from the actual occurrences, and from there work to reframe the issue. This reframing takes the form of reaching out to others in powerful communication, which is not accomplished without vulnerability. Through this, I ongoingly work to create a future free of a past where I simply did not fit in. This last impact of reflective practice - the catching of myself when I become frustrated with colleagues, noticing an internal dialogue of "not being understood and not fitting in" - has become an ethical concern for me as I progress in my career and aim to make a difference in the lives of my clients.

It's Called Practice for a Reason: Reflective Practices as a Life-Long Commitment

The words used to describe Robert were "infantile" and "low functioning". I was told by the administrator that she and the other therapists assessed his mental age to be under twelve months old. Their conclusion was drawn from several behaviours Robert exhibited. For instance, he "mouthed objects", threw things, could not walk, had no language and had a short attention span. The staff's concern was that the preschool room did not present activities that were "age-appropriate" and my job was to develop activities to engage Robert "at his level". Operating from this assertion, I chose instruments that I have found worked with other clients with similar profiles: bright, colourful instruments that are easy to wash and easy to play with. Nonetheless, he failed to make the progress I expected to see. As I observed Robert in the classroom and in session, I re-evaluated the very language that had been used to describe what he was doing. Embedded in the language used by the teachers and care-givers surrounding him were judgements and assertions about his level of functioning that impacted, implicitly, how I viewed his capacity and consequently the music therapy approaches I was using. They said that he was cognitively 12-months old; I operated accordingly. It didn't work.

In the wake of this, I decided to start again and attend in detail to what he was *actually doing.* For instance, children put objects in their mouth for several reasons and this is not a behaviour seen only in infants. Upon reflection, it seemed to me that Robert was not putting objects in his mouth in order to "discover" them as a baby would do, but because he was possibly bored. Operating from this perspective, I started to question all of the choices we had made as a team from how he was sitting (in a stroller) to what instruments I offered him, to the kind of music I was playing. I observed his posture for

changes, sat on different sides of his body to investigate any possible hearing or sight issues that may impact his engagement, presented rich dynamic music and "grown-up" instruments, including more complicated instruments that required two-handed coordination and/or bilateral movement. What I discovered quickly was that Robert loved the blues and when handed an instrument like a kokoriko, a two-handed instrument requiring bi-lateral coordination made out of beautiful polished wood, he not only refrained from putting the instrument in his mouth, but he played it interactively with me for several minutes at a time.

(Compositional vignette extracted from the personal reflections document)

Reflective practice is a practice - it is an ongoing exercise of listening to language for the contexts it lends. It is the conscious use of language to frame issues and develop descriptions that provide opportunities for possibility. It is the continued investigation of contexts that impact perspective. Despite practicing for many years, I had left meetings about my client unconsciously influenced by the language used by the administration and admittedly frustrated therapy team. These descriptions tainted how I viewed Robert's abilities and until I was willing to take responsibility for the lack of progress and review the way in which I was framing the issues, I could not see that influence.

Conclusion

"The pot carries its maker's thoughts, feelings and spirit. To overlook this fact is to miss a crucial truth, whether in clay, story or science. I am speaking of a need for connection. To ignore the continuity between maker and made is to describe a world of objects where the individual is not seen, where the presence of an artist is not recognized in her work,

> *the presence of a scientist not acknowledged in a study. The world of creative endeavor thus becomes disjointed, and those who do its labor become alienated."*
>
> (Krieger, 1991, p. 89)

I have heeded the call by authors such as Susan Krieger, who in her 1991 book *Social Science and the Self: Personal Essays on an Art Form,* invites us to put to language the experiences of the creative process, to attempt to express tacit knowledge, and to give language to non-verbal experiences and my own reflective processes such that others may orient themselves and engage in discourse. In addition to giving language to creative processes, I aimed to excise from my practice the underlying tenets and contexts that direct my actions. While neuroscience continues to investigate the phenomenon of spontaneous creation, I have aimed to gain more agency in the creative process and to make more potent the impact of its disruption in the already existing context of limitation in the education system. My willingness to examine my assumptions, beliefs, and ongoing self-narratives -- my given contexts -- is born of a commitment to developing an education system that harnesses the human capacity for creativity and connectedness. Inside the constraints of a system founded on the delineation of deficits, I endeavor to acknowledge, rather than resist the circumstances in which I work such that I can apply my energy and focus on creating possibility and honoring diversity in our society.

Critical thought involved in reflective practices is not just about problem solving, it is about redefining the issue in the first place and taking ownership of the language we use to create or destroy possibility for ourselves and others (Mezirow, 2000; Schön, 1987). Reflective practice lays bare the foundations on which we place our assumptions, draw our conclusions and view our realities such that questions may bubble up from pure curiosity, transcend the incessant siloing of knowledge omnipresent in our society, prompt a consideration of diverse perspectives,

and engage in interdisciplinary investigation and collaboration. Reflective practice has the potential to create a state of doubt where results are unpredictable because people have the space and the grace to be flexible and changeable but no less committed to finding solutions and transforming challenges.

Many books have been and continue to be written about the technical aspects of music therapy. There is also extensive philosophical material lending basis for many different approaches for music therapy. In this thesis I aimed to orient myself anew, as my work has evolved significantly from when I first aligned myself with specific philosophies and techniques at the beginning of my career. When I contemplate what I do and the mechanics and philosophies underpinning my work, I return to the contexts that drive my actions. The exploration of these contexts has required a critical reflection that is never complete, but that gives me power to evolve my work and the relationships I develop with clients and colleagues.

It is not only useful but necessary for me to therefore evaluate the now tacit knowledge of my work, to contemplate what aspects are due to automaticity, and what is derived from contexts not yet articulated -- i.e. what I do not yet realize is driving me. Most automaticity is derived from praxis. Praxis, naturalized, becomes invisible. In this inquiry I wanted to question what occurs for me as “common sense” but that is really unexamined automaticities. There is an unconscious knowing, the places from which my thoughts and actions spring. I wanted to fundamentally question these foundations I built my practice on.

Why would I want to do that? The study of creativity is complicated and many theorists have worked to articulate the stuff of creation and one of the components of creativity that repeatedly shows up as necessary is of being “unsettled”. In addition to creativity being essential

to my practice as a music therapist, I also aim to be disruptive to the status quo, to draw forth unexpected results from children who are often seen as limited.

The epistemology of reflective practice is founded on recognizing doubt, and the fallibility of one's knowledge and expertise, as necessary. This requires a constant curiosity about my own knowledge and a vigilant search for undermining contexts that I have been born into via culture, economic status, gender. Contexts drive my approach - they affect what I pay attention to and how much significance I give an event. To understand and take responsibility for my own contexts is to acknowledge the perception of another's experience as unique and valid, and thus increase my ability to connect with them as equals and transform the very perceptions of self. This has obvious implications for more effective intervention with clients, but also results in more effective interprofessional collaboration. By recognizing my own limitations, I create an openness for another's contribution.

There are limitations to this research. The results of this study are not generalizable as this is my story, my "truth". The process through which I both developed my current practice and the analysis of that process are positioned in an extensive and long standing exploration of meaning derived from life events through an application of Heideggarian philosophy that applies language as a technology to not only reveal meaning but create worlds and possibilities. The thirteen years I have spent bringing critical thought and mindfulness through these reflective practices to my words, my energy, and my being cannot be underestimated in the analysis of the data nor duplicated as the process itself is subjective.

Here is what I know to be true from working as a pediatric music therapist for over seventeen years: my ability to reflect upon my life and my work in an intentional, unrelenting and humbling fashion directly and enormously impacts the quality of my work. The process has

not been intuitive. Through the act of struggling to put into words the tacit, fluid, automatic aspects of my largely non-verbal work, and through revealing the messy, vulnerable, humbling process through which I reflect on my life and my work, I continue to transform my understanding of "self" and "other" and I, too, provide a space for others to see themselves.

After years of practice and watching interns and students attempt improvisational work, it becomes obvious that there is something to "who the person is Being" in the interaction that cannot be ignored. I would argue that it cannot be a "side note", but instead belongs front and centre, as the very subject of investigation. This argument forms the core of this thesis. My aim is to support my peers -- as well as music therapy students and accredited therapists new to the career -- in developing, for themselves, the needed questions to access their own tacit knowledge such that they are able to gain insights into their own practices, deepen their understandings of their own philosophies and identities as therapists, and through this become better -- more resilient, attuned, and care-filled -- in their ongoing commitment to themselves and the field.

Future research would not only investigate the impact of reflective practices for music therapists, but also of educators working with children with special needs. It would benefit the education system overall to investigate how reflective practices impact the language born of critical thought, transforming educators perceptions of themselves, the children with whom they work and the issues that arise in their every day work.

References

Aigen, K. (1991). The voice of the forest: A conception of music for music therapy. *Music Therapy, 10(1), 77-98.* Retrieved from https://doi.org/10.1093/mt/10.1.77

Aigen, K. (1995). Cognitive and affective processes in music therapy with individuals with developmental delays: A preliminary model for contemporary nordoff-robbins practice. *Music Therapy, 13(1), 13-46*. Retrieved from https://doi.org/10.1093/mt/13.1.13

Aigen, K. (2014a). Music-centered dimensions of nordoff-robbins music therapy. *Music Therapy Perspectives, 32(1), 18-29*. Retrieved from https://doi.org/10.1093/mtp/miu006

Aigen, K. (2014b). The study of music therapy : Current issues and concepts. New York, NY; Routledge.

Aigen, K. S. (2018). Community music therapy. *The Oxford Handbook of Music Education, 2,* 138-154.

Alvin, J. (1965). *Music for the handicapped child*. London, Oxford, UP.

Anonymous (Director). (2015). *Paul nordoff and clive robbins, "irvin can beat the drum" part 1, 1972.* [Video/DVD] United Kingdom: Nordoff Robbins Music Therapy. Retrieved from https://youtu.be/81f8Wt7S_38

Anonymous. (2016). What is music therapy? Retrieved from https://www.musictherapy.ca/about-camt-music-therapy/about-music-therapy/

Baker, F. (2007). Enhancing the clinical reasoning skills of music therapy students through problem based learning. *Nordic Journal of Music Therapy, 16(1), 27-41*.

Bang, C. (1998). A world of sound and music. *Nordisk Tidsskrift for Musikkterapi, 7(2)*, 154-163. doi:10.1080/08098139809477935

Barry, P., & O'Callaghan, C. (2008). Reflexive journal writing: A tool for music therapy student clinical practice development. *Nordic Journal of Music Therapy, 17*(1), 55-66. Retrieved from https://doi.org/10.1080/08098130809478196

Berger, D. S. (2002). Music therapy, sensory integration and the autistic child. London, UK: Jessica Kingsley Publishers

Bleakley, A. (1999). From reflective practice to holistic reflexivity. *Studies in Higher Education, 24(3),* 315-330. Retrieved from https://doi.org/10.1080/03075079912331379925

Bonde, L. O., & Wigram, T. (2002). A comprehensive guide to music therapy: Theory, clinical practice, research and training. London, UK: Jessica Kingsley Publishers

Brocki, J. M., & Wearden, A. J. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology and Health, 21(1),* 87-108. Retrieved from https://doi.org/10.1080/14768320500230185

Brookfield, S. (2015). *So what exactly is critical about critical reflection? Researching critical reflection* (pp. 23-34) Routledge.

Bruscia, K. E. (1998). Defining music therapy. Gilsum, NH: Barcelona Publishers.

Bruscia, K. (2000). The nature of meaning in music therapy. *Nordisk Tidsskrift for Musikkterapi, 9*(2), 84-96. Retrieved from https://doi.org/10.1080/08098130009478005

Bunt, L. (1994). Music therapy. New York, NY: Routledge. Retrieved from http://www.taylorfrancis.com/books/9780203359716

Caty, M., Kinsella, E. A., & Doyle, P. C. (2016). Reflective practice in speech-language pathology: Relevance for practice and education. *Canadian Journal of Speech-Language Pathology & Audiology, 40(1),* 81-91. Retrieved from

http://cjslpa.ca/files/2016_CJSLPA_Vol_40/No_01/CJSLPA_2016_Vol_40_No_1_Caty_et_al_81-91.pdf

Coffey, A., & Atkinson, P. (1996). *Making sense of qualitative data : complementary research strategies.* Thousand Oaks: Sage Publications.

Cohen, N. S. (2018). Advanced methods of music therapy practice : Analytical music therapy, the bonny method of guided imagery and music, nordoff-robbins music therapy, and vocal psychotherapy. London, UK: Jessica Kingsley Publishers.

Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into Practice, 39(3)*, 124. Retrieved from https://doi.org/10.1207/s15430421tip3903_2

Csikszentmihalyi, M. (1996). *Creativity : flow and the psychology of discovery and invention.* New York, NY: HarperCollinsPublishers.

Davis, W. B., Gfeller, K. E., & Thaut, M. (2008). *An introduction to music therapy : Theory and practice*. Silver Spring, MD: American Music Therapy Association.

Dewey, J. (1933). *How we think: A restatement of the relation of reflective thinking to the educative process*. Lexington, MA: D. C. Heath and Co.

Eren, B. (2017). Profiles of the most preferred and the most effective music therapy approaches being utilized with children with autism spectrum disorders according to the opinions of music therapists in the U.S. *Online Submission, 8,* 8. Retrieved from https://files.eric.ed.gov/fulltext/ED577837.pdf

Finlay, L. (2002). “Outing” the researcher: The provenance, process, and practice of reflexivity. *Qualitative Health Research, 12(4)*, 531-545. Retrieved from https://doi.org/10.1177/104973202129120052

Forinash, M., & Gonzalez, D. (1989). A phenomenological perspective of music therapy. *Music Therapy, 8(1),* 35-46. Retrieved from https://doi.org/10.1093/mt/8.1.35

Forinash, M. (1992). A phenomenological analysis of Nordoff-Robbins approach to music therapy: The lived experience of clinical improvisation. *Music Therapy, 11(1)*, 120-141.

Fry, J., Klages, C., & Venneman, S. (2018). Using a written journal technique to enhance inquiry-based reflection about teaching. *Reading Improvement, 55(1)*, 39-46. Retrieved from https://eric.ed.gov/?id=EJ1023300

Gee, P. (2011). 'Approach and sensibility': A personal reflection on analysis and writing using interpretative phenomenological analysis. *Qualitative Methods in Psychology Bulletin, 11(1),* 8-22. Retrieved from https://shop.bps.org.uk/qmip-bulletin-issue-11-may-2011.html

Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The Qualitative Report, 8(4),* 597-606. Retrieved from https://nsuworks.nova.edu/tqr/vol8/iss4/6/

Government of Alberta (2019). Indicators of inclusive schools. Retrieved from https://www.alberta.ca/inclusive-education.aspx?utm_source=redirector.

Horrigan-Kelly, M., Millar, M., & Dowling, M. (2016). Understanding the key tenets of Heidegger's philosophy for interpretive phenomenological research. *International Journal of Qualitative Methods*, *15*(1), doi:10.1177/1609406916680634.

Hoskyns, S. L. (2013). Enabling the curious practitioner: Perceptions on the integration of research and practice in the education of music therapy students at masters' level (Unpublished master's thesis). New Zealand School of Music, Wellington, New Zealand. Retrieved from https://mro.massey.ac.nz/bitstream/handle/10179/4982/01_front.pdf?sequence=1

Huff, J. L., Smith, J. A., Jesiek, B. K., Zoltowski, C. B., Graziano, W. G., & Oakes, W. C. (2014). From methods to methodology: Reflection on keeping the philosophical commitments of interpretative phenomenological analysis. *Paper presented at the 2014 IEEE Frontiers in Education Conference (FIE) Proceedings,* 1-9. doi:10.1109/FIE.2014.7044253

Kathie, L., & Ann, N. (2009). Reflective journaling for clinical judgment development and evaluation. *Journal of Nursing Education, (1),* 40. Retrieved from https://doi.org/10.3928/01484834-20090101-06

Kenny, C. (2015). The field of play: An ecology of being in music therapy. *Voices: A World Forum for Music Therapy, 14(1)* Retrieved from https://doi.org/10.15845/voices.v14i1.737

Kern, P., & Humpal, M. E. (2012). *Early childhood music therapy and autism spectrum disorders : developing potential in young children and their families.* London: Jessica Kingsley Publishers.

Kim, Y. (2004). The early beginnings of nordoff-robbins music therapy. *Journal of Music Therapy, 41(4)*, 321-339. doi:10.1093/jmt/41.4.321

King, F. B., & LaRocco, D. J. (2006). E-journaling: A strategy to support student reflection and understanding. *Current Issues in Education, 9,* 1-19. Retrieved from https://www.learntechlib.org/p/107180/

Kinsella, E. A. (2006). Constructivist underpinnings in donald schön's theory of reflective practice: Echoes of nelson goodman. *Reflective Practice, 7(3)*, 277-286. Retrieved from https://doi.org/10.1080/14623940600837319

Kinsella, E. A. (2010a). The art of reflective practice in health and social care: Reflections on the legacy of donald schön. *Reflective Practice, 11*(4), 565-575. Retrieved from https://doi.org/10.1080/14623943.2010.506260

Kinsella, E. A. (2010b). Professional knowledge and the epistemology of reflective practice. *Nursing Philosophy, 11*(1), 3-14. Retrieved from https://doi.org/10.1111/j.1466-769X.2009.00428.x

Krieger, S. (1991). *Social science and the self : personal essays on an art form.* New Brunswick, NJ: Rutgers University Press.

Lasater, K., & Nielsen, A. (2009). Reflective journaling for clinical judgment development and evaluation. *Journal of Nursing Education, 48*(1), 40-44. doi:10.3928/01484834-20090101-06

Leeds, J. (2010). *The power of sound : how to be healthy and productive using music and sound.* [2nd ed.] Rochester, Vt.: Healing Arts Press.

Limb, C. J., & Braun, A. R. (2008). Neural substrates of spontaneous musical performance: An FMRI study of jazz improvisation. *PLoS One, 3(2),* e1679. Retrieved from https://doi.org/10.1371/journal.pone.0001679

Lincoln, Y.S. (1995). *Naturalistic inquiry*. Beverly Hills, Ca.: Sage Publications.

Malloch, S. N. (1999). Mothers and infants and communicative musicality. *Musicae Scientiae, 3(1_suppl),* 29-57. Retrieved from https://doi.org/10.1177/10298649000030S104

Mann, K., Gordon, J., & MacLeod, A. (2009). Reflection and reflective practice in health professions education: A systematic review. *Advances in Health Sciences Education, 14*(4), 595-621. Retrieved from https://doi.org/10.1007/s10459-007-9090-2

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Organizational Behavior, 2*(2), 99-113. Retrieved from https://doi.org/10.1002/job.4030020205

McPherson, G., & Welch, G. (2018). *Music learning and teaching in infancy, childhood, and adolescence: An oxford handbook of music education*. London, UK: Oxford University Press.

Merriam, S. (1995). What can you tell from an N of 1?: Issues of validity and reliability in qualitative research. *PAACE Journal of Lifelong Learning, 4,* 50-60. Retrieved from https://steinhardtapps.es.its.nyu.edu/create/courses/3311/reading/9-Merriam1995.pdf

Mezirow, J. (2000). Learning to think like an adult. *Learning as Transformation: Critical Perspectives on a Theory in Progress,* 3-33. San Francisco, CA: Jossey-Bass. Retrieved from http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.463.1039&rep=rep1&type=pdf

Nordoff, P., & Robbins, C. (1977). *Creative music therapy : individualized treatment for the handicapped child.* New York, NY: J. Day.

Nordoff, P., & Robbins, C. (1975). *Music therapy in special education.* London, UK: MacDonald & Evans.

Norman-Haignere, S., Kanwisher, N. G., & McDermott, J. H. (2015). Distinct cortical pathways for music and speech revealed by hypothesis-free voxel decomposition. *Neuron, 88(6),* 1281-1296. Retrieved from https://doi.org/10.1016/j.neuron.2015.11.035

O'Callaghan, C. (2005). Qualitative data-mining through reflexive journal analysis: Implications for music therapy practice development. *Journal of Social Work Research & Evaluation, 6*(2), 217-229. Retrieved from https://doi.org/10.1080/08098130809478196

Panksepp, J., & Trevarthen, C. (2009). The neuroscience of emotion in music. In S. Malloch & C. Trevarthen (Eds.), *Communicative musicality: Exploring the basis of human companionship* (pp. 105-146). New York, NY, US: Oxford University Press.

Pavlicevic, M. (1995). Interpersonal processes in clinical improvisation: Towards a subjectively objective systematic definition. *The art and science of music therapy: A handbook,* , 167-178.

Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Psychological journal*, *20*(1), 7-14. doi:10.14691/CPPJ.20.1.7

Plack, M. M., & Greenberg, L. (2005). The reflective practitioner: Reaching for excellence in practice. *Pediatrics, 116(6)*, 1546-1552. doi:10.1542/peds.2005-0209

Richard, A., Gagnon, M., & Careau, E. (2018). Using reflective practice in interprofessional education and practice: A realist review of its characteristics and effectiveness. *Journal of Interprofessional Care,* 1-13. Retrieved from https://doi.org/10.1080/13561820.2018.1551867

Rickson, D. J., & McFerran, K. (2007). Music therapy in special education: Where are we now?. *Kairaranga*, *8*(1), 40-47.

Robarts, J. (2009). Supporting the development of mindfulness and meaning: Clinical pathways in music therapy with a sexually abused child. *Communicative musicality: Exploring the basis of human companionship*, 377-400.

Robinson, M., & Rousseau, N. (2018). Disparate understandings of the nature, purpose and practices of reflection in teacher education. *South African Journal of Childhood Education, (1),* e1. doi:10.4102/sajce.v8i1.599

Rolvsjord, R., & Stige, B. (2015). Concepts of context in music therapy. *Nordic Journal of Music Therapy, 24(1),* 44-66. Retrieved from http://doi.org/10.1080/08098131.2013.861502

Schön, D. A. (1987). *Educating the reflective practitioner*. San Francisco, CA: Jossey-Bass San Francisco.

Shinebourne, P. (2011). The theoretical underpinnings of interpretative phenomenological analysis (IPA). *Existential Analysis: Journal of the Society for Existential Analysis*, *22*(1).

Smeijsters, H. (1997). *Multiple perspectives: A guide to qualitative research in music therapy*. Gilsum, NH: Barcelona Publishers.

Smith, J. A, Larkin, M., Howard, & Flowers, P. (2009). *Interpretative phenomenological analysis: Theory, method and research.* Los Angeles, CA: SAGE.

Smith, J. A., & Osborn, M. (2015). Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. *British Journal of Pain, 9*(1), 41-42. Retrieved from http://doi.org/10.1177/2049463714541642

Steinbeck, J. (1996). *The grapes of wrath and other writings, 1936-1941.* New York, NY: Literary Classics of the United States.

Stern, D. N. (1985). *The interpersonal world of the infant : a view from psychoanalysis and developmental psychology.* New York, NY: Basic Books.

Trafton, A. (2015). Music in the brain. for the first time, scientists identify a neural population highly selective for music. *MIT News.* Retrieved from http://news.mit.edu/2015/neural-population-music-brain-1216

Trevarthen, C. (1998). The concept and foundations of infant intersubjectivity. *Intersubjective communication and emotion in early ontogeny*, *15*, 46.

Van Manen, M. (1977). Linking ways of knowing with ways of being practical. *Curriculum Inquiry, 6*(3), 205-228. Retrieved from https://doi.org/10.1080/03626784.1977.11075533

Van Manen, M. (1997). From meaning to method. *Qualitative Health Research, 7*(3), 345-369. Retrieved from https://doi.org/10.1177/104973239700700303

Warwick, A., & Alvin, J. (1991). *Music therapy for the autistic child*. London, UK: Oxford University Press.

Wheeler, B. L. (Ed). (2005). *Music therapy research*. Gilsum, NH: Barcelona Publishers.

Wheeler, B. L. (Ed). (2015). *Music therapy handbook*. New York, NY: Guilford Publications.

Wigram, T., & Gold, C. (2006). Music therapy in the assessment and treatment of autistic spectrum disorder: Clinical application and research evidence. *Child: Care, Health & Development, 32(5*), 535-542. doi:10.1111/j.1365-2214.2006.00615.x

World Federation of Music Therapy (1996). *Definition of music therapy*. Retrieved from: http://www.wfmt.info/Musictherapyworld/modules/wfmt/w_definition.htm.

Appendix 1

Master Themes	Superordinate Themes	Raw Data
Risky business: Vulnerability as access to understanding	•Giving up "looking good" •Acceptance of not knowing how interactions will go •Management of performance anxiety and self-consciousness •Mindfulness practices in support of being in the present moment	•"I had three consultants watching me today, with no notice. It was nerve wracking." •“It’s sometimes useful to just say out loud that I’m out of ideas. That I need help.” •"I can notice it and then let it go"
100% responsible: Agency as access to effective intervention	•Continuous generation of curiosity •Identification of clinical skills and weaknesses •Therapist role as advocate •Perceptions of failure as access •Strategies for recognizing when avoiding responsibility •Physical symptoms as clues of transference	•“I have learned to see ‘disproportionate responses’ as a flag.” •“…upset stomach, weak-feeling muscles in my arms and legs, tight shoulders, headache behind my eyes…these were familiar”
The dark side of 100% responsible: Therapist as martyr	•Expressions of angst, frustration, anger and resentment •Righteousness and views as colleagues as immutable •Selfish and Irresponsible as the context and fundamental belief	•"Don't mistaken your incompetence and lack of imagination for a child's potential" •"I have to, because clearly no one else will" •“The education system is exceptional about telling you the theoretical direction they are headed, with few or no details as it pertains to the concrete how-tos and then any functional evaluative process that would identify if THEY actually did their job, rather than did the child improve.” •“I can see how the way I write always aims to be “responsible” and any time I don’t get something done…I feel shame, embarrassment and want to hide out.” •“I always aim to be Responsible – see meltdowns coming, see it all, do it all, but realistically there are going to be things I don’t perceive, or see coming and I will rob myself of energy, affinity, ease, joy by beating myself up for it

Master Themes	Superordinate Themes	Raw Data
I'll burn that bridge when I get to it: Isolation in the therapist role	•Desire to disrupt the status quo •Grappling with communication and knowledge transfer •Attempts to connect with colleagues •Feelings of isolation	•"How am I supposed to relate to these people when I get left out of every staff event?!" •"My job is half done with I work with a child. I have to enroll others in the possibility I see" •"Sometimes I am dismantling assumptions that relieve people of responsibility or accountability. That is never a popular position."
It's called practice for a reason: Reflective practice as a life-long commitment	•Embracing one's humanity •Strategies for analyzing language and ways of being for context •Identifying areas for continued development	•"my default setting took over" •"When my language starts sounding like blame and recrimination, I march myself back to a leadership course."